

HEALTHY APPROACHES TO SEXUALITY

Welcome and lets begin.

Goals of this course:

- Offer the best and most recent information about sexual health.
- Provide a safe and educational environment for participants to ask questions and be provided with basic information.
- Help that allows us make informed decisions about sexual health.

Session 1 - Group Expectations



Session 1 Objectives:

- Create a list of the ground rules for this course.
- Talk about what we are here to learn.
- Get to know one another a little better.

Session 1

- The way that we talk about sex and sexuality is important.
- We will speak in a way that allows others to feel comfortable and safe.
- The reason that we are here is to talk about how to be safe, healthy and happy with the choices that we make about sex.

Group Expectations

- Listen actively and attentively
- Ask for clarification if you are confused
- Do not interrupt one another
- Challenge one another, but it respectfully
- Critique ideas, not people
- Avoid put downs, even humorous ones
- Do not monopolize the discussion
- Speak from your experiences, don't generalize

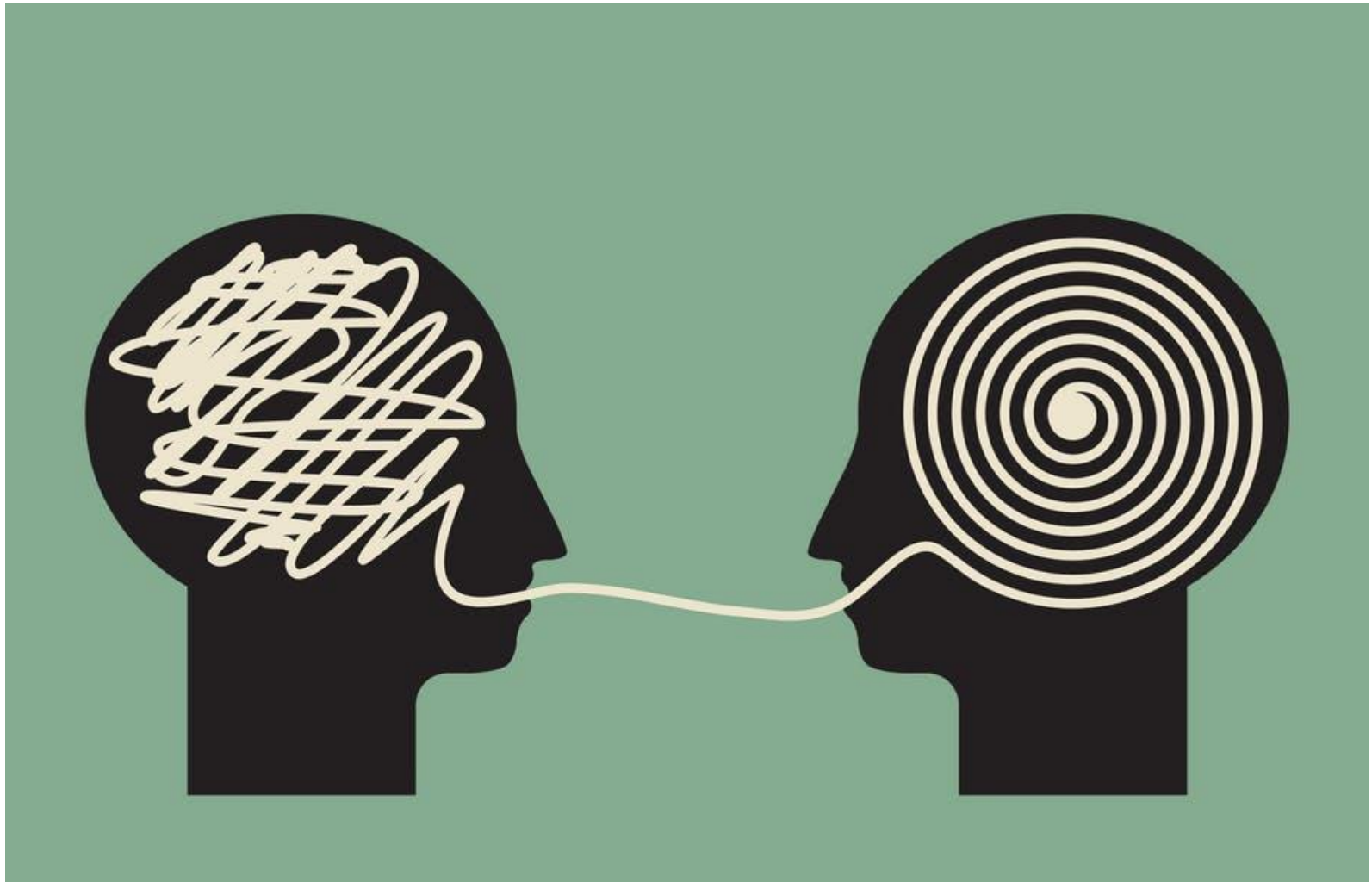
Respect and Tolerance for Deferring Views and Preferences

- We are going to respect all others whether they are like us or not. There is enough room in the world for all people and their individual preferences. Though we may not agree we will be able to agree to disagree.
- This is a safe place for all questions and concerns. We, as a group, will not taunt and or ridicule others for what they think feel or believe. The purpose of this group is to learn and grow in order to make the best choices that we can in regards to sexual health.

