Based on

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment

As Included in NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices
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Time Out! For Me: An Assertiveness and Sexuality Workshop for Women

A curriculum for leading a 6-session workshop for women in substance abuse treatment programs

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TCU Mapping-Enhanced Counseling manuals provide evidence-based guides for adaptive treatment services (included in National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Although best suited for group work, the concepts and exercises can be directly adapted to individual settings.

When accompanied by user-friendly information about client assessments that measure risks, needs, and progress over time, *TCU Mapping-Enhanced Counseling* manuals represent focused, time-limited strategies for engaging clients in discussions and activities on important recovery topics. These materials and related scientific reports are available as Adobe PDF® files for free download at http://www.ibr.tcu.edu.

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a TCU/DATAR Training Module

Time Out! For Me

an Assertiveness/Sexuality Workshop Specially Designed for Women

Institute of Behavioral Research
Texas Christian University

Time Out! For Me

a Training Module from the TCU/DATAR Project

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Preface

The TCU/DATAR project seeks to enhance drug abuse treatment and reduce client dropout and relapse rates. Innovative cognitive mapping techniques and a variety of interventions have been developed for this project including: a structured AIDS/HIV information curriculum; modules for contingency management, relapse prevention, support training, and life skills enhancement; plus an assertiveness workshop for women (**Time Out! For Me**). A central focus of the DATAR intervention is reduction of AIDS/HIV risk among injection drug users, in both sexual and needle use behaviors. The DATAR project is being conducted by the Institute of Behavioral Research at Texas Christian University, in collaboration with three treatment agencies in Texas (Corpus Christi, Dallas, and Houston) which provide methadone maintenance services.

Women injection drug users and their children are the fastest growing population of people infected with HIV. The **Time Out! For Me** manual was developed as a training and reference tool for counselors in the TCU/DATAR project to use with women's groups. Beyond that, this manual would be relevant for any agency or organization wishing to conduct workshops with sexually active women at risk for HIV infection.

The **Time Out! For Me** program has the following objectives:

- To improve the self-esteem and communication skills of women within their intimate relationships.
- To help women explore their feelings and attitudes about sexuality and their sexual relationships.
- To increase women's knowledge about their sexual and reproductive health, including safer sex choices and strategies.

The **Time Out! For Me** program provides a format for treatment agencies to introduce and begin discussions with women around the sensitive topics of sexuality, interpersonal relationships, and self-esteem. The expectation is that counselors will use the introduction provided by the **Time Out!** workshop to enhance their individual counseling sessions with women clients and to help them further explore sexual issues and safer sex choices.

The material in each of the six sessions is, for the most part, self-contained; however, clients who are able to attend all sessions sequentially will gain the most. Each session contains a brief review of material covered in the previous sessions. The program uses prepared flip charts, overhead transparencies, videos, handouts, and small and large group activities to present the information. Suggested discussion questions for each topic area and activity are provided.

The **Time Out! For Me** manual uses a step by step format to guide counselors. Materials for producing handouts and overhead transparencies are included in the manual, along with instructions for preparing flip charts. Activity sheets, session evaluation forms, and a pretest/posttest instrument are also included.

With the exception of abstinence, a woman's ability to choose a safer sex option is always linked to her ability to communicate with her partner. Lack of comfort with her sexuality, inability to discuss sexual topics, and a failure to recognize her right to do so are primary hurdles that must be overcome before she can hope to negotiate and implement a safer sex strategy with a sexual partner. This manual seeks to give women the power and the skills necessary to begin such negotiations.

Introduction

Getting Started

The **Time Out! For Me** module was developed for the TCU/DATAR project and designed to help counselors work with sexually active women to improve their self-esteem, interpersonal communication skills, and comfort with sexuality. These are important issues for increasing women's acceptance of safer sex choices and healthier sexual life-styles, and may help reduce their risk of HIV infection from sexual behaviors.

Communication Is The Key

Safer sex. When we hear the expression, we think of condoms, monogamy, abstinence — as though those were simple solutions for reducing sexual risks. But, in practice, it's much more complex. **For women, "safer sex" is primarily a communication strategy which requires knowledge of sexual health, good self-esteem, assertiveness, a sense of body ownership, communication skills, and persuasiveness.** With the exception of abstinence, there are no safer sex strategies that a woman can practice without her partner's involvement and cooperation. Safer sex is much different than other health decisions. If a woman decides to start doing monthly breast examinations, she can implement the decision on her own. However, if she decides to practice safer sex, she must persuade another person to assist her in implementing the decision. Even the new female condom, by its design, requires a partner's acceptance in order to be used effectively.

The **Time Out! For Me** module focuses on communication skills within the situational context of intimate sexual relationships. *I-statements, listening skills, nonverbal communication, and effective refusal* are among the skills discussed and practiced.

In addition, the module provides sexual and reproductive health information for women, including a presentation of safer sex strategies. The importance of the Pap test, prenatal care and breast self-examination are explored, and breast self-examination is taught. Women are provided a forum for discussing and dispelling sexual mythology and stereotypes. Information about human sexual response is also provided.

Time Out! For Me

The materials are organized for presentation in six two-hour educational group sessions. Coffee or other refreshments may be made available during the meetings. It is strongly recommended that childcare be provided as the subject matter of the workshop is of an adult nature.

In Session 1

Sexuality is defined and issues related to sexuality, such as body image, eroticism and intimacy are discussed. The impact of self-esteem on sexuality is discussed along with strategies for improving self-concept.

In Session 2

Personal rights of self-expression are introduced and communication skills such as I-Messages, listening, and negotiation are introduced and practiced.

In Session 3

Nonverbal communication and body language are explored and roadblocks to communication are identified. The session also introduces refusal skills and allows discussion and practice.

In Session 4

Sexual and reproductive health issues are introduced (the Pap test, prenatal care, and breast self-examination). Sexual mythology is explored and breast self-examination is practiced.

In Session 5

The female and male human sexual response cycle is explained and discussed. Safer sex strategies (condoms, monogamy, abstinence, and nonpenetrative sex) are presented as choices. Communication skills related to safer sex decisions are reviewed and practiced.

In Session 6

Societal constraints about discussing sexual issues are explored, and communication skills are reviewed and practiced within the context of sexual relationships.

1 *A New Outlook on Sexuality*

Objectives

1. Participants will identify components of a multi-dimensional definition of sexuality.
2. Participants will examine their own comfort level in discussing sexual issues.
3. Participants will explore strategies and techniques for improving self-esteem.

Rationale

Most people have had few opportunities to seriously explore and define sexuality. Sex education in our schools focuses on reproduction and anatomy, with little attention devoted to sexuality as a vital, interactive element of human personality. Rarely are components of sexuality, such as body image, sex roles, and eroticism explored. This lesson seeks to increase participants' awareness and understanding of the multidimensional nature of sexuality and to improve self-esteem. These are seen as important primary steps for increasing comfort in discussing sexual matters and making sexual decisions.

Materials

- Easel and paper flip chart or chalkboard
- Magic markers; masking tape; paper/pencils
- Handouts:
  Sexuality Interview
  "E" is For Esteem
- **Client Opening Surveys** (pretest)
- **Session Evaluations**
- Refreshments
- Pocket Folders (one for each participant)

Prepare Before Class

One sheet of flip chart paper labeled:
GROUP GOALS

Underneath list the four goals as shown at right:

GROUP GOALS

To gain more control over our lives

To increase our understanding about ourselves

To improve our relationships

To improve our health

One sheet of flip chart paper labeled:
GROUP AGREEMENT

Underneath list the following five agreements as shown at right:

GROUP AGREEMENT

We will stick to the topic.

We will respect confidentiality.

We will support each other.

We will participate.

We have the right to say what we think and the responsibility to respect other people.

Prepare Before Class

Group Agreement Notes

Use the **BOLD** statements to construct the **Group Agreement** chart (p. 4); use the following ***italicized*** portions to clarify each listed point during the opening discussion**:**

WE WILL STICK TO THE TOPIC. *This is not the place to discuss medication or treatment issues. Please save problems with medication or treatment and bring them up with your counselor after class.*

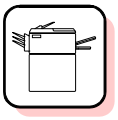
WE WILL RESPECT CONFIDENTIALITY. *What's said in group, stays in group.*

WE WILL SUPPORT EACH OTHER. *This group works best if it is a safe and helpful place. Put-downs, laughing at others, and hostility don't help.*

WE WILL PARTICIPATE. *However, everyone has the right to "pass" or to simply watch and observe.*

WE HAVE THE RIGHT TO SAY WHAT WE THINK AND THE RESPONSIBILITY TO RESPECT OTHER PEOPLE. *Everyone has the freedom to openly and honestly say what's on their minds, just so long as it's not at someone else's expense.*

Prepare Before Class

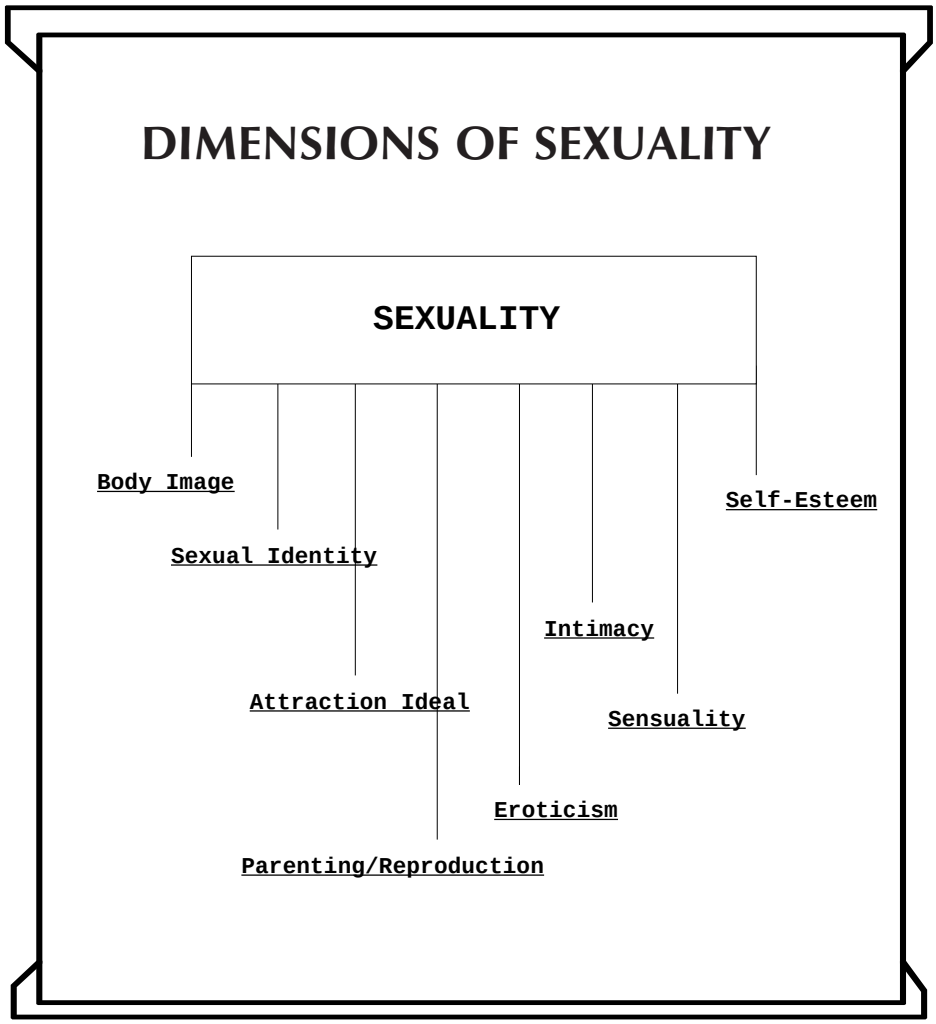


Make copies of the following materials for each group member:

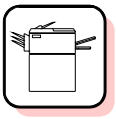
Client Opening (pretest; Appendix D, pp. 201-203)
Sexuality Interview (p. 20)
"E" is for Esteem (p. 21)
Session Evaluation (pp. 22-23)

On a piece of flip chart paper, reproduce the ***Dimensions of Sexuality*** chart, using magic markers of various colors. (See chart below.) You may reproduce the model as illustrated, or you may want to draw boxes or circles to enclose the various aspects of sexuality.

The discussion guide for this chart begins on page 11.



Procedure



Welcome participants as they arrive and ask them to complete a **Client Opening Survey** (pretest).

1 **Welcome members to the group.** After everyone is seated, ask members to pick a partner. Each member should find out her partner's name, birthday and favorite food. Go around the room and have partners introduce each other. For example, "I'd like to introduce Virginia Smith to the group. Virginia was born on July 4th and her favorite food is chocolate." Virginia would then introduce her partner, and so forth. Introduce yourself in a similar manner. Use this as an opportunity to chat and begin building group rapport.

2 **Explain that the workshop will focus on building better relationships, increasing intimacy and becoming more comfortable with sexuality.** Point out that these topics are often mentioned by women as things they would like to learn more about. For example, increasing comfort and knowledge about sexuality can be helpful when children begin asking "Where did I come from" questions. Most parents feel they would like to understand more so they can help their children with these difficult issues.

3 **Mention that the workshop will help develop communication skills that can improve intimate relationships and increase a sense of personal control in life.** Use the prepared flip chart of ***Group Goals*** (p. 4) to summarize the purpose of the workshop. You may also want to go over housekeeping details such as break-times, bathrooms, smoking rules, etc.

4 **Tell participants that as a group you would like their agreement on five things that you have found help this type of group run smoothly.** Use the prepared flip chart of ***Group Agreement*** (p. 4) to discuss the five items. Ask for input and comment. Ask if there are other items that should be added. Finally, ask the group to approve the agreement by a show of hands.

5 **Use the next 5-10 minutes to work toward building comfort, trust and a sense of safety in the group.** Work with the following KEY POINTS to build your opening discussion:

KEY POINT: We all deserve to be happy and satisfied with our sexuality and our relationships. This workshop will offer you some ideas and information about getting what you want out of love, sex and relationships. It's a chance to share experiences and really think and talk about these topics.

KEY POINT: Unfortunately, most of us were not given a good chance to learn about sex, love and relationships when we were kids. Schools, parents and society in general are often reluctant to discuss these topics seriously. The result is that we all grow up a little hungry for good information, and sometimes, a little embarrassed about asking.

KEY POINT: The **Time Out! For Me** workshop is a chance to overcome these communication barriers at a pace comfortable for you. All of us struggle with relationship issues — so we have a lot to learn from each other.

Use one or more of the following questions to begin an "icebreaker" discussion:

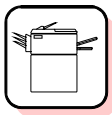
Discussion Guide

What is the biggest challenge for keeping a relationship going?

As a woman, what do you remember about starting your period for the first time? Were you prepared? What had you been told to expect?

What are some of the "crazy" things you were told about sex by your friends when you were younger? **List the responses and discuss.** You may need to prompt with examples of your own, such as: "A Coca-Cola douche will prevent pregnancy"; "The man's penis is really a bone and it can break off"; "You can tell if a woman has had sex by looking at the way she walks."

Thank the group for their openness and participation. Let members know you will be available after each meeting if they have any specific questions or concerns they wish to discuss.




6

Distribute the ***Sexuality Interview*** handouts **and ask participants to quickly read over them, but not to fill them in.** Also distribute pocket folders. Explain that the folders can be used as a writing surface and to contain materials for classes. Request that the folders be brought each time. After a few minutes, ask participants to choose a partner. Explain that each person is to spend about 10 minutes interviewing her partner; then switch roles, and let the person who was interviewed ask the questions of her partner. **Encourage interviewers to write down responses. Give permission for people to "pass" on questions that are too uncomfortable. Assure participants that their answers will not be read aloud to the group.**

7

After each person has had about 10 minutes to interview her partner, process the exercise. Process both **content** and **feelings.** Allow ample time for processing since this exercise can elicit feelings and discussion. Use the following questions to process the exercise:

Discussion Guide
(continued on next page)

What feelings came up for you during this exercise?

Was the exercise embarrassing? Threatening? Fun?

How did it feel to talk with someone you don't know well about sexuality?

Would this be a useful exercise with a friend or partner? Why or why not?

Were there any similarities between you and your partner's answers? Why do you suppose this is true?

Should sex education classes in schools cover some of the topics brought up in the interview? Which ones?

Was it difficult to write a definition for love? What definition did you come up with?

Discussion Guide
(continued from previous page)

What are some requirements for a good relationship that you came up with?

Can you think of ways to make this interview better or more relevant?

8

Thank participants for their involvement in the exercise. Acknowledge that talking about sexuality is difficult and emotional. **Point out that** the group just spent 30-45 minutes discussing sexuality, and that no one fainted or died, so it is possible. Talking about sex can become a normal topic of conversation, with a bit of practice.*

9

Ask the group to call out what they think of when they hear the word "sexuality." List the answers on flip chart or chalkboard and discuss, as needed.

10

Explain that for the purposes of the workshop, **sexuality** will be defined as **a complex, multi-dimensional aspect of our total selves.** Mention that "complex" means complicated, and that "multi-dimensional" refers to having many parts or components. Note that sexuality isn't just having sex or being sexy. It concerns who we are, what we believe, feel, think, and how we behave. It is biological, psychological, and cultural/ societal. It impacts how the world relates to us and how we relate to the world. **Point out that the multidimensional nature of sexuality applies to people of ALL sexual orientations, be they heterosexual, homosexual, or bisexual.**

11

Use the prepared *Dimensions of Sexuality* chart (Fig. 1-4, p. 6) to discuss the various aspects of human sexuality. The Discussion Guide and Discussion Points that begin on the following page should be used.

Dimensions of Sexuality Discussion Guide

Body Image

We have a "mind's eye" image of our bodies. This image includes how we feel about our bodies, how we compare our bodies to an ideal, what we like and dislike about our bodies, and how we believe others see us. It's a complex, mental photograph that reflects not our real body, but rather our opinion of our body.

We learn or develop our body image from our society and culture. For the most part, women have more severe body image problems than do men. Our society, via television and magazines, still promotes a woman's looks or attractiveness as her most valuable asset. Youth, slimness, and beauty are promoted as all that counts.

A negative body image can impact our self-esteem, our relationships, and even our health. Many women go through life feeling bad and ashamed because their don't believe their bodies are attractive enough. Other women feel uncomfortable letting their partner see them undressed, or even letting a partner touch them because of fear the partner will "feel how fat I am." Tragically, other women literally starve themselves to death because of a distorted self-image. Other women postpone getting health care because they are ashamed to get undressed or weigh-in at the doctor's office.

Developing a positive body image may require a lot of time and practice, but it can be done.

Explain that a bit later in today's class there will be discussion and practice of techniques for improving body image and self-esteem.

Discussion Points

What types of body image issues do you think are most difficult for women? Why?

What are some of the "ideals" for women that are promoted in the media (T.V., movies, advertising)?

Are these "ideals" realistic? How can we, as women, fight back against these images?

Does an addictive life-style have an impact on body image? In what way? How can staying in treatment help?

Sensuality/Eroticism

Sensuality refers to how our bodies and minds respond to touch and other bodily sensations. Sensuality, in and of itself, is not necessarily sexual. For example, affectionate touching and holding, for the sake of closeness and intimacy and not as a prelude to intercourse, is within the domain of sensuality. Each person's sensuality manifests itself in different ways. A body massage, relaxing in a hot tub, the feel of silk on your skin, a smell of a favorite perfume, the taste of a delicious meal — these are all examples of sensual pleasures.

Eroticism refers to our thoughts of and feelings about sexual arousal and desire. In a way, it is the sexual side of our sensuality. It can include sexual fantasies, genital sensations, images that enhance sexual feelings, and just plain "horniness." Eroticism has a broad scope and range and is influenced by culture and gender. What is erotic or "sexy" for one person may not be for someone else. Each of us is unique in what turns us on, in how often and how much sexual activity we enjoy and in what type of fantasies we have.

Discussion Points

A few years back, Ann Landers ran a column in which she asked women readers whether they preferred affectionate kissing and holding or the actual act of intercourse. The great majority of women wrote back saying they preferred the affectionate holding and touching. What are your thoughts on this? What would you have written to Ann Landers?

Is there a difference in what men and women find erotic, or a turn-on? What are some differences you have noticed?

Attraction Ideal

An attraction ideal refers to a preference or mental picture of what we find sexually attractive in another person. It triggers our interest and sometimes our eroticism. It is our mind's eye picture of what we find attractive. Physical appearance is only part of an attraction ideal. Personality, sense of humor, attitudes, values, career choice, political views — all these and more blend together when we think of our ideal partner.

Attraction ideals may be constant or they may change as we change and mature. Even in the happiest of relationships, partners are apt to feel attraction for others who fall within the spectrum of their ideal. Of course, feeling attracted to someone doesn't mean we are obligated to **act** on that attraction. We can acknowledge the attraction as a natural part of our sexuality, and at the same time realize that we have control over how we choose to behave.

Discussion Points

What kind of person falls within your attraction ideal? What influenced the development of your ideal?

It's been said that if you lined up all the partners with whom you have been involved, you would find some similarities among them, either in looks, personality, sense of humor, view of life, etc. Do you think this is true? Why or why not?

Has your attraction ideal changed over time? Are there traits in a partner that you once thought were attractive and now don't?

Parenting/Reproduction

Most people have feelings about having children and parenting children. The need or desire to reproduce in human beings is influenced more by society and culture than by biology. It is related to the need or desire to be a parent, which may or may not involve actual biological reproduction. For example, many people who are unable to biologically reproduce may adopt children, and thus fulfill their desire to parent. In other cases, people may choose to parent and help raise nieces/nephews, cousins, younger siblings, and step-children, regardless of how many biological children they may or may not have.

For many people, reproduction and parenting are important aspects of their sexuality. For others, the need to have or raise children is minimal or nonexistent. Our individual needs to bear children or parent children are very personal and deeply felt.

Discussion Points

What are your earliest recollections about wanting to be a parent? How many children did you think you wanted to have?

Do you believe there is such a thing as a "maternal instinct"? How about a "paternal instinct"?

In what ways has birth control technology over the last 50 years influenced women's parenting choices?

Intimacy

Intimacy refers to the need and ability to develop an emotional closeness with another person that is reciprocal. Intimacy may or may not have a sexual component. Not all intimate relationships are sexual, and not all sexual relationships are intimate.

Many people are frightened of intimacy, in part because intimacy requires trust, openness, acceptance, and respect, within oneself and for others. Intimacy can't just happen on its own, it requires dedication, sharing, concern, and bonding between two people who are able to truly care for each other as individual human beings. Within mature, intimate relationships, each person is able to appreciate and accept the unique "I-ness" and "You-ness" they bring to the relationship, along with the special "Us-ness" that develops.

True intimacy is probably what most people have in mind when they talk about "love" or "falling in love."

Discussion Points

What are some important elements for developing intimacy within a relationship?

Is it possible to develop an intimate relationship with everyone? Even if you could, would you want to? Why or why not?

What characteristics (personality) might make it difficult to be intimate with someone?

Sexual Identity

Our sexual identity begins to develop almost from the day we are born. "He's a boy," or "she's a girl," is usually the first thing a new parent is told. Pink booties or blue booties follow, along with differences in toys, clothing, and types of interaction with parents and other adults. It is believed that sexual identity is formed by age five in our society. There are several components of sexual identity that should be considered:

Gender: Gender is the biological component of sexual identity. It describes whether a person is male or female, based on anatomy and hormones.

Sexual Orientation: Sexual orientation develops early in our lives. It refers to how we form sexual and emotional attachments to others, and whether our preference of partners is opposite gender, same gender, or both genders.

Sex Roles: Sex roles are what our culture assigns as the appropriate or accepted traits and behavior for men and women. It is the "role" our society assigns us to play based on our gender.

Role Models: As we grow and mature within our gender, our sexual orientation, and our culturally assigned sex roles, we look to others to provide clues about how we should behave and interact sexually. Family, friends, media, and peers can all serve as role models.

Discussion Points

What are the expected sex roles for men and women in today's society?

In what ways are male and female children treated differently? As you grew up, in what ways were you treated differently from brothers or other males in your family?

Teenagers in the Fifties reported that the major thing they learned from the movies was how to kiss properly. Have there been sexual role models in your life (media or otherwise)? What did you learn from them?

Self-Esteem

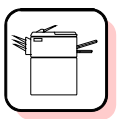
Self-esteem refers to the feelings, beliefs, and perceptions we have about ourselves. It is, simply put, our own opinion of ourselves. Our sense of self (self-image, self-concept or self-esteem) is learned; the most critical period of learning is during childhood and as we grow up. We learn that we are male or female, and the values that our culture assigns to maleness and femaleness. We learn (through being told) that others perceive us as being good/bad, sweet/mean, helpful/lazy, cheerful/ grouchy, smart/stupid. We learn that we are capable/incapable, lovable/ unlovable, attractive/unattractive, worthy/unworthy.

If in childhood and young adulthood we learned to believe positive things about ourselves, then we are likely to have a healthy self-concept. If, on the other hand, we were taught to believe harsh or negative things about ourselves, then we may need help as adults in gaining a healthy sense of self-esteem. Because self-esteem is based on our beliefs, rather than facts, and because it is learned, rather than something we are born with, it is possible to learn a new set of beliefs about ourselves and achieve positive self-esteem.

If . . . we were taught to believe harsh or negative things about ourselves, then we may need help as adults in gaining a healthy sense of self-esteem.

As mentioned earlier, women in our society may experience self-esteem problems based body image concerns. Women may also experience guilt or shame, and lowered self-esteem based on their sexual experiences. This stems mostly from a double standard that perpetuates the notion that men are entitled to have many sex partners, but that women are not. Ultimately, the number of sexual partners a person has had is no reflection on their worthiness, goodness, capability, or right to dignity as a human being.

However, many women (and men, too) have been used and exploited sexually. A pattern of sexual exploitation, of being objectified and used for another's gratification only, can have a strong negative impact on self-esteem.




12

Explain that the remainder of the session will focus on improving self-esteem. Distribute *"E" is for Esteem* handouts (p. 22). Use flip chart paper or chalkboard to write out an abbreviated form of this E-S-T-E-E-M model, using the underlined phrases as markers. Discuss each point, asking the group for ideas and strategies for implementing the suggestions in the model.

"E" IS FOR ESTEEM

Energize yourself! At least once a day practice affirmations, which are positive healthy thoughts about yourself. Use the word "I", and learn to cherish it. "I am lovable and capable!"; "I am worthy and strong!"; "I can decide my own destiny!"; "I have the right to love and feel good about myself!"

Stomp-out negative thoughts! Whenever you hear a negative thought about yourself inside your head, stomp it out! Learn to rebel against the tyranny of these negative thoughts — they were most likely taught to you by others. If you hear yourself thinking thoughts like: "I can't do anything right," or "I'll never be able to change," stomp them out! Inside your head, replace those thoughts with positive ones. "I am learning how to improve my life and improvement takes time," or "I am powerful and I can change."

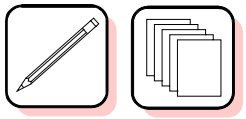
Trust yourself! Accept that you are the best person and the most able person to know what is right or wrong for you. Trust in your own strength, and in your own ability to manage your life. Trust that you can change your life, that you can develop positive self-esteem, and that you can be happy.

Endear your body! Learn to love and hold dear your body and your person. Take care of your health. Develop good health habits, such as diet, rest, exercise, and medical care. Respect your body. Avoid people or substances that harm your body.

End destructive relationships! (or at least limit the amount of time you spend with destructive people.) Don't keep company with anyone who puts you down, hurts you, or tries to destroy your self-respect. Never accept mental or physical abuse from anyone. Don't let other people lay their negative trip on you!

Move on! Find ways to leave the past behind. Don't dwell on past problems, failures, disappointments, or relationships — let them go! Imagine you are packing for a long journey. Carefully pack all of your positive memories, and leave the rest behind. Think of past mistakes the way the Japanese do: they are "golden nuggets," and they represent an opportunity to learn and improve, rather than a mark of failure.

13 **Explain that another strategy for improving self-esteem is to practice affirmations.** Affirmations are positive, energizing thoughts, or statements that we make to ourselves, about ourselves. Here are some examples of affirmations: "I can accomplish what I put my mind to accomplishing"; "I like the color of my eyes." Point out that affirmations can help us learn to contradict feelings of worthlessness and replace them with positive self-esteem messages.



14 **Distribute sheets of paper and pencils, and ask each participant to write out at least 15 positive statements about herself. She should write 5 about her body, 5 about her personality, and 5 about her successes and accomplishments in life. Each statement must start with the word "I."** Give examples as needed. Allow time and give encouragement. Expect that some participants will find the exercise difficult to do.*

15 **When everyone has finished, process with the following points:**

Discussion Guide

How did it feel to write positive things about yourself? Was it easy or difficult? Which of the three categories was the most difficult?

What thoughts came to mind as you were doing this assignment? In what ways could this exercise help improve self-esteem?

If time allows, ask each member to share with the group one statement from each of her three categories. Model support and encouragement after each participant reads her statements and encourage group support. (Applause; "Yeah, right on," etc.)

**Exercise adapted from: Wedenoja & Reed,* "Women's Groups as a Form of Intervention for Drug Dependent Women."

16 **Encourage members to keep their lists and to read them everyday. Encourage them also to add to their lists each day.** Point out that it is often difficult for women in our society to give themselves permission to say and think positive thoughts about themselves. This is because we were warned in childhood not to be "conceited" or have a "big head" or be "selfish." Remind members that developing positive self-esteem is healthy and good — not conceited or big headed. We have the right to feel good about ourselves. Practicing affirmations can help.

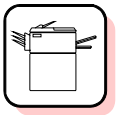
17 **Thank the group for participating.** Briefly go around the room and ask each person to share one thing they liked and one thing they learned from today's lesson.

18 **Wrap up the session by telling the group that you also learned some things as you prepared the class.** Use the following summation points:

KEY POINT: Sexuality is not just what you do; sexuality is who you are. It's complex and ever-changing. The more we learn about sexuality, the easier it becomes to talk about it with others. The more we can talk with a partner, the stronger our relationships can become.

KEY POINT: Our unique sexuality, with all its components, influences the kinds of sexual decisions we make. Within our culture and our sexual orientation, we learned to be the sexual person that we are. We learned from our society, our parents, the media, schools, and our friends. If some of the things we learned along the way don't work for us as adults, we have the choice and the ability to **relearn** those things. Learning about sexuality is a lifelong process.

KEY POINT: Self-esteem is also learned. We can improve our self-esteem by learning new ways of thinking about ourselves. Practicing **affirmations** is one technique for improving self-esteem.



19 **Ask group members to complete a Session Evaluation (pp. 22-23) before they leave.**

SEXUALITY INTERVIEW

(Use this form to interview your partner. Please jot down brief answers to the questions. ***Do not put names on the papers.****)*

1. How **comfortable** do you feel talking about sex and relationships? (Circle number that reflects your feelings.)

0	**1**	**2**	**3**	**4**	**5**	**6**
Very Uncomfortable					**Very Comfortable**	

2. What **topics** would you like to discuss or learn more about in this workshop?

3. Are there any topics you prefer NOT to discuss?

4. Do you believe men and women think or feel **differently** about sex and relationships?

   How?

   Why?

5. Have you changed your opinions or feelings about sex and relationships in the last 5 years?

   How?

   Why?

6. Define **sexuality** in your own terms.

7. Define **love** in your own terms.

8. What is the most **basic** requirement of a **good** relationship?

As adapted from Petrich-Kelly, B., & McDermott, B., *Intimacy is for Everyone*, 41 Sunshine Lane, Santa Barbara, CA 93105. Contact: *petkell@mindspring.com*

"E" IS FOR ESTEEM

Energize yourself! At least once a day practice affirmations, which are positive healthy thoughts about yourself. Use the word "I", and learn to cherish it. "I am lovable and capable!"; "I am worthy and strong!"; "I can decide my own destiny!"; "I have the right to love and feel good about myself!"

