RISK REDUCTION INTERVENTION
SYNOPSIS

B. Workshop Two: It’s My Body…

**Purpose/Methods:**
The goal of this session is to provide participants with the appropriate tools to communicate properly with their boyfriends about condom use. The session will also reinforce that using a condom each and every time they have sex can reduce their risk for contracting an STD.

**Activity A: Greeting & Icebreaker (HIV Name Game)**
To greet one another and welcome the participants back. Will play a game that will stress the importance of not having unprotected sex and what could potentially happen.

**Activity B: Speaking of STDs**
To begin giving participants knowledge about STDs by discussing symptoms and the importance of getting STD treatment. STD facts will be reviewed by playing a game.

**Activity C: OPPrAh**
To teach the participants to practice using condoms correctly as well as to encourage them to use condoms each and every time they have sex in order to reduce their risks for an STD.

**Activity D: Doing it in the Dark**
The participants will have a chance to practice their condom skills blind folded.

**Activity E: Understanding Risks**
To have participants identify different types of sexual relationships that might be risky as well as help them find ways to manage STD risk with different types of sex partners.

**Activity F: Healthy and Unhealthy Relationships**
To show the participants the factors of both a healthy and unhealthy relationship. Participants will also play a game which will identify both “pieces & parts” of either relationship.

**Activity G: Three Ways to Say It**
To educate the participants on how to distinguish between passive, aggressive, and assertive communication styles.
**Activity H: How to Talk Safe Sex**

To teach the participants how to talk safe sex with their male sex partner about their sexual choice, by having them practice comebacks for their boyfriend’s excuses to want to have sex.

**Activity I: Talking the Talk**

To have the participants practice using the different communication styles through role-playing a scenario that they might encounter with their male sex partner.

**Activity J: Talk or Walk**

To discuss with participants the warning signs of relationship violence and abuse.

**Activity M: Girl Power Bingo**

To have participants play a game to review STD facts, communication skills, and relationship topics.

**Activity N: Still I Rise**

Maya Angelou Poem showing participants they can overcome their obstacles and follow their dreams.

**Activity O: What Do You Think About…..?**

Participants will evaluate the workshop and health educators
Girl Power
Risk Reduction Workshop 2

Activity A: Greeting & Icebreaker (HIV Name Game)
Activity B: Speaking of STDs
Activity C: OPRaH
Activity D: Doing it in the Dark
Activity E: Understanding Risks
Activity F: Healthy & Unhealthy Relationships
Activity G: 3 Ways to Say It
Activity H: How to Talk Safe Sex
Activity I: Talking the Talk
Activity J: Talk or Walk
Activity K: Girl Power Bingo
Activity L: Still I Rise
Activity M: What do You think about....?
Activity A: HIV Name Game

**Purpose:**
To introduce the discussion of risks factors for HIV and other STD's.

**Materials:**
Index cards

**Time:**
5 minutes

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**Health Educator:**
I'm glad that you were able to make it back today. We have a lot of fun activities planned for you, so let's get started. You all should have received an index card when you walked in today. We want you all to take a moment and reintroduce yourself to three young ladies and write their names on your card and their favorite (movie, song, book, ect.)

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**Health Educator:**
Now, look down and read the names on your cards. We are going to stretch our imagination and pretend that we were at the same party this weekend and we had sex with everyone on our card.

Now, turn your cards over... Someone has an 'X' on the back of their card, I'd like that person to stand up *(the health educator will always have the X on the card).* Now, since ________ has an 'X' on her card we’re going to pretend that she has just been told she is HIV positive. How many of you have ____________ name on your card? You've had sex with someone who is infected with HIV and you are at risk of being infected with HIV so please stand up. Now, those of you still sitting down...look around the room and see if you have the names of anyone who is standing. You should have one of their names, so please stand up.

*Continue this until everyone is standing.*
HIV Name Game, Cont’d.

**Health Educator:**

Now who has a ‘C’ on the back of their card? *(Helpful Hint: Participant should be acknowledged)* This means you used a condom correctly with ________ to protect yourself from getting an STD, so you can sit down. Choosing to use a condom correctly can protect you from HIV and other STDs. *(Helpful Hint: Other participants should not sit down because they have other participants names on their card).*

**Health Educator:**

But… one of you has a ‘C’ and a ‘S’ on the back of their card. *(Helpful Hint: Participant should be acknowledged)* This means that you tried to use a condom, but you put it on incorrectly, so it slipped off. So, you are at risk of being infected after all.

Everyone look around. Notice that even though we started with only one person infected, quickly we all are at risk of being infected. All of this happened without this person knowing she was infected. See anyone can get HIV from having sex with or without a condom. Using a condom correctly each and every time you have sex helps to reduce your risk of getting HIV and other STDs.

For us this is just a game. We didn’t really have sex with each other, and we really didn’t become infected – but for many women this is not a game, it’s real life. It is important for us to take care of our bodies and value our bodies and protect ourselves against HIV.

Having HIV will change your life and your future forever. You can’t go back, but you can make the choice to be safe in your own life and move forward. This workshop is going to be about making these safe choices in order to protect yourself so you can protect yourself from HIV and other STDs.
Activity B: Speaking About STDs

Health Educator:
We are going to talk more about relationships, sex, and communication during the rest of our time together. We’re going to start by playing a fun game. I’m going to ask a question and you have to pass the ball, our “hot potato”, around. The thing is you have to say whatever comes to your mind first because the potato is so hot and you have to keep passing it.

Helpful Hint: After HE asks each question, the ball passes around for each participant to answer the question. Once the HE gets the ball back ask the next question until all of the questions have been answered.

Let’s practice first:
- When I say “chocolate” what word comes to your mind? (allow participants time to go around the circle)

Ok, that was good. I think we’re ready to start. I’m going to ask a few questions, and remember I just want you to say the word that first comes to your mind; it’s ok if someone else has already given your response-just say the first thing that comes to mind. Remember the potato is “hot”

- When I say “sex” what word comes to your mind?
- How can sex make you feel physically?
- How can sex make you feel emotionally?
- What is a consequence of having sex?

Suggested Recap: That was good. We just wanted you all to think for a minute about what you all truly think about sex. As we can see, there can also be some consequences of sex such as getting a STD or HIV, or an unwanted pregnancy.

Purpose:
To begin talking about STDs, their symptoms and the need to have them treated will be discussed.

Materials:
- Facts About STDs questions
- Koosh ball

Handouts:
- 2-1:Q&A About STDs
- 2-2-2-5:STD Facts

Time:
30 minutes
Speaking of STDs cont’d

Health Educator:
Another important aspect of sex that we don’t think about often is STDs or sexually transmitted diseases. You just mentioned some of the consequences of having sex. What we’re going to do now is talk more about STDs. I have some questions about STDs written on a card. The questions will be passed around the room.