How we will refer to the human body

- In this group, we will use the scientific names for all human anatomy and always treat the body with respect.
- The way in which we speak about the choices regarding sexuality.
- If we have questions about the material we will ask and use the proper terms.
- All people, no matter their sexual preferences are to be spoken about in respectful terms.

Session 2 – The Language



Objectives for Session 2:

- Have common language to discuss sexual health.
- Have a common language and norms for group discussions and future questions.
- Create a space that allows us all to engage in group and feel safe.
- Think about the negative emotions that can be caused by the language surrounding sex.
- Fear
- Anger
- Shame
- Humiliation
- Disrespect

Language Female Reproductive System

- **Vagina**

The vagina is a tube that connects your vulva with your cervix and uterus. It's what babies and menstrual blood leave the body through. It's also where some people put penises, fingers, sex toys, menstrual cups, and/or tampons. Your vagina is really stretchy, and expands when you feel turned on.

- **Cervix**

The cervix divides your vagina and uterus, located right between the two. It looks like a donut with a tiny hole in the middle. This hole connects your uterus and your vagina. It lets menstrual blood out and sperm in. Your cervix stretches open (dilates) during childbirth.

You can usually feel your cervix at the end of your vagina if you insert your fingers, a penis, or a sex toy into your vagina. Your cervix separates your vagina from the rest of your body, so things like tampons or other objects can't get "lost" inside of you.

- **Uterus**

The uterus is a pear-shaped muscular organ about the size of a small fist. It's sometimes called the womb because it's where a fetus grows during pregnancy. During sexual arousal, the lower part of your uterus lifts toward your belly button. That's why your vagina gets longer when you're turned on. It's called "tenting."

- **Fallopian tubes**

The fallopian tubes are 2 narrow tubes. They carry eggs from your ovaries to your uterus. Sperm travels through them to try to fertilize your egg.

- **Fimbriae**

The fimbriae look like tiny fingers at the end of each fallopian tube. When your ovary releases an egg, they sweep it into your fallopian tube.

- **Ovaries**

The ovaries store your eggs. They also produce hormones, including estrogen, progesterone, and testosterone. These hormones control things like your period and pregnancy. During puberty, your ovaries start to release an egg each month. They do so until menopause. Sometimes your ovaries release more than one egg.

- **Bartholin's glands**

The Bartholin's glands are near your vaginal opening. They release fluid that lubricates your vagina (makes it wet) when you're turned on.

- **Skene's glands**

The Skene's glands are on either side of your urethral opening. They release fluid during female ejaculation. They're also called paraurethral glands or female prostate glands.

- **Hymen**

The [hymen](#) is the thin, fleshy tissue that stretches across part of the opening to the vagina. Hymens vary a lot in how much of your vaginal opening they cover, and they can sometimes (but not always) tear and cause bleeding the first few times you put something in your vagina.

- **G spot**

The G spot, or Gräfenberg spot, is located on the front or belly-button side of your vagina. It's a few inches inside your vagina. Your G-spot swells when you're turned on. Some people like the feeling of having their G-spot touched.

Language Male Reproductive System

- **Glans**

Your glans is also called the head or tip of your penis. The opening of your urethra is here. This is where pre-ejaculate (pre-cum) and semen (cum) come out of, and it's where you pee out of. For many people, it's the most sensitive part of the penis.

- **Shaft**

The shaft of your penis extends from the tip to where it connects to your lower belly. It looks like a tube. Your urethra is inside the shaft.

- **Foreskin**

The foreskin is a patch of skin that covers and protects the head (AKA glans). When your penis gets hard, the foreskin pulls back and the tip is exposed. Sometimes foreskin is circumcised (when a doctor surgically removes your foreskin) soon after birth, so not everyone has it.

- **Frenulum**

The frenulum is where your foreskin meets the underside of your penis. It looks like a small V just below the head. Usually part of it remains after circumcision. And for many people, it's very sensitive.

- **Scrotum (balls)**

The scrotum is the sac of skin that hangs below your penis. Your scrotum holds your testicles and keeps them at the right temperature. If it's too cold, your scrotum pulls your testicles closer to your body. If it's too warm, your testicles hang away from your body.