Stomp-out negative thoughts! Whenever you hear a negative thought about yourself inside your head, stomp it out! Learn to rebel against the tyranny of these negative thoughts -- they were most likely taught to you by others. If you hear yourself thinking thoughts like: "I can't do anything right," or "I'll never be able to change," stomp them out! Inside your head, replace those thoughts with positive ones. "I am learning how to improve my life and improvement takes time," or "I am powerful and I can change."

Trust yourself! Accept that you are the best person and the most able person to know what is right or wrong for you. Trust in your own strength, and in your own ability to manage your life. Trust that you can change your life, that you can develop positive self-esteem, and that you can be happy.

Endear your body! Learn to love and hold dear your body and your person. Take care of your health. Develop good health habits, such as diet, rest, exercise, and medical care. Respect your body. Avoid people or substances that harm your body.

End destructive relationships! (or at least limit the amount of time you spend with destructive people.) Don't keep company with anyone who puts you down, hurts you, or tries to destroy your self-respect. Never accept mental or physical abuse from anyone. Don't let other people lay their negative trip on you!

Move on! Find ways to leave the past behind. Don't dwell on past problems, failures, disappointments, or relationships — let them go! Imagine you are packing for a long journey. Carefully pack all of your positive memories, and leave the rest behind. Think of past mistakes the way the Japanese do: they are "golden nuggets," and they represent an opportunity to learn and improve, rather than a mark of failure.

SESSION EVALUATION OF "TIME OUT! FOR ME"

SESSION 1

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 63; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

		True	False	
1.	Effective communication leads to more control in one's life.	1	2	[21]
2.	Most people can talk openly and honestly about sexuality.	1	2	
3.	A person's sense of low self-esteem can't be changed.	1	2	[23]
4.	Gender describes whether a person is born male or female based on anatomy and hormones.	1	2	
5.	Sexuality is who you are, not what you do.	1	2	[25]
6.	Having self-esteem is the same thing as being "big-headed."	1	2	
7.	Body image concerns your feelings about how your body looks.	1	2	[27]
8.	Practicing affirmations can help improve self-esteem.	1	2	
9.	Self-esteem, intimacy, and body image are parts of sexuality.	1	2	[29]
10.	Sexuality is based mostly on hormones.	1	2	

|__|__| [31-32]

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. Which tip for better self-esteem seems like a good idea to you?

   Why?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

2 *My Personal Rights*

Objectives

1. Participants will explore personal rights as a foundation for effective communication.
2. Participants will identify the difference between "I-Messages" and "You-Messages."
3. Participants will practice skills for effective communication in relationships.

Rationale

Effective communication is based on the acceptance of a set of personal rights and responsibilities that mediate all interpersonal interactions. Beyond that, communication skills such as I-Messages, listening, and negotiation must be learned and practiced. This lesson explores these basic principles of effective communication and allows participants the opportunity to rehearse using them.

Materials

- Easel and paper flip chart or chalkboard
- Pencils; magic markers; masking tape; paper
- Strips of colored paper (3 strips per participant)
- Overhead transparencies:
  My Personal Rights
  I-Message vs. You-Message
  What Is an I-Message?
  What Does an I-Message Sound Like?
- Handouts:
  I-Message Worksheet
  Steps for I-Messages
  Tips for Better Listening
- Role play scripts (p. 36-37)
- Role play situations (p. 39)
- **Session Evaluations**
- Refreshments

Prepare Before Class

STEPS FOR I-MESSAGES

Use **two sheets** of flip chart paper to print the steps shown below.

STEPS FOR USING I-MESSAGES

State your **FEELINGS**

Describe the **BEHAVIOR**

Explain the **REASON** for your feelings (as needed)

Request a **CHANGE** or **COMPROMISE**

LISTEN CAREFULLY to the person's response

ACKNOWLEDGE the other person's feelings/needs

RESTATE your needs/ **DISCUSS BENEFITS/CONSEQUENCES**

NEGOTIATE, AS NEEDED

END ON A POSITIVE NOTE

Prepare Before Class

I-MESSAGE INTERACTION

Use **two sheets** of flip chart paper to write out the interaction shown below:

I-MESSAGE INTERACTION

"When you leave dirty dishes in the sink **(BEHAVIOR)**

It makes me very angry **(YOUR FEELINGS)**

Because I end up doing all the work. **(REASON)**

Please wash your own dishes." **(REQUEST CHANGE)**

(Other person responds by saying he/she has been too busy to wash dishes) **(LISTEN)**

"I know you have been very busy and rushed, **(ACKNOWLEDGE OTHER'S FEELINGS/NEEDS)**

but I don't like being the only one who washes dishes. We would both have more time for relaxing if you would help share the work." **(RESTATE YOUR NEEDS/DISCUSS BENEFITS)**

(Other person agrees to rinse dishes and place them in dishwasher)

"That would help me a lot. I'm glad that we can talk together and work out our differences. Thank you for agreeing to help out." **(NEGOTIATE/END ON A POSITIVE NOTE)**

Prepare Before Class

TIPS FOR BETTER LISTENING

On a sheet of flip chart paper, list the following tips:

TIPS FOR BETTER LISTENING

Look at the speaker. Don't interrupt.

Make a choice to WANT to listen.

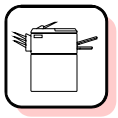
Listen for the speaker's total meaning. (Words and feelings)

Check out your own understanding of what the speaker is trying to say and ask for feedback.
For example:

"I hear you saying you're not happy about my decision to quit my job. Am I right?"

"You sound very worried about going to the doctor next week. Is that how you're feeling?"

Prepare Before Class



Make copies of the following materials for each group member:

My Personal Rights (p. 42)
I-Message vs. You-Message (p. 45)
What Is an I-Message? (p. 43)
What Does an I-Message Sound Like? (p. 44)
Tips for Better Listening (p. 47)
I-Message Worksheet (p. 48)
Steps for I-Messages (p. 46)
Role Play Scripts (p. 36-37)
Role Play Situations (p. 39)
Session Evaluations (pp. 49-50)

Procedure

1 **Welcome members to the group as they arrive.** After everyone is seated, go around the group and ask members to introduce themselves and to share what their ideal, fantasy vacation would be. After everyone has introduced themselves, introduce yourself, and share your fantasy vacation.

2 **Ask for a volunteer from last session to give a brief review of what was discussed. Thank the volunteer**.

3 Using flipchart sheets from last session, briefly go over the ***Group Goals*** and the ***Group Agreement,*** if needed. (Both charts shown on p. 4.)

4 **Tell the group that today's session will continue to explore relationships and intimacy**, and will focus on learning skills that will help in gaining control in life and improving relationships. Stress that the workshop will concentrate on relationships with partners/significant others, although many of the basic skills that will be learned and practiced are helpful for all interpersonal relationships.

5 **Ask members to share with the group a recent relationship difficulty they may have experienced.** List the gist of the relationship issues that are mentioned (for example: husband doesn't listen; boyfriend won't help with chores; friend always wanting to borrow money, etc.). After getting three or four examples, ask volunteers to share how they usually deal with these problems. **Lead a brief discussion about the feelings involved in interpersonal difficulties using the following points:**

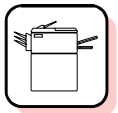
Discussion Guide

How does it feel to have a communication difficulty with someone you care about?

Have you ever had a misunderstanding, and later wished you hadn't said some of the things you said? What does that feel like?

What types of attitudes are likely to cause you to feel upset with another person? Why? How do you usually handle it?

6 **Tell the group that this session will explore the idea of effective communication.** Define it as a way of communicating that allows us to take control over our lives and helps build better relationships. **Explain that when we communicate effectively, we express our feelings and needs honestly, and we are willing to listen to and respect the needs and feelings of others. Two things are needed: (1) a belief in our right to communicate effectively and (2) practice, practice, practice.**



7 Explain that today's session will address both these issues. Introduce the concept of ***Personal Rights*** as rights that promote respect and equality in relationships. **Use overhead of *My Personal Rights* to lead discussion** (example on following page). **Distribute handouts.**

MY PERSONAL RIGHTS

I have the right to control my life, therefore I have the right to...

Ask for what I want.

To say "No" and not feel guilty.

To decide how I spend my own time.

To make mistakes.

To express what I feel or think.

To ask questions.

To change my mind.

To say "I don't know."

To think before I act.

To ask for help.

To be treated with respect.

To feel good about myself.

To decide if I want to assert a personal right.

Source: The concept of "Personal Rights" is from Lange & Jakubowski, "Responsible Assertive Behavior"

8 **Read each right aloud and ask group members:**

(See Discussion Guide next page.)

Discussion Guide

Do you agree that this is a personal right? Why? Why not?

How would you assert this personal right?

Discuss the last right — the right to decide if one wants to assert a personal right — in terms of personal safety.

Point out that personal safety should always take priority over absolute assertion of Personal Rights. Unfortunately, there are individuals who violently attempt to override the rights of others. Note that relationships with people who are verbally or physically abusive when we attempt to assert our personal rights might benefit from counseling.

9

Lead the group in the following activity:

Hand out three slips of paper to each participant.

Ask them to write on each slip of paper one of the Personal Rights that is the most important to them. Each participant should end up with the three rights most important to them written out on three slips of paper.

Tell the group that you want them to "surrender" or "give up" one of their rights. You may embellish by saying: "Suppose someone was going to make you give up one of these rights that you feel are most important to you. Which one would you be willing to 'sacrifice' or 'give up'?" Go around the room and ask members to hand you the slip of paper containing their choice of an important right to be surrendered.

Once you've collected the slips, repeat the procedure. You may say something like: "Now, suppose you were going to be forced to give up yet another right that you cherish. Of the two remaining, which would you surrender, and which would you keep?" Go around and collect the slips with the rights that members would surrender next.

Next go around the room and ask each member which right she held on to. Which right would she refuse to surrender? Ask why that right was kept above the others.*

**Exercise adapted from Beresford*, "How to Be a Trainer"

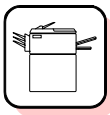
Lead a brief discussion to process this exercise using the following points:

Discussion Guide

How did it feel to be asked to give up a right that is important to you?

In real life are there rights that we sometimes surrender without being forced? Which ones?

If these are Personal Rights, it means that all people have them. How can we make sure we don't violate the Personal Rights of others?




10

Thank participants for their involvement in the exercise. Explain that the first step toward effective communication is learning to use I-Message statements and to listen carefully to others. I-Message statements allow us to put our Personal Rights into practice and to respect the Personal Rights of others. **Use *What Is an I-Message?* (p. 43) and *What Does an I-Message Sound Like?* (p. 44) overheads to lead discussion. Distribute handouts.**

11

Ask for feedback to determine if members understand the differences between the two types of statements. The following questions can be used:

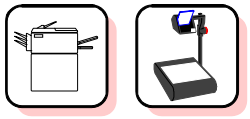
Discussion Guide

How does it feel when someone aims a You-statement at you? How would you respond if someone said to you: "You are so stupid. You don't understand anything I say!!" Compare this to someone saying: "I don't think you understood what I said. Let me try saying it a different way."

Which style will have the greatest chance of getting you what you want or need from another person?

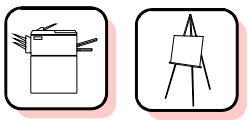
You may want to break this concept down. It's an important one. Use the above example to discuss the points below:

- **Your need or want:** To be understood
- **You-Message style:** Alienates; causes anger
- **I-Message style:** Clarifies your need/want



12

Use overhead of ***I-Message vs. You-Message*** (p. 45) to review what an I-Message expresses. **Distribute handouts.** Find opportunities to compare and contrast I-Messages to You-Messages. Ask group for examples.



13

Use prepared flip chart of ***Steps for I-Messages*** (p. 26), ***I-Message Interaction*** (p. 27), and ***Tips for Better Listening*** (p. 28) to discuss how I-Messages are used and the importance of listening to people's response. Use tape or tacks to hang the charts so they are visible. **Distribute handouts** (pp. 46-47). After discussing each chart, distribute ***I-Message Worksheets*** (p. 48). Ask members to create an I-Message response for each of the three situations on the worksheet. When members have completed their worksheets, go around the room and ask for volunteers to read out responses to the three examples. Discuss and offer feedback. Stress the following points:

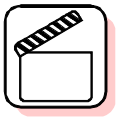
KEY POINT: We have the right to use I-Messages to exercise our personal rights, and to get our needs met. But other people will have reactions to our I-Messages. Therefore, we have to be willing to listen. It is important to listen to both the words and the feelings of others. Effective listening allows us to discover ways of getting our needs met, while respecting the other person's needs.

KEY POINT: Timing is an important consideration in effective communication. If we are very emotional or feeling upset or angry, taking time to "cool off" or get our emotions under control can help improve communication effectiveness. In some cases, it's more effective to bring up someone's troubling behavior at a time when that behavior isn't happening. For example, if a partner often comes home drunk, it's probably more effective to discuss the issue the next day when the partner is sober and emotions are more tranquil. Always remember that personal safety should take priority over insisting on effective communication.

KEY POINT: The steps for using an I-Message can be switched around to suit your own personal style. In other words, you may feel more comfortable by stating your feelings first, then the behavior that bothers you, and then your request. Review your I-Message worksheets to help find your own style.

KEY POINT: Negotiation is an important skill. Relationships are happier if both people are getting what they need. However, negotiation doesn't mean backing down from your needs. Also, for each of us there are things that may not be open for negotiation; for example, taking part in dangerous or illegal activities.

KEY POINT: When we use I-Messages to get our needs met, it's important to focus on the **behavior** of the other person, not his/her **personality** or **assumed motives**. This is a big difference between I-Messages and You-Messages.



14

Ask for volunteers to practice using I-Messages and contrasting them with You-Messages. Pair volunteers and distribute I-Message scripts. Have the volunteers read the I-Message scripts aloud, and ask the remaining members to observe and listen. Do the 2 scripts (pp. 36-37), stopping after each one to discuss the situation with the group and answer questions. **Ask readers to replay the script using You-Messages.**

SITUATION: Joe gets off work at 9:00 p.m. Mary has to get up for work at 6:00 a.m. Joe likes to watch T.V. in bed, often catching the late show. This is keeping Mary from getting the rest she needs.

TIMING ISSUE: Mary decides to talk to Joe on a Saturday afternoon, when they are both rested and relaxed, rather than when she is irritable and trying to sleep.

MARY: Joe, I'd like for you to consider moving the television into the living room, rather than have it in the bedroom. You sometimes watch T.V. until 2 or 3 in the morning and it keeps me awake. I'm not getting the rest I need and I'm concerned that it may begin to affect my job.

JOE: But I like watching T.V. in bed. Besides that, I like having you next to me.

MARY: (LISTENS) I know you do. I like having you next to me, too. But the T.V. keeps me awake and I'd really like to try moving it into the living room.

JOE: Well, okay...but I'm not going to like it much.

MARY: (LISTENS) I understand. We'll try it for a while and see how it goes, okay? (OPEN TO NEGOTIATE IN FUTURE.) I really appreciate that you are willing to give it a try. (END ON A POSITIVE NOTE.)

SITUATION: Mary has gained about 10 pounds and feels bad about it. Joe keeps making snide remarks and pressuring her to lose weight.

TIMING ISSUE: Joe has just made a nasty remark. Mary decides to speak up about it.

JOE: I think I'll start calling you "CRISCO," you know, fat in the can.

MARY: Joe, I want you to stop making remarks about my weight. It makes me feel hurt and angry. I am trying to lose the extra weight, and what I need is your support instead of all this teasing.

JOE: Hey, lighten up. I'm just joking with you. I don't mean it seriously.

MARY: (LISTENS) I understand that you are just kidding around. But I need for you to understand how I feel when I hear those jokes. I feel ashamed about this extra weight and the jokes hurt.

JOE: I'm not trying to hurt you. But I think you need to lose weight.

MARY: (LISTENS) Joe, I know you're not trying to hurt me. And I'm very clear about your preferences as far as my weight is concerned. I want to lose the weight for myself, too. I know I'll lose it faster if I have your support and encouragement, rather than jokes and snide remarks.

JOE: Okay...okay...I'll lay off.

MARY: I want you to know I love you and I appreciate that you are willing to give me the support I need.

15

Explain the concept of role playing. Tell participants that role plays allow for the rehearsal and practice of communication skills, such as I-Messages, listening, and negotiation. Role playing should be fun, but also serious. It's important to stick to the subject, and try consciously to use and practice the skills discussed. Ask participants to play the roles realistically, using their own reactions, or drawing on reactions of partners or people they know. The "key" player, or person wanting to assert herself in the scenes, should try to use the skills discussed in this session.

See Appendix A for a discussion of role playing and tips for introducing your group to role plays.

16

Ask the group members to volunteer a few interpersonal situations that are going on in their lives to see if I-Messages can be used to improve communication in relationships. Have the person who volunteers the situation play the part of the person with whom she wants to communicate more effectively, and you play the part of the volunteer. Do one situation this way, for practice. (Example: "Okay, Mary — you play your husband and I'll play you. We'll do a little scene about requesting him to be more helpful around the house, okay?")

17

Distribute copies of the role play situtations on page 39. Ask for two volunteers to role play, and one volunteer to serve as observer. Allow volunteers to choose the role play they like best. Arrange chairs so that role players can face each other and the observer can sit beside them. Encourage role players to refer to the flip charts of ***Steps for I-Messages*** and ***Tips for Better Listening***. Do at least 2 role plays, switching volunteers. Stop after each role play and process using questions on page 40.

Mandy and Andy are a couple. Andy was suppose to be home for dinner right after work. Instead, he shows up hours later, explaining that he went out with the guys for a few beers. He is obviously drunk.

When will Mandy speak her mind? How will she say it?

Joan and Jack are a couple. Joan is worried because Jack continues to use cocaine and asks her to use some with him. Joan wants to stay clean and not relapse.

When will Joan bring it up. What will she say?

Anna and Harold have just met at a party. Anna isn't interested, but Harold keeps coming on strong. Anna has tried being polite, but now Harold is making unwelcome sexual suggestions. Anna decides to tell him off.

When will Anna speak her mind? What will she say?

Doris and Don have been dating for a few months. For the second time, Don has stood Doris up for a date. Don has just come around her house after standing her up the night before. Doris wants to tell him about it.

When will Doris tell him? What will she say?

18

Discussion Guide

Process each role play with some of the following points:

(For the players) How did it feel to play these roles? Describe some feelings you experienced.

(For the "key" player) Did you feel comfortable using the effective communication techniques? (For coplayer) How did you find yourself responding to the communication techniques?

(For the observer) What did you notice about the interaction? Did the "key" player communicate effectively? What might she have done differently?

(For the group) What other strategies could the "key" player have used? (Ask specifically about use of I-Messages, listening, restating of needs, ending on a positive note.)

19

Thank the group for their participation and input. Go around the room and ask each member to tell one thing they learned from today's lesson and one thing they think will be useful in their daily lives.

20

Summarize the session with the following points:

(continued next page)

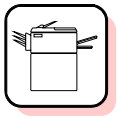
KEY POINT: Effective communication requires practice. This workshop can only introduce the ideas and concepts (plant the seeds). The more we think about the option of using I-Messages and listening skills, the more likely we are to begin practicing. The more we practice, the easier and better it becomes.

(continued from previous page)

KEY POINT: Ultimately, we don't have control over other people, only ourselves. By learning effective communication, we increase the chances that our needs and wants will be heard. But there is no guarantee that other people will behave like we want, or even care what we want. An important goal of effective communication is to help us feel good about ourselves.

KEY POINT: All human beings have basic, personal rights, including the ones we discussed today. That means we have the **right** to exercise our rights, but always with the understanding that other people have the same rights. Often, people must negotiate to make sure that both people are getting what they need.

KEY POINT: Remember this quote from Alan Alda (who played Hawkeye on the TV series *MASH*): "Be fair with people. But then keep after them until they're fair with you."*



21

Ask participants to complete a Session Evaluation (pp. 49-50) before they leave.

MY PERSONAL RIGHTS

I have the right to control my life, therefore I have the right to...

Ask for what I want.

To say "No" and not feel guilty.

To decide how I spend my own time.

To make mistakes.

To express what I feel or think.

To ask questions.

To change my mind.

To say "I don't know."

To think before I act.

To ask for help.

To be treated with respect.

To feel good about myself.

To decide if I want to assert a personal right.

Source: Concept of "Personal Rights" from: Lange & Jakubowski, "Responsible Assertive Behavior"

WHAT IS AN I-MESSAGE?

It is a self-controlled style of expressing what you think, feel, believe, want, or need in a way that is respectful of other people's rights.

HERE ARE SOME EXAMPLES OF WHAT I-MESSAGES SAY:

I see	**I think**
I hear	**I believe**
I smell	**I feel**
I taste	**I love**
I want	**I like**
I need	**I hope**
I plan	**I wish**
I am	**I will**
I do	**I don't**
I would	**I won't**

WHAT DOES AN I-MESSAGE SOUND LIKE?

I-MESSAGE	YOU-MESSAGE
"I feel very angry about what you did."	"You make me so mad!!!"
"I need to borrow the car."	"You never let me use the car."
"I would like for you to help your sister with her homework."	"You ought to help your sister with her homework."
"I don't understand why you are acting this way."	"You're acting this way because you want to get back at me."

I-MESSAGE VS. YOU-MESSAGE

AN I-MESSAGE

Is a statement that describes you

Is an expression of YOUR feelings and experience

Is authentic, honest, and believable

Expresses your inner reality

Allows you to take responsibility for your feelings

Does NOT judge or interpret other people's feelings or actions

Inspires respect, trust, and cooperation from others

AYOU-MESSAGE

Is most often used when we feel anger, embarrassment, fear, or hurt

Is often aggressive and accusatory

Diminishes the self-esteem of the person it's aimed at

Assumes that others are responsible for your feelings or concerns

Is often negative, judgmental, and nonrespectful

Can alienate people causing them to feel defensive, hurt, and resentful

For more about I-Messages and You-Messages, see Linda Evan's *Effectivess Training for Women*, available at 1-800-628-1197.

STEPS FOR I-MESSAGES

State your **FEELINGS**

Describe the **BEHAVIOR**

Explain the **REASON** for your feelings (as needed)

Request a **CHANGE** or **COMPROMISE**

LISTEN CAREFULLY to the person's response

ACKNOWLEDGE the other person's feelings/needs

RESTATE your needs/ **DISCUSS BENEFITS/CONSEQUENCES**

NEGOTIATE, AS NEEDED/END ON A POSITIVE NOTE

I-MESSAGE INTERACTION

"When you leave dirty dishes in the sink (**BEHAVIOR)**

It makes me very angry (**YOUR FEELINGS**)

Because I end up doing all the work. (**REASON**)

Please wash your own dishes." (**REQUEST CHANGE**)

(Other person responds by saying he/she has been too busy to wash dishes) (**LISTEN**)

"I know you have been very busy and rushed,
(**ACKNOWLEDGE OTHER'S FEELINGS/NEEDS**)

but I don't like being the only one who washes dishes. We would both have more time for relaxing if you would help share the work."
(**RESTATE YOUR NEEDS/DISCUSS BENEFITS**)

(Other person agrees to rinse dishes and place in dishwasher.)

"That would help me a lot. I'm glad that we can talk together and work out our differences. Thank you for agreeing to help out."
(**NEGOTIATE/END ON A POSITIVE NOTE**)

TIPS FOR BETTER LISTENING

Look at the speaker. Don't interrupt.

Make a choice to WANT to listen.

Listen for the speaker's total meaning. (Words and feelings)

Check out your own understanding of what the speaker is trying to say and ask for feedback. For example:

"I hear you saying you're not happy about my decision to quit my job. Am I right?"

"You sound very worried about going to the doctor next week. Is that how you're feeling?"

I-MESSAGE WORKSHEET

An I-Message is used to express your feelings, thoughts, and needs. In relationships, I-Messages are useful for expressing your feelings about another person's behavior and for requesting a change.

Use the Steps for I-Messages to complete the following interactions.

1. Your partner has been late for dinner for three nights in a row.

(Behavior) When you_____

(Feelings) I feel_____

(Reason) Because_____

(Request) I want_____

2. Your friend borrows your clothes and then fails to return them for several weeks.

(Request) I would like_____

(Feelings) I feel_____

(Behavior) When you_____

(Reason) Because_____

3. Your partner is often unwilling to help out with household chores.

(Feelings) I feel_____

(Behavior) When you_____

(Reason) Because_____

(Request) I want_____

SESSION EVALUATION OF "TIME OUT! FOR ME"

SESSION 2

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 64; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. An I-Message is a respectful way of expressing your feelings about someone's behavior.	1	2	[21]
2. If you exercise your personal rights it means you may say "No" and not feel guilty.	1	2	
3. Sometimes it is helpful to negotiate with other people in order to get what we want.	1	2	[23]
4. It is easy to listen carefully to what other people have to say.	1	2	
5. If you use I-Messages, you will always get what you want from other people.	1	2	[25]
6. When you use an I-Message, you should point out the other person's character flaws.	1	2	
7. A You-Message may cause the person receiving it to become defensive.	1	2	[27]
8. After delivering an I-Message, it is important to listen to the other person's reaction.	1	2	
9. It is not necessary to practice communicating effectively because most people do it naturally.	1	2	[29]
10. We are more likely to use a You-Message when we feel angry, embarrassed, or hurt.	1	2	

|__|__| [31-32]

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. List two **personal rights** that are the most important to you. Why are they the most important?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

3 *Getting Through to People*

Objectives

1. Participants will understand how nonverbal messages impact effective communication.
2. Participants will identify roadblocks to effective communication.
3. Participants will learn and rehearse strategies for saying "No" within relationships.

Rationale

Improving interpersonal communication requires that people examine personal styles and patterns that may interfere with effectiveness. Refusal, or saying "No" without damaging a relationship, is one area of communication that women often identify as anxiety-producing. This lesson helps women explore the impact of nonverbal messages and habitually used words and phrases that hamper communication. This provides a background for discovering and practicing effective methods of refusal.

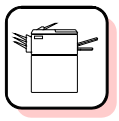
Materials

- Easel and paper flip chart or chalkboard
- Pencils; magic markers; masking tape; paper
- Overhead transparencies:
  Communication Roadblocks
- Handouts:
  Tips for Effective Refusal
- Role Play scripts (p. 64-65)
- Role Play situations (p. 67)
- ***Steps for I-Messages*** charts from Session 2
- **Session Evaluations**
- Refreshments

Prepare Before Class

For the ***It Goes Without Saying*** exercise, prepare slips using some of the feeling words listed below. Use a magic marker to write one feeling on each slip of paper. **You will also need a basket, box, hat, or paper bag from which participants can draw out a slip of paper.**

NERVOUS	**ANGRY**
FEARFUL	**SHY**
HAPPY	**CONFUSED**
GUILTY	**OUTRAGED**
SUSPICIOUS	**AMUSED**
BORED	**EMBARRASSED**
SHOCKED	



Make copies of the following materials for each group member:

Communication Roadblocks (pp. 69-77)
Tips for Effective Refusal (p. 78)
Role Play scripts (p. 64-65)
Role Play situations (p. 67)
Session Evaluation (pp. 79-80)

Prepare Before Class

TIPS FOR EFFECTIVE REFUSAL

Use a sheet of flip chart paper to write out the tips listed below:

TIPS FOR EFFECTIVE REFUSAL

BEGIN WITH THE WORD "NO"

AVOID EXCUSES OR APOLOGIZING

USE I-MESSAGES

OFFER ALTERNATIVES

ASK FOR TIME TO THINK (when needed)

PAY ATTENTION TO YOUR BODY LANGUAGE

The discussion guide for this chart begins on page 61.

Procedure

1 **Welcome members to the group as they arrive.** When everyone is seated, go around the room and ask members to introduce themselves. Go around the room again and ask members to share their responses to this question: "If you could spend one hour with a famous person, past or present, who would it be and why?" Thank members for their participation.

2 **Ask for a volunteer to discuss the issues that were covered in the previous session.** Thank the volunteer.

3 Use flip chart sheets from the first session to briefly go over the ***Group Goals*** and the ***Group Agreement*** (as needed).

4 **Tell the group that today's session will continue to explore effective communication in relationships.** The session will explore some ideas and skills that can help us become better at "getting through" to people. In other words, getting our ideas, thoughts and needs across to others. Explain that the emphasis today will be nonverbal communication, how to prevent roadblocks when we communicate, and how to say "No" effectively. Involve members by asking the following questions:

Discussion Guide

Have you ever been really confused by someone's reaction to what you were saying? For example, you thought you were being nice and the person took it the wrong way? (Request examples)

Have you ever felt that a friend was holding back his/her **true** feelings? For example, you asked, "What's wrong?" and the person said, "Nothing," but somehow you just didn't believe that "nothing" was wrong? (Request examples)

Do you ever feel guilty or selfish if you decide to say "No" to someone you really care about? Do you have a hard time saying "No" to some people? (Request examples)

5 **Thank members for participating.** Tell them these are the kinds of issues that will be discussed today, starting with nonverbal communication. Share with them the quote: "We cannot NOT communicate." Ask for their ideas about what the statement means.

6 **Explain that communication is something that begins long before we ever say a word to someone.** We communicate with our bodies as well as our words. Ask the group for some examples. You may want to lead by providing a few examples first, or modeling some strong nonverbal messages and asking members to tell you the meanings. For example: shaking a closed fist; turning your back on someone; sticking your tongue out; shooting the finger.

7 **Note that part of being human is our ability to read other people's body language.** Introduce the ***It Goes Without Saying*** exercise by noting that it provides an opportunity to think about and get in touch with how people communicate nonverbally.

IT GOES WITHOUT SAYING. . .

Place slips of paper with feeling words in a hat or paper bag. Ask members to choose a slip of paper from the "hat" that you are passing around.

Tell them to take a few minutes to study and think about the feeling that is written on the slip of paper. Ask them to imagine all the times they have felt this way, or have realized that another person was feeling that way. Ask them to concentrate on the nonverbal signals or messages that people use to convey the feeling.

Ask for volunteers to "play" their feeling, while the others guess what it is. Remind the players that the exercise is nonverbal; they are not to speak or say anything that would give the others a clue. Have several volunteers "play" their feelings, then stop and discuss the exercise. (You may find it helpful to compare the exercise to the game "Charades.")

Process using the following questions:

Discussion Guide

Was it easy or hard to "play" the feeling? Was it easy or hard to guess the feeling? Why or why not?

Did you like some of the body language that was used? How would you feel if someone you were communicating with behaved like _____ did? (Use examples from feelings play.)

Sometimes people's nonverbal messages are unconscious (they aren't aware they are sending them), and sometimes people are **very** aware of the nonverbal message they are sending. Can you think of examples of each?

How can being aware of body language or nonverbal messages help us communicate more effectively?

8

Use the following information to do a brief mini-lecture about EFFECTIVE NONVERBAL COMMUNICATION. Model the behavior you are discussing and give examples. Use a chalkboard or flip chart to list the key issues. Discuss each point and ask for participants' input.

Effective Nonverbal Communication Discussion Guide

When we communicate, we speak with our words, our bodies, and our actions. Often, the words we say are less important than the way we say them. In fact, facial expressions, tone of voice, and gestures are the primary ways through which we communicate our meanings and feelings. For example, if someone frowns, speaks in a gruff voice, and pounds their fist on the table — you will feel pretty sure they are angry or upset, even if they say with words that they aren't.

In order to communicate effectively, our body language should match our words. If a speaker attempts to tell us that she feels happy about something, yet while she speaks she sighs, looks sad, and chews on her

nails — will we really believe that she is happy? We probably won't believe her because her words and body language don't match.

When we use I-Messages to assert our needs and feelings, our body language should reflect that we believe we have the right to express ourselves. Here are some nonverbal pointers to keep in mind:

When we use I-Messages to assert our needs and feelings, our body language should reflect that we believe we have the right to express ourselves.

Make Eye Contact

Look at the person with whom you are speaking. If you are comfortable, maintain steady, but friendly eye contact. However, don't try to stare down the other person. Avoid looking away, looking down at your hands or feet or looking to the sides. Maintaining eye contact takes practice. Try focusing on a spot between the person's eyes or looking into just one of their eyes. Another tip is to let your eyes watch the other person's face. Eye contact helps you appear confident and also provides you with information about the other person's feelings and meaning.