I want each of you to take a piece of paper, and when I say your number, I want you to read your question to the group.
Speaking of STDs cont’d

Health Educator cont’d: (Allow participants time to answer)

1. Whoever has Question 1 please read it to the group.
   (Question 1: What does STD stand for?)
   S=Sexually or by having sex
   T= Transmitted or passed from one person to another.
   D=Disease which is a sickness or illness

2. Whoever has Question 2, please read it.
   (Question 2: What are some common STDs?)
   STDs include gonorrhea (also called clap), chlamydia, trichomoniasis (also called trich) and HIV (Human Immunodeficiency Virus)

3. Whoever has Question 3, please read it.
   (Question 3: How do you get an STD?)
   You get an STD by having sex with someone else who has an STD and without using condoms.

4. Whoever has Question 4, please read it.
   (Question 4: How can you tell if a woman has an STD?)
   Most of the time it is very difficult to tell if a woman has an STD because she might not have any symptoms. However, sometimes STDs will cause symptoms and these can include vaginal sores, unusual discharge, redness, bumps, odor, itching, rashes, bleeding after intercourse, and pain when you urinate. The only way to really know if you have an STD is to get tested.

5. Whoever has Question 5, please read it.
   (Question 5: How can you tell if a man has an STD?)
   Most of the time you will not be able to tell if a man has an STD. However, some men will have symptoms such as discharge or painful urination. They may also have open sores or redness on or around their genitals. Because of this, it’s important to protect yourself by using a condom EVERY TIME you have sex.
Speaking of STDs Cont...

6. Whoever has Question 6, please read it.  
(Question 6: What should you do if you think you have an STD?) If you think you might have been exposed to an STD, it is important that you see a doctor. If you have an STD, your sex partner probably has one also. You and your partner should both be treated and should not have sex until you have both finished treatment because you can become reinfected.

7. Whoever has Question 7, please read it.  
(Question 7: How can you avoid getting a STD?)  
The best way to avoid becoming infected with an STD is to not have sex. However, if you’re going to have sex, you should use a condom correctly EACH and EVERY time you have sex.

8. Whoever has Question 8, please read it.  
(Question 8: Why is it important for a woman to get treated for an STD?)  
It is important for a woman to get treated for an STD because these are the things that can happen to a woman if she gets a STD and does not get treated:  
- If an STD is left untreated it can become very painful.  
- If an STD is left untreated it can affect the health of your unborn child such as blindness, brain damage or death.  
- If an STD is left untreated it can infect your partner.  
- Some untreated STDs can increase your chance of getting cervical cancer.  
- If an STD is left untreated it could be difficult to become pregnant.  
- If an STD is left untreated it places you at greater risk for HIV infection.  
Remember a woman does not always have symptoms if she has a STD!

Health Educator:  
Suggested Recap and Lead-in: This was just a simple review about STDs. What we’re going to do now is talk more about the affects of STDs in women as well as treatment and symptoms of some of the most common STDs in teens.
Questions & Answers About STDs

Q: What does STD stand for?
A: S = Sexually or by having sex.
   T = Transmitted or passed from one person to another.
   D = Disease which is a sickness or illness.

Q: What are some common STDs?
STDs include gonorrhea (also called clap), chlamydia
trichomoniasis (also called trich) and HIV (human
immunodeficiency virus).

Q: How do you get an STD?
A: You get an STD by having sex with someone else who has an
STD without using condoms.

Q: How can you tell if you have an STD?
A: Most of the time it is very difficult to tell if a woman has an
STD. However, this doesn’t mean that damage isn’t being
done to your body.

Q: What are some of the symptoms of STDs in women?
A: Most of the time it is very difficult to tell if a woman has an STD
because she might not have symptoms. However, sometimes
STDs will cause symptoms and these can include vaginal sores,
unusual discharge, redness, bumps, odor, itching, rashes,
bleeding after intercourse, and pain when you urinate. The only
way to really know if you have an STD is to get tested.

Q: How can you tell if a man has an STD?
A: Most of the time you will not be able to tell if a man has an
STD. However, some men will have symptoms such as
discharge or painful urination. They might also have open
sores or redness on or around their genitals. Because of this,
it’s important to protect yourself by using a condom EVERY TIME you have sex.

Q: What should you do if you think you have an STD?
A: If you think you might have been exposed to an STD, it is important that you see a doctor. If you have an STD, your sex partner probably has one also. You and your partner should both be treated and should not have sex until you have both finished treatment because you can become reinfected.

Q: How can you avoid getting at STD?
A: The best way to avoid becoming infected with an STD is to not have sex. However, if you’re going to have sex, you should use a condom correctly EACH and EVERY time you have sex.

Q: Why is it important for a woman to get treated for an STD?
A: It is important for a woman to get treated for an STD because these are the things that can happen to a woman if she gets a STD and does not get treated:
   ▶ If an STD is left untreated it can become very painful.
   ▶ If an STD is left untreated it can affect the health of your unborn child.
   ▶ If an STD is left untreated if can infect your partner.
   ▶ Some untreated STDs can increase your chance of getting cervical cancer.
   ▶ If an STD is left untreated if could be difficult to become pregnant.
   ▶ If an STD is left untreated it places you at greater risk of HIV infection.
Speaking of STDs Cont...

Health Educator:
You all did a great job in the last game. Again, we just want to briefly talk with you all about some important information regarding STDs. There are more than 25 STDs but we only talk about 3 of the most common ones.

Health Educator:
These are just some of the ways STDs can affect women. Turn to handouts 2-2 thru 2-5: STDs in your journals and let’s go over some important facts about some of the most common STDs young women your age typically are infected with.

Gonorrhea:
- Is very common in teens.
- Symptoms can include slight discharge from the vagina, a burning sensation during urination, abnormal menstruation and abdominal pain.
- In males, symptoms include a yellowish-white discharge from the penis, and a burning sensation during urination.
- If you are pregnant, it can be very dangerous for your baby-causing eye disease or blindness, deafness, or other serious infections during labor.
- May even cause miscarriage and early delivery. It may also cause you to be infertile.

Chlamydia:
- This is the most common STD in the U.S.
- It is very difficult to recognize because 80% of woman and 10% of men have no symptoms.
- Symptoms, when present can include, vaginal discharge and pain in the lower abdomen. Men may have discharge from the penis and painful urination.
- Can cause infertility in women and future ectopic pregnancies (tubal pregnancy, which is very dangerous).
- Babies that get chlamydia during delivery may have eye disease, ear abnormalities, pneumonia, or other serious infections.
Speaking of STDs CONT’D

Trichomoniasis:
- Is often called “trich”, it’s a parasitic infection.
- Trich is usually spread through genital-to-genital or finger-to-genital touching.
- The most common symptom is a foamy, yellow-green or gray foul-smelling discharge that can cause itching around the vagina.
- Other symptoms can include spotting, swelling in the groin and discomfort during urination or sex.
- Since trich is so easily passed back and forth, it is important that both partners are treated.