Your scrotum is covered with wrinkly skin and hair. Your scrotum can be big or small, have a little or a lot of hair, and vary in color. Some people's scrotum is larger on one side than the other.

The scrotum is super sensitive, so any hitting or twisting is extremely painful. But many people like having their scrotum gently touched during sex.

- **Anus**

- The anus (AKA butthole) is the opening to your rectum. The anus has lots of sensitive nerve endings, so some people experience sexual pleasure from anal stimulation.

- **Testicles**

The testicles are 2 ball-like glands inside your scrotum. They make sperm and hormones like testosterone.

- **Epididymis**

The epididymis is a tube where your sperm matures. It connects each testicle to each vas deferens. And it holds your sperm before you ejaculate (come).

- **Vas Deferens**

A vas deferens is a long, narrow tube that carries sperm from the epididymis to the seminal vesicles when you ejaculate (come). There are 2 of them — one connected to each epididymis.

- **Seminal Vesicles**

Seminal vesicles are 2 small organs that produce semen, the fluid that sperm moves around in. They're located below your bladder.

- **Prostate Gland**

The prostate gland makes a fluid that helps your sperm move. It's about the size of a walnut or golf ball. The prostate gland is sensitive to pressure or touch in a way that many people find pleasurable.

- **Cowper's glands**

The Cowper's glands produce a fluid called pre-ejaculate or pre-cum. This fluid prepares your urethra for ejaculation (coming). It reduces friction so your semen can move more easily. The Cowper's glands are under the prostate and attach to your urethra. They're also called bulbourethral glands.

- **Urethra**

The urethra is the tube that carries urine (pee), pre-ejaculate, and semen to your urethral opening and out of your body.

- **Cremaster**

The cremaster is a muscle that moves your scrotum and testicles closer to your body. This happens when you're cold, you're aroused, or when someone touches your inner thigh.

Are there other types of bodies?

- Everyone's sexual anatomy is a little bit different. Most people have either a penis and scrotum or a vulva, but each person's genitals are uniquely their own.
- When you were born, your doctor probably assigned you a sex — male or female — based on your sex anatomy.
- But that doesn't necessarily say anything about your [gender identity](#).
- Some people's assigned sex and [gender identity](#) are pretty much the same, or in line with each other. These people are called cisgender. Other people feel that the sex they were assigned at birth doesn't match their gender identity. So, for example, a person could be born with a penis, but identify as female. These people often call themselves [transgender](#) or trans.
- Other people have sex anatomies that don't fit the typical definition of female or male. They may be described as [intersex](#). There are lots of different combinations of body parts and hormones that fall under the intersex umbrella. Being intersex doesn't necessarily have any connection with a person's [gender identity](#).

Session 3 - Avoiding Toxic Relationships

**Don't feel
guilty for doing
what's best
for you.**

Objectives for Session 3:

- Identify some of the signs and symptoms of abusive relationships.
- Discuss the signs and symptoms of a toxic relationship.

Signs that a partners is abusive

- They want to isolate you from friends or even family.
- They tend to insult or belittle you, even when “joking”.
- They blame others a lot, and often times it’s you.
- Alcohol and drug use that causes erratic behavior can be a catalyst of abuse.
- They instill fear, uneasiness or are intimidating in their speech or actions.
- They punish you or retaliate for time you spend away from them.

Signs continued

- They expect you to be subservient but aren't helpful themselves.
- They are extremely jealous of your time, relationships and/or aspirations.
- They manipulate your emotions and make you feel guilty.
- They get physical. Obviously hitting someone is abusive, but physical abuse can start as intimidating posturing, grabbing or controlling your movements and space.

Questions

- Is it possible to be in a relationship that is toxic through no fault of your own?
- Can you love a person enough to cause them to stop being abusive?
- Who can you go to for help if you find yourself in an abusive relationship?

Also see Violence in Relationship handouts.

Session 4 - Intimacy



Objectives for Session 4:

- Assess our willingness, desire and ability to be intimate with a partner.
- Decide if we desire to change where we are according to the assessment.

Session 4- Intimacy

- You will receive a handout that will ask you a lot of questions. Answer to the best of your ability.
- There are no right or wrong answers.
- At the end of the questionnaire there are some categories that the test will offer you.
- No matter where you fall on the spectrum, you can learn new or better ways of being.
- This is not a scientific result and you are not stuck with the outcome.

ARE YOU WILLING TO
BE INTIMATE?



Lab A15-1 *How Capable Are You of Being Intimate?*

Determine how closely each statement describes your feelings. Circle the number in the appropriate column.