Posture, Gestures, Facial Expression

Effective communication is helped if we pay attention to keeping our posture straight, yet relaxed and open. Avoid slumped shoulders, crossed arms, and slouching down in a chair. Gestures should accentuate what we are saying. Facial expressions should match the content of what we are saying. For the most part, the most effective expression is open, friendly, and interested. A useful tip is to use a mirror to watch your facial expressions while talking with a friend on the telephone. Pay attention to making your facial expression match your mood and meaning as you talk.

Voice Tone and Volume

An effective speaking voice is strong without being overly loud. The tone should be open and pleasant, with appropriate emphasis and enthusiasm. A tape recorder can be useful in helping you learn to add volume and variety to your speaking voice. Work on removing "uh" and "you know" from your speaking style as these expressions can make you appear to lack confidence. Also avoid rapid, nonstop delivery of your message. Work toward developing a crisp, fluent, and enthusiastic speaking style.

Listening

Listening, and communicating to someone that you are listening, is an integral part of effective communication. We express that we are listening nonverbally by paying attention to the other person, nodding, maintaining eye contact, and using appropriate facial expressions to indicate interest and understanding.

Other Factors

There are other types of nonverbal communication that may impact how others perceive us. For example, how we dress, the type of jewelry we wear, punctuality, or even where we choose to sit in a classroom. Consider a man wearing a silky shirt, tight leather pants with five heavy gold chains around his neck. What type of nonverbal message is he sending out? Consider a person who always arrives late to a meeting? What kind of nonverbal message is conveyed by always being late? What about the person who always chooses to sit right up front in a class?

Everything about us — our eyes, our facial expressions, our voice, our style of dress, our posture — is involved in communication. By becoming aware of this fact, we can use these attributes to help us communicate more effectively.

9 **Thank members for participating.** Briefly summarize **EFFECTIVE NONVERBAL COMMUNICATION** using the following points:

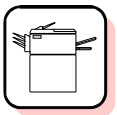
KEY POINT: It's important to pay attention to body language or nonverbal messages if we want to communicate effectively. If we have trouble getting through to someone, it's a good idea to check out our body language to see what kind of message we are sending.

KEY POINT: We can avoid a lot of confusion and frustration if we try to match our body language to our words. When there is a discrepancy, people will believe the nonverbal over the verbal.

KEY POINT: If we notice that another person's body language is "speaking" differently than their words, we can increase communication effectiveness by checking it out. Example: "You say everything is fine, but you sure look unhappy."

10 **Encourage participants to pay close attention to their own and other people's body language in the coming week.**

11 **Explain that there are things that we all do from time to time that can sabotage our efforts at effective communication.** Point out that we don't do these things intentionally. Often, we are doing them out of habit. These **communication roadblocks** result in a lack of effective communication because they cause people to stop listening, become angry or defensive, or in some cases, lose respect for the speaker.




12 **Use overheads of *Communication Roadblocks* (pp. 69-77) to discuss the topic in detail. Distribute handouts.** As each item is discussed, ask participants to reflect on how they react when these kinds of messages are aimed at them.

Communication Roadblocks Discussion Guide

NAME-CALLING/LABELING: *First of all, it is disrespectful of another's personal rights. If you call people names, or put labels on them, sooner or later they will stop listening to you.*

GENERALIZING/ANALYZING: *Generalizing means using words like "always" and "never." For example: "You're always late." or "You never help me around the house." Analyzing often sounds like "Let me tell you what your problem is" or "The trouble with you is that you never listen." Most people will tune you out the minute you start a sentence this way.*

BLAMING/JUDGING: *This is an excellent way to destroy relationships. Even when people have made a mistake, they don't like to have it rubbed in. Blaming is very likely to cause people to react defensively, and that shuts down communications.*

COMPLAINING/WHINING/NAGGING: *This is a major turn-off for most people. Complaining, nagging, or whining WILL NOT make people change or do things the way you want.*

ACCUSING/THREATENING/DEMANDING: *These messages are bound to make people hostile and defensive, and it will be impossible to communicate with them.*

YELLING/SCREAMING/HITTING/USING PROFANITY: *When we do this, the likely response is that people will yell, scream, hit, and use profanity back at us. This is called a fight, not effective communication.*

MORALIZING/USING "SHOULDs"/"OUGHTs": *Remember how you felt the last time someone said to you: "You really should eat more fiber." or "You ought to try fixing your hair differently." It makes us feel like people are bossing us around, so we tune them out.*

NOT LISTENING/INTERRUPTING: *This may be the thing that destroys communication the fastest. When we feel like people aren't listening to us, we become frustrated and we shut down. If we aren't willing to listen to others, we shouldn't be surprised if they stop listening to us.*

SARCASM/HUMORING: *Sarcasm and humoring are similar in that they both cause the person at which they are aimed to feel put-down and not taken seriously.*

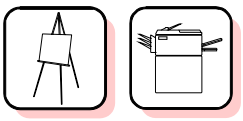
13 **Ask members if there are other roadblocks that need to be on the list. Go back over the list and ask the group for ideas on alternates to communication roadblocks**. Make a list on flip chart paper or the chalkboard. Thank members for participating.

14 **Introduce refusal as a skill that most of us have had trouble mastering at one time or another.** Ask members to help you generate a list of people and situations that they often have trouble refusing. Point out that these should not be willpower issues; these are things that they really want to say "No" to but have trouble because of their relationship with the requestor. For discussion ask:

Discussion Guide

Why is it difficult to say "No" to some people?

What feelings are involved in saying "No" to those we care about? In saying "No" to strangers?



15

Tips for Effective Refusal Discussion Guide

Use the prepared flip chart of *Tips for Effective Refusal* (p. 53) to lead a discussion based on the information below. Distribute handouts (p. 78). Stress the importance of body language and using I-Messages to communicate effectively when refusing a request.

1. **BEGIN WITH THE WORD "NO."**
   When you begin with the word "No," you give a clear, straight message. It is difficult to argue with a straight "No," plus it is honest and there is no confusion about your meaning. Most people prefer and respect a straight refusal. Occasionally, you may find some requestors who feel disappointed or even angry — but that's not your problem. Remember, they are entitled to their feelings, and you are entitled to say "No" whenever you want.

2. **AVOID GIVING EXCUSES OR APOLOGIZING**.
   Sometimes we feel we need to spare other people's feelings by creating excuses for our refusals or apologizing profusely. These tactics can dilute the refusal or even create resentment in the requestor. There are alternatives that may work better for preserving important relationships. For example, rather than saying, "Gosh, I'm sorry I can't go out with you tonight," we might say "No, I can't go out with you tonight, but I really appreciate the invitation. Maybe next week?" Remember, too, that an **excuse** is different from an **explanation**. For people we care about, we may choose to refuse in a direct manner, then follow with a truthful explanation concerning the reason.

3. **USE I-MESSAGES.**
   Using I-Messages helps keep you in control and responsible for the refusal. Remember, it is very difficult to argue with an I-Message. For example, "No, I don't want to go to the park this afternoon"; "No, I don't feel comfortable loaning you my car"; or "No, thanks, I want to spend the time at home tonight." I-Messages are also useful for helping you be firm and direct with people who don't want to take "No" for an answer. With persistent requestors, you may want to simply repeat your refusal I-Message until they get the idea.

4. **OFFER ALTERNATIVES WHEN APPROPRIATE.**
   Effective refusal is about stating your true feelings and needs when someone asks you to do something. It's also about preserving relationships that are important to you. When someone you care about makes a request that you don't want to do, you may want to

offer an alternative suggestion. For example, "No, Mary, I don't want to baby-sit for you tonight. I've already made plans for the evening. I'll be home tomorrow night, though, if that would work for you;" or "No, I don't want to go to the party tonight, but I'd love to have you drop by on your way for a quick visit."

5. **ASK FOR TIME TO THINK WHEN YOU NEED IT.**
   Very few things in life require an immediate decision. If you feel unsure or uneasy about a request, ask for a little time to think it over. For example, "Gee, Mary, I hadn't really thought about the idea of going out of town this weekend. Let me think about it and I'll call you back." By asking for thinking time you can clarify your own feelings about what you want to do. It's important, however, to get back in touch with the requestor, otherwise you may hurt the relationship.

6. **WATCH YOUR BODY LANGUAGE.**
   Pay attention to such things as eye contact, posture, and tone of voice. An effective refusal is polite, yet direct, strong, and firm. The requestor should both see and hear that you are serious about the refusal. Avoid looking down, mumbling, or speaking softly. It may be helpful to practice effective refusal techniques with a friend or in front of the mirror until you become comfortable.

16

As you discuss strategies for refusal, mention the following points:

- ❖ Refusing and not feeling guilty is a personal right.
- ❖ Refusal is not rejection.
- ❖ Refusal is positive. It shows you respect your own limits.
- ❖ You can love someone and still not do everything the person asks of you.
- ❖ Saying "No" can preserve relationships by keeping you from feeling resentful. We are likely to feel resentment when we agree to do something that we really don't want to do.

17

Invite members to join in some practice for saying "No." Ask for volunteers to read or "play parts" in the refusal scripts. Request two volunteers for Script #1 (p. 64) and two for Script #2 (p. 65). Have them read the scripts, stopping after each one for discussion.

After Script #1 is read, discuss the following points:

Discussion Guide

Was this an effective refusal? Why or why not?

What feelings are each of these players likely to experience?

After Script #2 is read, discuss the following points:

Discussion Guide

Was this an effective refusal? Why?

If someone was going to refuse your request, which refusal style would you prefer? Why?

MARY: Hey, Joan. I was wondering if I could borrow your car this afternoon. I have some errands to run.

JOAN: Uh..well, gee, Mary. The car isn't very clean right now...There's junk all over the seats.

MARY: Oh, that's okay. I don't mind at all.

JOAN: Well, I was thinking I'd take the kids for a drive this evening.

MARY: Come on, Joan. You can take the kids riding anytime. These errands I need to run are really important.

JOAN: Well, uh..you know, the tires are low and the air conditioning hasn't been running good lately.

MARY: Don't worry. I'll put some air in the tires, no problem. How about if I pick it up at 3:00?

JOAN: Well, uh..I don't know, Mary. I may need the car.

MARY: Okay, sure. I'll pick it up around 4:00 then, okay?

JOAN: Uh..okay.

When Mary shows up at 4:00 to pick up the car, Joan says:

JOAN: I'm sorry, Mary. I've changed my mind. I can't let you use the car because I'm going over to visit Bob. Hope you understand. Sorry...

MARY: Hey, Joan. Can I borrow your car this afternoon? I have some errands to run.

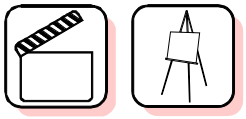
JOAN: No, Mary, I need my car this afternoon. I promised my kids I'd take them for a ride and I don't want to let them down.

MARY: You can take your kids riding anytime. These errands I need to run are really important.

JOAN: I don't want to loan you my car today. I've already made plans. I can let you borrow it for a few hours tomorrow morning.

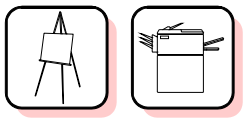
MARY: I guess that will work out. Thanks. I'll pick the car up at your house about 9:00, okay?

JOAN: Sounds good. I'll have some coffee on. See you then.



18

Review the purpose of and quidelines for role play with members. Ask for volunteers to suggest refusal situations they want to role play, especially past situations they have found difficult. List the situations on the chalkboard or flip chart, and ask for 2 volunteers to serve as role players and one volunteer to serve as an observer. If there are no suggested role play situations, use the ones on the following page or create your own. Do 2 or 3 role plays as time allows.



Ask role players and observer to review the ***Tips for Effective Refusal*** chart (p. 53) and handout (p. 78). Allow the role play to proceed for 3-4 minutes, then stop the action. Use the following Discussion Guide to process each role play.

Discussion Guide

(For players) How did it feel to refuse? How did it feel to be refused?

(For players) How confident did you feel in your refusal? If you were the requestor, would you have kept on trying? Did you feel your feelings were respected?

(For the observer) Describe what went on in this situation. Was it effective?

(Observer/group) How did the "refuser" handle the situation? Could she have done anything that may have worked better?

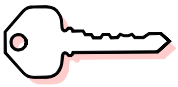
George wants his sister Betty to baby-sit for him while he and his wife go catch a movie. Betty has plans for the night and doesn't want to baby-sit George's 3 children.

Sam wants Doris to go to a party with him. (Sam and Doris are in a relationship together.) Doris doesn't want to go, because she knows there will be drinking and most likely drug use at this party.

Clifford and Margie are married. Clifford wants Margie to go on a hunting and camping trip with him. He feels that he would like her to learn to appreciate his hobbies. Margie hates camping and the thought of shooting an animal makes her sad. She doesn't want to go.

19 **Thank members for their participation.** Go around the group and ask each person to tell you one thing they learned today that they didn't know before, and one thing they learned that they think will be useful in everyday life.

Summarize the session with the following points:

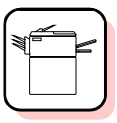


KEY POINT: Effective communication is important in building good relationships and increasing intimacy. We can only control our own communication style, not that of others. However, we can become good role models within relationships by showing others how to communicate more effectively and positively.

KEY POINT: We all have communication habits that may hinder us from getting through to people. Often we are unaware of these communication roadblocks. The more aware we become, the more we can practice making sure our ineffective communication habits don't hurt our relationships. Habits such as blaming, name-calling, making threats, nagging, and not listening can cause people to tune us out. Nonverbal messages or body language need to be monitored as well.

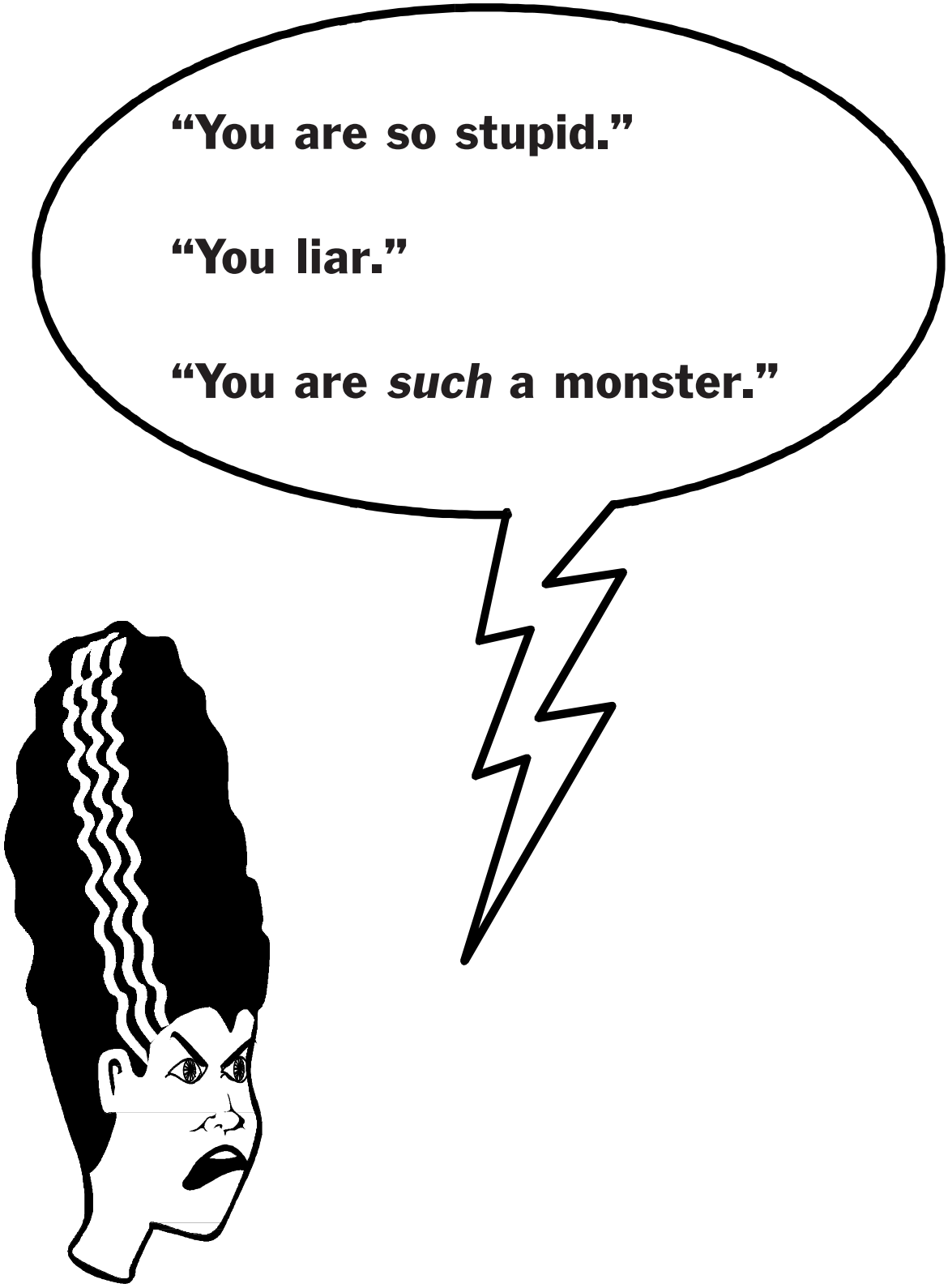
KEY POINT: All people have the right to say "No," and to not feel guilty about it. Most people would prefer to hear an honest, direct refusal, rather than to hear someone beating around the bush, making excuses, or accepting then whining and complaining about it.

20 **Thank the group again for their participation.** Tell them that the next session will continue to present ideas and information about improving relationships and increasing intimacy.




21 **Ask participants to complete a Session Evaluation (pp. 79-80) before they leave.**

NAME-CALLING LABELING

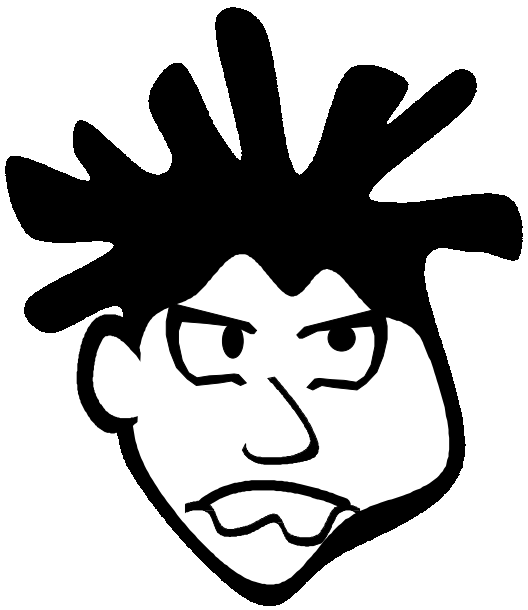


GENERALIZING ANALYZING

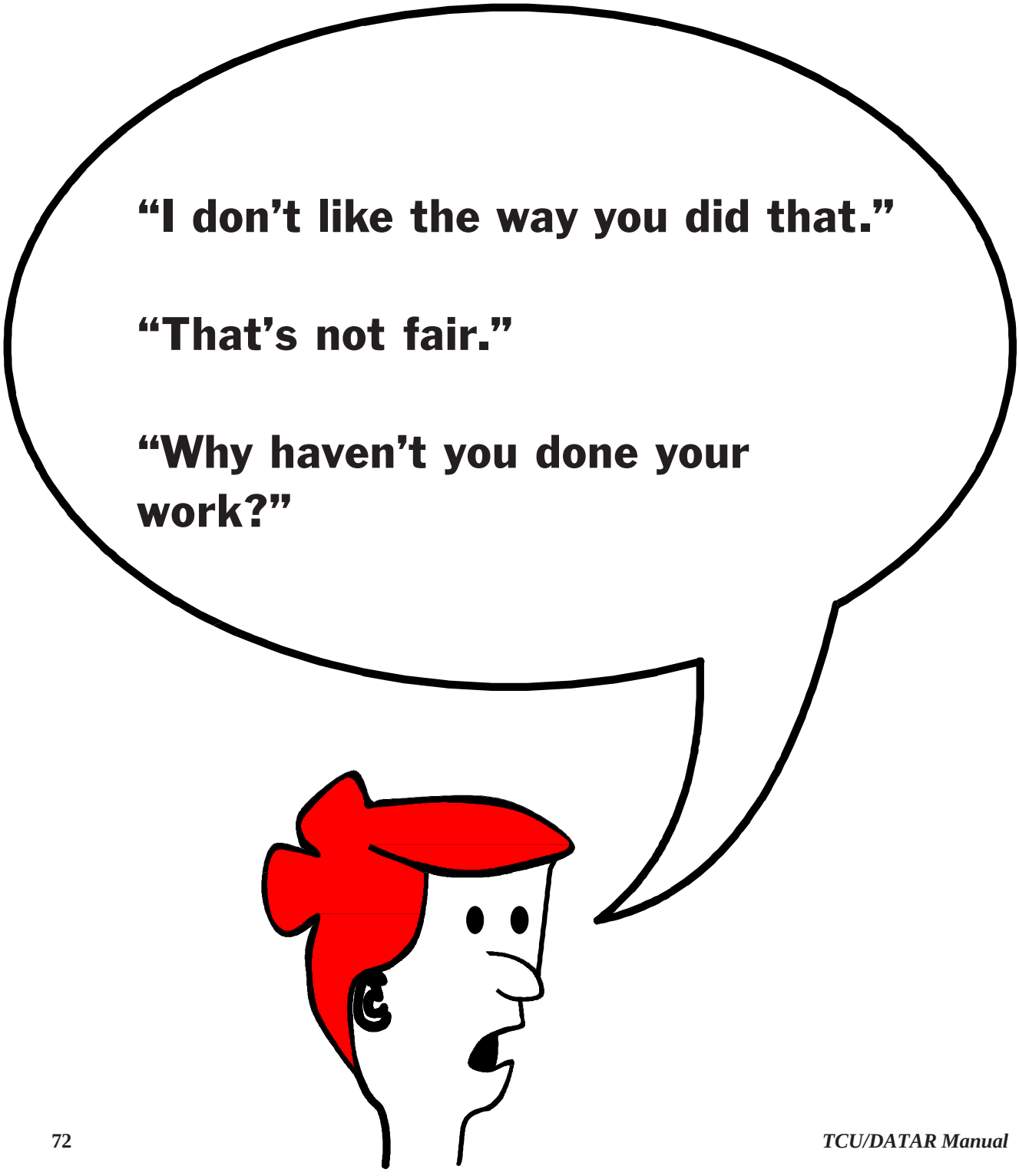
BLAMING JUDGING

“This is all your fault.”

“I wouldn’t have done it that way.”



COMPLAINING
WHINING
NAGGING

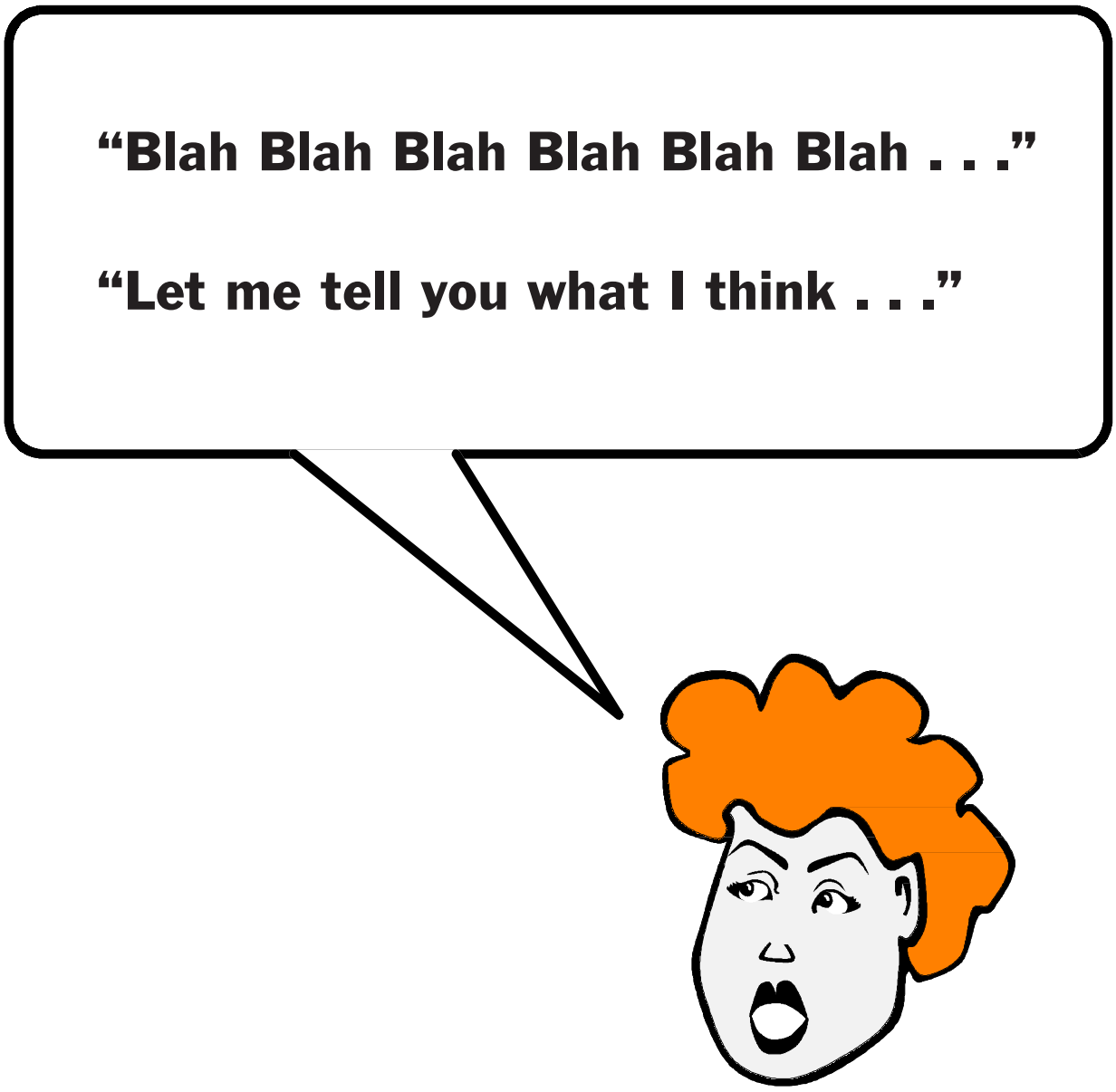


ACCUSING THREATHENING DEMANDING

YELLING HITTING SCREAMING USING PROFANITY

MORALIZING USING "SHOULDS" "OUGHTS"

NOT LISTENING
INTERRUPTING



SARCASM HUMORING

TIPS FOR EFFECTIVE REFUSAL

1. **BEGIN WITH THE WORD "NO."**
   When you begin with the word "No," you give a clear, straight message. It is difficult to argue with an honest "No." Most people prefer and respect a straight refusal. Occasionally, you may find some requestors who feel disappointed or even angry — but that's not your problem. Remember, they are entitled to their feelings, and you are entitled to say "No" whenever you want.

2. **AVOID GIVING EXCUSES OR APOLOGIZING**.
   There are alternatives that may work better for preserving important relationships. For example, rather than saying, "Gosh, I'm sorry I can't go out with you tonight," we might say "No, I can't go out with you tonight, but I really appreciate the invitation."

3. **USE I-MESSAGES.**
   Using I-Messages helps keep you in control and responsible for the refusal. Remember, it is very difficult to argue with an I-Message. With persistent requestors, you may want to simply repeat your refusal I-Message until they get the idea.

4. **OFFER ALTERNATIVES WHEN APPROPRIATE.**
   Effective refusal is about stating your true feelings and needs when someone asks you to do something. It's also about preserving relationships that are important to you. When someone you care about makes a request that you don't want to do, you may want to offer an alternative suggestion. For example, "No, Mary, I don't want to baby-sit for you tonight. I've already made plans for the evening. I'll be home tomorrow night, though, if that would work for you."

5. **ASK FOR TIME TO THINK WHEN YOU NEED IT.**
   If you feel unsure or uneasy about a request, ask for a little time to think it over. For example, "Gee, Mary, I hadn't really thought about the idea of going out of town this weekend. Let me think about it and I'll call you back." By asking for thinking time you can clarify your own feelings about what you want to do.

6. **WATCH YOUR BODY LANGUAGE.**
   Pay attention to such things as eye contact, posture, and tone of voice. An effective refusal is polite, yet direct, strong, and firm. Avoid looking down, mumbling, or speaking softly. It may be helpful to practice effective refusal techniques with a friend or in front of the mirror until you become comfortable.

SESSION EVALUATION OF "TIME OUT! FOR ME"

SESSION 3

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 65; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. You can tell a lot about someone's feelings by paying attention to their body language.	1	2	[21]
2. Communication roadblocks can be overcome by threatening the person you are talking to.	1	2	
3. You should feel guilty if you say "No" when a friend asks you to do something you don't want to do.	1	2	[23]
4. People are often unaware of the nonverbal messages they are sending.	1	2	
5. Communication roadblocks can help you communicate effectively.	1	2	[25]
6. Being constantly late for an appointment is a form of nonverbal communication.	1	2	
7. The best way to refuse a request is to be direct and firm when you say "No."	1	2	[27]
8. Using I-Messages can help reduce communication roadblocks.	1	2	
9. Most people are able to completely hide their feelings when they communicate.	1	2	[29]
10. Refusing to do something for a friend is the same thing as rejection.	1	2	

|__|__| [31-32]

Time Out! For Me
Session 3 Evaluation
Page 2

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. List two communication roadblocks you sometimes use that you would like to overcome.

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

4 *Woman-Care Self-Care*

Objectives

1. Participants will understand how sexual mythology impacts sexual learning.
2. Participants will learn about female reproductive functioning and related healthcare issues.
3. Participants will understand and practice breast self-examination.

Rationale

Few American women have had the opportunity to learn basic information about reproductive anatomy and health. This lack of information makes it difficult for women to ask questions of, or report symptoms to, healthcare providers. Studies indicate that over fifty percent of women entering treatment for addiction complain of one or more gynecologic problems. In addition, breast cancer rates continue to increase, especially among younger women. This lesson provides a foundation of reproductive health information and teaches breast self-examination. Annual cervical cancer screening is encouraged. The importance of early pregnancy testing and prenatal care is emphasized.

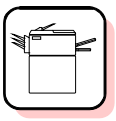
Materials

- Easel and paper flip chart or chalkboard
- Pencils; markers; masking tape; paper
- Handouts:
  Sexuality Myth Quiz and answer sheet
  Breast Self-Examination
- Overhead transparencies:
  Female Anatomy (4 views)
  Prenatal Development
- Video: ***Your Pelvic and Breast Exam***
- Breast self-examination model
- **Session Evaluations**
- Refreshments

Note!

You may prefer to invite an outside speaker to assist with this session, due to the nature of the material. Appendix B provides suggestions for selecting a guest speaker.

Prepare Before Class



Make copies of the following materials for each class member:

Sexuality Myth Quiz and answer sheets (pp. 88-91)
Female Anatomy (4 views; pp. 92-95)
Prenatal Development (p. 96)
Breast Self-Examination (p. 97)
Session Evaluation (pp. 98-99)

Create a list of resources in your community for reproductive health care and pregnancy and prenatal services. Include addresses and phone numbers for such agencies as Planned Parenthood or other family planning clinics, the public health department, community hospitals, private doctors that accept Medicaid or have sliding scale fees, WIC programs, maternal and child health programs, adoption agencies, abortion services, etc. If available, include information about fees, hours of operation, and whether bilingual services are available. **Make copies for handouts.**

Contact the American Cancer Society or other healthcare providers for copies of pamphlets on breast self-examination, mammography, and the Pap test. **Make pamphlets available after class.** Ask to borrow or rent a breast model for teaching breast self-exam. Most American Cancer Society chapters make breast models available without charge; however, you may need to reserve it well in advance of your class. Purchase information for breast exam teaching models is provided in the Resources Section.

Procedure

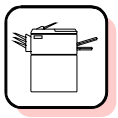
1 **Welcome participants to the workshop.** When everyone is seated, go around the room and ask members to introduce themselves. Go around the room again and ask members to share their **earliest** recollection of figuring out or being told where babies come from.