HIV:
- Stands for Human Immunodeficiency Virus
- Can be contracted through unprotected sex, blood, and breast milk (mother to child)
- There are no symptoms if someone is HIV positive
- Can lead to AIDS Acquired Immune Deficiency Syndrome—symptoms include pneumonia, lesions, and causes death
- There is no cure

Health Educators:
While we have only given you some brief information on these STDs. Some of the important things we want you to remember about STDs are:

1. You may or may not have symptoms. Just because you no longer have symptoms that you can see, doesn’t mean that the disease is no longer there! If you have an STD, the risk of being infected with HIV is greater. That’s why it is so important to make sure that you and your partner see a doctor to get the correct treatment. It’s also important that every time you have a new partner that you both get a health screening for STDs before you become sexually involved. And remember, that if you get treated and your partner does not, you risk being reinfected by your partner and would then need to be treated again.
2. There are two types of STDs—curable and incurable

- Chlamydia and Gonorrhea are bacterial, they can be treated but may have long term effects. Trich is a parasitic infection and it can be treated.
- HIV is incurable and can lead to AIDS which can lead to death

3. Remember the 100% way to prevent giving a STD is to not have sex, but if you choose to have sex, using a condom 100% of the time when you have sex can reduce your risk.

Health Educator
Now I have another Girl Power Letter and need your advice.

My name is Jasmine and I’ve been with my boyfriend for six months. I went to the doctor and found out that I have an STD—Chlamydia. They gave me medicine and told me not to worry because the medicine I took would get rid of the STD. She did however, tell me that I needed to tell my boyfriend so that he can come in and get treated too. She explained that if I continue to have sex, especially unprotected sex, there’s a chance I might get reinfected. Every since I talked to the doctor, I have been strongly considering using condoms with my boyfriend because I don’t want anymore STDs. I don’t know how to tell my boyfriend about the STD or my new decision to use condoms with him. What should I do?
Gonorrhea Facts

What is it?
Gonorrhea is a bacterial infection caused by the gonococcus bacterium. Gonorrhea is spread by, having vaginal, anal, or oral sex with an infected partner. Since these bacteria like warm, moist places, they will usually survive in the cervix, penis, anus, mouth, throat and occasionally the eyes.

Symptoms
Most females and many males HAVE NO SYMPTOMS. When symptoms do occur, they are evident usually two to ten days (up to thirty days) after exposure. Males can experience painful urination or bowel movements, and a thick, yellowish discharge from penis or anus.

Females may experience low abdominal pain and discomfort, especially after a menstrual period; perhaps a greenish, whitish, or yellowish vaginal discharge, accompanied by a strong odor; a sore throat; rectal pain and itching; and mucus in the bowel movement.

Special Risks
An undetected, untreated case of gonorrhea in a female can spread from the cervix into the pelvis and infect the fallopian tubes. This can cause blockage and sterility. For both males and females, untreated gonorrhea may spread throughout the body, affecting joints with crippling gonorrhea arthritis and even gonorrhea heart disease. Babies can become infected during childbirth.

Treatment
An easy test can be done to determine if a person has gonorrhea. The test is given by a clinic or private doctor. If gonorrhea is found, a single dose of Suprax (400mg) or other forms of antibiotics (ceftriazone, spectinomycin, etc) is used to cure it. Because of the increase in penicillin–resistant Gonorrhea, penicillin in no longer used as treatment for Gonorrhea.

Prevention
The only 100 percent sure way to prevent transmission of gonorrhea is ABSTINENCE—not having sexual intercourse. However, you can reduce your risk of contracting gonorrhea by using a condom EACH and EVERY TIME you have sex.
Chlamydia Facts

**What is it?**
Chlamydia trachomatis is a one-celled bacteria-like parasite. It is acquired through vaginal, anal, or oral sex with an infected partner. Chlamydia is the number one sexually transmitted disease in the United States. It is found most often in sexually active teens between the age of 15 and 19. Chlamydia attacks mucous membranes such as those in the lining of the vagina or in the eyes.

**Symptoms**
Symptoms show up from one to twenty-one days after infection. About 80 percent of females and 10 percent of males have **NO SYMPTOMS**. An infected female may have discharge from the vagina, bleeding from the vagina between periods, burning or pain when urinating, and abdominal pain, sometimes with fever and nausea. Males are more likely to have symptoms; these may include a watery, white drip from the penis, most often evident in the morning, and mild irritation or burning during urination.

**Special Risks**
Chlamydia is dangerous because most people don’t know they have it, and the infection can spread if left untreated. It can cause painful and permanent damage to the sex organs, leaving both males and females sterile, or unable to have children. In females, chlamydia can infect the cervix, uterus, fallopian tubes, ovaries and urethra. In males, chlamydia can infect the urethra, vas deferens and testicles.

**Treatment**
Chlamydia is treated with antibiotics in order to get rid of the infection and prevent complications and the spread of the infection. If you take the full course of medication, your infection should be cured.

**Prevention**
The only 100 percent sure way to prevent the transmission of chlamydia is **ABSTINENCE**—not having sexual intercourse. However, you can **reduce your risk** of contracting chlamydia by using a condom **EACH and EVERY TIME** you have sex.
Trichomoniasis and other Vaginitis Facts

What is it?
There are three different kinds of vaginitis. Each occurs for a different reason, produces different symptoms, and must be treated in a different way.

**Trichomoniasis** is a type of vaginitis that is sexually transmitted. It is caused by a tiny, one-celled parasite called *Trichomonas*. Males often experience no symptoms of this disease, and can carry and pass the disease without knowing it.

**Bacterial vaginitis** is a type of vaginitis caused by the bacterium *Hemophilus*. This can be transmitted sexually but can also occur without sexual contact.

**Yeast infections** is a type of vaginitis that is usually not transmitted sexually. Taking certain antibiotic medications, developing low-grade infections in other areas of the body, and even dietary deficiencies can cause changes in the amount of yeast present in the body and trigger yeast infections.

Symptoms

**Trichomoniasis**: Females may notice a foamy, yellowish or light green discharge with fishy odor. There may be intense itching or a burning feeling in the vagina, and pain during urination. These symptoms can be expected to appear from one to four weeks after the first exposure.

**Bacterial vaginitis**: In females there may be a heavier than usual discharge, grayish-white, brown or yellowish. The discharge may look thin or frothy and smell fishy, similar to trichomoniasis but not as intense. There may be some itching, burning or pain.

**Yeast Infections**: In females there may be a thick, odorless, cottage-cheese, like discharge. There will also be extreme vaginal itching.

Special Risks
In males, trichomoniasis may result in infections of the prostate, bladder and/or testicles. In females, it can result in an inflammation of the urethra and cervix.