	Strongly disagree	Mildly disagree	Agree and disagree equally	Mildly agree	Strongly agree
1. I like to share my feelings with others.	1	2	3	4	5
2. I like to feel close to other people.	1	2	3	4	5
3. I like to listen to other people talk about their feelings.	1	2	3	4	5
4. I am concerned with rejection in my expression of feelings to others.	5	4	3	2	1
5. I'm concerned with being dominated in a close relationship with another.	5	4	3	2	1
6. I'm often anxious about my own acceptance in a close relationship.	5	4	3	2	1
7. I'm concerned that I trust other people too much.	5	4	3	2	1
8. Expression of emotion makes me feel close to another person.	1	2	3	4	5
9. I do not want to express feelings that would hurt another person.	5	4	3	2	1
10. I am overly critical of people in a close relationship.	5	4	3	2	1
11. I want to feel close to people to whom I am attracted.	1	2	3	4	5
12. I tend to reveal my deepest feelings to other people.	1	2	3	4	5
13. I'm afraid to talk about my sexual feelings with a person in whom I'm very interested.	5	4	3	2	1
14. I want to be close to a person who is attracted to me.	1	2	3	4	5
15. I would not become too close because it involves conflict.	5	4	3	2	1
16. I seek out close relationships with people to whom I am attracted.	1	2	3	4	5

(over)

LAB A15-1 (continued)

	Strongly disagree	Mildly disagree	Agree and disagree equally	Mildly agree	Strongly agree
17. When people become close they tend not to listen to each other.	5	4	3	2	1
18. Intimate relationships bring me great satisfaction.	1	2	3	4	5
19. I search for close intimate relationships.	1	2	3	4	5
20. It is important to me to form close relationships.	1	2	3	4	5
21. I do not need to share my feelings and thoughts with others.	5	4	3	2	1
22. When I become very close to another, I am likely to see things that are hard for me to accept.	5	4	3	2	1
23. I tend to accept most things about people with whom I share a close relationship.	1	2	3	4	5
24. I defend my personal space so others do not come too close.	5	4	3	2	1
25. I tend to distrust people who are concerned with closeness and intimacy.	5	4	3	2	1
26. I have concerns about losing my individuality in close relationships.	5	4	3	2	1
27. I have concerns about giving up control if I enter into a really intimate relationship.	5	4	3	2	1
28. Being honest and open with another person makes me feel closer to that person.	1	2	3	4	5
29. If I were another person, I would be interested in getting to know me.	1	2	3	4	5
30. I only become close to people with whom I share common interests.	5	4	3	2	1
31. Revealing secrets about my sex life makes me feel close to others.	1	2	3	4	5
32. Generally, I can feel just as close to someone of the same sex as someone of the other sex.	1	2	3	4	5
33. When another person is physically attracted to me, I usually want to become more intimate.	1	2	3	4	5
34. I have difficulty being intimate with more than one person.	5	4	3	2	1

(over)

	Strongly disagree	Mildly disagree	Agree and disagree equally	Mildly agree	Strongly agree
35. Being open and intimate with another person usually makes me feel good.	1	2	3	4	5
36. I usually can see another person's point of view.	1	2	3	4	5
37. I want to be sure that I am in good control of myself before I attempt to become intimate with another person.	5	4	3	2	1
38. I resist intimacy.	5	4	3	2	1
39. Stories of interpersonal relationships tend to affect me.	1	2	3	4	5
40. Undressing with members of a group increases my feelings of intimacy.	5	4	3	2	1
41. I try to trust and be close to others.	1	2	3	4	5
42. I think that people who want to become intimate have hidden reasons for wanting closeness.	5	4	3	2	1
43. When I become intimate with another person, the possibility of my being manipulated is increased.	5	4	3	2	1
44. I am generally a secretive person.	5	4	3	2	1
45. I feel that sex and intimacy are the same, and one cannot exist without the other.	5	4	3	2	1
46. I can only be intimate in a physical relationship.	5	4	3	2	1
47. The demands placed on me by those with whom I have intimate relationships often inhibit my own satisfaction.	5	4	3	2	1
48. I would compromise to maintain an intimate relationship.	1	2	3	4	5
49. When I am physically attracted to another, I usually want to become intimate with the person.	1	2	3	4	5
50. I understand and accept that intimacy leads to bad feelings as well as good feelings.	1	2	3	4	5

(over)