2 **Thank members for their participation.** Ask for a volunteer to discuss the issues that were covered in the previous session. Thank the volunteer.

3 Use flip chart sheets from the first session to briefly go over the ***Group Goals*** and the ***Group Agreement,*** as needed.

4 **Explain that today's session will focus on issues and information about reproductive health.** Note that it is an opportunity to learn more about ourselves as women, and to begin to knock down the "wall of secrecy" that makes talking about such matters a taboo in our society. Explain that it is also good background information for parents who want to make sure their kids learn the facts of life from them, rather than on the street.

5 **Use anecdotes from the opening question about the origins of babies to make the point that much of what people learn about sexuality is myth.** Define myth as a story that may sound believable, but is not true or real.



6 **Distribute the *Sexuality Myth Quiz* (p. 88) and pencils. Ask participants to quickly fill these out (5 minutes). Tell them it is not a test, but rather a discussion starter.** When participants have finished, go over the quiz as a group, asking participants to volunteer the answers. Discuss the correct answers. **Summarize the exercise with the following points:**

KEY POINT: Learning about sexuality is a lifelong process. There are agencies and private healthcare providers that can answer questions and provide information over the phone. The referral list from this class is a starting place for getting the facts if you are ever in doubt.

KEY POINT: The more we know ourselves, the better off we are for helping our children, families and friends when they have questions, even if it's just providing a phone number where they can get information.

7 **Tell participants there are several important women's health issues that will be discussed today:**

- ❖ Menstruation or how and why we have periods
- ❖ How babies are made (The REAL story)
- ❖ The importance of a yearly Pap test
- ❖ How to do breast self-examination and why it's important
- ❖ How Sexually Transmitted Diseases (STDs) impact women

Invite members to ask questions and share experiences as these issues are discussed.

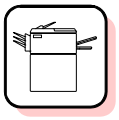

8 **Use overheads of the four views of female anatomy (pp. 92-95) to help you discuss the following women's health issues. Distribute handouts.**

Appendix B contains information to help you lead a discussion on sexual and reproductive health.

- ❖ Women's reproductive/sexual anatomy
- ❖ The menstrual cycle
- ❖ Menopause
- ❖ Menstrual cramps
- ❖ PMS
- ❖ Endometriosis
- ❖ Gynecologic diseases/infections

Note!

Menstrual problems are common in chemically dependent women. You can assure women that in the majority of cases normal menstruation returns once drug abuse stops. Weight loss, stress, and poor nutrition can also interrupt a woman's menstrual cycle. Menstrual problems do not mean pregnancy can't happen. Encourage those who wish to avoid pregnancy to use a reliable method of birth control.




9

Use overheads of female anatomy and prenatal development to discuss pregnancy. Distribute handouts. Discuss the following points:

- How fertilization and implantation occur
- The importance of early pregnancy detection
- Why prenatal care is important
- The impact of drugs and chemicals on the fetus

10

Thank participants for their questions and involvement. Distribute the handout of referrals. Note that the referrals are good sources if women want more information about the topics discussed in today's session.

11

See Resources Section for alternate video suggestions.

Introduce the video *Your Pelvic and Breast Exam* by noting that it provides an excellent overview of the importance of having an annual Pap test and of learning how to do breast self-examination. Ask members to share their experiences with gynecologic examinations. Stress that probably all women dislike having pelvic examinations, but the exam is very important. Alert women that the video allows us to see just what the doctor or clinician sees when doing the exam. **Show the video (approximately 12 minutes). Process with the following questions:**

Discussion Guide

What did you think about this video? Was it helpful?

How did you feel watching another woman have an examination?

The woman in the video was asking some good questions. Are you able to talk that freely with your healthcare provider? Why or why not? Would you like to?

Why do you think it's important to ask questions and feel comfortable talking with a doctor or nurse? What kinds of I-Messages might help open up communication?

12 **Introduce breast self-examination by pointing out that 1 in 9 American women will develop breast cancer in her lifetime.** Those that survive are those that are fortunate enough to detect the cancer early, before it has time to spread. Breast self-examination remains an important tool in early detection of breast cancer.

13 **Explain how to perform a monthly breast self-examination, using a breast model. After giving verbal instructions, distribute *Breast Self-Examination* handouts (p. 97) and pass the breast model around.** Allow each participant a chance to feel the model for lumps and irregularities, and give further instructions as needed. Discuss the following points:

Appendix A contains instructions for teaching breast self-examination.

- The importance of monthly breast self-examinations
- Diagnosis of breast lumps
- Risk factors for breast cancer
- Mammography
- Treatment for breast cancer

Note!

Breast cancer is an emotional topic for women to discuss. Many women know of someone who has had the disease. It is important to present this information in an optimistic manner that highlights the importance of taking personal responsibility for early detection.

14 **Thank participants for their participation.** Invite them to take pamphlets and referral lists. Go around the room and ask participants to share one thing they liked about today's session and one thing they learned that they didn't know before. **Summarize the session using the following points:**

KEY POINT: Learning about taking care of our reproductive health is a lifelong process. We have different needs at different times, such as when we enter puberty, when we begin our reproductive lives, and when we move into menopause. Often, we have to overcome a lot of myths, bad information, and "folk tales" to get to the truth. Taking care of our health is an affirmation of self-worth. It is a personal responsibility. The more we know, the healthier we can be and the more we can teach our children.

KEY POINT: For women there are several healthcare issues that are important:

(1) Have a Pap test and pelvic examination at least once a year to screen for cancer and other health problems. If you are sexually active with more than one partner, request tests for chlamydia and gonorrehea.

(2) Have a pregnancy test **the minute** pregnancy is suspected. Remember, the first 3 months after conception are extremely critical for the developing infant.

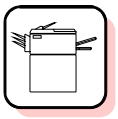
(3) Start prenatal care as soon as pregnancy is confirmed and avoid all drugs, tobacco, and alcohol.

(4) Learn breast self-examination and practice it **every** month; begin mammograms by age 40 and follow a physician's advice on how often to have mammograms thereafter.

Appendix C contains FACT SHEETS on a variety of sexual health concerns which can be used as additional handouts.

15

Thank the group again for participating. Tell them that the next session will focus on other issues related to sexuality and health. Offer pamphlets and resource lists once again.



16

Ask participants to fill out a Session Evaluation (pp. 98-99) before they leave.

SEXUALITY MYTH QUIZ

Answer the following questions based on what you have been told about sexuality.

QUESTION	TRUE	FALSE	DON'T KNOW
If a woman is menstruating (having her period), she will cause well water to go bad, if she drinks from the well.			
It is possible for animals such as chimpanzees or dogs to breed with human beings.			
After menopause, a woman has no desire for sex.			
Homosexuals are born that way.			
A man with a big penis is better able to satisfy a woman.			
Masturbation is dangerous and immature.			
Sexually Transmitted Diseases (STDs) always cause symptoms.			
When men get older they can no longer have erections.			
Alcohol increases sexual desire and makes you a better lover.			
Women don't need sex as often as men do.			

SEXUALITY MYTH QUIZ

Answer Sheet

If a woman is menstruating (having her period), she will cause well water to go bad, if she drinks from the well. **(FALSE)**

Menstruation, the female "period," is the subject of myth and taboo. Many religions, including Judaism and Islam teach that women are "unclean" during their periods and must purify themselves afterwards. Many ancient cultures made women stay in special "menstrual huts" during their periods. They believed that if a man touched a menstruating woman, he would die. If she walked across his fields, all his crops would die. If she drank from the well, then the water would turn poisonous. These superstitions probably have to do with the fact that menstruation involves blood, and blood was viewed as powerful magic. Today we understand that menstruation is a clean, natural function of the human body. When a women menstruates, her uterus (womb) is simply shedding a lining made of tissue and blood that would have nourished a fetus if pregnancy had occurred.

It is possible for animals such as chimpanzees or dogs to breed with human beings. **(FALSE)**

From time to time, supermarket tabloids carry headlined stories such as **DOCTORS AMAZED! WOMAN GIVES BIRTH TO PUPPIES** or **I WAS RAPED BY A GORILLA AND HAD ITS BABY!** Rest assured that it is not genetically possible. Human sex cells will not accept genetic material from another species, nor will other species accept human genetic material. So **MAN FATHERS PUPPIES** is not possible, either. In fact, other species won't voluntarily copulate with human beings, although they may appear to be trying (such as when a pet dog wraps around your leg). In "sex shows" that feature humans and animals, the animals have been trained and are not behaving instinctively.

After menopause, a woman has no desire for sex. **(FALSE)**

The most important factor in desire is a woman's feelings for her partner and her attitude toward sex. Menopause indicates that a woman's ovaries have stopped producing eggs and that hormone production is reduced. Most women continue to experience satisfying and fulfilling sex lives after menopause. Reduced amounts of naturally-produced estrogen may cause vaginal drying or thinning in some women, but there are a variety of lubricants and hormone replacements available to provide relief. Menopause is a natural, healthy aspect of sexuality.

Homosexuals are born that way. **(FALSE/DON'T KNOW)**

Research has not found an answer to why some people are homosexual. Genetics, hormones, overbearing mothers, and mental illness have all been suggested at one time or another. None is correct. What we know is that homosexuality exists in all cultures, in all parts of the world, and at all times in recorded history. It is estimated that 15% of the world's population is homosexual or bisexual. This allows for speculation that it is a normal, natural phenomenon. It is also important to bear in mind that many people who are not "homosexual" engage in same-sex sexual encounters.

A man with a big penis is better able to satisfy a woman. **(FALSE)**

Maria Muldaur said it best: "It ain't the meat, it's the motion..." The center of sexual excitement and release for a woman is the clitoris, a small, pearl-like organ located above the urinary opening. Whereas some women may prefer a large penis, it's not necessary for sexual satisfaction. The vagina itself has relatively few sensitive nerve-endings. This is because the vagina is the birth canal. If the vagina had as many sensitive nerve-endings as the clitoris, no woman would ever be able to give birth — it would be too painful.

Masturbation is dangerous and immature. **(FALSE)**

Masturbation is sexual self-stimulation which may or may not be carried through to orgasm. In Victorian times, doctors preached that it could lead to insanity, blindness, warts and hair growing on the palms of the hands. Masturbation is harmless. People of all ages, including people with a steady sex partner, may masturbate. Many religions have strong taboos against masturbation, which may cause some people to feel guilty. If masturbation causes excessive guilt, it should probably be avoided. Otherwise, it's normal to masturbate and it's also normal not to masturbate.

Sexually Transmitted Disease (STDs) always cause symptoms. **(FALSE)**

Unfortunately, this is not true. Public health officials believe that the primary reason why Sexually Transmitted Diseases (STDs or VD) are so prevalent is because they are unknowingly transmitted from person to person. For example, chlamydia and gonorrhea seldom produce obvious symptoms in women, and as many as 20% of men may have no symptoms. In the case of syphilis, a chancre (a painless ulcer) appears in the first weeks after exposure then heals on its own. It can easily go unnoticed, especially if it is located inside a woman's vagina. New evidence shows that herpes may be transmitted even when herpes sores are not present. The HIV virus that causes AIDS can produce no symptoms for years. In fact, most people with HIV who are in danger of passing the virus to someone else don't even know they have it. They look and feel fine.

When men get older they can no longer have erections. (FALSE)

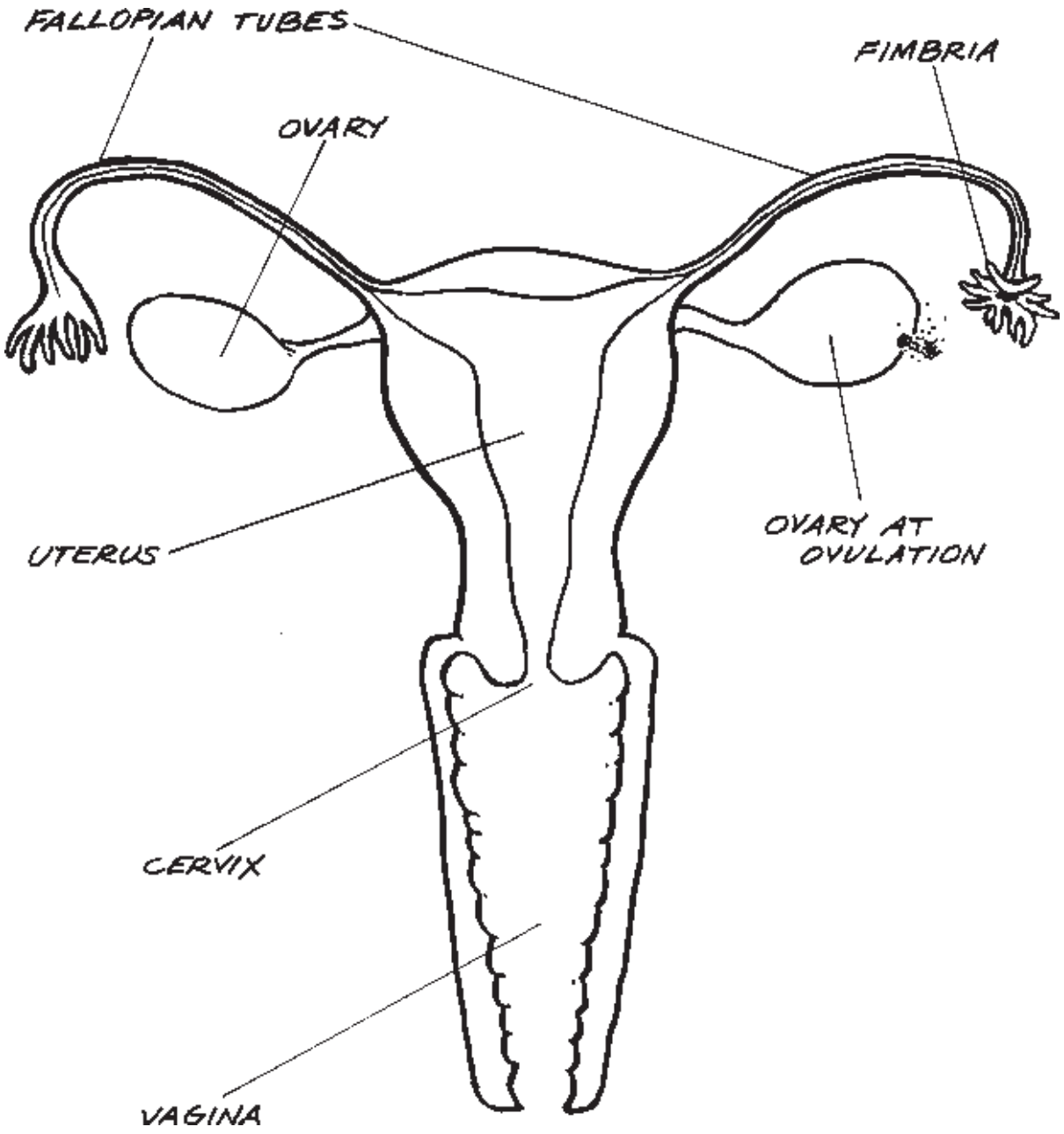
Erections are caused by blood flowing into the spongy tissue of the penis, causing it to engorge (swell). If a man stays healthy, he can have erections until the day he dies, even if he lives to be 95. Studies show that about three out of four men in the 60s and 70s have satisfactory erections; two-thirds of men in their 80s have erections; and nearly half of all men in their 90s do also. Diseases such as prostate cancer or cardiovascular (heart and circulatory) problems may interfere with erections. Also, certain drugs such as high blood pressure medication may reduce erection capacity. Other drugs such as alcohol, tobacco, heroin, high dose methadone, marijuana, and cocaine may also cause erectile dysfunction.

Alcohol increases sexual desire and makes you a better lover. **(FALSE)**

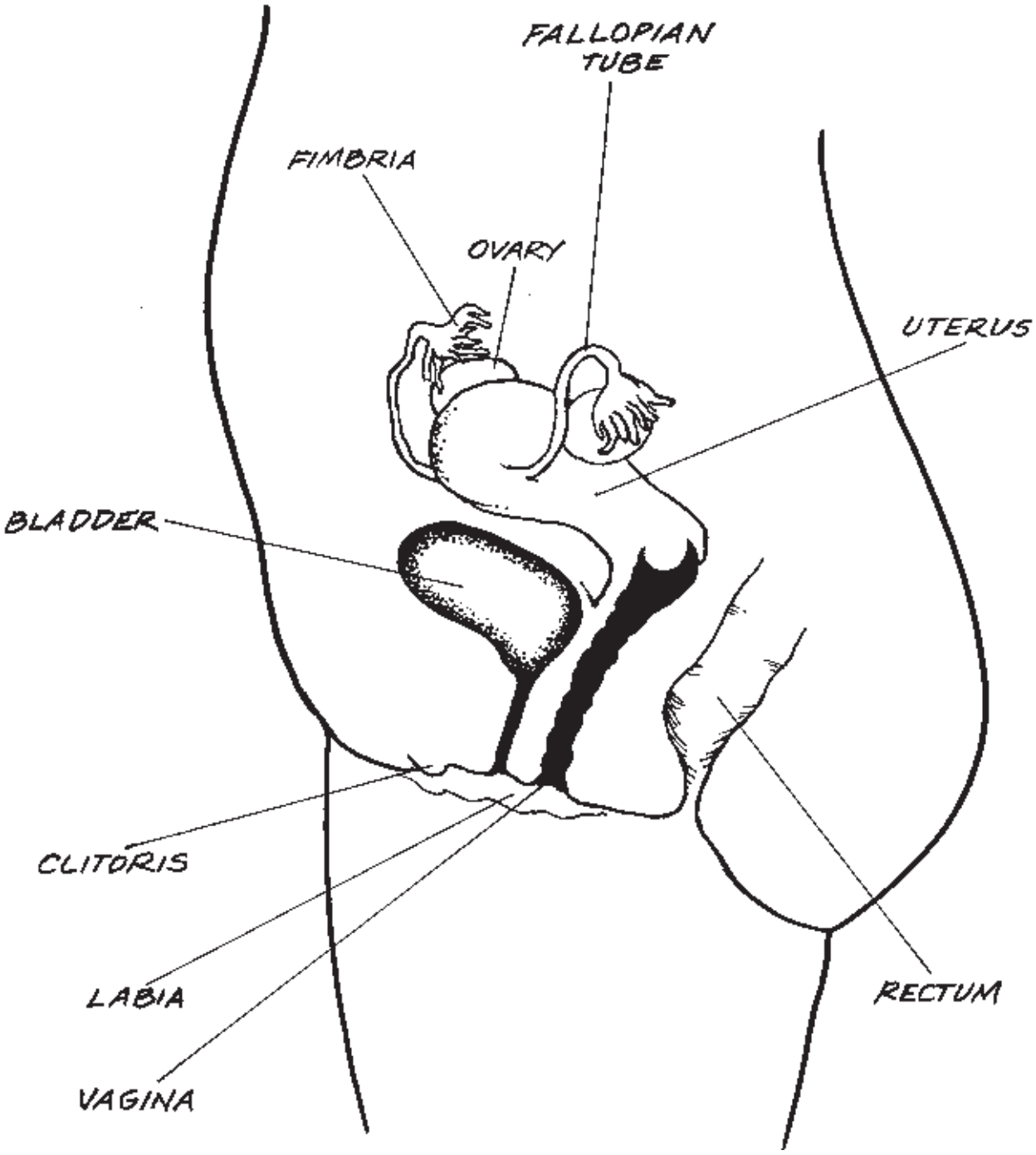
Actually, the opposite is true. Alcohol in small amounts may cause relaxation and openness to sexual experiences, but in large amounts and with chronic use it reduces both desire and performance in men and women alike. Heavy drinking may cause men to have problems keeping an erection and may cause both men and women to have problems achieving orgasm.

Women don't need sex as often as men do. **(FALSE)**

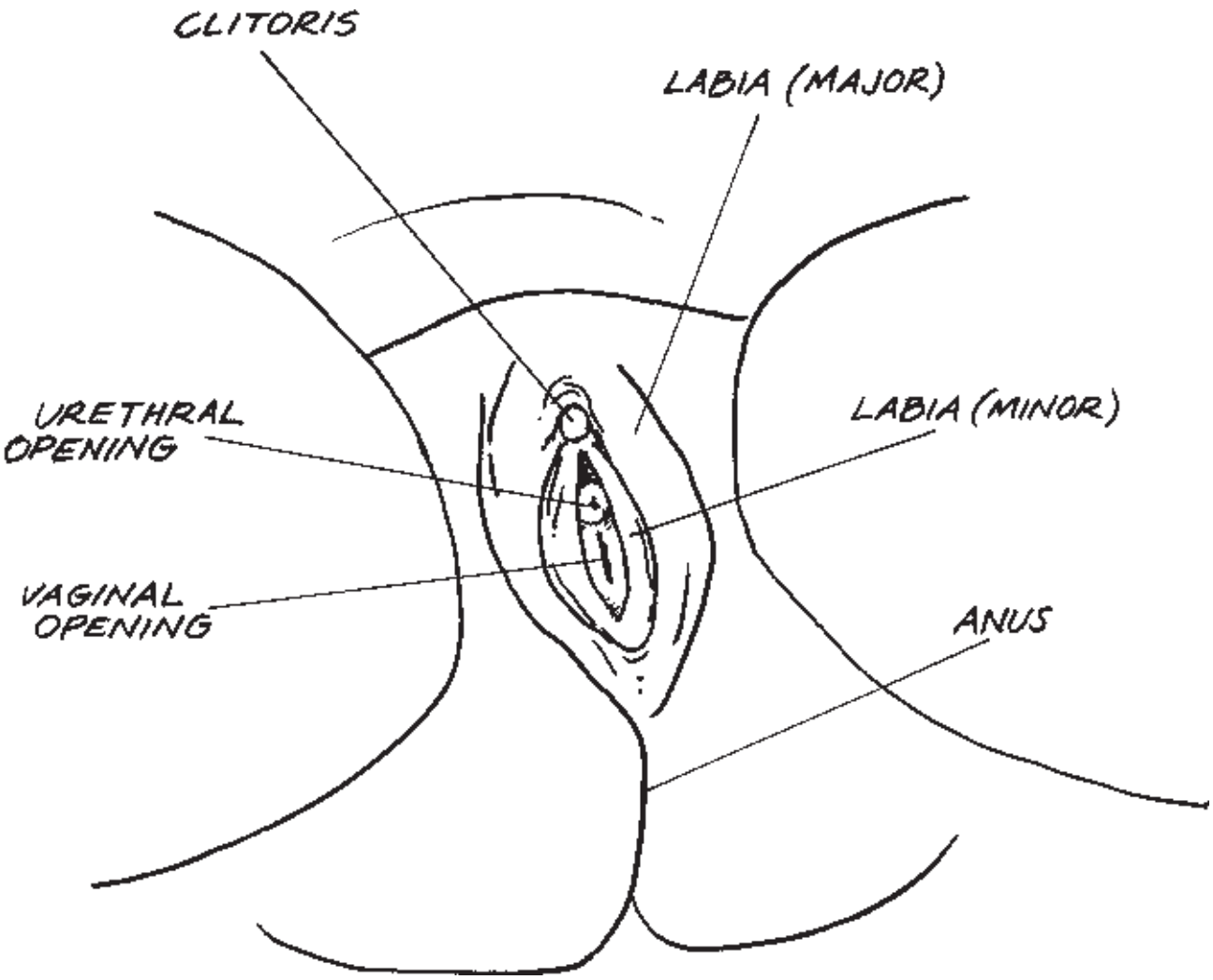
Sex is a basic biological drive with physical and emotional rewards for women as well as men. Within a fulfilling sexual relationship, men and women establish patterns as to when and how often they need and want sex. For women and men alike, need for and interest in sexual intercourse varies over the course of a lifetime. It may be stronger sometimes, weaker others. Culture and religion may place restrictions on women vocalizing their need for sex, but that doesn't mean it doesn't exist.



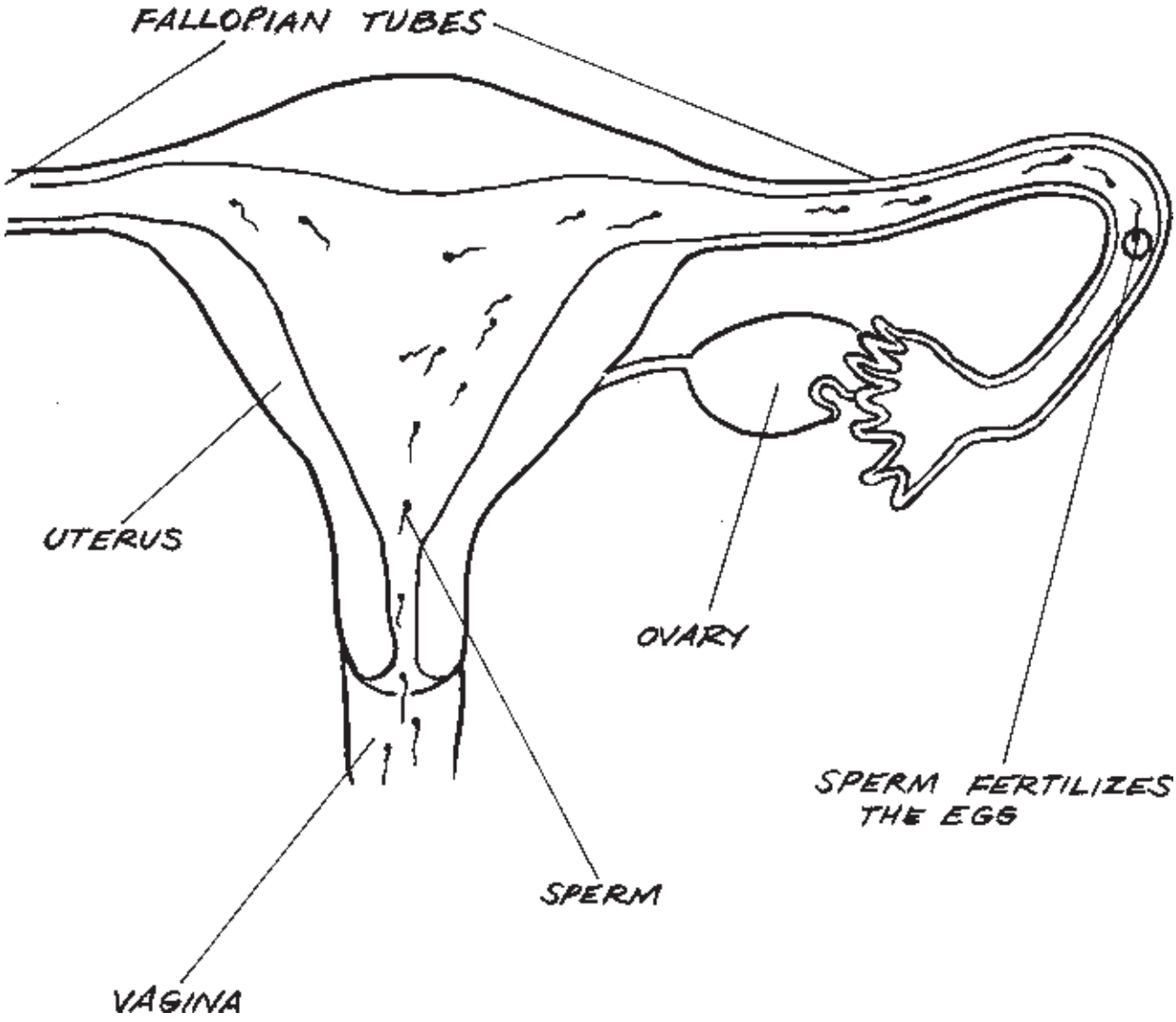
Female Anatomy
Front View



Female Anatomy
Side View



Female Anatomy
Outer

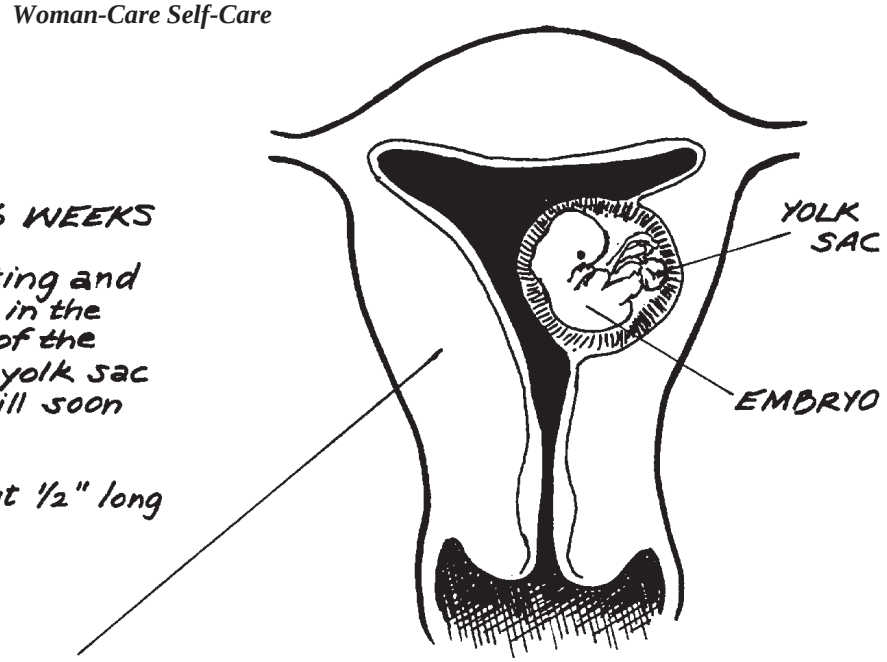


Female Anatomy
Fertilization

THE EMBRYO AT 6 WEEKS

The heart is beating and the embryo floats in the cushioning waters of the amniotic sac. The yolk sac is detaching and will soon shrink.

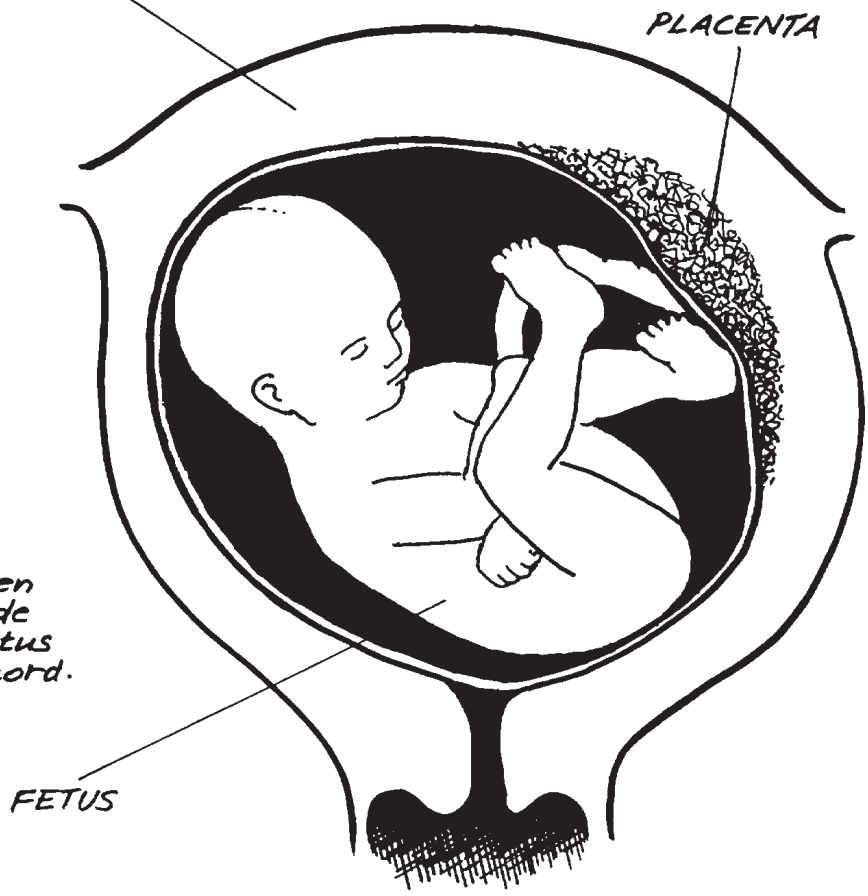
The embryo is about ½" long at this stage.