Treatment
Treatment can be provided by an STD clinic, county health department or by a private doctor. Trichomoniasis and bacterial vaginitis are treated with an oral antibiotic such as penicillin, ampicillin or tetracycline. The drug metronidaole (Flagyl) is highly effective against both bacterial vaginitis and trichomoniasis. Yeast infections are usually treated with vaginal suppositories or creams. Some common new drugs approved by the FDA include Miconazole, Clotrimozole, and Nystatin. If these treatments are not effective, an oral medication can be prescribed.
HIV/AIDS Facts

What is it?
Acquired Immune Deficiency Syndrome (AIDS) is when the body’s immune system stops working and can no longer fight off disease. It is caused by a virus called HIV. HIV stands for human immunodeficiency virus. HIV is spread through exposure to infected body fluids such as blood or semen. This can happen in two ways:
1. Having vaginal, anal, or oral sex with an infected partner.
2. Sharing needles to inject drugs, tattoo, or pierce body parts.

Once in the bloodstream, HIV attacks and kills a special kind of white blood cell called the helper T-cells. T-cells help the body’s immune system fight off disease. Once the T-cells are damaged and depleted, the body cannot protect or fight off infections or diseases.

Symptoms
- Fatigue
- Fever
- Cough
- Headache
- Weight loss (unexplained and persistent)
- Swollen lymph glands (mainly in the armpits, back of the neck & back of the mouth)
- Peeling skin rash
- Diarrhea

Treatment
To find out whether a person is infected with HIV, an antibody test is given. This test checks for antibodies to HIV in the blood. State and local health departments, AIDS organizations, or private doctors can give the test; it is generally offered free and given anonymously.

There is presently no cure for HIV/AIDS. Medical researchers are testing a number of experimental drugs. The drug AZT is used to treat people with AIDS. It is effective in slowing down the disease process in some patients. However at this time, no one, once diagnosed with having HIV/AIDS, has recovered from the disease.

Prevention
The only 100 percent sure way to prevent sexual transmission of HIV is Abstinence—not having sexual intercourse. Condoms can reduce your risk by protecting you against the exchange of fluids during sex.
Activity F: OPRaH

**Purpose:**
To refine our participants knowledge of HIV/STD prevention.

**Materials:**
- Handout 2-6: Do’s and Don’ts
- Handout 2-7: OPRaH
- Penis models
- Condoms
- Lubricants

**Time:**
20 minutes

**Health Educator:**

It is very important to use a condom to protect yourself from STDs, HIV and unwanted pregnancy. It is extremely important to use a condom correctly each and every time we have sex in order to reduce these risks.

One reason many women don’t use condoms is that they DO NOT KNOW the correct way that a condom goes on, whether it is watching their partner put it on, or putting it on their partners.

I’m going to teach you the CORRECT steps for putting on a condom. When using a condom there are some important facts that you must remember. We have listed the facts on Handout 2-6: Do’s and Don’ts of condoms use. Let’s take a minute to go over what some of those facts are.

- **Refer to Handout 2-6: Do’s and Don’ts. Introduce the group to condom use by talking about the Do’s and Don’ts of condoms.**

- **Helpful Hint: Refer to Health Educator Demonstration Sheet at you show the participants OPRaH.**

Now that we know the Do’s and Don’ts let’s practice using a condom. While it’s important to remember these facts, it’s also important to know how to use a condom correctly so that you are protecting yourself from getting a STD or HIV. We’ve created a fun way to remember the steps of using a condom-it’s called OPRaH.
**Health Educator:**

Turn to Handout 2-7: OPRaH in your journal.

OPRaH consists of 4 simple steps- Open, Pinch, Roll, and Hold!

**O**= Open package and remove rolled condom without twisting, biting, or using your fingernails. This could damage the condom or allow fluid to leak out.

**P**= Pinch the tip of the condom to squeeze the air out, leaving ¼ to ½ inch extra space at the top.

**R**= Roll condom down on penis as soon as the penis is hard, **before** you start to make love.

**a** = and after sex is over…

**H**= Hold the condom at the rim or base while your partner pulls out after ejaculation but before the penis goes soft. You could lose protection if the condom comes off inside you.

*Hand out the condoms and models. Allow participants a few moments to handle the condoms and get over the giggles. After they have settled down, demonstrate how to put the condom on the penis model using the OPRaH steps.*

**Health Educator:**

Now that I’ve shown you how to put a condom on CORRECTLY I want each of you to practice. I’d like each of you to put a condom on your model. We are going to walk around the room and observe you and answer any of your questions.
Health Educator Demonstration of OPRAH

Dos:
Use a latex condom

Check the expiration date

Use a water-based lubricant like K-Y jelly or Aqua Lube

Use a condom every time you have sex

Keep condoms in a cool, dry place

Do Not…
DO NOT use lambskin or natural condoms

DO NOT open condom package with teeth or nails

Do NOT use condoms more than once.

DO NOT keep your condoms in the glove compartment of a car or near heat

DO NOT use oils like lotion, Crisco, baby oil or Vaseline to lubricate your condom

PERFORM: Vaseline condom demonstration.
1. Blow up condom
2. Rub Vaseline on one spot about 3 minutes.
3. When condom breaks repeat message:
   “No oil-based lubricants!”

(Have participants refer to Handout 2-10)

• Display the plastic penis model.
• Display and describe condom samples – lubricated, non-lubricated, with special reservoir tip, etc.
• Demonstrate the following – describing your actions as you demonstrate!
  1. Open the package carefully without twisting, biting, or using fingernails.
  2. Demonstrate unrolling the condom a little bit to be sure it’s rolling down the outside.
  3. Pinch the tip of the condom, leaving ¼-1/2 inch of space at the tip where the semen will go.
  4. While still pinching the tip, unroll the condom all the way down to the base of the penis model.
  5. Smooth out any air bubbles that may be trapped inside. Add lubricant (water-based) on the outside of the condom.

Quick Review: “Open, pinch, roll, and hold!” That’s simple enough, isn’t it?
**Do’s & Don’t of Condom Use**

**Do…**

- Use a latex condom
- Check the expiration date
- Use a water-based lubricant like K-Y jelly or Aqua Lube
- Use a condom every time you have sex
- Keep condoms in a cool, dry place

**Do Not…**

- DO NOT use lambskin or natural condoms
- DO NOT open condom package with teeth or nails
- DO NOT use a condom more than once.
- DO NOT keep your condoms in the glove compartment of a car or near heat
- DO NOT use oils like lotion, Crisco, baby oil or Vaseline to lubricate your condom
**OPRaH**

*Four Simple Steps* - Open, Pinch, Roll, and Hold!

**O** = *Open* package and remove rolled condom without twisting, biting, or using your fingernails. This could damage the condom and allow fluid to leak out.

**P** = *Pinch* the tip of the condom to squeeze the air out, leaving 1/4 to ½ inch extra space at the top.

**R** = *Roll* condom down on penis as soon as the penis is hard, before you start to make love.

**a** = *and* after sex is over...

**H** = *Hold* the condom at the rim or base while your partner pulls out after ejaculation but before the penis goes soft. You could lose protection if the condom comes off inside you.
Activity G: Doing it in the Dark

Health Educator:

Now that you’ve gotten the idea of how to correctly put a condom on, we are going to make it a little trickier.