LAB A15-1 *(continued)*

Scoring

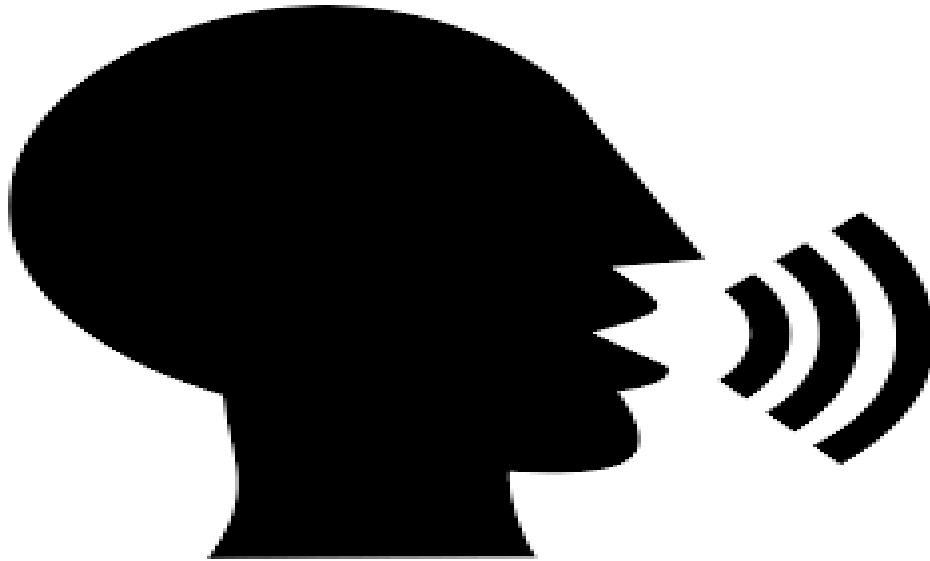
To calculate your total score, add up the items you circled. Find the score below that is closest to your total score. The higher your score, the greater your capacity and desire for intimate relationships.

- 150 Significantly below average
- 161 Somewhat below average
- 172 Average
- 183 Somewhat above average
- 194 Significantly above average

Understanding your score

- If you score on the lower side of the this scale, consider that you may not be ready or willing to engage in a seriously intimate relationship and that is ok! You may still find information in this group helpful in the future.
- If you score higher on this scale that could indicate that you are at the point where you want to find a partner.
- If you score mid-range then you are contemplating a relationship and this group can help.

Session 5 – Let's Talk about Sex



Objectives for Session 5:

- Understand that the analogies and attitudes that are sometimes used to discuss sex that imply that sex need to result in a “win” or “score.”
- Learn a new perspective, language and attitude that could be used to describe sexual activity.
- Understand a new way of pursuing sexual activity.
- Relate our early experiences with intimacy to the perspectives that we have today.

Session -What we bring to the table.

- There are billions of people on the planet earth. This means that it would be impossible for everyone of those folks to fit neatly into two categories; heterosexual and homosexual.
- The more that we learn about humans the more we find diversity.
- There will be some thing that you hear and see in this group that you may not have heard before. That is ok. We are all here to learn.
- There may be things that are different from your preferences , that is ok as well because we will all show respect for each others choices.

Lets Talk About Sex:

- https://www.ted.com/talks/al_ernacchio_sex_needs_a_new_metaphor_here_s_one
- The way that people are talking about sex needs to change. There is another approach.
- https://www.ted.com/talks/sue_jay_johnson_what_we_dont_teach_kids_about_sex
- What do you bring to the table?
- Remember that we all want to be close to others and we need to be aware of what we already have in our minds.

Session 6 - Consent



Objectives for Session 6:

- Identify the at least one way to gain consent for sexual activity.
- Identify at least one way to deny sexual consent.
- Name one reason that a person can not give consent to have sex.
- Identify when a person can deny consent to a sexual act.

Session 6 - Sexual Consent

- The following are guidelines for what questions and discussions you should have with a partner before engaging in sex.
- Feel free to add your own questions and topics that you would like to discuss with a partner.
- The time to have these conversations is before you become active with the person. This is a natural way to become intimate.

The ground rules for entering a sexual experience:

- Consent is an ongoing process – you might agree to sex earlier on and then change your mind - everyone has the right to do this.
- Giving your consent and getting your partner's consent may feel a bit awkward but ultimately sex is about communication and can and should be a positive and pleasurable experience.
- The legal age to have sex in your country may be different depending on whether you're a boy or a girl. It could also vary if you're gay or lesbian.
- Any sexual contact without consent is wrong and illegal whatever the age of the people involved.
- **What is sexual consent?**
- Sexual consent means agreeing to take part in any kind of sexual activity. Having sex can and should be a positive and pleasurable experience when it's based on mutual respect and the consent of those involved. You may feel nervous or awkward when talking about consent with your partner but ultimately it can and should feel good.
- Sexual consent applies every time you have sex, and to any type of sexual activity at any stage, not just penetrative vaginal or anal sex. It's impossible to say an overall "yes" to all sexual activity. You can't know exactly what your partner is thinking or what you're saying "yes" to.
- **How does consent work 'in the moment'?**
- Be careful not to make any assumptions about what is okay for your partner or have expectations about what they will do. Whether you're getting closer and about to start having sex or you're already 'in the moment', consent is all about communication.
- Getting consent when you don't know someone very well can be awkward as it can feel like you're changing the mood... and with regular partners we can forget to check, instead assuming that they're agreeing as they have in the past. But it's important to keep communicating.
- **Saying "yes" now doesn't mean "yes" in the future**
- Giving consent for one type of sexual activity, one time, doesn't mean giving consent for going further or doing that type of activity again, or any sexual contact at all.
- For example, agreeing to kiss someone doesn't mean you've said "yes" to someone taking your clothes off. Likewise, giving or receiving oral sex with someone in the past doesn't mean that you want to do that again or have any sexual contact at all with that person in the future.
- **You can change your mind!**

Giving consent can look like this:

- Asking your partner when you change the type or degree of sexual activity by saying, “Is this okay?” and getting a clear and positive response.
- Clearly agreeing to certain activities, either by saying “yes” or something else that’s positive, like “I’m open to trying.”
- Using physical cues like letting out a sigh, reciprocating with a similar touch, looking your partner in the eye and smiling to let them know you’re comfortable taking things to the next level.

Giving consent is NOT this:

- Refusing to hear when someone says “no” and carrying on.
- Assuming that wearing certain clothes, flirting, or kissing is an invitation for more.
- Someone being under the legal age of consent.
- Someone not having the freedom or capacity to make a choice because of drugs or alcohol.
- Pressuring someone to have sex by intimidating them or making them feel scared.
- Assuming you have consent because someone has given it in the past.

Even if you’re good at communicating with your sexual partners, sometimes it’s not clear what consent means in different situations.

What if you’re in a relationship or married?

Being in a [relationship](#) with someone or being married to them does not give them the right to do what they want to you – or you to them. It’s no different to sex with anyone else – you must both consent, each time and to each type of activity.

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What if someone doesn't actually say the word "no"?

They may say it in other ways, like "not right now", "I'm not sure", or they might stay silent. Their body language might also signal "no" – for example, by turning away, by curling up, or by not responding positively to touching.

What if you think or can feel that your partner is turned on?

Sometimes our bodies will be turned on but we don't want to be touched. Even if a penis is erect or the vagina is wet – it's not an automatic invitation. Our minds may want the opposite of what our bodies are doing which can be confusing and uncomfortable.

Sometimes a person can feel turned on by someone's touch even when they haven't consented. If this happens, don't worry, communicate!

What does 'age of consent' mean?

'Age of consent' is another way of saying the legal age to have sex. When you can legally have sex will depend on what country you live in as laws are different around the world. The most common age of sexual consent is 16.¹ In some countries gay or lesbian sex is illegal. Avert does not agree with any laws that criminalize homosexuality, but you can find out the situation in your country [here](#).

Consensual underage sex – is it okay?

If you have sex with someone when either or both of you are under the age of consent / ‘underage’, then you’re breaking the law – even if you’re both consenting, the law says it’s not okay. This may seem unfair, but there’s no set age that a person is [ready for sex](#) so the [law is there to protect you](#). You can find out more about the age of consent laws in your country on your government’s website.