THE FETUS AT 3 MONTHS

By this stage the fetus has all of its basic organs and systems. Lids have formed and cover the eyes.

The placenta requires great amounts of oxygen and nutrients to provide life-support to the fetus through the umbilical cord.



Prenatal Development
Early Stages

WHY YOU SHOULD EXAMINE YOUR BREASTS EVERY MONTH:

Breast Self-Examination (BSE) is an important step in finding breast cancer early. When breast cancer is found early and treated promptly, women survive. That is why it is important for you to learn how to examine your breasts properly.

THE THREE STEPS OF BSE

STEP ONE: IN FRONT OF MIRROR

Figure 1

Let your arms hang loosely at the sides of your body. Look at your breasts from the front and from each side. You are looking for:

Figure 1A

- Any change in the form and shape of the breast
- Dimpling or puckering of the skin
- Scaling of the skin around the nipple
- Any change in the nipple

Figure 2

Raise your arms above your head and look at each breast from the front and from each side.

Rest your hands on your hips and press your hands down firmly to tighten the muscles under the breast. Look at each breast from the front and from each side.

Figure 3

STEP TWO: AT BATH TIME

Figure 4

Figure 4A

When your skin is wet, it is easy to move your fingers over your breasts. Use the left hand to examine the right breast, and the right hand to examine the left breast. As you are examining your breasts you are feeling for:

- A lump, a thickened area, a hardening in the breast or anything that feels different.

Imagine your breast as the face of a clock. Examine all of the breast tissue in a clockwise motion starting at 12 o'clock. Press firmly with the sensitive pads of the middle three fingers starting at the outer edge of your breast. With each clockwise motion, move your fingers in toward the nipple until you have felt all of your breast tissue.

STEP THREE: LYING DOWN

EXAMINING YOUR BREASTS WHILE LYING ON YOUR BACK IS THE MOST EFFECTIVE WAY TO CHECK YOUR BREAST FOR LUMPS, THICKENING OR HARDENING.

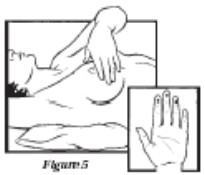


Figure 5

Fig.5A

Lie down on your bed. To spread the breast tissue more evenly, put a pillow or bath towel under your right shoulder and put your right hand under your head. Use the fingers of the left hand to check your breast. Use lotion or powder on the skin which will make it easier to move your fingers over your breasts. Follow the same method as you did while you were bathing, moving your fingers in a clockwise motion, using firm pressure and feeling all of your breast tissue from the outer edge to the nipple. Examine each breast in the same way.

THE BEST TIME TO DO BSE

Do your Breast Self-Examination about a week after the start of your menstrual period when the breasts are usually not tender. After menopause (change of life) or after hysterectomy, choose a day that is easy to remember, such as the first day of the month. By doing BSE regularly you will become familiar with how your breasts feel and will be able to detect a change in your breast tissue.

WHY YOU SHOULD HAVE A MAMMOGRAM

A mammogram is a low dose x-ray of the breast. A mammogram can find cancers too small to be felt by a woman herself, or her health care provider. Mammograms can also show changes in the breast tissue that could be a sign of very early breast cancer. When used with physical examination of the breast, mammography has proven to be effective in saving lives.

WHAT TO DO SHOULD YOU FIND A CHANGE

If you notice a change in your breasts, see your doctor or health care provider soon. Important changes to report might include:

- a lump, thickening or hardening in your breast.
- dimpling or puckering of the skin of your breast.
- scaling of the skin around the nipple
- nipple discharge

Don't be alarmed. Most breast lumps or other changes ar not cancer, but only your doctor can make the diagnosis.

RISK FACTORS FOR BREAST CANCER

The most important risk factors for breast cancer are:

- being a woman
- getting older
- having a close family member with breast cancer (mother, a sister, daughter)

MAKE A PERSONAL PLAN

Make a personal plan for your breast care together with your doctor or health care provider. The American Cancer Society recommends these three steps to detect breast cancer early:

- breast self examination every month
- regular breast examination by your doctor or health care provider
- mammography according to the guidelines of the American Cancer Society

SCREENING GUIDELINES:

The American Cancer Society (ACS) recommends the following guidelines* for breast cancer screening of women without symptoms:

1. **A mammogram every year for all women age 40 or over (screening may begin earlier if clinically indicated).**

2. **Clinical Breast Exam by a health care professional every 3 years for women aged 20 to 39, and annually for women age 40 and over.**

3. **Breast Self-Exam monthly for all women age 20 and over.**

** Guidelines for screening women without symptoms of breast disease and with normal risk for cancer. The presence of a strong family history of breast cancer or other factors may alter these recommendations. Check with your health care provider if you have any questions.*

The recommendation of the American Cancer Society for mammography is:

- **A mammogram every year for all women age 40 or over**

(screening may begin earlier if clinically indicated)

MISSION STATEMENT

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy, and service.

NUESTRA MISIÓN

La Sociedad Americana del Cáncer es una organización voluntaria apoyada por la comunidad y dedicada a controlar el cáncer por medio de la investigación,

Este folleto fue posible por sus contribuciones a la Sociedad Americana del Cáncer.

This brochure was made possible by your contributions to the American Cancer Society.

For More Information Call Toll Free or Visit Us At Our Website

Para obtener más información llame gratis o visite nuestra página "web"

1-800-ACS-2345
www.cancer.org

Hope.Progress.Answers.

9/97-6/01 0509.00

SESSION EVALUATION OF "TIME OUT! FOR ME"

SESSION 4

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 66; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. Our society makes it easy for people to learn factual, correct information about sexuality.	1	2	[21]
2. The most likely time for a woman to get pregnant is three days before her period.	1	2	
3. The male sperm unites with the female egg in the fallopian tubes.	1	2	[23]
4. Menopause is a dangerous time in a woman's life that often results in insanity.	1	2	
5. Alcohol and drugs may cause damage to a developing fetus.	1	2	[25]
6. There is no need for a woman who has never had children to do a monthly breast self-exam.	1	2	
7. A Pap test can determine for sure if a woman has HIV (the AIDS virus).	1	2	[27]
8. Prenatal care should begin as soon as a woman knows she is pregnant.	1	2	
9. There are several kinds of sexually transmitted diseases (STDs) which cause no symptoms.	1	2	[29]
10. There is no such thing as PMS (Prementrual Syndrome); it's all in a woman's head.	1	2	

|__|__| [31-32]

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. Of the topics discussed today, which one do you think would be important for a man to learn about? Why?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

5 *Choices for Today's Woman*

Objectives

1. Participants will understand human sexual functioning and the sexual response cycle.
2. Participants will explore their feelings and attitudes about safer sex choices.
3. Participants will understand how to use condoms properly.
4. Participants will practice discussing safer sex with a partner.

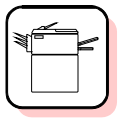
Rationale

The desire and the ability to explore safer sex choices with a partner are often impacted by lack of confidence, limited knowledge of human sexual behavior and response, and inhibition about how to start a discussion. This lesson allows participants to critically examine these issues and to practice discussing safer sex choices that may be appropriate for their intimate relationships. Correct use of condoms is also stressed.

Materials

- > Easel and paper flip chart or chalkboard
- > Pencils; markers; masking tape
- > Overhead transparencies:
  Female Anatomy (2 views)
  Male Anatomy (3 views)
  Penis Shapes
- > Handouts:
  Condoms and Safer Sex
  Safer Sex Choices
- > Role play situations (p. 115)
- > Safer sex demonstration materials (condoms, lubricants, etc.)
- > ***Steps for I-Messages*** charts from Session 2
- > **Session Evaluations**
- > Refreshments

Prepare Before Class



Make copies of the following materials for each group member:

Female Anatomy (pp. 117-118)
Male Anatomy (pp. 119-121)
Penis Shapes (p. 122)
Condoms and Safer Sex (p. 123)
Role Play situations (p. 115)
Session Evaluation (pp. 124-125)

SAFER SEX CHOICES

Prepare charts on *Safer Sex Choices*, using the information on pages 103-105. Use more than one sheet of flip chart paper, if needed, so that charts are easily read. You may choose to abbreviate your charts by listing only the key ideas under each safer sex choice.

The discussion guide for these charts begins on page 108.

Prepare Before Class

SAFER SEX CHOICES

CONDOM SENSE

Use only latex condoms. Check the package label to make sure condoms are made of latex rubber and not animal skin.

Try out different condom brands. Find the one that feels the best.

Put a tiny dab of lubricant on the INSIDE of the condom to increase sensation.

Do NOT use baby oil, vaseline or handcream as a lubricant. Use only water-based lubricants like K-Y jelly.

Use nonoxynol-9 lubricants only if you are not allergic. Don't use if irritation develops.

Practice! Roll a condom onto a finger (a banana, a cucumber). Learn to use a condom before you need one.

Handle condoms gently and carefully so they don't break. Watch out for fingernails.

Prepare Before Class

OUTERCOURSE OPTIONS

Outercourse means strategies for pleasure or orgasm, (alone or with someone) that don't involve intercourse.

- Holding, kissing, and hugging
- Body massage
- Bathing together
- Masturbation/mutual masturbation
- Fantasy/erotic movies or books
- Vibrators/sex toys (properly cleaned)
- Body rubbing
- Oral sex (with condoms)
- Phone sex (with a willing partner)

ONE PLUS ONE = MONOGAMY

Have a heart to heart talk with your partner about the risks of having more than one sex partner. Discuss needle use, too.

Ask your partner to think about his role in making sure his children are born healthy.

Request a monogamous, needle-free relationship.

Talk to a health professional about HIV testing for both of you.

Agree to use condoms if either partner has a "fling" outside the relationship or shares needles.

Work on keeping your sex life together happy and exciting. Stay in treatment.

Prepare Before Class

NOT TONIGHT!

Some thoughts about abstinence

Sex is YOUR choice! You are not weird, frigid, or a cockteaser if you choose not to have sex with a guy.

You can have an orgasm alone if you want to.

Abstinence means never having to sleep on the wet spot.

Throughout history, great thinkers have withdrawn from having sex while they worked on other parts of their lives. It's okay to take a little vacation from sex. You can come back anytime you're ready.

Abstinence is a smart choice if you find yourself really drunk or high. Alcohol and other drugs can get in the way of making safe decisions about sex.

Procedure

1 **Welcome participants to the workshop.** When everyone is seated, go around the room and ask members to introduce themselves. Go around the room again and ask members to answer the following question: If you could be invisible for **one hour**, what would you do?

2 **Thank members for their participation**. Ask for a volunteer to highlight what was discussed in the previous session. Thank the volunteer.

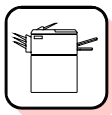
3 Use flip chart sheets from the first session to briefly go over the ***Group Goals*** and the ***Group Agreement***, as needed.

4 **Introduce the session as an opportunity to improve communication with a partner about sexual issues.** Explain that the session will focus on safer sex choices for women and information about human sexual response.

5 **Write on flip chart paper or the chalkboard the words SEXUAL INTERCOURSE.** Ask members to brainstorm all the terms they have ever heard or read that refer to sexual intercourse. These can be street terms, indirect terms, funny terms — anything they've heard. Write all answers.

6 **Next ask participants to continue the list, adding to it terms they have read or heard for *other* types of sexual interactions besides intercourse.** Prompt as needed with terms such as "oral sex," "anal sex," "masturbation," etc. Write all answers.

7 **Introduce the discussion of the human sexual response cycle by pointing to the large number of words and terms we know for "having sex," etc. Despite a large and colorful vocabulary, most of us understand very little about the actual physiology of what happens when human beings have sex.** Explain that medical research about human sexual interactions only started about 30 years ago, but a lot has been learned. One of the most important findings was the discovery that men and women share the same, basic sexual responses. This is called **human sexual response or the human sexual response cycle.**

8 **Use *Male Anatomy* and *Female Anatomy* overheads (pp. 117-121) to lead a discussion about human sexual response. Distribute handouts of anatomy drawings.** Encourage questions and discussion as you move through the material. Cover the following points:

- Male and female sexual organs are different, yet similar.
- Excitement or arousal causes genital tissues to become engorged (filled) with blood.
- The four stages of human sexual response can be termed arousal, peaking, orgasm, and rest.
- Both women and men may experience these stages.
- The clitoris is the center of female sexual excitement and orgasm. When stimulated it enlarges and responds like the male penis.
- Sexual response follows the same cycle regardless of the kind of sexual stimulus (vaginal, oral, manual, or anal).

Appendix C contains information for leading a brief discussion about human sexual response.

9 **Summarize this section with the following points:**

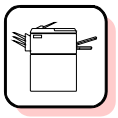
(See next page.)

KEY POINT: Vaginal intercourse is not the only path to orgasm. The clitoris is the organ of female pleasure. This organ can be stimulated in a variety of ways to produce arousal and orgasm. Effective communication can help us talk with our partner about what brings us pleasure during sex.

KEY POINT: Not all good sexual encounters have to result in orgasm. We increase our potential for satisfaction and enjoyment in relationships, if we remove some of the goal-oriented expectations and demands for orgasm.

10

Tell the group that the remainder of the session will be spent on discussing safer sex choices. Write a definition of safer sex on flip chart or chalkboard. Define safer sex as: "Doing what you have to do to avoid getting HIV/AIDS or other infections from sex." Assure members that this isn't going to be another lecture on using condoms, but rather a rounded discussion on how we can protect ourselves. **Stress that safer sex is a choice that can be exciting, sexy and fun!!**

11

Explain that there are 4 choices or safer sex options: condoms, outercourse (or sex without intercourse), monogamy, and abstinence (or not having sex). Use prepared flip chart sheets as guides for discussing each choice. As you discuss each of the options, use tacks or tape to post the charts so they are all visible at the end of the discussion. After discussing safer sex choices, distribute ***Condoms and Safer Sex*** handouts (p. 123). (See FACT SHEETS in Appendix C for other related handouts.) **Here are some points and process questions to cover for each safer sex option**:

Safer Sex Choices Discussion Guide

Condom Sense

Refer participants to the handout ***Condoms and Safer Sex***, and discuss the guidelines for effective condom use. Use condoms, lubricants, and a

condom demonstration model to explain proper use and disposal of condoms. Stress that condoms should be used **every time** a person has sex. The following materials are helpful for conducting a condom/safer sex demonstration:

- **A variety of different brands of condoms, opened so that participants can see the different shapes and sizes**. Use the overhead of ***Penis Shapes*** (p. 122) to discuss why it is helpful for men to try different brands and styles of condoms until they find one that is the most comfortable and pleasurable.

- **At least one condom for each group member to use for practice in class**. Members should be encouraged to practice rolling a condom onto their fingers or onto a condom demonstrator (such as a wooden or plastic penis model, a banana, a cucumber, or any phallic-shaped object).

- **Lubricants, including vaginal spermicides containing nonoxynol-9**. Allow members to touch, feel, and smell these lubricants. Advise women not to use nonoxynol-9 products if irritation develops.

- **Unlubricated condom and plastic food wrap** (i.e., Saran Wrap. Demonstrate how a condom or plastic wrap can be used as a barrier for oral sex.

- **Include a brief discussion of the "female condom," also known as the vaginal pouch**. The female condom consists of a diaphragm-shaped ring attached to a polyurethane sheath. The ring holds the device in place and the sheath lines the vagina. Order information for demonstration samples is listed in the Resources Section.

Note!

Lubricants and other products containing nonoxynol-9 may help reduce infection from gonorrhea and chlamydia. However, condoms either male or female ("vaginal pouch") are the best protection against any STD (including HIV). Nonoxynol-9 may cause irritation and rashes in some women, actually increasing opportunity for HIV infection. Women who wish to use nonoxynol-9 should do so only if they are not allergic. If irritation, burning, or rash develops, advise women to discontinue use.

Encourage the use of K-Y and other water-based lubricants by demonstrating how oil can break a condom. Rub baby oil into a condom and wait a few minutes. You should be able to easily put a finger through the condom exposed to oil. For a more dramatic effect, blow up a condom to about the size of a small melon. Pour a little baby oil on the condom and rub it in. The condom should burst within a few minutes. (Note: You should practice this technique first — and be careful! You and the group may get splattered in baby oil.) Explain that oil lubricants may not cause such a dramatic break, but that oil can cause tiny, pinpoint holes to develop in the latex — enough to allow the HIV virus and other STD organisms to pass through.

Discussion Points

What are your feelings about condoms? Why is it difficult to talk to men about using condoms?

What are some lines or techniques that women can use to introduce the idea of using condoms? If a woman really wants to use condoms, how would I-Messages help? How would refusal skills help?

What do you think about the idea of female condoms?

What are the benefits of using condoms?

Outercourse Options

Outercourse refers to a variety of pleasurable, sexual activities that don't involve vaginal or anal penetration or the exchange of semen and vaginal fluid. This makes outercourse an important safer sex choice. Examples of outercourse activities include massage, masturbation, vibrators, erotic movies, and body rubbing. Oral sex with a condom or latex shield may also be considered an outercourse option.

Outercourse should be considered a safe alternative that is always at hand (so to speak). It can be practiced when condoms aren't available or when a couple wants to add variety to their sex life. For those times when a woman feels like having sex, but isn't interested in penetration (during a menstrual period, for example), outercourse offers an option. Many outercourse techniques may make it easier for a woman to achieve orgasm, because the clitoris may be stimulated directly.

Outercourse can be exciting and pleasurable. However, a woman may need to take the lead in helping her partner feel comfortable with the idea. Many men (and women, too) are socialized to believe that the only allowable kind of sex is penis-in-vagina sex. All other kinds of sex are seen as "immature" or "improper." It may be helpful to realize that sexually we are much more than a penis or a vagina. Many different parts of our bodies are sensuous, sexy, and turned-on by touch. Outercourse offers a good opportunity to explore this blessing.

Discussion Points

What do you feel about outercourse? Is it a choice that women can use?

Outercourse used to be called "heavy petting." What are some of the positive things about outercourse?

How do you think men feel about outercourse? Do you think men can accept and practice it?

What are the benefits of outercourse?

One Plus One = Monogamy

Monogamy is defined in the dictionary as the practice of marrying only once in one's lifetime. For the purposes of safer sex, we expand the definition a bit. We know that mathematically, the fewer sexual partners a person has, the less likely that person is to catch a sexually transmitted disease. If we have just one sexual partner, we have lowered the odds of infection considerably. Therefore, monogamy as a safer sex option means having sex with one mutually faithful, **uninfected** partner.

For monogamy to be an effective safer sex strategy in which both partners can feel secure in not using condoms or other safer sex options, the issue of past, present, and future infection must be considered. Therefore, HIV testing (and perhaps testing for other STDs) is required. Once two people know for sure that neither carries an infection, and as long as neither partner is reexposed through sex or needle use, they have created for themselves a safe sexual relationship.

If a woman wants a monogamous relationship as her choice for safer sex, she must request it of her partner. This requires using communication skills to discuss not only sexual faithfulness, but also unsafe needle use and the importance of HIV testing. Couples should remember that there is a three-month "window" period in order for an HIV test to be accurate. This means that both partners should abstain from any behavior that might expose them to the virus for at least three months before having the test.

Most women who have contracted HIV/AIDS sexually were infected by a needle using male partner. It is important to remember that sexual faithfulness is only part of the equation in a monogamous safer sex

relationship. The best recommendation is that both partners agree to stop all forms of injection drug use. If this is not possible, needles (and other injection paraphernalia) must be sterilized by correctly using bleach or alcohol as a cleaning agent.

Monogamy as a true option for safer sex doesn't just happen; it requires honesty, patience, commitment, and lots of effective communication. It also requires the courage and assertiveness to insist on condoms or other safer sex options, if we know or suspect that a partner has done something that may put us at risk.

Discussion Points

As women, was being faithful something you cared about even before HIV/AIDS hit the scene? Why?

How can we tell if a partner is being faithful to us? How can we tell if a partner has shared uncleaned needles or works?

How can a woman request a monogamous safer sex relationship? What communication skills would be helpful?

If a couple decide on monogamy, how can they make it work?

What are the benefits of monogamy?

Abstinence

Abstinence is a safer sex choice when we choose to not have sex rather than risk exposure to HIV or other diseases. We may choose abstinence when condoms aren't available, when a partner refuses to use a condom, or simply because we don't feel like having sex.

Abstinence is another example of a personal right. We all have the right to refuse sex for whatever reason — no explanation required. Abstinence has a heavy ring to it, almost implying that the person will never, ever have sex again. In reality, it is not so permanent. It can be the choice of one evening, a few months, a few years. Abstinence simply means abstaining or not doing something (in this case sex).

Abstinence requires that we be aware of own needs and feel comfortable asserting those needs. There are times when physically and emotionally we are not interested in sex. For example, during menstruation, when we are ill, or when we are feeling tired or stressed out. There are also times when we believe having sex is not the right choice, such as when we don't trust a current or prospective partner. It may also be a good idea to practice abstinence when under the influence of alcohol or drugs. A person who is drunk or stoned often can't think clearly about the risks involved with sex.

Discussion Points

How do you feel about abstinence or not having sex?

What are some reasons that a person may choose abstinence?

How would a woman tell a man about her decision to be abstinent? What might a man say or how might he react?

What are the benefits of abstinence?

Make these numbers available in class.

For free confidential answers to questions about STDs and HIV:

National STD Hotline
1-800-227-8922

National AIDS Hotline
1-800-342-AIDS (2437)
or
1-800-344-SIDA
(Spanish)

Summary of Safer Sex Choices

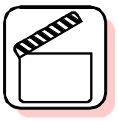
An ideal world would be one where there is no HIV or other diseases that can be transmitted by sex or needles. Unfortunately, we don't live in an ideal world. HIV and other diseases **are** a risk. The safer sex choices that we have discussed are the only four choices we have. The encouraging news is that we do, at least, have four choices!

Keep in mind that safer sex choices are not mutually exclusive. For example, a person may choose to use condoms as a primary strategy, then use abstinence and outercourse as secondary options when condoms aren't available. Or a monogamous couple may enjoy outercourse for variety and may choose to use condoms as a method of birth control.

It is important to remember that when it comes to our lives and our health, **we** make the rules and we make the choices. The safer sex options discussed today provide a flexible framework for maintaining our health and happiness.

12

Thank the group for their input. Invite the group to do some role plays on how to discuss each of the safer sex options with a partner. Ask for 2 volunteers to role play, and one to serve as an observer. Keep ***Safer Sex Choices*** charts posted so they can be used as reference for role plays. **Also post the *Steps for I-Messages* charts from Session 2.** Briefly review I-Messages and listening, as needed. **Ask the group to help you brainstorm a role play situation for each of the four safer sex choices** or use the situations on page 115:



13

Allow about 5 minutes for each role play. Stop for discussion after each one. Here are some possible discussion questions:

Discussion Guide

(To the players)
What did it feel like to role play this scene? How did it feel to bring up safer sex? How did it feel to respond to a request for safer sex? How would you handle this situation in real life?

(For the observer)
How effective was this interaction? Did the person requesting safer sex get her point across?

(For the whole group)
Was this situation believable? Why or why not?
What other techniques or strategies could have been used?
In real life, how easy would you find it to have this kind of discussion? How would a man react?

CONDOMS: Ann and George have just met in a bar, and they start to come on to each other. Ann wants to make sure that George knows that if they go home together, condoms will be used. She wants this to be clear before they leave the bar.

OUTERCOURSE: Marie enjoys having sex with Ray, but she's not sure he's faithful, and she suspects he may still share needles. Therefore, they always use condoms.. Ray has come over for a romantic evening and Marie realizes that she doesn't have any condoms in the house. She wants to try having fun without intercourse for a change.

MONOGAMY: Ella and Rick have been together for a lot of years and their relationship is good. Ella thinks that Rick has been faithful (and probably he has) all these years. Ella wants to "cement" this faithfulness to make sure they both stay safe, and she doesn't have to worry in case she gets pregnant. Rick has used needles before, but not in a few years, he says. Ella decides to ask Rick to commit to monogamy.

ABSTINENCE: Sara has been dating Spike for a few months, and they've had sex. Sara has decided she wants to get away from sex for a while so she can sort her head out. She thinks she's ready for a good relationship, and Spike is nice, but he's not the guy! Spike has just come 'round, expecting a little romance, and Sara decides to tell him about her decision.

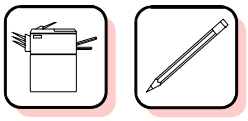
14 **Thank the group for their participation, and invite them back next session to continue exploring how to discuss sex in relationships.** Go around the room and ask participants to share one thing they liked about today's session, and one thing they learned that they didn't know before. Summarize using the following points:

KEY POINT: Understanding human sexual response helps us become more at ease with our sexuality and sensuality. Just as sexuality is multi-dimensional, there are also many dimensions to how we respond sexually on a physical level.

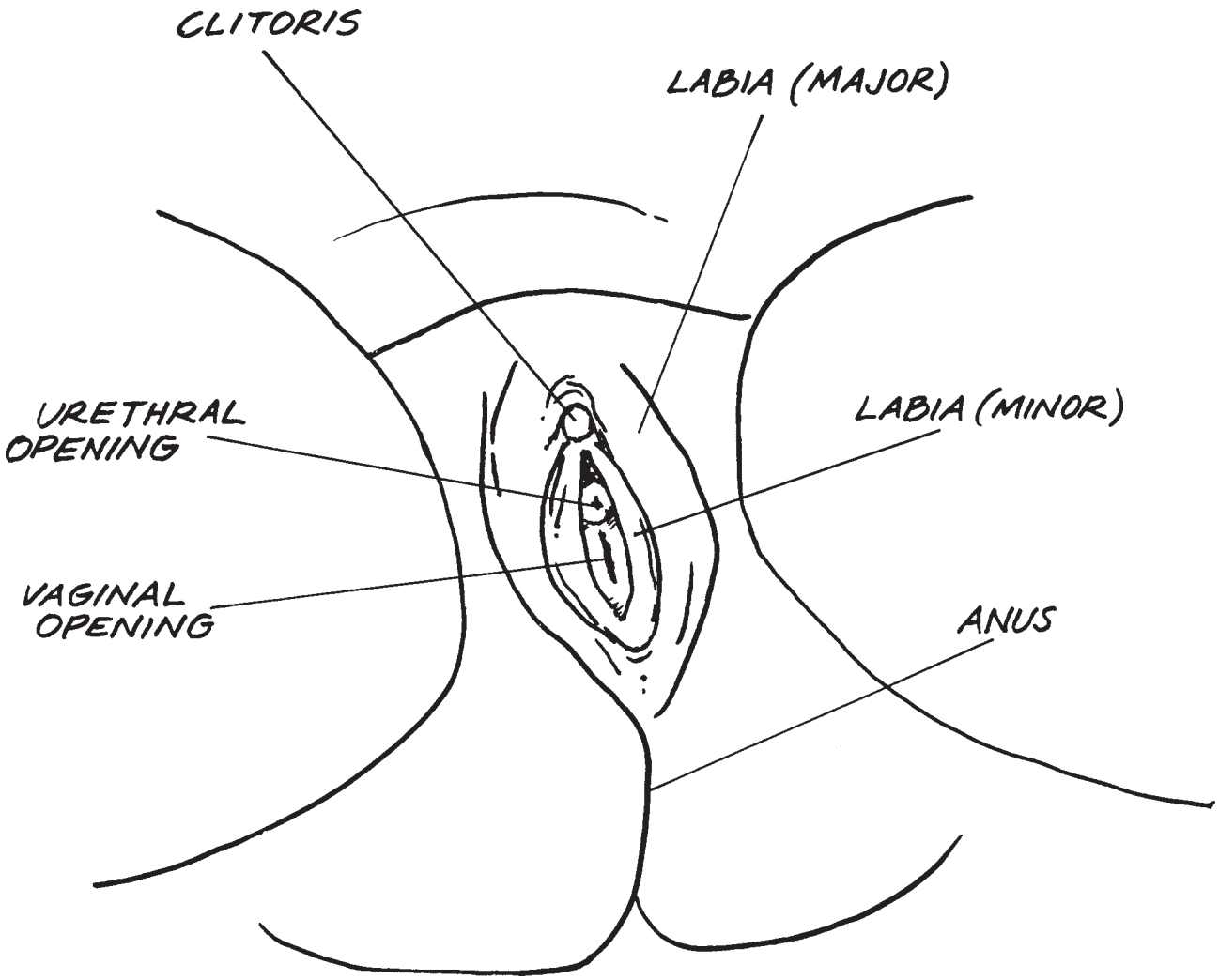
KEY POINT: AIDS and other sexually transmitted diseases can be spread by having sex just once with someone who is infected. There are four choices available for practicing safer sex — condoms, monogamy, outercourse, and abstinence. We have the right and the responsibility to make choices that protect our health and well-being.

KEY POINT: Safer sex can help protect us from HIV and other infections. Some safer sex choices let us explore our sensuality more fully. Communicating with a partner about safer sex requires commitment and practice. Safer sex can be erotic, sexy, and fun. The key to staying safe is effective communication with our partners.

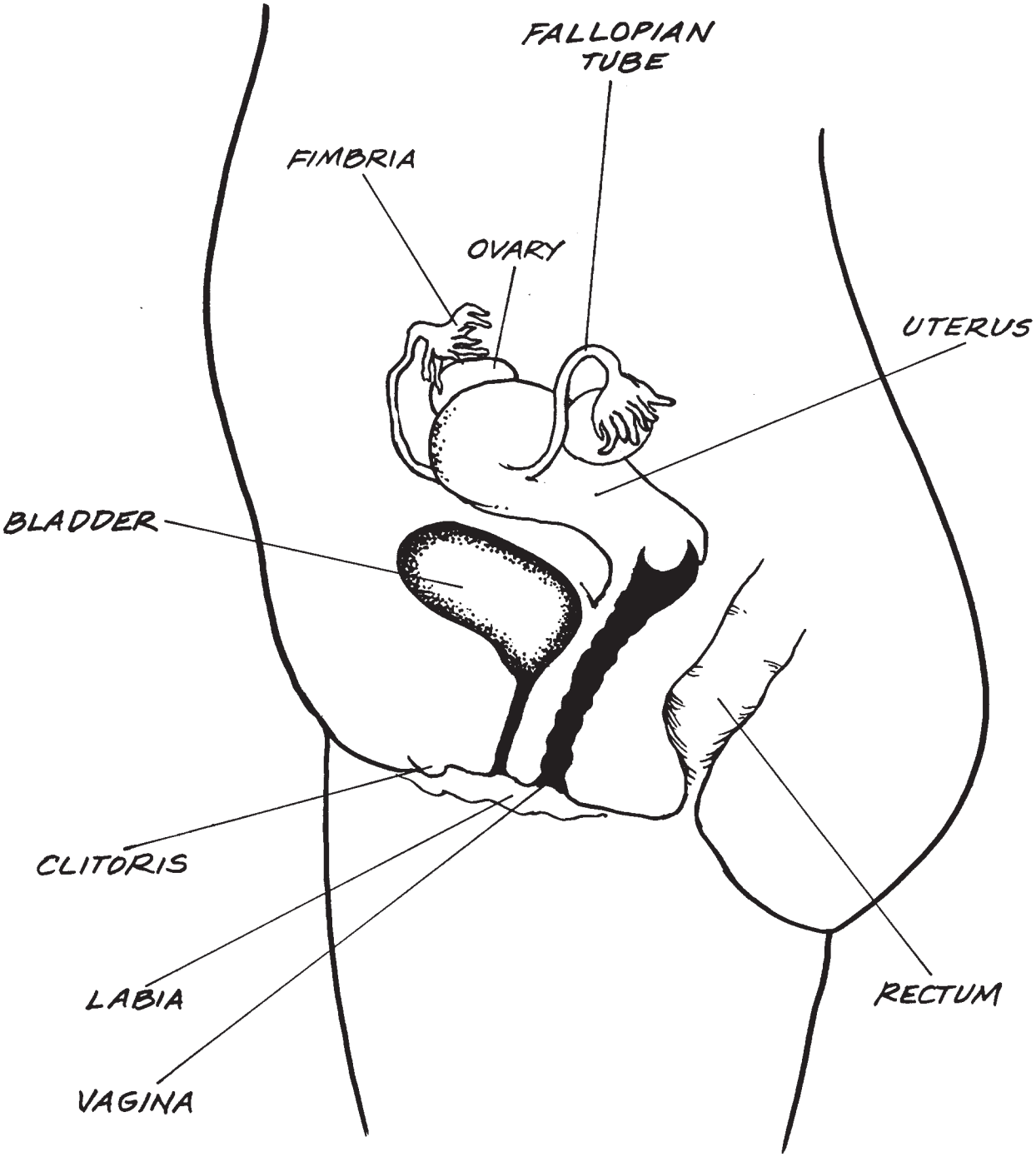
15 **Thank members again for participating.** Invite them to the next session.