We all know that when the time comes to practice your condom skills, you probably won’t be sitting in a room with a group of people practicing on models.

More than likely, it will be DARK and you won’t be in a position to see what you are doing. Therefore, you need to learn how to let your fingers do the walking and feel your way around to correctly use a condom.

I want you each to practice putting on a condom while you are blindfolded. It’s kind of like being in the dark.

Please pair off (in teams of 2) and take turns.

One person should blindfold the other and have the person with the blindfold on practice putting a condom on the model. The team member who is not blindfolded should coach the other woman and give her lots of feedback.

Remember to put the blindfold on before you even open the package. When one team member is finished, switch places and let the other team member take a turn. Go ahead and start! We’ll walk around and see how you are doing.

Purpose:
To recognize various conditions that may complicate effective condom utilization.

Materials:
- Blindfolds
- Condoms
- Penis Models

Time:
10 minutes
**Activity H: Understanding Risks**

**Partner Types**

**Purpose:**
To discuss different types of sexual partners, and identify risky sexual partnerships. Enable the group to find ways to manage STD and HIV-risk with different types of sexual partners.

**Materials:**
None

<table>
<thead>
<tr>
<th>Peer Educator Role:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do partner type example with HE</td>
</tr>
</tbody>
</table>

**Health Educator:**

We have learned how to put a condom on correctly, but it still might be hard to use a condom with different sexual partners. Many of us have had different types of sexual partners. Some of these might include a boyfriend you love and have sex with, or someone you just met and were attracted to. We might also have sex with someone because we feel pressured to, or feel like we owe them. There is a risk of HIV and STD infection with any of your sexual partners, if you do not use a condom. It might be more difficult to use condoms with some sex partners than others. Although using condoms can be challenging, there are also ways that we can make it less difficult.

- HE First do an example with the Peer Educator
- Pass the bowl to the first person in the group and ask her to draw piece of paper and read aloud.

**Health Educator:**

“Okay, (person who drew the partner type) what do you think are some challenges to getting (partner type) to accept using a condom?”

“Now what are some ways that can help (partner type) to be more accepting to using a condom?”

- Continue until each participant has pulled a partner

**Health Educator:**

We’ve just gone over the different types of sex partners that people have and we’ve seen how using condoms can be difficult, depending on the partner. Yet there are also things we can do to help make our partners more accepting to using a condom and help keep us safe from HIV and other STDs.
Partner Types

A cute basketball player

A really popular boy at school

Someone who is just a friend

A fine guy you know sleeps around with a lot of girls

Someone you just met who came down for Carnival

An older guy with a lot of money and a nice ride

A boy that you have a crush on

A new boyfriend

Someone you know is in a crew
Activity 1: Healthy & Unhealthy Relationships

**Purpose:**
To discuss with the participants the influence of power, communication, respect and trust in a relationship.

**Materials:**
- “Pieces & Parts” Category Board
- Handout 2-8: Boundaries

**Time:**
15 minutes

**Health Educator:**

The relationship we are in with our sexual partner can influence our ability to even bring up safe sex options to our partner. This can be especially hard if you are in a negative relationship. So in thinking about our past relationships and what you didn’t like about them, what do you think it takes to make a relationship healthy or positive?

- Allow participants time to answer and write down their responses. Also, be sure to mention power balance, good communication, respect, and trust.

If your relationship is made up of some of these factors then you should have no problem negotiating with your boyfriend the importance of condom use. If your boyfriend values your decision to want to protect not only your own sexual health, but his too he will be appreciative for all the information you are learning today.

But let’s suppose that your boyfriend is not as supportive, what might an unhealthy or negative relationship look like?

- Allow participants time to answer, write down also mention: power imbalance, bad communication, and lack of trust and respect.

This might make it harder for you to negotiate condom use with your boyfriend condom use every time you have sex. He might not value your decision to protect your sexual health as much as you do.
Healthy & Unhealthy Relationships, Cont’d.

- Pass out “pieces and parts” and Healthy & Unhealthy table on flip chart. Allow participants time to place their “pieces and parts” on the flip chart and then have a brief discussion.

**Health Educator:**

Sometimes it’s hard when we are in a relationship to look at whether or not it’s healthy or unhealthy. We hope that this activity might help you in better defining for yourself what is you want in your relationships and what you don’t want.

It is also important when you are establishing a relationship to establish and setting your boundaries. Can anyone tell me what boundaries are?

- Allow participants time to answer

Your boundaries are behaviors and actions where you set limitations for how far you want to go. It's important to set your boundaries and communicate this with your partner. In a healthy relationship your partner will respect your boundaries. Let's go over a few things in the next handout 2-8 about setting your boundaries and sticking to them. (HE go over boundaries handout)
Sex is the most important thing.

I feel energized being with the person.

I feel worn out and tired being with the person.

One person always decides what to do and where to go.

I have fun being with the person.

We are constantly fighting and making up.

I don’t spend time with my other friends anymore.

I don’t like to bring my boyfriend around my family or friends.

My man accepts me the way I am.

I feel closer to the person as time goes on.

I neglect my studies or work to be with this person.

I spend time by myself without the person.

I like being seen with this person.

I feel like I can go at my own pace sexually.

I stay in the relationship because it’s better than being alone.

I am afraid to bring up the subject of condoms or birth control.

I use our children as a way to spend time with him.

I go out with other people without the other person knowing.

The other person becomes angry when I disagree with him.

I don’t feel close to that person anymore.
Boundary Setting

Know your limits and set your personal boundaries.
You should be very clear on what you want from your relationships. You should know beforehand which activities are comfortable for you.

Select friends who will support your decision and will hold you accountable.
Supportive friends can encourage you to make good decisions. They will remind you to keep your health a priority.

Realize that alcohol and drugs affect your decision-making capabilities.
We are generally less cautious under the influence of drugs. They not only relax our bodies and abilities to make sound decisions, but also hinder our ability to be aware of harm.

Never put yourself in an unsafe environment.
Be careful about going to the home of a male you don't know that well. The best and only person qualified to look after your health and safety is you. You can't trust someone else's judgment when it comes to your well being. You never want to put yourself in a situation in which sexual encounters could be forced on you.

Stand your ground.
Be consistent in your beliefs. Become an expert at saying "no" and meaning it. If you set your standards and stick to them, it will become easier for you and your partner to adjust to the new relationship boundaries.

Build a friendship, NOT just a sexual relationship.
Sex is not the best or only way to show strong feelings for your partner.

There is a thin line between having sex and not having sex.
Even lower risk activities like kissing, rubbing and hugging could lead to sex. Be clear with your partner before foreplay about which activities are okay.

Date people who share and respect your views.
You need your partner to work with you and not against you. The ideal relationship is one in which the ideals and values of both partners are honored and respected.

Trust yourself.
If you are in a situation where you feel uncomfortable or uneasy about anything, express your discomfort and get out of the situation.
Activity J: 3 Ways to Say It

**Purpose:**
To teach the participants how to distinguish between passive, aggressive, and assertive communication styles.