Sex between an underage person and an adult

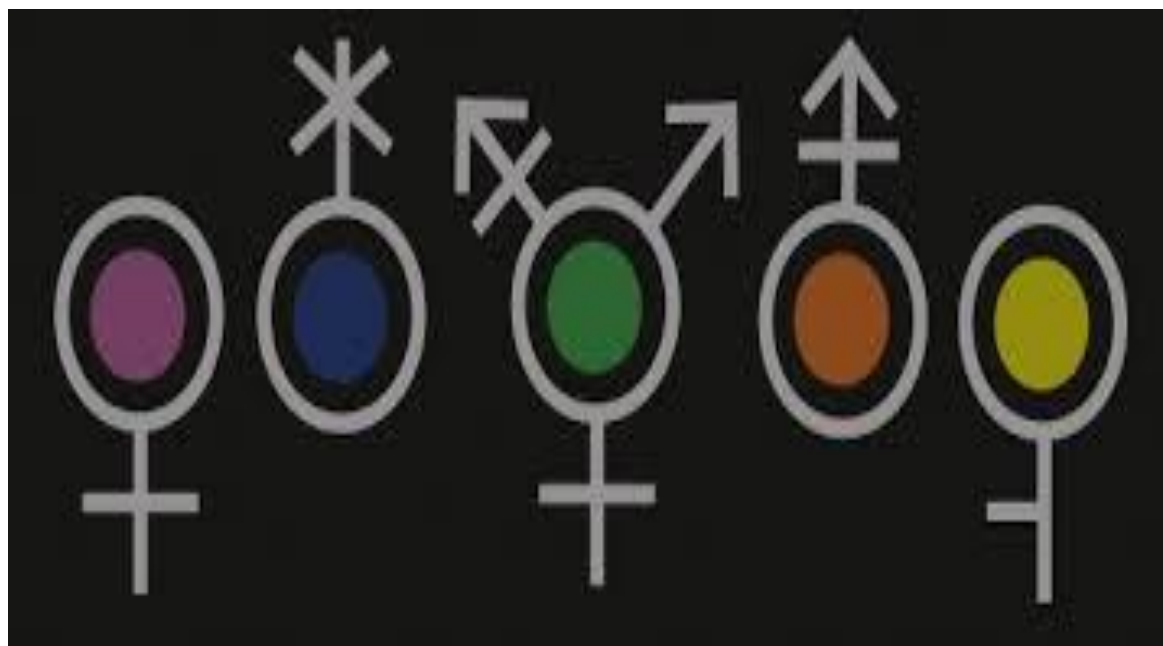
If an adult has sex with someone under the age of consent, they’re breaking the law. They could be charged with:

Statutory rape which means having sex with a person who’s under the age of consent, but past the age of puberty. Unlike ‘forcible rape’, statutory rape can mean that the person underage has said ‘yes’. [2](#)

- Child sexual abuse which means that an adult has used their age and/or authority over a child (before puberty) to have sexual contact.

Sexual contact without consent is wrong and illegal whatever the age of the people involved. If you don’t give your consent and someone still forces you into having sex, it’s never your fault and it’s not okay. You should speak to someone you trust if this has happened so that you can get help and support.

Session 7 - Gender and Gender Identity



Objectives for Session 7:

- Identify the differences in socially constructed gender roles.
- Verbalize the proper terms for addressing non-conforming gender identities.
- Recognize the differences between gender and gender-identity.
- How are people feeling about identifying gender roles?
- Is there acceptance in society for all gender?
- How do we support all people no matter their gender?
- What challenges are people going to face?
- Can we help people self-express?

Gender is no longer looked at as binary. This means that we used to think of only male and female. That is no longer the case.

- There are many differing views on what the role of gender in American society.
- There tend to be “roles “ associated with male and female gender.
- For example, in the early 20th century females were expected to stay home and do the cooking and cleaning. That was considered a females’ role.
- The “role” of males, was to work (outside the home) and provide for the families financial needs. Today, we see things in a more flexible way.
- Today many women work in the community.
- Some women do not cook or clean.
- Some men stay at home and take care of the families children.
- Many men feel free to work under female supervisors and take direction from powerful women.
- These are just some of the ways that gender has changed over the years.
- Finally remember that ones’ gender identity does not dictate whom they are sexually attracted to.

Gender and Gender Identity

Not everyone identifies their Gender as Male or Female.

We may at times meet someone who looks like they are male/female and they do not internally feel that way. For this reason we are careful and respectful to ask a person what they want to be called. They may decide to have no gender affiliation and chose to be referred to by their name.

Here is one person's perspective.

https://www.ted.com/talks/lee_mokobe_a_powerful_poem_about_what_it_feels_like_to_be_transgender

Session 8 – Sexual Preference



Objective for Session 8:

- To understand diversity in sexual preference.

Session 8 - Sexual Preference

- Whom a person finds sexually attractive can be narrow or wide.
- Sexual preference is about attraction and not gender.
- There are some people who identify as male (gender) and are attracted to males - homosexual.
- There are some females (gender) who are attracted to males and females – bisexual.
- There are males and females (gender) that are attracted to the opposite sex-heterosexual.
- But understand that there are people that are somewhere in the middle of these options or choose none of these options.

Sexual Preference:

This video will allow us to explore the very different options people have when it comes to sexual expression.

https://www.ted.com/talks/io_tillett_wright_fifty_shades_of_gay

Session 9 - Contraceptives



Objectives for Session 9

- Identify at least one method of contraception.
- Identify where to obtain contraceptives.
- Identify one reason that a person would give for not using contraception.

Session 9 - Contraception

- There are some risks with becoming sexually active.
- There are also ways to prevent unwanted pregnancy and sexually transmitted infections.

Condoms...and why some people wont use them.

- https://www.ted.com/talks/amy_lockwood_selling_condoms_in_the_congo?referrer=playlist-sex_can_we_talk

The benefits of using contraception

Contraception is a way to prevent pregnancy. Using condoms can prevent pregnancy and can also protect you against getting a sexually transmitted infection (STI).