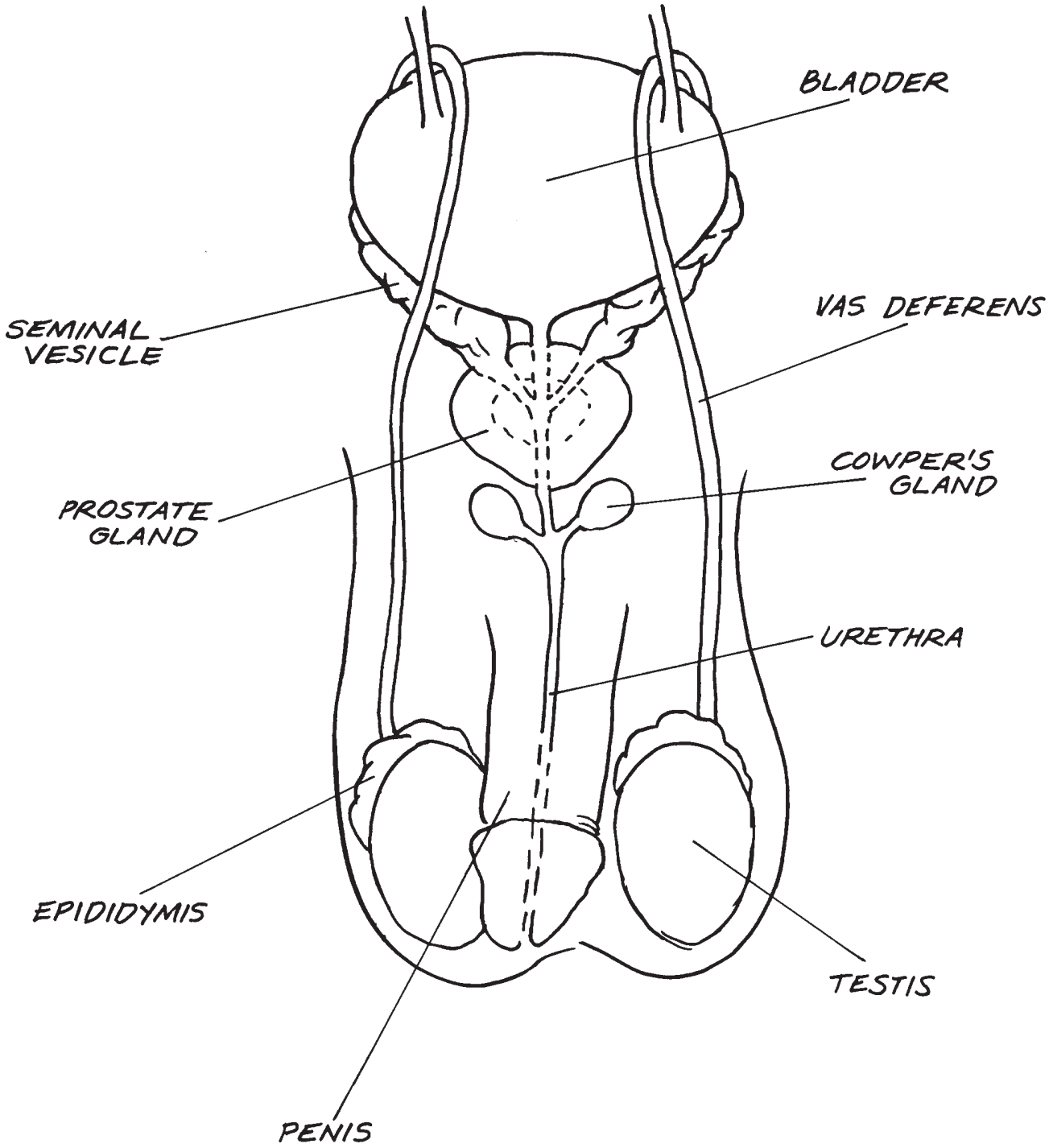
16 **Ask participants to complete a Session Evaluation (pp. 124-125) before they leave.**



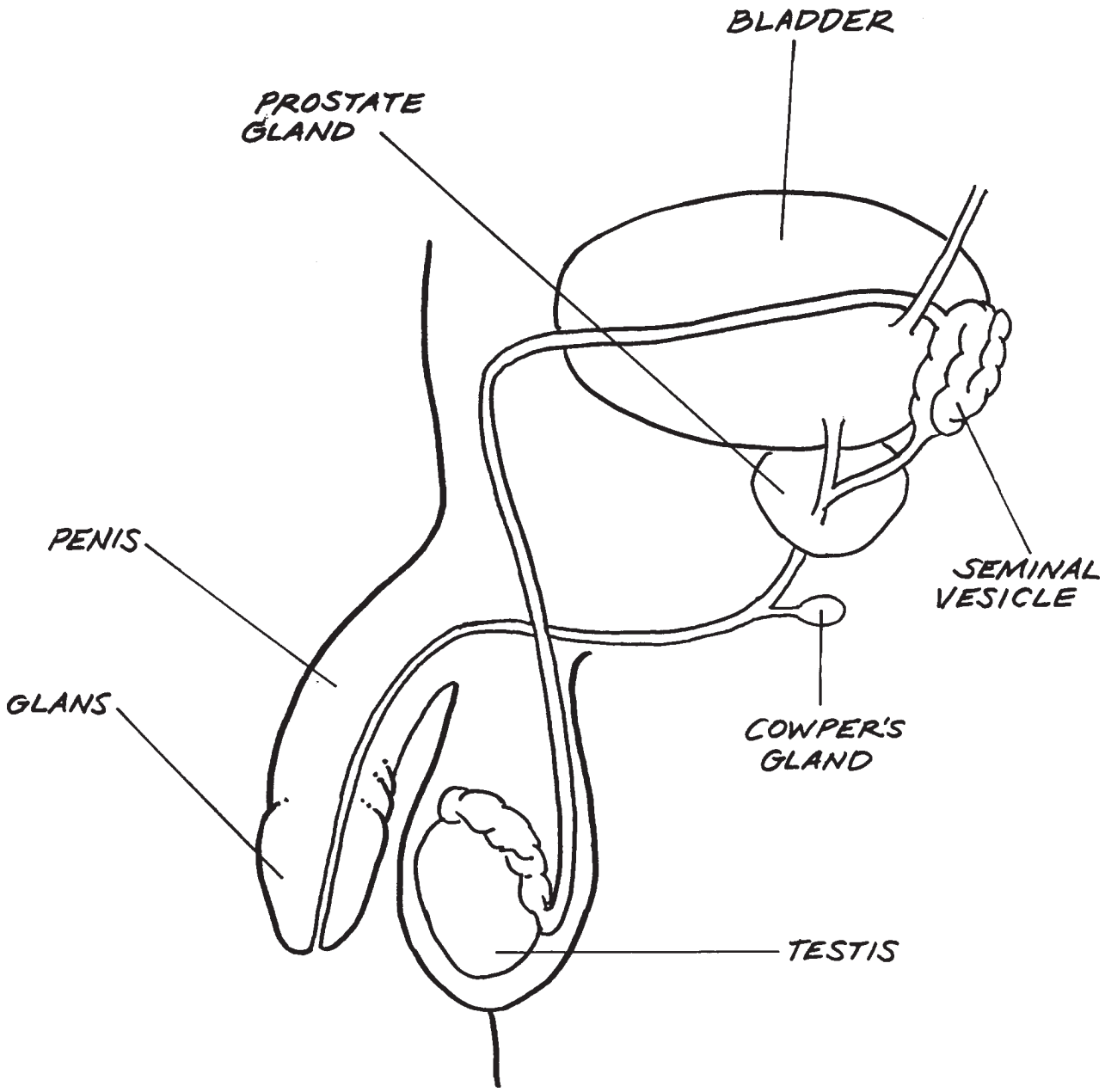
Female Anatomy



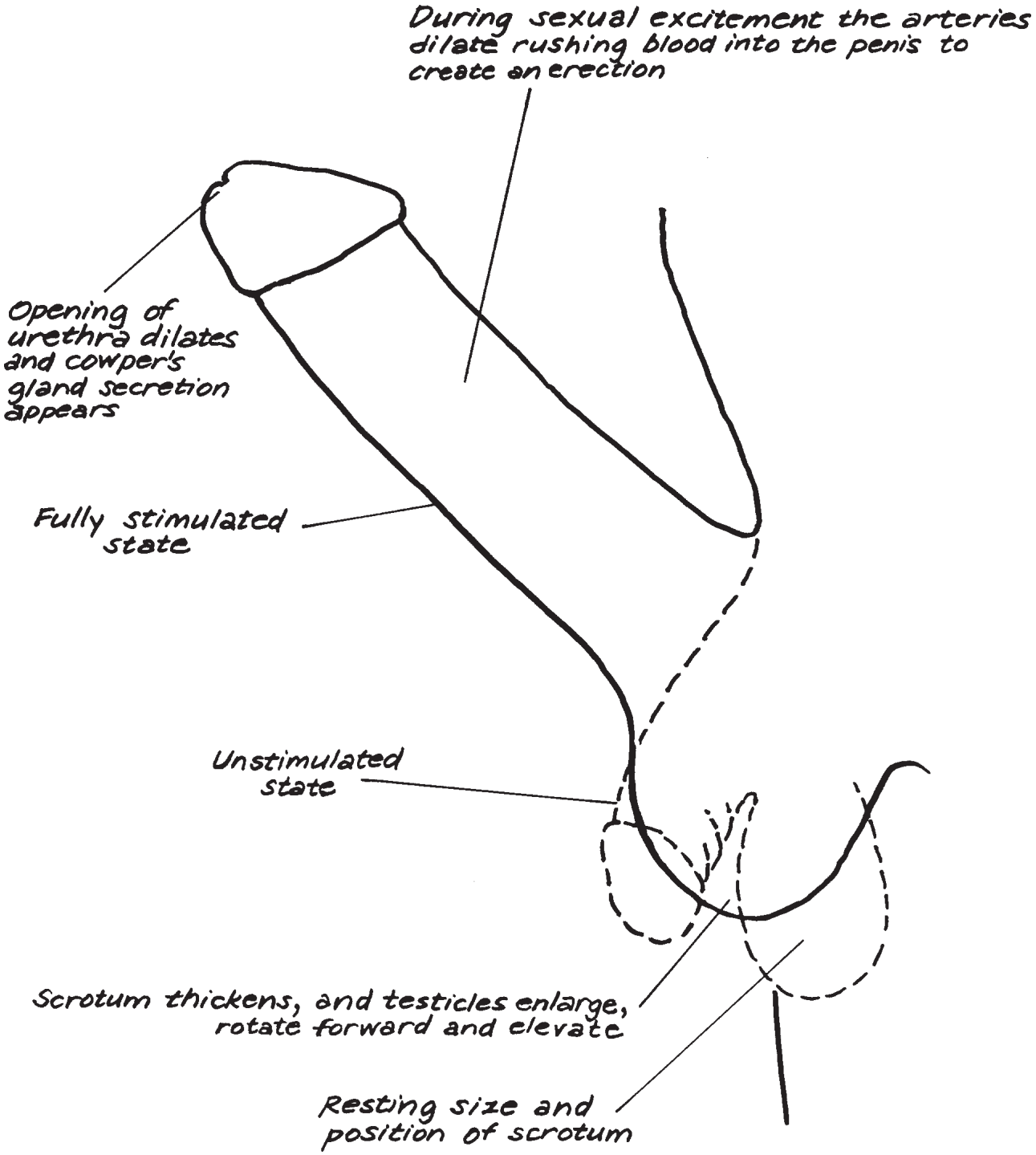
Female Anatomy



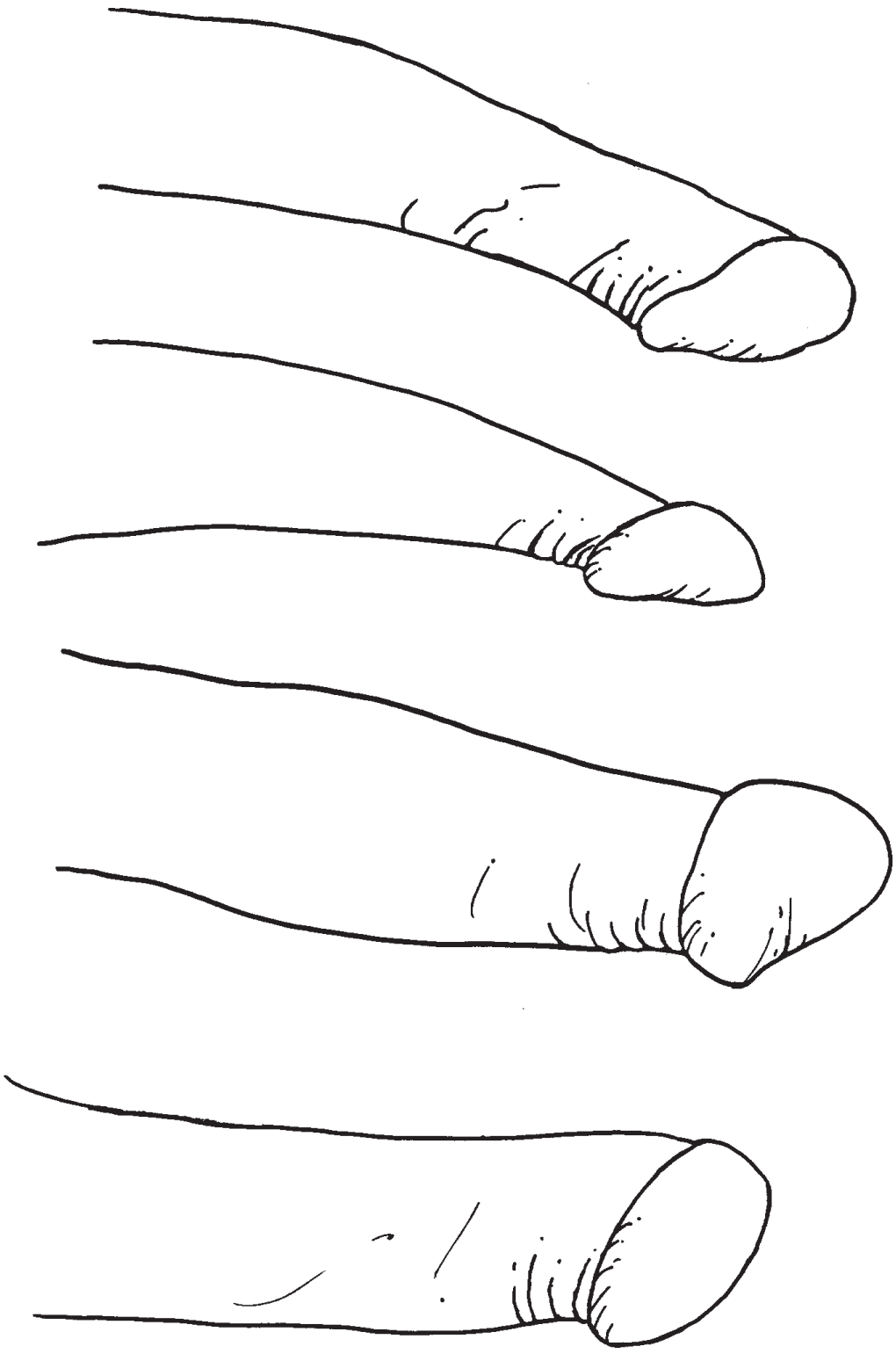
Male Anatomy



Male Anatomy



Male Anatomy



Penis Shapes

CONDOMS AND SAFER SEX

Condoms provide safety and protection, but they **must** be used properly. It is recommended that only latex (latex rubber) condoms be used. Condoms made from animal skin membrane are not effective for preventing diseases. Here are some tips to help make condoms more effective.

COVERING ALL THE BASES

Putting On A Condom

A condom should be put on when the penis becomes hard, not before.

Always use a new condom.

Place the rolled condom over the end of the erect penis and squeeze the tip end of the condom to remove any trapped air. (Trapped air in the end of the condom could cause the condom to break, like a balloon.)

Once the air is squeezed out, roll the condom down the shaft of the penis, leaving space at the tip of the condom to catch the semen (cum).

Making the condom comfortable

Choose the style and brand of condom that best fits the man. It's a good idea to try different brands (they are not all the same). Most men prefer a condom that allows a bit of friction and is thin enough to conduct warmth.

Place a tiny dab of K-Y jelly or other water-based lubricant in the tip of the condom before rolling it on. Keep in mind that too much may cause the condom to slip-off. However, a tiny dab will help increase sensations for the man.

Keep several condoms ready for use when having sex. If you are interrupted, or if the erection is lost, you'll be able to start again with a handy condom.

Have fun with your condoms. Condoms come in different colors, with pretty patterns, even in **flavors** like strawberry and peppermint.

Keeping the condom from breaking

Never store condoms where they are exposed to heat or freezing. Heat or freezing can destroy the latex and make it break. Store condoms in a cool, dry place (such as a medicine cabinet or closet). Don't keep them in a wallet or glove box of the car. Be careful with fingernails, rings and jewelry when putting on the condoms. Nails or anything sharp can tear the condom.

Use only water-based lubricants like K-Y jelly. Oil-based lubricants such as Vaseline, baby oil, hand lotion or cooking oil can cause the latex in the condom to break or tear.

Taking the condom off

After the man has come, withdraw the penis while it is still hard. One partner should hold on the condom at the base of the penis to keep it from slipping.

Remove the condom so that the semen (cum) can't spill on either of you. Gently slide the condom off the penis. Wrap in tissue and dispose of in the trash can. Avoid flushing condoms down the toilet as they may clog pipes.

SESSION EVALUATION OF "TIME OUT! FOR ME"

SESSION 5

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 67; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. A man may need to experiment using different brands of condoms in order to find the brand that is most comfortable for him.	1	2	[21]
2. Abstinence means deciding to never have sex again in your life.	1	2	
3. If a woman wants to have a monogamous (mutually faithful) sexual relationship, she must request her partner's cooperation.	1	2	[23]
4. Sexual excitement causes an increased flow of blood to the tissues of the sex organs.	1	2	
5. The vagina is the center of sexual sensations for the woman.	1	2	[25]
6. Lubricants (such as KY jelly) can be used with a condom to help make sex more comfortable.	1	2	
7. The four stages of human sexual response are only experienced by men.	1	2	[27]
8. Outercourse refers to ways of giving and receiving sexual pleasure without intercourse.	1	2	
9. Vaseline or baby oil can cause a condom to weaken or break.	1	2	[29]
10. A woman should never insist that a man use a condom because it might hurt his ego.	1	2	

|__|__| [31-32]

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. If you were asked to give some advice to a young person about safer sex, what advice would you give? Why?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

6 *Talking About Sexuality*

Objectives

1. Participants will identify why partners have difficulty discussing sexual issues.
2. Participants will review strategies for effective communication.
3. Participants will practice using effective communication strategies for discussing sexual issues.

Rationale

Most people have had few opportunities to explore issues and strategies for improving honest communication with a partner about sex. Most role models for how men and women should relate to each other sexually come from the media. These images are fantasy-laden and seldom involve setting limits or discussing safer sex practices. This lesson helps participants become aware of these problems and uses role play and communication skills to help gain comfort in talking with a partner about sexual issues.

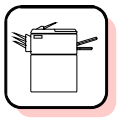
Materials

- Easel and paper flip chart or chalkboard
- Flip chart sheets from Session 2 and 3:
  Steps for I-Messages
  Tips for Better Listening
  Tips for Effective Refusal
- Overhead transparencies from Session 2 and 3:
  My Personal Rights
  I-Messages vs. You-Messages
  Communication Roadblocks
- Handouts:
  Novel Excerpt
  Community Resources List (from Session 4)
- Role play situations (p. 133)
- **Session Evaluations**
- **Client Closing Surveys** (posttest)
- Refreshments

Prepare Before Class

Assemble the following charts and overhead transparencies from Sessions 2 and 3.

My Personal Rights (p. 42)
Steps for I-Messages (p. 46)
I-Message vs. You-Message (p. 45)
Tips for Better Listening (p. 47)
Tips for Effective Refusal (p. 78)
Communication Roadblocks (pp. 69-77)



Make copies of the following for each group member:

Novel Excerpt (p. 135)
Community Resources List (p. 82)
Role Play Situations (p. 133)
Session Evaluation (pp. 136-137)
Clients Closing Survey (posttest; pp. 201-203)

Develop a plan for how you want to handle graduation. Here are some options:

Prepare certificates to hand out to the group.

Obtain small gifts or other incentives.

Have a special cake or other treat.

Ask the Agency Director to officiate.

Procedure

1 **Welcome participants to the workshop.** When everyone is seated, go around the room and ask members to introduce themselves. Go around the room again and ask members to answer the following question: Who is the most unforgettable person you have ever met? Why?

2 **Thank members for their participation.** Ask for a volunteer to highlight what was discussed in the previous session. Thank the volunteer.

3 Use flip chart sheets from the first session to briefly go over the ***Group Goals*** and the ***Group Agreement.*** (As needed)

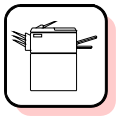
4 **Explain that this session is the last session, and will focus on reviewing strategies for effective communication and how these skills can be used within intimate relationships.** Note that the session also will explore why people have such a hard time talking about sex with a partner.

5 **Write on a piece of flip chart paper or the chalkboard: GOOD SEX IS...** Ask members to call out completions for this sentence. Accept all answers. When finished, ask the following questions:

Discussion Guide

How do we learn what "good" sex should be?

What does "good" sex look like on T.V. or the movies?
Is media sex realistic?



6 **Tell the group you want to read them a piece from a popular novel that involves a sexual scene between a man and a woman. Distribute handouts.** Ask them to listen, and hold their thoughts until you have finished. Read the excerpt from the Harold Robbins novel (p. 135). When finished, discuss the points on the following page:

Discussion Guide

What's your reaction to this scene?

This was written in 1954. Do some men still have this kind of attitude about sex today? Why or why not?

Books, movies, T.V. and music are filled with sex. How do these media images influence us?

Just for fun, if we wanted to write a "safer sex" version of the scene from the book, what would it sound like?

7

Thank participants for their input. Conclude by noting the following points:

KEY POINT: Popular media perpetuates myths and fantasies about what sex should be. Many people blindly accept the media images and never bother to ask themselves what they really want from sex, and what is good for them.

KEY POINT: Sex scenes in the media almost never feature people communicating about the responsibilities of sex. As viewers and readers, we are rarely exposed to examples of sexually active adults discussing condoms, sexually transmitted diseases, or unintended pregnancy **before** they have sex.

KEY POINT: You have the right to define "good" sex for yourself. Ultimately, good sex should be not what your partner wants you to do, or what the movies tell you is sexy, but rather what feels comfortable and right for you.

KEY POINT: Nine out of ten "sexperts" say that open communication between partners makes sex better.

8

Write on the flip chart or chalkboard: TALKING ABOUT SEX IS... Ask participants for responses. Use the responses to lead a brief discussion about why many people find it difficult to talk about their sexual feelings, even with a partner. Use the following questions, as needed:

Discussion Guide

Why is it difficult to bring up sexual issues with a partner?

What are some benefits of being able to talk honestly with a partner about sexual feelings and concerns?

What are some strategies for opening up communication about sex with a partner?

Why is it important to talk with a partner?

9

Thank members for their participation. Explain that the remainder of the session will be used to review strategies for effective communication and to practice communicating effectively about sex.

10

Take about 20-25 minutes to review effective communication strategies from Sessions 2 & 3. You also may want to review the self-esteem strategies discussed in Session 1 (*"E" is for Esteem*). Be sure to encourage discussion as you proceed. Use overheads and prepared charts for reference. **Hang the charts so they are easily visible for reference.** Illustrate the points with examples. Include the following:

- ❖ Personal Rights
- ❖ Steps for I-Messages
- ❖ I-Messages vs. You-Messages
- ❖ Tips for Better Listening
- ❖ Nonverbal Communication
- ❖ Communication Roadblocks
- ❖ Tips for Effective Refusal

11

Ask for volunteers to role play some relationship situations using effective communication strategies. You will want 2 volunteers to play the scene and an observer. Ask the group to help generate role play situations and list them on paper or chalkboard. Allow about 5-6 minutes per role play. Remind the person playing the "asserting" role to use and practice the communication skills discussed. Do 3 or 4 role plays, as time allows. The role plays on page 133 may be used, if needed.

12

Stop after each role play and process the experience using some of the following questions:

(To the players) How did it feel to role play this situation? Was it easy or difficult to begin the conversation?

In real life, how do you think a man would respond to this situation?

(For the "asserter") How did it feel to have your request for safe sex resisted? **(To other player)** How did it feel to have someone insisting on safer sex?

(To the observer — then to the group) What happened in this role play? Did the woman use effective communication? What specific techniques did she use?

Were there other strategies that the woman in this situation could have used to get her point across?

What strategies seemed to be the most useful for making sexual communication effective?

Louise likes her freedom, and isn't ready for a steady man in her life. She dates three or four guys, all of them nice people. Two of them have used needles before. Louise always insists on condoms. Lately, one of her beaus, Willie, has complained about using condoms. Louise and Willie are alone tonight, feeling romantic. But Willie says he's not ever gonna use a condom again. Louise feels strongly enough about it to end the sexual part of the relationship if he won't.

Lois has been close friends with Howie for several years, but has never felt romantically attracted to him. They have just been out to a movie together and are at Lois' house, when Howie starts to make some moves on her. Lois doesn't want to hurt the friendship, but she doesn't want sex with Howie either. Howie tries again...

Sharla hasn't dated anyone for about six months. Her last boyfriend told her he had HIV about 3 months after they broke up. Sharla had a test and found out she wasn't infected, but it was a close call and has made her really think about things. She's at a party and a guy named Jack is really coming on to her. Sharla is interested, but she wants Jack to know up front that she's not taking any more chances and will insist on using condoms. Sharla decides to bring up the subject...

Teresa is at a bar, having a quiet evening with some of her girlfriends. A cute guy comes over and sits at their table and starts making a move on Teresa. She's not interested. She came out tonight to talk with her friends, and besides, she feels uncomfortable around this guy. He has just whispered in her ear that he thinks she's beautiful and has asked her to leave her friends and go party with him. Teresa doesn't want to go.

13 **Thank participants for their time and involvement in the workshop.** Go around the room and ask members to state one thing they learned and one thing they plan to use from the workshop sessions they have attended.

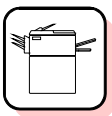
14 **Summarize using the following points:**

KEY POINT: It is sometimes difficult to talk with a partner about sexual issues, whether they are safer sex issues or just relationship issues. It takes practice. The more we do it, the easier it becomes. Being able to communicate openly and effectively about sexual feelings and concerns increases intimacy.

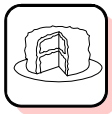
KEY POINT: Learning about sex is a lifelong process. In today's world, information and communication skills are critical for protecting our health and the health of our loved ones.

15 **Lead a brief discussion to summarize and reflect on the issues brought up in the "Time Out! For Me" workshop.**

16 **Thank the group again for their participation.** Offer a ***Community Resources List*** for anyone needing information about where to get reproductive health care, maternal health care, and other services.




17 **Ask each member to complete a Session Evaluation form** (pp. 136-137). **When finished, ask them to complete the Client Closing Survey** (posttest; pp. 201-203) **for the workshop.**




18 **Introduce and conduct a graduation ceremony.** Socialize, chat and serve refreshments.

Excerpt from *NEVER LEAVE ME* by Harold Robbins

"I let her push my hand down to the table. I stared at her. There were tears shining like standing diamonds in the corners of her eyes. Her lips were parted tremulously and her long blond hair was cascading down around her white shoulders. Her breasts were jutting proudly against her bra and there was a tiny trace of moisture in the valley between. Her stomach was flat beneath her ribs and lightly rounded as it molded the silk of her slip and joined the slight swell of her hips and thighs.

'You're beautiful, Sandy', I whispered.

I reached out a hand and touched a snap. The brassiere came off in my fingers. Her nipples were like rosebuds bursting open in the summer sun.

'When you look at me like that, Brad, I could die', she whispered. 'If you could love me as you do her, there is nothing I wouldn't do for you.'

I pulled her toward me. She moaned in pain as her arms went around my neck. I forced her around so that her back was toward me. Holding her tightly around her waist so that she could not move, I ran my lips down the side of her neck. She was crying aloud now, but I didn't care. I pushed my weight against her and she sank to her knees on the floor. I pushed her violently and she sprawled out before me. I bent over her and tore the last of her clothing from her.

We embraced on the floor, our bodies locked in fierce combat. Her heavy sobbing was a pleasing sound to my ears, proof that I was superior to her, as I was superior to all women. I was the instrument of her pleasure, the reason for her existence."

As adapted from Petrich-Kelly, B., & McDermott, B., *Intimacy is for Everyone*, 41 Sunshine Lane, Santa Barbara, CA 93105. Contact: petkell@mindspring.com

SESSION EVALUATION OF "TIME OUT! FOR ME"

SESSION 6

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 68; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

		True	False	
1.	T.V., movies, and other media give a realistic picture of sex.	1	2	[21]
2.	Effective communication can improve relationships and intimacy between couples.	1	2	
3.	The right to ask for what you want is an example of a personal right.	1	2	[23]
4.	An I-Message is a selfish and childish way of communicating.	1	2	
5.	Listening is often the most important part of good communication.	1	2	[25]
6.	The best way to say "No" is to apologize before you say it.	1	2	
7.	It is possible for you to make another person change his/her behavior.	1	2	[27]
8.	An I-Message is helpful in communicating your feelings about another person's behavior.	1	2	
9.	The more you practice talking with a partner about sexual concerns the easier it becomes.	1	2	[29]
10.	A You-Message is effective for telling people what they have done wrong.	1	2	

|__|__| [31-32]

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

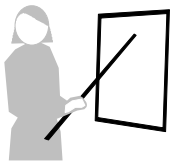
2. What is the most important thing you learned today?

3. Why is it important to be able to honestly talk about sexual topics with a partner?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?



How to Use this Manual

This section has been included to help you prepare to conduct a **Time Out! For Me** workshop. It includes a variety of tips, techniques and ideas to refresh and strengthen your presentation skills. It contains information about preparing for the workshop, leading role plays, and creating handouts, charts, and overhead transparencies.

Preparation

The **Time Out! For Me** module requires some background knowledge in the areas of assertiveness (communication skills) and human sexuality. After carefully reading through this module, it is recommended that you consider some of the following books for additional reading. These selections are available in most libraries and bookstores:

Adams, Linda, *Effectiveness Training For Women*, G.P. Putnam, 1979.

Alberti, Robert and Emmons, Michael, *Your Perfect Right*, Impact Publishers, 1990.

Boston Women's Health Collective, *The New Our Bodies, Ourselves*, Simon and Schuster, 1984.

Lange, Arthur and Jakubowski, Patricia, *Responsible Assertive Behavior*, Research Press, 1978.

Ortiz, Elizabeth, *Your Complete Guide to Sexual Health*, Prentice-Hall, 1989.

Logistics

Each session of the **Time Out! For Me** module is designed to cover approximately two hours. If at all possible, you should arrange child care for the participants. Most women will not be open and comfortable discussing sexuality issues if children are present. If you cannot provide child care, you should instruct participants not to bring their children.