**Materials:**
Handout 2-9: Passive
Handout 2-10: Aggressive
Handout 2-11: Assertive

**Time:**
10 minutes

**Health Educator:**
Knowing how to communicate your boundaries and what you want in a relationship is important. This could include how far you want to go sexually, if you want to use condoms, or your expectations in a relationship. Communicating your needs and wants to a new partner can be even more difficult, and you need to be clear about what you want and how you say it, which is why we are about to go over communication.

Refer to Handouts 2-9, 2-10, and 2-11. Model each type of communication (passive, aggressive, and assertive) using the scenario Parent’s Just Don’t Understand Scenario. Remember to use the correct body lingo.

**Parent’s Just Don’t Understand Scenario**

Role Play: You went to the Old School Bashment Jam with Kevin Jeffers and the Mixing Clinic a few months ago. Your mom was a little mad because you got home late and said you need to be more responsible. There is going to be a Bashment Jam 2 and you really want to go. You feel like you have been more responsible and ask your mom if you can go. She says no. How do you respond?

Get participant responses on what they would say.

**Passive Role Play**
(not making eye contact/shoulders slumped over/low voice)

Daughter: I really want to go to the Old School Bashment Jam 2
Mom: No you can’t go. Remember last time?
Daughter: Umm, but mom..I um really think….
Mom: No you can’t go.
**Aggressive Role Play**
(loud voice/ cold stare/finger pointing)

Daughter: I really want to go to the Old School Bashment Jam 2
Mom: No you can’t go. Remember last time?
Daughter: WHAT DO YOU MEAN I CAN’T GO! I want to go! I’ve been responsible and I think I should go! You are being mean! I can’t believe you! I’m going anyways and there’s nothing you can do about it!

**Assertive Role Play**
(direct words/eye contact/firm clear/relaxed)

Daughter: I really want to go to the Old School Bashment Jam 2;
Mom: No you can’t go. Remember last time?
Daughter: I do remember last time, and I am sorry about that, and have been Trying to show you that I am more responsible now and if I don’t respect your rules this time you have every right to be angry with me.
Mom: That sounds fair.

**Health Educator:**

As we can see, there are different ways we can respond. We are now going to go over 3 ways of communicating. This is to also show you that there are different ways of communicating to your partner about your sexual desires. Even though we will go over 3, the last one is the one we really want you to “take home” with you.

- After each enactment, spend a few minutes discussing the characteristic body lingo and language of each type- passive, aggressive, and assertive. Help participants see the difference in communicating assertively such as: “I” statements, not blaming or criticizing.
PASSIVE

**TOO LITTLE “ATTITUDE”**

- Being unable to tell someone how you really feel about a situation, what you want, or what you need
- Going with the crowd when you are unsure of a situation
- Saying yes when you really want to say no
- Acting this way so that you will be liked, to be nice to someone, or to avoid hurting someone’s feelings

**“Body Lingo” Characteristics**

SPEECH: saying nothing at all, saying “um” a lot, skipping around the subject

VOICE: soft whining or whispering in tones as if afraid to speak up

EYES: not looking at the person, looking down or away

HANDS: shaking or constantly fidgeting

POSTURE: shoulders drooping, head down, unable to stand or sit without moving
AGGRESSIVE

TOO MUCH “ATTITUDE”

- Expressing yourself, standing up for yourself in a way that punishes, demands or threatens someone else
- Trying to get your way by putting someone else down
- Threatening or forcing a person to give you something
- Taking or getting what you want without considering the feelings and rights of the other person

“Body Lingo” Characteristics

SPEECH: cursing, name-calling, put downs, hostile remarks

VOICE: loud, tense, causing negative attention

EYES: cold, staring, angry, calculating, glaring

HANDS: pointing finger, waving fist, throwing hands up in a manner that dismisses that person (“talk to the hand syndrome”)

POSTURE: stiff, rigid, hands on hips, turning your back to/head away from someone while engaging in conversation
**ASSERTIVE**

**THE RIGHT “ATTITUDE”**

- Communicating your feelings and opinions in a direct and honest manner instead of hoping the other person will figure out what is on your mind
- Saying “NO” to things you don’t want or things that put you in a situation that threatens your well being
- Expressing yourself honestly while considering the needs and feelings of the other person without jeopardizing your own needs
- Not letting others use you and not using others

**“Body Lingo” Characteristics**

SPEECH: honest, direct words

VOICE: clear, firm, confident, loud enough to be heard, but not too loud

EYES: direct eye contact, but not glaring

HANDS: relaxed

POSTURE: head raised, shoulders back, standing/sitting upright, sure of yourself
Activity K: How to talk Safe SEX

Health Educator:
We went over OPRAH and how to protect ourselves, and our assertive style of communication. It is important to express yourself assertively and making clear what you want in the relationship. Always keep your safety in mind and remember to not talk to your sex partner if he is upset about other things, and consider his emotional state, before you tell him something that could make him more upset.

You may run into some resistance at first, but for every reason he gives you for wanting to have unprotected sex there are just as many reasons to give him for using a condom.

When talking to your him about your sexual choice, you will need to COMMUNICATE the RIGHT way. It’s not only what you say but, how you say it. When you discuss things out of concern for both of you, it lets him know that you care about his health as well as your own. Tell him some of the things you learned about STDs and HIV, but remember to keep in mind that it’s not only your right, but your responsibility to make decisions that will help you stay healthy.

Purpose:
To teach the participants how to talk sex with a partner

Group Management Tips:
• Fun way to provide comebacks and excuses that boyfriends give for not wanting to practice use condoms

Materials:
Flip chart
Markers
Handout 2-12: Condom Comebacks /

Time:
20 minutes
How to talk Safer Sex Cont..

**Health Educator:**
So to practice talking to your sexual partner, let’s begin by thinking about excuses or lines they give you for wanting to have sex without a condom you will provide a response for wanting to use a condom.

Let’s split up into teams. Team A will come up with excuses guys give you for wanting to have sex without a condom and Team B will come up with comebacks for wanting to have sex with a condom.

For example, you boyfriend might say:
**Excuse:** We usually have sex without a condom, stop trippin!
**Comeback:** I know, but I want us to be able to protect ourselves

**Health Educator:**
It might be easy to think about comebacks while you’re here, but this might not be so easy when you’re alone with your sexual partner. The handout we’re passing out just has some general excuses and comebacks that we know about. Take a look at them when you get a chance and maybe these comebacks can help you to develop your own.