Whether you are in a straight relationship (girl and guy), or a same sex relationship (guy and guy or girl and girl) it's important to protect you and your partner from STIs.

How do I protect myself?

- Have non-penetrative sex like kissing, stroking and rubbing.
- Use condoms with water-based lubricant for vaginal or anal sex. (Lubricant is important because it helps make sure the condom doesn't break during sex.)
- Use condoms or dams for oral sex.
- Use a new condom every time you switch between oral, anal or vaginal sex.

Remember; never stop using condoms unless you know for sure you and your partner don't have an STI. You can check by having an STI test. You will still need to protect yourselves from unplanned pregnancy using another form of contraception.

Are there sexual things I can do that are safe?

There are heaps of sexual activities that carry less risk of STIs. They include stroking, rubbing and mutual masturbation. Just because you're going out with someone, it doesn't mean you have to have penetrative (or insertive) sex.

But remember, some STIs like genital herpes and genital warts can be passed on through skin-to-skin contact (such as kissing and mutual masturbation).

What happens if my contraceptive fails?

Did you have unprotected sex, that is, sex without a condom? Did the condom break or fall off during sex? More than 24 hours late in taking the pill? The emergency contraceptive pill (or the 'morning after' pill) is a hormone pill that can be taken up to 3 days (72 hours) after sex to prevent pregnancy. The sooner it is taken the more effective it is. Emergency contraceptive pills can be purchased from a chemist, doctor or sexual health clinic.

Condoms and lube go together

Condoms are the only form of protection that can both help to stop most STIs – like chlamydia, gonorrhoea and HIV – and prevent unplanned pregnancy. If you don't use a condom you're taking a big risk.

It's also really important to use a water-based lubricant, like KY Jelly or Wet Stuff, as this can help stop the condom from breaking.

It's essential to talk to your partner about using condoms – you are both responsible for staying safe. It can sometimes feel awkward to talk about using condoms, even if you know the other person well, but it's much better than the risk of not using one.

Condoms can be fun. They come in loads of shapes, sizes, types, flavors – like banana, apple, strawberry, chocolate and liquorice – and styles – like plain, dotted or ribbed. They don't cost much and are easy to carry around.

Session 10 – Sexually Transmitted Infections



Objectives for Session 10

- Identify the most common STI's.
- Understand the difference between treatable and incurable diseases.

Session 10 - Sexually Transmitted Infections

- Unprotected sex can lead to the unpleasant consequences of infections.
- There are some infections that you need to be aware of before you become active.
- This is a portion in the group were I will give you basic information.
- If you have further questions speak up.

Sexually Transmitted Infections

- There a number of infections that can only be contracted by sexual activity.
- There are some that can be cured and others that are a life-long struggles.
- These infections can be prevented by safer sex practices.
- All sexual activity can carry the risk of infection.

HIV/Aids

- There is no cure for this infection.
- There are medications that can arrest the disease.
- Only detected by blood test.

Syphilis

- Only curable at the earliest stages.
- Only detected through testing.
- Can be deadly.

Gonorrhoea

- Curable.
- Tests from the doctor detect this infection.

Pubic Lice

- Can be detected by feeling and sight.
- Over-the-counter medication available.

Chlamydia

- This infection is curable.
- This infection can cause discharge.
- There are medical test to detect the infection.

Genital Warts/ HPV

- This infection can be prevented by a vaccine.
- This infection is not curable.
- Condoms are not effective protection from this illness.

Further information can be found at:

www.getthefacts.com

Objective for Session 11:

- Identify the sources and causes of sexual dysfunction.

Session 11 - Sexual Dysfunction

- Both men and women are affected by sexual dysfunction.
- The common signs are inability to become sexually aroused or inability to reach and orgasm.
- It is important to speak to your health care providers about this problem quickly.
- Take the time to present this problem as a medical condition.
- Doctors, nurses and clinicians are very familiar with this situation and can make adjustments and changes that can assist you.

Substances that can cause sexual dysfunction:

- Alcohol
 - Amphetamines
 - Barbiturates
 - Cocaine
 - Marijuana
 - Methadone
 - Nicotine
 - Opiates
 - Psychotropic medications
-
- <https://www.everydayhealth.com/sexual-health/sexual-dysfunction.aspx>

Session 12 – Return to Intimacy



Objectives of Session 12

- Review and integrate the information of this course.
- Understanding the need for intimacy.
- Identify the traits of the partner that we wish to have.
- Make healthy choices for the future.

Return to Intimacy

- <https://www.psychologytoday.com/us/articles/196912/intimacy-the-art-relationships>