The workshop style is designed to be informal and participatory. The leader should strive to create an environment that is stimulating, self-enhancing, open, honest, empowering, interesting, and fun. Refreshments should be available during the workshop, since there is no formal break built into the workshop. Depending on the rules of your organization (regarding smoking or going to the bathroom unattended), you may choose to add a break.

Your group will be more comfortable in a room that is private, rather than an open meeting area because the material covered in the workshop is often sensitive and personal. If possible, arrange the room so that participants can sit around a large conference table, or arrange two or more tables so that participants can sit classroom style. Tables provide a writing surface, a place to set a cup of coffee and will help reduce fatigue.

You should know your group and work to make the material in the **Time Out!** module conform to their needs. Be sensitive to the cultural, racial, social, and ethnic differences in women's attitudes and approaches to sexuality and assertiveness. Feel free to adjust the material in the workshop to respect those differences. This doesn't mean shying away from controversial or difficult issues, but it does mean dealing with sensitive issues in a manner that respects the reality of women's lives and circumstances.

Role Play and Script Play

The **Time Out!** module uses role play or behavior rehearsal to help women become confident and comfortable in communicating effectively within intimate sexual relationships. There is an emphasis on learning to request a safer sexual relationship and using refusal skills. The suggested role plays and script plays deal with interpersonal situations that allow exploration of these themes.

The scripts and role play scenarios included in the module are suggestions. As group leader, feel free to create your own scripts or role play situations. If your group is comfortable with the idea, you will find it helpful to have them generate the situations and issues they wish to explore through role play or script play.

The samples of role play and script play situations included in the module reflect male-female relationships and thus a heterosexual orientation. If you are working with lesbian women, or if members of your group are

lesbian, you should adjust the role plays to be appropriate and useful for them also. It may be helpful to allow the women themselves to suggest the issues and situations they would like to explore.

Here are some things to keep in mind when leading a role play activity. Use this information to prepare your introductory discussion of role playing with your group members.

1. Role play is not drama. Encourage the players to be natural and focus on helping each other create realistic situations in which communication skills can be practiced.

2. Don't be afraid to stop and start the role play as needed. Some role plays will be effective using just one line and one response. It is sometimes helpful to role play a few lines and responses, process the interaction, then allow the role players to repeat the interaction, incorporating the feedback generated during processing.

3. When you process the role play, talk about the players' feelings as well as their use of communication skills. Encourage the observer and the other group members to give helpful and constructive feedback.

4. Don't force anyone to role play. Ask for volunteers. Remember that some people learn more from observing than from participating.

5. Stop the role play if you sense that a participant is becoming distressed or very uncomfortable. Let participants know they can stop the role play at any time.

6. When appropriate, you may wish to take part in a role play activity, either by modeling effective communication techniques, or by playing a "hard case" with whom a member can practice. However, if you choose to take part, do so sparingly.

7. Direct the group to discuss both the verbal and nonverbal communication which takes place in the role play interaction. As much as possible, let members make the suggestions for improvement.

8. Be sparing with judgments and bountiful with praise. If the communication techniques used by a member during role play are less than effective, ask the member or the group for alternatives,

(e.g. “Based on what we’ve been talking about in the group, can you think of another way to express your anger at your partner?”). Once an effective suggestion is generated, use role play to rehearse what it would sound like. Thank members and look for opportunities to praise their successes and their willingness to try.

Working with group generated script play

Script play provides a format for easing participants into role playing. Script plays are often less threatening and can serve as a “rehearsal” for role plays. One technique for group generated script plays is to ask the group to brainstorm several situations. Write these situations on flip chart paper or a chalkboard. Next, place group members in pairs and give them 5 or 10 minutes to generate a script. (Be sure to have flip chart sheets of the communication skills that are being practiced posted for reference.) After the scripts are finished, they are read aloud. You may have paired members read their own script or invite them to exchange scripts with others. The work is then processed, focusing on communication skills and feelings. Members should be encouraged to discuss issues that came up while they wrote their scripts. At each opportunity, thank participants for their work.

Another approach is to ask participants to create scripts that totally violate the communication techniques being discussed. After reading such scripts, the group processes the communication “mistakes” and discusses alternatives that would be more effective.

Working with group generated role play

Role plays can be an exciting, dynamic, and fun way to practice and understand techniques for effective communication. They also can be intimidating and frightening for some people. Never force or order a participant to do a role play or script play.

Members who are shy about taking part in a role play may be gently encouraged to serve as the “observer” and report to the group their perceptions of the event. This affords active participation without being too threatening.

Group generated role play will come easier if groups first have a chance to do script plays or practice with “canned” role play situations. After briefly reviewing the communication skills under discussion, ask group

members to volunteer examples of difficult communication situations they have experienced. This could include past or present situations or communication problems involving partners or friends. Write their suggestions on flip chart paper or on the chalkboard.

Ask the person presenting the situation or communication problem to choose a partner for role play, and ask for a volunteer to be the observer. The member presenting the problem should role play herself. She should take a few minutes to brief her co-player and the group about the characteristics of the person with whom she wishes to communicate and to set the stage for the situation. Be sure to have flip chart sheets that outline effective communication strategies posted for reference. After the situation is played, process both the use of skills and the feelings involved:

1. Ask the person who generated the situation to describe her feelings and ask her if she was satisfied with her use of communication skills.

2. Ask the co-player to describe her feelings and tell how she responded to the other player's communication skills.

3. Ask the observer for her perceptions of the communication interaction and ask her to make suggestions for improving the interaction.

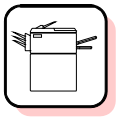
4. Ask the group, as a whole, for their perceptions, feelings, and suggestions for improving the interaction.

5. Thank participants for their work at each opportunity.

Another technique is to ask the person presenting the situation to role play the person with whom she has a communication problem, while another group member plays her part. This role reversal technique allows participants to observe communication strategies from the vantage point of "standing in the other person's shoes."

Always have several "canned" role plays available should the group choose not to generate their own.

Handouts



The **Time Out!** module also should serve as a catalyst to help women begin discussing sexuality and communication issues within their relationships. You will want to provide plenty of handouts, and encourage participants to share the materials with their partners or significant others, if they are comfortable doing so. Handout materials are clearly identified in each session. Have extra copies of group exercises and activities and encourage members to share them with their partners as well.

Here are some tips for preparing handouts:

1. Arrange materials to follow the order of presentation.

2. Use different colored paper for different topics. It makes handouts look "friendlier" and it helps you direct participants to the correct handout during discussion. For example, instead of saying "Look at your handout on refusal," you can simply say "Look at your pink handout." It saves time.

3. In addition to the module handouts, you can create your own. You may find that copies of comics or cartoons, letters to Ann Landers or Miss Manners, or other light material is useful for eliciting discussion or for emphasizing points.

Working with Flip Charts

An easel and flip chart can help you organize your presentation while providing support material for the participants. The **Time Out!** module provides suggestions and instructions for using flip charts during presentations. You may also want to use flip chart paper instead of a chalkboard to record the work of the group. It has an advantage in that it can be saved and referred to again. For example, the module suggests making use of flip chart paper to list the steps for using I-Messages. This sheet of paper can then be posted at all following sessions to review and encourage this communication technique. If an overhead projector is not available, the material suggested for overhead transparencies can be put on flip chart paper and presented effectively.

Here are some tips for flip chart preparation:

1. Prepare your charts in advance. Leave one or two blank sheets of paper between each prepared sheet to keep the writing from showing through. These in-between sheets can be pulled forward to write on when the group is asked to brainstorm lists or generate other material during the session.

2. Use plenty of color. Invest in a variety of bright (even neon!) markers in easy to read colors and vary them in your charts.

3. Use large print; avoid longhand writing unless your longhand is very easy to read. Confine material on the chart to short "bullets." Use discussion to fill in the details. Charts should resemble an outline emphasizing key points. Don't over pack your charts.

4. Be creative. Charts can engender excitement. For example, some module exercises ask the group to generate or brainstorm lists, such as listing the benefits of condom use. Sheets of flip chart paper may be hung around the room with headings to indicate the topic. Members are offered markers and encouraged to create their own lists. After the lists are generated, they may be discussed with each person being given a chance to comment on her contribution. This technique of "writing on the walls" has been used successfully in learning situations for years. It's fun, participatory, and can help stimulate a lethargic group.

Creating and Using Overhead Transparencies

Some of the **Time Out!** sessions use illustrations and informational charts that can be used to create overhead transparencies. It is recommended that the material you use to create an overhead transparency also be used to create a handout, so that participants have a copy and therefore don't need to take notes. Overheads can help add variety to your presentation and stress key points.

Here are some tips for using overheads:

1. Overhead transparencies hold up better if they are framed. Cardboard transparency frames are available from most office supply stores. Center the transparency and place it face down on the frame; secure corners and sides with tape.

2. Arrange your transparencies in the order of your presentation. If you don't use frames, sandwich your overheads with a paper copy of the material. This allows you to see at a glance the content of the overhead. Practice with your material to help achieve a smooth flow.

3. Most photocopy machines have a feature for creating transparencies. The materials in the **Time Out!** module can simply be run through your copier if it has this feature. If not, photocopy shops such as *Kinko's* or *Quick Print* can assist you in producing the overheads. You also can write on transparency film using dry markers or grease pencils. This requires practice and legible handwriting.

4. Supplemental materials (cartoons, outlines) also can be prepared and used as overheads. The key rule for creating overheads is to keep each transparency **simple**. Don't use a lot of words or clutter. Use a large font print (18 pt. or larger). Limit each overhead to no more than one or two **key** topics or ideas. Use ample space between each line. When in doubt, turn it into a transparency and project it. Judge the projection on its simplicity and readability (from the back of the room). Practice by placing the projector at various distances from the screen to find the optimum position.

5. Murphy's Law of Projectors states that a projector bulb will blow when you are most depending on the material to be projected. Always have a spare bulb at hand. If a bulb blows during a presentation, **be careful** reaching in to change it. Allow the bulb to cool for several minutes, and use a pad to remove it. Avoid touching the glass on the replacement bulb, as finger oils can reduce the life of the bulb.

6. Take the time to tape down projector cords, as needed, to avoid the cords becoming tangled or people stumbling over them. Use extra wide cellophane packing tape or masking tape to secure cords firmly to the carpet or flooring along the length of the cord.

Human Sexuality

Introduction

This section of the **Time Out! For Me** manual is designed to assist you in preparing to present information and lead discussions about sexual and reproductive health issues of concern to women. In addition to the information contained here, you may also want to do further reading. A few references are listed in Appendix A. Most libraries and bookstores will have general textbooks on human sexuality that you may find helpful.

Sessions Four and Five of the **Time Out!** module deal with sexuality and safer sex issues. You may prefer to invite a guest speaker to help you lead these sessions, using the manual as a guide. The following organizations may be able to provide guest speakers or other assistance. Check your telephone book for offices or chapters that serve your area:

Planned Parenthood or other family planning clinics
City/County Public Health Departments
Medical Societies or Physicians Associations
Nurses Associations
Hospital Education Departments
AIDS/HIV Resource and Service Agencies

This Appendix contains a brief, general discussion of women's reproductive health concerns, including information about anatomy, the menstrual cycle and menstrual problems, the Pap test, breast self-examination, vaginal and urinary tract infections, sexually transmitted diseases (STDs), and pregnancy and prenatal care. In the following section, Appendix C, there is additional information about reproduction, stages of prenatal development, human sexual response, birth control, STDs, and a glossary of sexual terminology.

In order to fully control their lives, women must understand their bodies. The rationale behind presenting this material is to help women gain knowledge and appreciation for their bodies as a first step toward improving health and self-esteem.

Reproductive and Sexual Anatomy

A woman's reproductive and sexual anatomy is fascinating and complex. The internal organs are small in size and located below the navel. The **uterus** or **womb** is about the size and shape of a small pear (about the size of a woman's closed fist.) The uterus is lined with a layer of tissue called the **endometrium,** (sometimes called the **endometrial lining**.) The uterus resembles a hollow muscle, lined with the spongy, blood-rich tissue of the endometrium. The function of the uterus is to contain the developing fetus until birth. The endometrium sustains the fertilized egg. After an egg has been fertilized by male sperm it will implant itself in the endometrium and begin to grow.

Extending from either side of the uterus are two hollow, tube-like structures called the **fallopian tubes.** Directly below these tubes are the **ovaries,** which are held in place on either side of the uterus by bands of ligaments. The ovaries have two primary functions: 1) they produce the female hormones **estrogen** and **progesterone**, and 2) they produce and release the female egg cells called **ova.** When the ovary releases an egg, it is collected by the adjacent fallopian tube. The fallopian tube holds an egg cell during fertilization. The egg cell lives about 24 - 48 hours, during which time it may be fertilized by sperm in the fallopian tube. If it is not fertilized, the egg cell simply dissolves.

The lower end of the uterus is called the **cervix.** The cervix is located at the upper back portion of the **vagina**, the elastic, muscular passage that leads to the outer body. The cervix is like the "door" of the uterus. Through the **cervical opening**, sperm pass during intercourse. The menstrual flow leaves the uterus through this opening. Also, during childbirth, the cervical opening stretches to allow a full term infant to pass. The vagina serves to hold the male penis during intercourse so that sperm will be deposited at the opening of the cervix. During childbirth, the vagina becomes the birth canal and stretches to allow the infant to pass through.

The **vaginal opening** is centered within two folds of tissue. The innermost folds are called **minor labia;** the outermost folds are called **major labia.** These "lips," as they are sometimes called, serve a protective function. Directly above the vaginal opening is the **urethral** or **urinary opening** through which a woman empties her bladder. Directly above the urinary opening is the **clitoris**, which is surrounded by a tiny fold of skin called the **clitoral hood**. The clitoris is the center of sexual sensations for the woman. It contains many nerve endings and blood vessels. It is made of the same type of tissue as the male penis. During sexual excitement it fills with blood and swells, much like a tiny penis. The clitoral hood is the equivalent of the male's foreskin.

The Menstrual Cycle

The onset of **menstruation** signals the beginning of reproductive maturity in the female (but not necessarily psycho-social maturity.) Women are born with about 400,000 immature egg cells, called **follicles,** in their ovaries. As a woman enters puberty, her **pituitary gland** increases production of special hormones that influence the ovaries to produce **estrogen and progesterone**. This process usually begins between ages 9 to 15; the actual age is determined primarily by heredity.

As estrogen and progesterone are produced, some of the follicle egg cells in each ovary begin to mature. The lining of the uterus, the **endometrium**, begins to thicken and become rich with blood vessels. When hormone production peaks, an egg cell is released by the ovary and enters the fallopian tube. The release of the egg cell is called **ovulation**. Ovulation is most likely to occur at the midway point in a woman's cycle. If this egg cell isn't fertilized within 24 to 48 hours, it dissolves. Several days later, hormones begin to slow and the endometrium breaks down. Approximately two weeks after ovulation has occurred, this endometrial lining is completely destroyed and is pushed from the uterus, along with blood and other secretions. This is the **menstrual flow**, which can vary from 3 to 7 days in duration. The first day of flow (bleeding) is considered the **first day of the cycle.** Over the next 25 to 35 days, depending on the woman, the cycle will repeat itself. This cycle of increased hormone production, build-up of the endometrial lining, ovulation, decreased hormone production and shedding of the endometrium will continue until a woman reaches **menopause**.

For most women, **menopause,** or the end of menstruation, occurs between age 45 and 55. Menopause is part of the natural aging process for women and is brought on by reduced estrogen production in the ovaries. The exact age that a woman will experience menopause is usually based on heredity. Menopause is a gradual process that may begin in the early forties with a decline in ovulation and estrogen production. The first symptoms are usually irregular periods that become less and less frequent. Eventually menstruation stops altogether and estrogen production diminishes. Estrogen will continue to be naturally produced in a woman's body throughout the remainder of her life in smaller quantities.

These changes in hormones are responsible for many of the physical and psychological symptoms that some women experience during menopause. The most common symptoms include hot flashes, insomnia, depression, and vaginal dryness. The majority of women have only mild symptoms during menopause that cause few or no problems. Some women are helped with estrogen replacement therapy; others choose not to use synthetic hormones. A woman's physician is the best source for information about hormone replacement.

Common Menstrual Problems

Cramping

Many women experience menstrual cramps, which are painful muscle spasms caused by high levels of hormones called **prostaglandins.** Cramping is most common during the first two days of bleeding. A few women may experience cramps that are very intense, causing back pain, dizziness, and nausea. Other women have never experienced menstrual cramping. For the majority of women, cramping is moderate and easily treated with **antiprostaglandin drugs**, such as aspirin or ibuprofen (Advil, Motrin, Nuprin). These are most effective if taken before cramps begin. A doctor should be consulted if menstrual cramping is severe and doesn't respond to treatment with over-the-counter medicines.

PMS (Premenstrual Syndrome)

There are a variety of symptoms that women may experience before their periods. These symptoms may begin one to fourteen days before the first day of bleeding. PMS is usually diagnosed by asking a woman to keep a menstrual calendar for several months. If her symptoms are constant throughout the month, PMS is ruled out. If the symptoms stop on the first day of her period, then PMS is a possibility.

PMS is believed to be caused by hormone fluctuations. Symptoms include weight gain, pain and swelling in the breasts, legs or lower abdomen, food cravings, irritability, tension, headache, moodiness, and depression. In most women, PMS symptoms are mild. Some, however, may experience a combination of severe symptoms.

In most cases, PMS is managed with diet, exercise, and relaxation techniques. It is important for women to recognize that PMS is not "all in your head." It is equally important to understand that women can take control of their PMS symptoms and manage them. PMS is not a sign of women's frailty, physical inferiority, or inability to perform well in certain jobs. Nor is it an excuse for antisocial behavior. The following suggestions have been shown to relieve PMS symptoms in most women within a few months if strictly adhered to.

Relieving PMS Symptoms

1. Begin and maintain a moderate exercise program (30 minutes of exercise, three times per week.)

2. Avoid salt, caffeine, nicotine, and alcohol.

3. Eat foods that are rich in potassium and B-vitamins, such as bananas, leafy green vegetables, fresh fruits. A daily B-complex vitamin supplement is sometimes recommended.

4. Get plenty of rest. Find ways to reduce stress through relaxation, hobbies, or other enjoyable activities.

5. Drink plenty of water. Six to eight 8 oz. glasses a day is recommended.

Endometriosis

Endometriosis is a condition that is not completely understood. It is caused by tiny patches of the endometrium (the lining of the uterus) that implant outside of the uterus. The exact reason why this happens in some women is not known.

Patches of endometriosis may begin to grown on the ovaries, the fallopian tubes, the outside wall of the uterus, the bowel, or other locations in the abdominal cavity. This tissue behaves exactly like the lining of the uterus — under the influence of hormones it thickens and bleeds each month. Over time, these patches form scar tissue and adhesions. Endometriosis may cause infertility in some women. It also may cause abdominal pain, severe cramping, pain during intercourse, and cysts on the ovaries.

Endometriosis requires diagnosis and treatment by a physician. Treatment may involve hormones or surgery. In hormonal treatment, a woman is given special hormones that stop the normal functioning of the ovaries for several months. This treatment causes temporary menopause, during which time normal hormone production slows down. Because endometriosis is sustained by the menstrual cycle, this temporary menopause gives the patches time to shrink and dissolve. Once the hormone treatment is finished, a woman will return to her normal hormonal functioning and the "menopause" symptoms will end. Another treatment involves surgery to remove the patches and scar tissues. Today, newer techniques such as laser surgery are sometimes used. Unfortunately, with both treatments, endometriosis is likely to reoccur. If the condition becomes severe, a hysterectomy is sometimes recommended.

Reproductive and Sexual Health

Women's reproductive organs are internal (inside the body) and complex, and therefore require specific types of health care. Physicians and clinicians who specialize in women's health are good sources of information and care.

Pap Test

Women should have a **pelvic examination and Pap test** at least once a year. During a pelvic examination, the clinician checks the reproductive organs for irregularities by feeling the size and position of the uterus, fallopian tubes, and ovaries. This examination can help locate cysts or other growths on the reproductive organs. The Pap test, usually performed as part of a pelvic examination, involves taking a sample of cells from the **cervix** and **vagina** for examination under a microscope. The Pap test can detect small changes in cell structure that may be a very early indication of cancer risk. Today's technology allows for some of these **precancerous** conditions to be treated in a physician's office before they become a problem. The Pap test may also help detect infections of the cervix (such as **cervicitis,** which may be caused by a number of different types of bacteria or viruses.)

Infections

There are two common infections that women are prone to develop — **urinary tract infections (bladder infections) and monilia/candida (yeast infections.)** A bladder infection, sometimes called **cystitis**, is caused by bacteria. Because a woman's **urethra** (the tube that lead from the bladder) is only about two inches long, it is easy for bacteria to colonize in the bladder. Symptoms include abdominal pain, a sense of needing to urinate frequently, and a sensation of deep burning or stinging after urination. The urine may be cloudy and tinged with blood.

Often, a woman can treat herself by drinking large quantities of water and fruit juices. If symptoms continue for more than 48 hours, a physician should be consulted. Antibiotics will usually clear the problem within a few days. It is very important to seek treatment because, in some cases, the infection may spread to the kidneys. Women can help avoid urinary infections by drinking plenty of water everyday, urinating after intercourse to push out any bacteria that may have entered the bladder, and by always wiping from front to back after using the toilet. (This helps prevent bacteria from the rectum from being pushed into the urinary opening.)

Yeast infections are caused by a yeast-like fungus that is normally present in small amounts in the mouth and vagina. A small amount of yeast in the vagina is healthy. However, under some conditions, the yeast begins to overgrow. This may cause itching, burning, and redness around the vagina and labia. There may also be a thick, white discharge that resembles cottage cheese. Fortunately, there are now several creams that are sold over-the-counter to treat yeast infections. A pharmacist can provide information.

Yeast infections may be caused by a number of factors, and generally have nothing to do with hygiene. Birth control pills, pregnancy, diabetes, exhaustion, stress, and taking certain antibiotics can all lead to yeast infections in some women. Almost anything that has an impact on body chemistry can precipitate a yeast infection. Treatment aims to reduce the amount of yeast in the vagina, but not eliminate it altogether. Women who have persistent yeast infections should consult a physician.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are very common in the United States, affecting an estimated 25 million people a year. One out of four adults between ages 15 and 55 is infected with some type of STD.

The recent widespread concern over HIV and AIDS seems to have diminished concern about other STDs. Women are especially vulnerable to certain STDs such as gonorrhea and chlamydia, because in 80-percent of women these diseases cause no symptoms. Over a million women a year suffer from **pelvic inflammatory disease** or **PID**, a painful and sometimes life threatening infection of the uterus, fallopian tubes, and ovaries. PID is most frequently caused by untreated gonorrhea or chlamydia. PID can result in sterility, chronic pelvic pain, and other health problems. Treatment involves massive doses of antibiotics and may necessitate hospitalization or surgery.

Sexually active women with more than one sexual partner should be encouraged to request STD screenings when they have their annual Pap test. Women with multiple partners, such as women in the sex trade, would benefit from more frequent screening. Many women mistakenly assume that their doctor or clinician can detect STDs without tests. This is not true. Each STD requires a specific test to check for its presence. Fortunately, many of these diseases can be treated with antibiotics.

People often react to STDs with fear and shame, based on the belief that these diseases mark a person as being "dirty," or "unclean." In reality, these diseases are no more "dirty" than any others. The organisms that cause most STDs require a warm, moist environment in order to survive. The genital tract in human beings simply provides the correct environment for these organisms. The mode of transmission involves direct contact, therefore sexual activity becomes the mode of transmission. Our society's discomfort with STDs is most likely reflecting its discomfort with sexuality.

Most STDs are spread by people who have no idea that they are infected. Many STDs cause no symptoms for months or sometimes years. In other cases, the symptoms are vague and mild and don't arouse suspicion. It is important to help people get beyond fear and shame and to seek treatment if they suspect exposure to any STD. It is important to discuss STDs with clients in a matter-of-fact style that is nonjudgmental. Given the epidemic of STDs in this country, it is obvious that people from all walks of life are affected. A recent study found 25% of college women using the school's health center tested positive for chlamydia. Often just hearing the statistics and understanding the widespread prevalence of STDs may help women seek testing and treatment.

Condoms, including the new "female condom," are an effective way to lower the risk of STDs, including HIV/AIDS. In addition, reducing the number of sexual contacts can help reduce the chance of exposure to an STD. Information about symptoms and treatment for the most common STDs is contained in Appendix C of this manual.

Pregnancy and Prenatal Care

Pregnancy occurs when a fertilized egg **implants** in the **endometrium** (lining) of the uterus and begins to grow. When an egg cell is released by the ovary, it may be fertilized in the **fallopian tube** by a sperm cell. The release of the woman's egg usually happens mid-cycle (3-15 days after her last period and about 14 days before her next period.) If the egg is fertilized it travels down the fallopian tube into the uterus, a journey that takes about five days. Once **implantation** has occurred, the woman's body will begin producing increased amounts of hormones to sustain the pregnancy.

Most **pregnancy tests** available today are able to accurately detect pregnancy within a week of a missed period. Pregnancy tests are based on the presence of special hormones that are produced once the embryo has implanted. These hormones can be detected in a woman's blood and urine. If a sexually active woman who is able to conceive misses her period, a pregnancy test should be considered. There are many things that may cause a woman to have a missed or delayed period. However, since the early stages of pregnancy are extremely critical for the developing fetus, a pregnancy test is recommended so that a woman can begin prenatal care if she chooses to continue the pregnancy.

After implantation has occurred, the **placenta** begins to form. This is specialized tissue that is filled with blood vessels and serves to connect the fetus to the mother via the **umbilical cord.** Through these structures the fetus gets nutrition and oxygen from the mother, and wastes from its body are removed. The placenta grows as the fetus develops. After an infant is born, the placenta is expelled and is usually referred to as "afterbirth."

The first 12 weeks of pregnancy are a critical time for the development of the brain and other organs. During this time, drugs, alcohol, and diseases such as German Measles are most likely to seriously damage the fetus.

A pregnant woman should be concerned about over-the-counter medications, in addition to illegal or street drugs. The best advice is to consult a physician before taking any drug, even aspirin, when pregnant. Some women believe that the fetus is naturally protected from drugs and other substances that the mother might take. This isn't true. The function of the placenta is limited, and many drugs, including alcohol, can reach the fetus and cause damage at any stage of pregnancy. Smoking cigarettes also has an impact on the fetus and may retard its growth. Babies born to women who smoke may weigh less than babies born to women who don't smoke. Cigarettes also seem to increase the chances of miscarriage, and for women with high blood pressure, the chances of having a stroke during delivery.

Babies born to women addicted to heroin or methadone will also be addicted and must go through withdrawal. Cocaine and amphetamines may increase the mother's blood pressure and may cause brain or cardiovascular damage to the fetus. In addition, for women who inject drugs, there is the added risk of contracting the AIDS virus (HIV) which can be fatal to both mother and infant.

Breast Health and Breast Care

For women, breast cancer is a leading cause of death. One in nine American women will develop breast cancer. Each year, over 150,000 women are diagnosed with the disease and 45,000 die. Men can also develop breast cancer, although it is considered rare. Each year about 300 men die from the disease.

Given these statistics, it is important for women to learn and to practice monthly **breast self-examination (BSE).** This technique involves looking at and feeling the breasts and underarm areas in a systematic manner. Ninety percent of breast lumps are discovered by women themselves. A doctor or clinician may examine a woman's breasts once a year, but this is no guarantee that a problem will be discovered. The monthly breast exam helps a woman be in control of her own health. It is important to remember that not all lumps are cancerous. In fact, only one in five lumps turn out to be malignant. Most breast lumps are caused by **fibrocystic disease**, inflamed milk ducts or scar tissues. Fibrocystic disease is very common. It is caused by small cysts in the breast that become swollen and tender, especially right before menstruation. Many women with fibrocystic disease get relief by avoiding caffeine.

There are three steps to breast self-examination:

1. Visual inspection of the breasts and surrounding tissue in the mirror while standing;
2. Manual examination while standing; and
3. Manual examination while reclining.

While performing these manual and visual inspections, a woman is looking for any of the following symptoms:

- ❖ Lumps, or areas that feel thickened or hard
- ❖ Unusual shape or contour of the breast
- ❖ Increase in size of one breast
- ❖ A dimpling, scaling, or puckering in the breast or nipple
- ❖ Any change in the skin or skin texture of the nipple
- ❖ A sore on the nipple; bleeding or discharge from the nipple
- ❖ Swelling in the upper arm or the lymph nodes under the arm

Monthly Breast Examination

The following is a recommended procedure for monthly breast examination. Women should be encouraged to find the routine that is most comfortable for them, and to practice it every month about five or six days **after** the menstrual period. (Breasts are often too tender and swollen right before menstruation for proper examination.) Women who no longer menstruate should establish an easily remembered day (such as the first of each month) as their breast exam day. During the examination, women should be looking for the symptoms discussed previously.

Instructions

1 Stand in front of a mirror undressed from the waist up. Let your arms hang at your sides and look carefully at your breasts. Raise your arms above your head and study the breasts again. You are looking for any change in size, shape, or angle of the breast, along with any unusual skin texture, dimples, puckers, or sores. Place your hands on your hips and tighten your chest muscles; continue to inspect for changes.

2 Raise one arm and place it behind your head. Using the opposite hand, gently examine the breast. (For example, use the left hand to examine the right breast and the right hand to examine the left breast.) Many women prefer to do this step in the shower. Use the flat part of the middle three fingers to do the examinations, and keep the fingers straight. Avoid pushing or punching with the fingertips; instead, concentrate on using the fingers to create a wide, flat surface. Imagine the breast area to be a pie. Divide it in fourths, and carefully examine each segment, using a gentle, circular motion. Go over the breasts twice; first using a light superficial pressure to examine the tissue just beneath the skin, and then using a deep, firm pressure to examine the inner tissues all the way to the ribs. Examine the entire area, from the collarbone to the bottom of the breast, extending down under the armpit and upper arm area. You are feeling for lumps, thickenings, or hardened areas. Gently squeeze the nipple and surrounding tissues to check for any unusual discharge. Repeat this procedure for the other breast.

3 Lie down and repeat the procedure described above, making sure to examine all areas with both light and deep pressure. It is helpful to place a pillow or rolled towel under the shoulder of the breast that is being examined. Pay attention to the armpit and collarbone areas.

Women should be encouraged to consult a physician if they discover a lump, hardened area, discharge, or change in skin texture. The odds are favorable that the problem is not cancerous, but it should be checked immediately.

For some lumps or hardened areas it is routine for the physician to order a **biopsy**, which involves removing a small amount of the lump or irregular area for a microscopic examination. In addition, doctors may also order a **mammogram,** or breast X-ray to help with diagnosis. **Mammography or mammograms** are low-dose X-rays that are quick and fairly simple to perform. They can detect tiny changes in the breast tissue, often detecting lumps that are too small to be felt.

The American Cancer Society recommends that women have a baseline mammogram at age 35, and beginning at age 40, mammograms every 1 to 2 years. After age 50, mammograms are recommended annually.

Breast cancer treatment may involve surgery, radiation, chemotherapy, and/or hormone therapy. Usually two or more types of treatment are used together, depending on the type and location of the tumor, and whether it has **metastasized,** or spread to other parts of the body. Breast tumors that are found early and that have not spread have the greatest chance of being treated successfully. For this reason, monthly breast self-examination and mammography are important healthcare considerations for all women.

FACTS Reference Section

TABLE OF CONTENTS

Information in this section has been adapted with permission from the *FACTS* Project, Planned Parenthood of North Texas, Fort Worth, TX 76107.

The Human Sexual Response Cycle

Throughout this article, the human sexual response cycle (Masters & Johnson, 1981) is referred to in the context of penis-to-vagina sexual intercourse. It is important to understand that these responses are not different when they occur during other sexual activities, such as masturbation, oral sex, anal sex, or use of vibrators or sex toys.

The physiological process that occurs during sex is similar to many other body functions. Most people are aware of having experiences of sexual response, but are at a loss when trying to describe what occurs.

It was not until the mid-1950s that scientific studies of the physical act of intercourse were carried out. Most of what we know about the physiology of sexual intercourse and sexual response is from the studies of William H. Masters and Virginia E. Johnson in St. Louis. For the first time, many men and women began to view sexual intercourse as an aspect of overall health and something to be discussed and appreciated. The research of Masters and Johnson produced a number of startling new findings.