Don’t be discouraged if you freeze up the first time, once your mind becomes settled on what you want, it’ll be easier to give him a comeback. Remember to be assertive when you express yourself, and make your boundaries clear!
### Possible Condom Comebacks

<table>
<thead>
<tr>
<th>Possible Excuse</th>
<th>Possible Comeback</th>
</tr>
</thead>
<tbody>
<tr>
<td>“They don’t feel like the real thing.”</td>
<td>“Condoms are very thin and can feel really natural, putting a drop of lubricant in the tip might even give more feeling.”</td>
</tr>
<tr>
<td>“Condoms are too small.”</td>
<td>“We can try different sizes. Let’s get the ones labeled ‘large’ or ‘maxx’.”</td>
</tr>
<tr>
<td>“They are expensive.”</td>
<td>“Let’s share the cost.”</td>
</tr>
<tr>
<td>“You’re on the pill, I don’t need a condom.”</td>
<td>“I’d like to use it anyway. We’ll both be protected from infections we may not realize we have.”</td>
</tr>
<tr>
<td>“I don’t have one with me.”</td>
<td>“Condoms are available everywhere, I’ll wait here while you go get some.”</td>
</tr>
<tr>
<td>“I’m allergic to condoms.”</td>
<td>“There are other condoms that are not latex that are OK like polyurethane.”</td>
</tr>
<tr>
<td>“We’ve been together so long that we don’t have to use condoms.”</td>
<td>“It’s because I want us to be together even longer that I want to protect us.”</td>
</tr>
<tr>
<td>“I love you! I wouldn’t give you anything.”</td>
<td>“Not on purpose. But many people don’t know they’re infected. That’s why this is best for both of us right now.”</td>
</tr>
<tr>
<td>“If you loved me, you wouldn’t ask me to use a condom.”</td>
<td>“I do love you, that’s why I want to protect you.”</td>
</tr>
<tr>
<td>“No one else has ever asked me to use condoms.”</td>
<td>“I don’t like to be compared to your other girlfriends.”</td>
</tr>
<tr>
<td>“I hate using condoms.”</td>
<td>“I realize you don’t like to use condoms, but I know you care strongly about me and this is one way you can show it.”</td>
</tr>
<tr>
<td>“I won’t have sex with you if you’re going to use a condom.”</td>
<td>“Well, you’re going to have to get it from someone else then.”</td>
</tr>
</tbody>
</table>
Activity L: Talkin’ the Talk

Health Educator:

Now that we have generated some comebacks to excuses for not wanting to use a condom, let’s put our assertive communication into even more action! We have some role plays about a couple named Tonya and Andre, and Tonya wants to have protected sex with Andre.

We are going to split up into pairs so we can practice. I would like each group to role-play Andre and Tonya based upon the scenario you were given. Don’t forget to use your assertive communication when role-playing and pay attention to your language and body lingo! Let’s turn to handout 2-13: Andre & Tonya to read the scenario along with me.

Helpful Hint: Give each pair a scenario to role-play. After you have handed the role-plays out give the participants about 2 minutes to meet. Remember to reiterate that their boyfriends might not be receptive to the idea of using condoms. Remind them not to be discouraged, but to think about all the things we talked about earlier regarding staying true to our values, our future dreams, protecting our sexual health and the importance of being assertive when they relay this to their boyfriends. Read Andre and Tonya background to the group before they begin.

Purpose: To have the participants present assertive communication responses by having them model it in sexual scenarios, both verbally and through body language.

Group Management Tips:
- Remind the girls they are to assertively communicate during the role play
- Reiterate that their boyfriend might not agree and that’s ok—it’s about them and honoring their values.

Materials: Handout 2-13: Andre and Tonya role play Scenario cards

Time: 20 minutes
Tonya has been attending a group for teens called Girl Power. She has learned a lot about Keepin’ it R.E.A.L. and realizing her dreams and goals. She has learned that using a condom correctly EACH and EVERY time can reduce her risk of STDs, HIV and unwanted pregnancy. She has made her decision to use condoms every time and has to tell her boyfriend.

Tonya has been dating Andre for three months, and she really likes him. They have been having sex. But, now Tonya is ready to talk to Andre about her decision.

Role play on the scenarios of Tonya’s talk with Andre. Make sure that you use an assertive style of communication. Pay attention to your language and body lingo!
Scenario #1

Andre has just arrived to pick Tonya up from the Girl Power workshop. She gets in the car and has a look of concern on her face. Tonya after hearing about the importance of reducing her risks from getting an STD has decided to start using condoms every time. Tonya is ready to tell Andre her decision rather than waiting until later and then changing her mind. Andre turns and looks at her and asks her, “what’s wrong with you?” Tonya says...

Scenario #2

It’s been a few weeks since Tonya was in the Girl Power workshop and all the information that Tonya learned was so important, but she just has not been able to tell Andre her decision to want to use condoms. They are going out tomorrow night and she knows that they will be in a situation that will lead to sex. While Tonya is sitting at home practicing what she will say when Andre calls her later, the phone rings, its Andre. Tonya says...

Scenario #3

It’s been a few weeks since Tonya has told Andre about her decision to use condoms very time. So far he has agreed and every time they have had sex they have used condoms. The last time they had sex however, Andre stated that he was tired of using condoms and complained that Tonya didn’t trust him. Tonya didn’t say anything to him then, but he’s coming over later, and her parents aren’t home, and they will probably have sex. Tonya wants to use condoms, and doesn’t know what she’ll do if he says he doesn’t want to. The doorbell rings and its Andre. Tonya says...
Activity M: GIRL POWER Tic-Tac-Toe

**Purpose:**
Have participants able
To summarize what they
Have learned through a
Fun interactive game

**Materials:**
Handout 2-14:
Girl Power tic-tac-toe sheet
Candy
Condoms and dildo

**Time:**
15 min.

**Health Educator:**
Thank you for all of your participation today! We have learned a lot over these 2 workshops! We learned about our values and goals, and focusing on our futures! We also talked about relationships, communication and protecting ourselves against STDs and HIV. Now we want to play an interactive game to see if you remembered all that you are learned! We are going to play Girl Power Bingo!

*(Peer educator pass out sheet)*
You have to find the person who knows the different things on the sheet, and if you get 3 in a row, yell bingo! And we will see if you have bingo. If your name is down to do something, you have to do it correctly or else that person will not get bingo. The bingo winners will receive a small prize. We’ll play a couple of times so we can have a couple of bingo winners.

Allow participants time to interact and play the game, have music playing in the background.

**Health Educator:**
Thank you all for your participation! We hope you enjoyed Girl Power! And hope that you protect yourselves, keep yourself healthy and Keep it R.E.A.L! We will see everyone for the Graduation celebration!
<table>
<thead>
<tr>
<th><strong>Find someone who can state</strong>&lt;br&gt;what can be challenging about getting an older male partner to use a condom, and ways to make them more accepting to using a condom</th>
<th><strong>Find someone who can name</strong>&lt;br&gt;the style of communication that we want you to use and explain it.</th>
<th><strong>Find someone who can state</strong>&lt;br&gt;why it’s important for her partner to get treated for an STD if she tests positive for an STD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Find someone who can name</strong>&lt;br&gt;one of the things that can happen to a female if she gets a STD</td>
<td><strong>Find someone who can name 2 symptoms of STDs in women</strong></td>
<td><strong>Find someone who can state</strong>&lt;br&gt;what OPRAH stands for</td>
</tr>
<tr>
<td><strong>Find someone who can state</strong>&lt;br&gt;why it’s important to state your boundaries in a relationship</td>
<td><strong>Find someone who can put on a condom correctly, they have to show us!</strong></td>
<td><strong>Find someone who can state</strong>&lt;br&gt;what “Keepin’ it R.E.A.L.” stands for</td>
</tr>
</tbody>
</table>
Activity N: “Still I Rise”

**Purpose:**
To enhance the self-confidence and pride among GIRL POWER participants by reciting poetry written by African American women.

**Group Management Tips:**
Be creative and use dramatic energy.

**Materials:**
Handout 2-15 “Still I Rise”

**Time:**
20 minutes

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**Health Educator:**
Ladies it has been a joy being with you all for the past two weeks. We at GIRL POWER want to leave you with a final poem—“Still I Rise” by Maya Angelou. Turn to Handout 2-16 in your journal. (Health Educator Read poem)

- Stress to participants that they have the power to overcome barriers and obstacles, and review their hopes and dreams and stress how they have the power to overcome them.

---

**Health Educator:**
We want to thank you for being apart of our group and giving us the opportunity to get to know all of you and teach you a few things. Hopefully you have learned a lot and had some fun, too. Most of all, we hope you will remember and use what you have learned. In order to help you with all that you’ve learned in the two workshops, we’ve created what we call the Girl Power Creed. A creed is a set of beliefs that help guide one’s actions. So to ensure that you have the tools necessary to guide you in living a healthier life we’d like to take a moment and share our Girl Power Creed with you all.
GIRL POWER CREED

The POWER to set Goals and make a plan
The POWER to Impact my life, like no one else can
The POWER to make a Realistic choice
The POWER to live my Life and have a voice
The POWER to Keep It R.E.A.L.

Refuse to Engage in Activities that negatively change my Life goals!
GIRL POWER has empowered me to fulfill my destiny

Now that you learned new and healthier ways to live your life to the fullest we hope that this creed will serve as a way to keep you on the path to achieve all the goals and dreams that you set in life.

And to show our appreciation for your participation in the workshops we have a gift for you so as we call your name please come up and get your gift.

Helpful Hint: HE and PE should pass out the certificates and gifts. As well as the invitation cards for the graduation celebration. Be sure to remind them of the dates that they are to return to the school.

Before we pass out the workshop evaluations we also want to remind you that your graduation celebration for completing the GIRL POWER workshops is _______________. Here is a reminder so that you don’t forget.

Helpful Hint: PE pass out the graduation invitation.

Health Educator
Thank you all for your participation! We hope you enjoyed Girl Power! We also hope you all realize as GIRL POWER Sistas that you have the ability to rise above any situation. Even after a mistake, you can still rise. We know that we have given you a lot of information and we hope that it will help you in making choices that will lead to living a healthy and fulfilling life…Change isn’t always easy, no one ever said life would be, but you are worth it, make the choice to Keep it R.E.A.L.
Still I Rise
You may write me down in history
With your bitter, twisted lies,
You may trod me in the very dirt
But still, like dust, I'll rise.

Does my sassiness upset you?
Why are you beset with gloom?
'Cause I walk like I've got oil wells
Pumping in my living room.

Just like moons and like suns,
With the certainty of tides,
Just like hopes springing high,
Still I'll rise.

Did you want to see me broken?
Bowed head and lowered eyes?
Shoulders falling down like teardrops.
Weakened by my soulful cries.

Does my haughtiness offend you?
Don't you take it awful hard
'Cause I laugh like I've got gold mines
Diggin' in my own back yard.

You may shoot me with your words,
You may cut me with your eyes,
You may kill me with your hatefulness,
But still, like air, I'll rise.

Does my sexiness upset you?
Does it come as a surprise
That I dance like I've got diamonds
At the meeting of my thighs?

Out of the huts of history's shame
I rise
Up from a past that's rooted in pain
I rise
I'm a black ocean, leaping and wide,
Welling and swelling I bear in the tide.

Leaving behind nights of terror and fear
I rise
Into a daybreak that's wondrously clear
I rise
Bringing the gifts that my ancestors gave,
I am the dream and the hope of the slave.
I rise
I rise
I rise

Maya Angelou
Activity O: What do You Think About??

**Purpose**
Get participants
Opinion of the program

**Time:**
5 min

**Health Educator**
Before you go we want to know what you thought about Girl Power by filling out this evaluation form. You don’t have to put your name on it so please be honest! Please turn it in to me or ______ (peer educator) when you are done. Thank you for your participation!
### WHAT DO YOU THINK ABOUT....?

*What do you think about today’s workshop? Use this scale from 1 to 5 to tell us what you think.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, how much did you enjoy today’s workshop?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. How well prepared were the Girl Power Health Educators?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. How well were the activities/information presented?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>4. How well did the activities encourage your participation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>5. How clearly were your questions answered?</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>6. How clear were the session handouts?</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>7. Was there enough time for discussion?</td>
<td>1</td>
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</table>

### How would you rate each of these activities you did today?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Greeting and Ice Breaker</td>
<td>1</td>
<td>2</td>
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<tr>
<td>HIV Name Game</td>
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<tr>
<td>9. OPRaH</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>Do's and don'ts of condom use</td>
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<tr>
<td>10. Doing it in the Dark</td>
<td>1</td>
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</tr>
<tr>
<td>Putting on a condom with blindfolds</td>
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<tr>
<td>11. Understanding Risks</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>What's hard/easy to use a condom with a partner</td>
<td></td>
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<tr>
<td>12. Healthy/Unhealthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pieces and parts game</td>
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<tr>
<td>13. 3 Ways to Say It</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Different styles of communication</td>
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<tr>
<td>14. How to talk Safer Sex</td>
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<tr>
<td>Condom comebacks and excuses</td>
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<tr>
<td>15. Talking the Talk</td>
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<tr>
<td>Andre and Tonya Role Plays</td>
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<tr>
<td>16. Talk or Walk</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Warning signs of relationship violence</td>
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<tr>
<td>17. Girl Power Bingo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Bingo review game</td>
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</table>
How would you rate each of the Health Educators?

Health Educator: ________________

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
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<th>Good</th>
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</thead>
<tbody>
<tr>
<td>18. Showing support for you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. Listening to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Answering the group's questions</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>21. Showing you how to use a condom</td>
<td>1</td>
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</table>

Peer Health Educator: ___________________

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<tr>
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<td>22. Showing support for you</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. Listening to you</td>
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<td>2</td>
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<tr>
<td>24. Answering the group's questions</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
</tbody>
</table>

25. Do you feel that your group leaders worked well together?
   ___ YES ___ SOMEWHAT ___ NO

26. Was there anything about today’s workshop that you did not like? ________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________

27. What did u like the best?
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________

28. Something new I learned was. ______________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________

THANK YOU!!