Research Findings

1. The physical reactions that occur during intercourse involve much more than just how the genitals or sex organs work. In fact, many of the physical feelings that occur during sex are caused by an increase in blood pressure, heart rate, breathing, and muscle tension. In other words, sexual response involves the entire body, not just the sex organs.

2. Masters and Johnson also found very little difference between male and female orgasm. Both are caused by contractions of the muscles in the pelvic area. These contractions may occur in both males and females with equal intensity. In reading anonymous descriptions of the sensations felt during orgasm, it is difficult to tell whether the writer is male or female.

3. The clitoris is the most sensitive organ of female pleasure during sexual activity. Up until the 1960s, there had been a lot of debate as to whether female orgasms came from the clitoris or the vagina. Stimulation of the clitoris, with or without vaginal penetration, leads to orgasm in most women.

4. Masters and Johnson also identified four separate stages or phases of sexual response. They called these stages the Sexual Response Cycle. The stages are *excitement*, *plateau*, *orgasm*, and *resolution*. These stages occur in both men and women and usually follow the same order.

What is felt during these stages is, of course, different for each individual but there are some amazing similarities.

Phases of Sexual Response

For example, during the *excitement phase,* the first physical signs of sexual excitement appear. In males, the penis becomes erect (an erection) and the testicles are pulled close to the body by the muscles in the scrotum. In females, the vagina becomes lubricated and the part of the vagina closest to the uterus expands. The clitoris becomes larger and more visible. Most women and some men notice that their nipples become erect and sensitive.

Plateau is the second stage of the sexual response cycle. In males, the blood flow to the testicles increases. In females, the labia (the skin folds surrounding the opening of the vagina) receive more blood and may flush to a reddish color. Fluids from both male and female lubrication glands are released. In males, this fluid may contain sperm cells. These sperm can cause a pregnancy to occur, even if the penis is removed before ejaculation. Both men and women may develop flushing in the face, neck, chest, and stomach area. During this phase, increases in blood pressure, heart rate, breathing, and muscle tension continue to occur.

The *orgasmic phase* for males culminates when semen is released from the penis. Strong contractions push the semen along the urethra, producing feelings of pleasure. In females, the clitoris becomes extremely sensitive and withdraws into the clitoral hood, a small layer of protective skin. Inside the vagina and pelvic area, muscles contract and relax every ¾ of a second, producing waves of pleasurable feeling. The muscles of the uterus or womb contract, which slightly opens the cervix (the opening between the uterus and the vagina). As mentioned before, the contractions of the muscles in the pelvic area are responsible for the sensation of orgasm in both men and women.

The final stage is called *resolution*. It is the stage where the body returns to a restful state. It is characterized by feelings of relaxation and well-being, and many people may sleep or doze for a while. This stage usually lasts about twenty to thirty minutes. During this time, if sexual stimulation doesn't begin again, muscles relax, blood pressure and heart rate return to normal, and swelling in the pelvic area decreases.

One of the more interesting ideas posed recently describes a phase that may occur prior to *excitement* called *transition.* This phase involves a person's ability to make the change from a day-to-day state of mind to a mental state that's open to the prospect of sexual activity. For example, a person who had a very stressful day may not be able to make the *transition* needed to engage in pleasurable sexual activity.

It is important to point out that sexual response involves more than physical reactions. There is a lot of truth in the statement that the most important sex organ is the brain! Many factors can affect our physical responses during sex. These may include our feelings about our partner, our physical health, past sexual experiences, alcohol or drug use, religious and moral beliefs, prescription medications, stress, illness, and so on.

Obviously, it is not necessary to completely understand human sexual response in order to engage in pleasurable sex. However, the complex physical changes experienced by men and women during sex are no less worthy of study and appreciation than any other aspect of the human body. When we understand our sexual responses, we are less likely to fear them and more likely to be able to deal with them in a realistic and healthy way.

Reference

Masters, W. H., & Johnson, V. E. (1981). *Human Sexual Response*. New York: Bantam.

Human Reproduction

Human reproduction is a process involving so many complex chemical and biological changes that a space mission seems simple in comparison. In ancient times, conception (becoming pregnant) and pregnancy were poorly understood. Some people thought that each male sperm contained a tiny person that was placed into the woman during intercourse. The tiny person was then fed in the womb (or uterus) until birth. Another theory was that the miniature child was already in the woman and "activated" by the male sperm.

Fertilization and Genetic Material

Today, medical researchers have shown in amazing detail how conception, pregnancy, and birth occur. The process begins with the union of a female egg cell with a male sperm cell. About 250 million sperm are deposited in the vagina when the male ejaculates during sexual intercourse. The sperm are equipped with whip-like tails which move them rapidly into the uterus (or womb) shortly after ejaculation. These sperm pass through the uterus and out into each of the female's fallopian tubes. If an egg has been released from an ovary into one of the fallopian tubes around the time intercourse happens, sperm may eventually reach it. Fertilization occurs in the fallopian tube. When a single sperm unites with the egg, a chemical message is released by the egg that locks out all other sperm. Then the genetic material (chromosomes) of the sperm and egg unite. It takes several days for the fertilized egg to travel down the fallopian tube to the uterus, where it implants and begins to grow.

The chromosomes carry the plans for the characteristics of each individual. These chromosomes carry the genes that will determine the color of a person's hair and eyes, the height of the person, and many other physical features. For the next nine months nothing will develop without the guidance of the chromosomes. There are 46 of these chromosomes, 23 from the male, and 23 from the female. The male's 23rd chromosome carries the message about sex. If the 23rd chromosome is a "Y" chromosome, the child will be a male. If it is an "X" chromosome, then the child will be female.

Types of Twins

Some women will occasionally release two eggs at the same time. If both are fertilized, fraternal twins will result. They may be as different as any brother or sister and, in fact, may be brother and sister. Identical twins come from a single egg that splits after fertilization. Identical twins will always be the same sex and very similar physically. Siamese twins result when a single egg fails to split completely apart and the developing fetuses remain partially attached throughout the pregnancy.

Pregnancy and Prenatal Development

When the sperm and egg meet and unite, the newly produced cells are called the zygote. As the zygote moves down the fallopian tube toward the uterus, it divides continuously. These cells move down the fallopian tube and implant in the wall of the uterus. The growing ball of cells is called the morula, blastocyst, and embryo at different stages of growth. At about the seventh or eighth week of development, the embryo is called the fetus.

The fetus is connected to the wall of the uterus by the placenta. The placenta is created by specialized cells from the egg. The placenta filters food and oxygen from the mother for the fetus. Food and oxygen travel from the placenta to the fetus by a tube called the umbilical cord. After the baby is born, the umbilical cord is cut and the place where it was attached becomes known as the "belly button." The placenta is delivered after the baby and is then called afterbirth.

A "normal" pregnancy lasts about nine months. More precisely, a pregnancy is expected to last about 10 lunar months (the time it takes the moon to go from full moon to full moon) of 28 days each; or about 40 weeks. It is calculated based on the date of a woman's last menstrual period before conception. These calculations are sometimes subject to error and the actual duration of a pregnancy can vary. Hospital records show that a mother has less than a 1 in 3 chance of delivering during the week predicted by her physician.

Medical science has made tremendous advances in understanding pregnancy and prenatal development. Many of the problems newborn babies have experienced in the past can now be prevented or treated before birth. For this reason, it is extremely important for a woman to seek medical or prenatal care as soon as she thinks she might be pregnant. To protect herself and her unborn child, women should avoid alcohol, smoking, and any type of drug use during pregnancy. A diet rich in vitamins and nutrients is also important for pregnant women.

Labor and Delivery

The physical processes leading to the birth of a child are called labor and delivery. Essentially, labor occurs when the fetus moves into birth position (usually head first) and the muscles of the uterus begin to contract. As this happens, the cervical opening of the uterus dilates and opens. There are a number of stages involved in the process of labor. As these stages progress, the length and duration of the birthing contractions intensify. The contractions become stronger and stronger, pushing the fetus into the birth canal (vagina). The doctor or attending midwife then helps ease the baby into the world.

During labor, the doctor or midwife will routinely monitor the vital signs of both mother and fetus, as well as the position of the fetus. If complications arise a Cesarean delivery may be required. During Cesarean delivery, the baby is removed from the woman's uterus through a surgical opening made just below the navel.

Traditionally, labor has been viewed with a great deal of fear because of the physical discomfort that can occur. Anesthesia can eliminate much of this discomfort, and several kinds of anesthesia may be used. Many types of anesthesia (such as spinal, local, and epidural anesthesia) allow the mother to be awake during childbirth. Some women choose to attend classes, such as Lamaze, to help prepare them for what to expect during childbirth. These classes help teach different ways to lessen the discomfort of childbirth naturally through breathing and relaxation.

After Childbirth

After the baby is delivered, the uterus continues to contract in order to expel the placenta. The uterus will continue to contract for several hours after delivery. These mild contractions reduce bleeding and begin helping the uterus return to its normal size. When the newborn baby is put to the breast to nurse, the breasts are stimulated to produce milk (lactate), and at the same time, the uterus is stimulated to contract. Mothers who choose not to nurse are given medication to aid these uterine contractions and to inhibit milk production.

For the first few days after childbirth, the mother's breasts produce colostrum, a high protein fluid that helps protect the baby from infections and prepare its digestive tract to function properly. Beginning around the third day, after birth, the mother's breasts produce milk. Milk is stored in special milk sacs within the breast and let down through the nipple in response to the baby's suckling. The milk produced by the mother meets her baby's nutritional needs for the first six to twelve months of life. Milk not used by the baby will gradually be reabsorbed by the mother's body. Although breast feeding reduces a woman's chances of becoming pregnant, breast feeding is not an effective method of birth control. It is important to either abstain from sexual activity or use an effective method of birth control while breast feeding.

Despite our scientific understanding of the process of reproduction and birth, we still regard it with awe. That two people can come together and create another human being is amazing, if not miraculous. The fact that we understand it does nothing to lessen the wonder of it all.

Prenatal Development

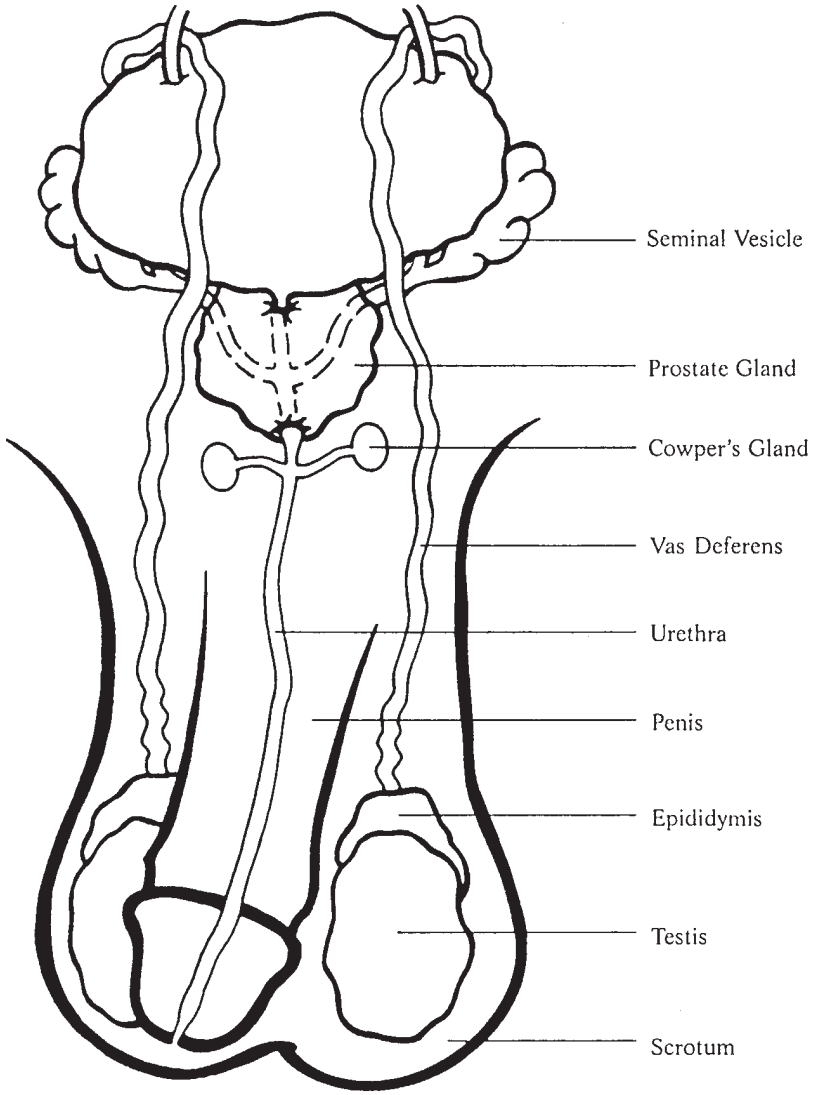
TIME	NAME	SIZE	WEIGHT	DESCRIPTION
1-3 Days	Zygote	1/200"	1/7 mil oz	Fertilized egg begins dividing. Basic cell division occuring. Egg remains same size.
3-6 Days	Morula	16 cells		Solid ball of cells.
6-14 Days	Blastocyst	1/100"		Hollow ball of cells. Implantation in uterus begun and finished.
14-21 Days	Embryo			Different cell layers can be seen. The different layers are the beginning of different body systems.
21-28 Days	Embryo			Beginnings of embryo's support systems: amniotic sac, placenta, and umbilical cord.
Week 5	Embryo	1/4"		Backbone begins to form. Length of backbone extends past the body giving the embryo the appearance of having a tail.
Week 6	Embryo	1/3"		Beginning of arms and legs can be seen.
Week 7	Fetus	1"	1/1000 oz	Tail disappears, large brain apparent.
Week 8	Fetus	1 1/4"	1/30 oz	Fingers and toes can be seen.
Week 10	Fetus			Fetal heart contracting regularly.
3 Months	Fetus	3"	1/2 oz	Fetal muscles contract at random.
4 Months	Fetus	8 1/2"	6 oz	Sex may be determined by sonogram. Fetal movement may be felt.
5 Months	Fetus	12"	1 lb	Hair on head appears.
6 Months	Fetus	14"	2 lbs.	If born now, fetus has only a small chance of survival.
7 Months	Fetus	16"	4 lbs.	If born now, fetus may survive with extensive medical care.
8 Months	Fetus	18"	5 1/2 lbs.	Continued growth. All organs formed.
9 Months	Fetus	20"	7 lbs.	Fetus fully develped. Ready for birth.

Stages of Labor

STAGE	PHASE	TIME IN STAGE OR PHASE	LENGTH OF CONTRACTIONS	HOW FAR APART	WHAT HAPPENS
1st	Prodomal	6 - 15 hrs* 2 - 4 hrs**	irregular	irregular	Baby moves into birth position. Mother feels ready to go.
	Latent	3 - 10 hrs* 1 - 7 hrs	30-45 sec	5 - 20 min	Doctor is contacted. Woman usually goes to hospital when contractions are 10 minutes apart. Usually very mild contractions.
	Active	3 - 5 hrs* 1/2 - 2 hrs**	40-60 sec	3 - 5 min	Breathing relaxation techniques help. Pain medication may be started here. Fetal monitoring done.
	Transition	3 - 5 hrs* 1 - 2 1/2 hrs** (May be shorter for second deliveries)	60-90 sec	2 - 3 min	Mother may have difficulty concentrating. Mother may be anxious and/or irritable.
2nd		1/2 - 2 hrs* 5 - 45 min**	90-110 sec	3 - 5 min	Cervix is fully open or dilated. Child is delivered.
3rd		5 - 30 min	120 sec	3 - 5 min	Placenta is expelled. Contractions not as intense.
4th		1 hour	100 sec	5 min	Recovery period continues until vital signs are normal.

* 1st Delivery
** Deliveries other than the first

Male Sex Organs — Front View



BLADDER — an expandable sac-like organ in the pelvic region that stores urine until it is expelled.

SEMINAL VESICLE — a male gland located behind the prostate that produces much of the fluid in semen. The seminal vesicle fluids nourish and protect the sperm cells.

PROSTATE GLAND — a small, walnut-size gland located just behind the bladder in males. The prostate produces much of the fluid content of semen.

COWPER'S GLANDS — two pea-sized glands situated along the urethra just below the prostate gland in males. They secrete an alkaline fluid to neutralize the normally acid chemical condition in the urethra. This assures more sperm will survive the trip into the female reproductive system.

VAS DEFERENS — the tube that carries sperm from each testicle to the prostate and seminal vesicle. The two vas deferens merge with the urethra, which transports semen outside the body during ejaculation.

URETHRA — the tube-like organ that transports urine from the bladder to outside the body. In males it also transports semen and sperm during ejaculation.

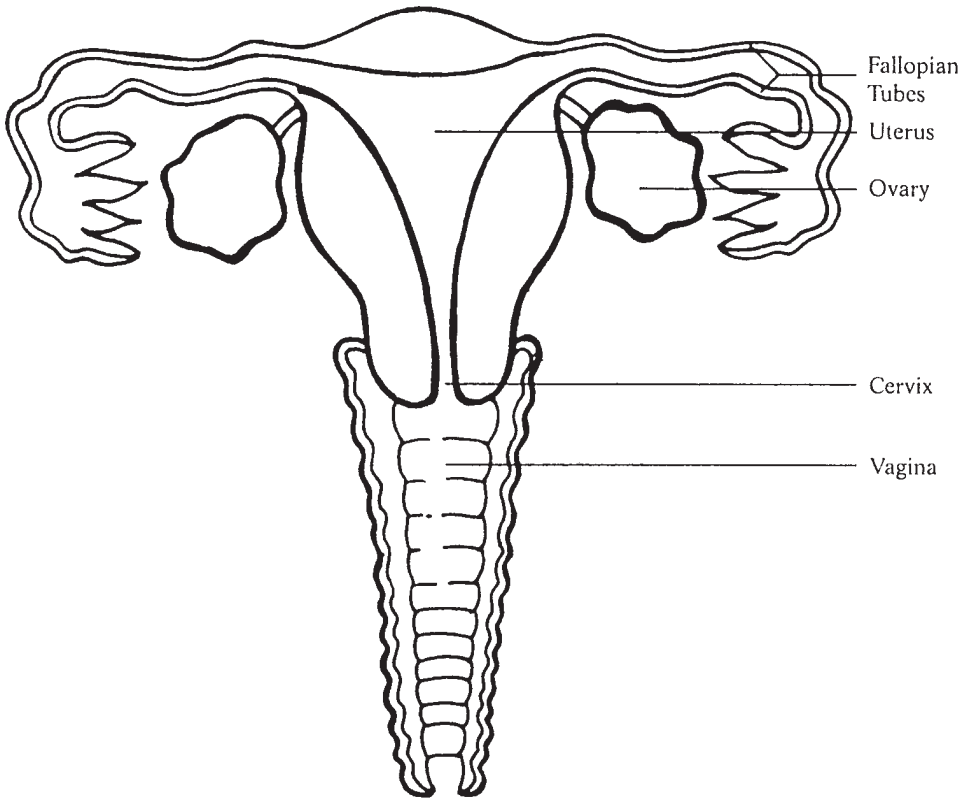
PENIS — the external male sex organ that becomes erect during sexual excitement. It has a reproductive function (semen and sperm pass through it) and a urinary function.

EPIDIDYMIS — small organs located at the back of each male testicle where immature sperm are stored until they mature.

TESTICLES — smooth, walnut-sized organs that produce sperm and the male sex hormone testosterone. Testicles are covered and protected by a skin sac called the scrotum.

SCROTUM — the sac of skin at the base of the penis that holds the testicles. Muscles in the scrotum tighten or relax in response to temperature, sexual excitement, or other factors.

Female Sex Organs — Front View



CERVIX — the lower end of the uterus (or womb) that extends into the vagina. A tiny opening in the cervix allows sperm to enter the uterus, and allows the menstrual flow to leave. During childbirth, the cervix stretches to allow passage of the infant from the uterus into the vagina.

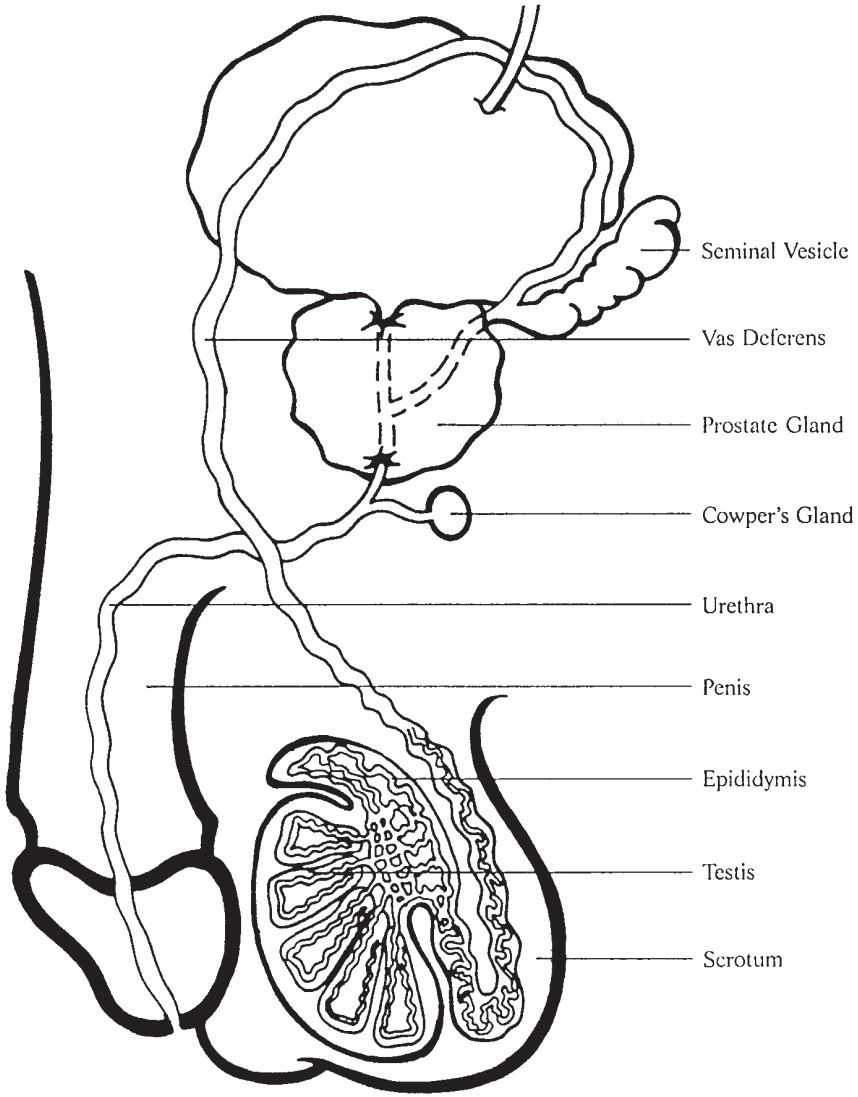
FALLOPIAN TUBES — two small, tube-like structures extending from the uterus to the ovaries through which an egg cell is transported. Fertilization of the egg by the male sperm occurs in the fallopian tubes.

OVARIES — the female reproductive organs that produce the ova (egg cells) and the female sex hormones, estrogen and progesterone.

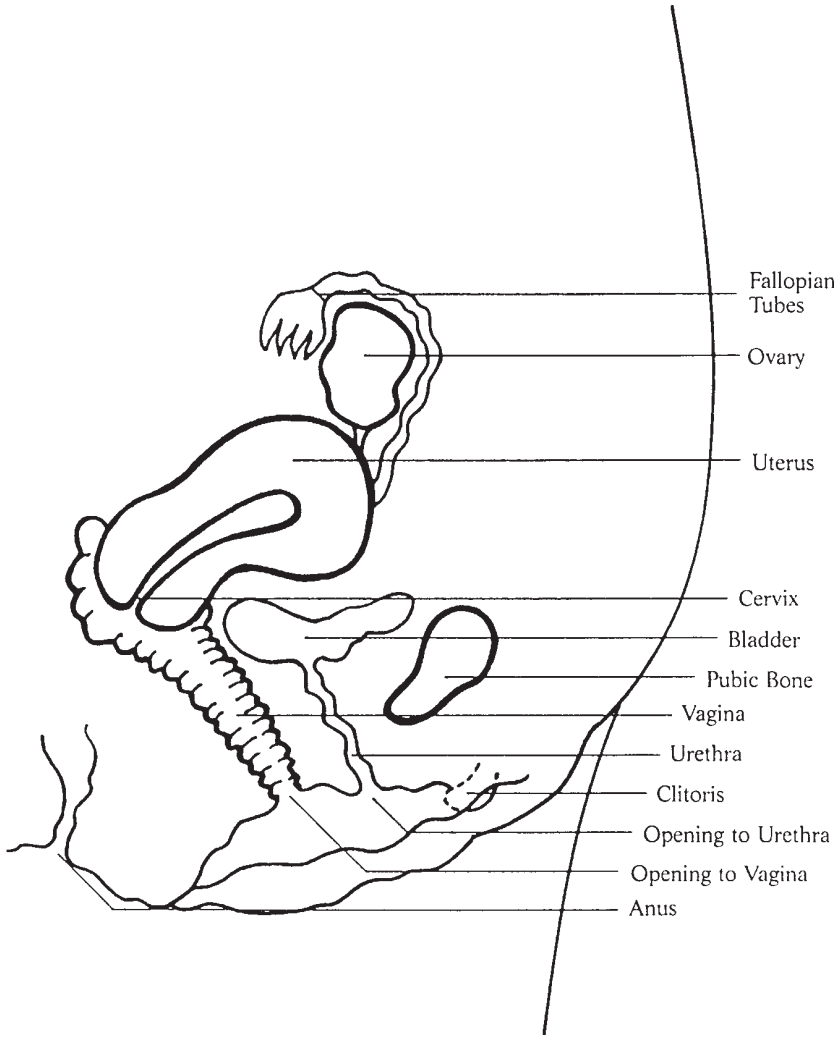
UTERUS (womb) — a muscular, pear size organ where the fetus develops during pregnancy. The lining of the uterus is shed monthly during menstruation.

VAGINA — the muscular, elastic, organ that creates a passageway from the uterus to the outside of the body. It holds the penis during heterosexual intercourse and serves as the birth canal during childbirth.

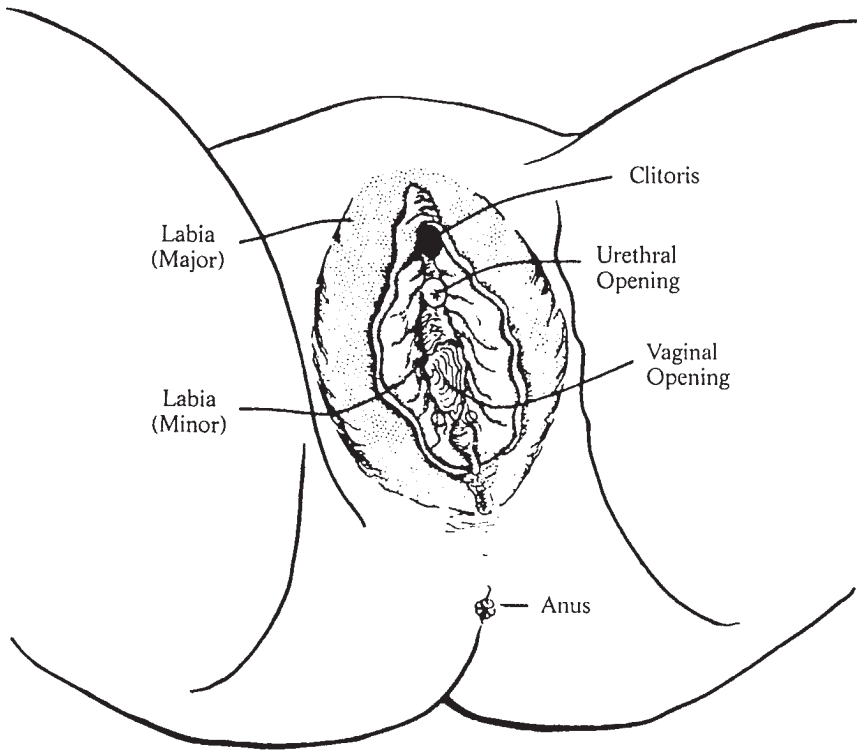
Male Sex Organs — Side View



Female Sex Organs — Side View



External Female Reproductive Organs



VULVA — the external female genitals, including the labia, the clitoris, and the vaginal opening.

CLITORIS — a tiny bump of tissue located directly above the urinary opening in females and made up of the same type of tissue as the male penis. The clitoris is the part of the female body most sensitive to sexual stimulation. It becomes enlarged during sexual excitement

URETHRA — the tube-like organ that transports urine from the bladder to outside the body. In males it also transports semen and sperm during ejaculation.

VAGINA — the muscular, elastic organ that creates a passageway from the uterus to the outside of the body. It holds the penis during heterosexual intercourse and serves as the birth canal during childbirth.

LABIA MAJORA/LABIA MINORA — the outer folds of skin and tissue around the female vaginal opening. The labia majora are the larger outer folds that protect the more sensitive labia minora or inner folds.

PERINEUM — the area of skin between the genitals and the anal opening.

ANUS — opening of the bowels in males and females; solid waste from the colon leaves the body through this opening.

Sexual Terminology Glossary

ABORTION — the ending of a pregnancy before birth, either by miscarriage (spontaneous abortion), or through medical intervention (therapeutic or induced abortion).

ABSTINENCE — refraining or abstaining from sexual intercourse; not having sex.

ANDROGENS — hormones produced by the adrenal glands which influence masculine sex characteristics; in women, androgens help produce estrogen (female hormones) after menopause.

ANUS — opening of the bowels in males and females; solid waste from the colon leaves the body through this opening.

APHRODISIAC — foods or substances said to stimulate sexual desire; often used to describe substances which supposedly produce sexual desire against a person's will, such as "Spanish fly."

BARTHOLIN GLANDS — pea-sized glands located on either side of the vagina that release lubrication fluids during sexual excitement.

BISEXUAL — a person whose sexual interest in adulthood is for both men and women.

BLADDER — an expandable sac-like organ in the pelvic region that stores urine until it is expelled.

BREASTS — a secondary sex characteristic of women which develops after puberty. Breasts are made up of fatty tissue and mammary glands, which produce milk after childbirth. Other parts of the breasts are the nipples, through which milk is passed during nursing, and the areola, a ring of tissue immediately surrounding the nipple.

BREECH PRESENTATION — a condition that develops during late pregnancy or during labor and delivery in which the baby is not in the normal head-first position for birth.

CESAREAN DELIVERY — the delivery of a baby through an incision in the mother's abdomen.

CELIBACY — a permanent or temporary lifestyle choice involving the decision to abstain from sexual relationships.

CERVIX — the lower end of the uterus (or womb) that extends into the vagina. A tiny opening in the cervix allows sperm to enter the uterus and allows the menstrual flow to leave. During childbirth, the cervix stretches to allow passage of the infant from the uterus into the vagina.

CHLAMYDIA — a sexually transmitted organism that causes symptoms similar to gonorrhea and is a leading cause of infertility. (See **Chlamydia FACT Sheet**.)

CIRCUMCISION — surgical removal of the foreskin of the male penis, usually performed shortly after birth for religious or personal reasons. There are no medical reasons for routine circumcision of newborn males.

CLITORIS — a tiny bump of tissue located directly above the urinary opening in females and made up of the same type of tissue as the male penis. The clitoris is the part of the female body most sensitive to sexual stimulation. It becomes enlarged during sexual excitement

COITUS — a medical term for sexual intercourse or having sex.

CONCEPTION — the point at which a fertilized egg implants in the uterus; the beginning of a pregnancy.

CONDOM — a sheath or covering made of latex or animal membrane which is placed over the erect penis before intercourse to prevent pregnancy or the spread of disease. (See **Condom FACT Sheet**.)

CONTRACEPTION — products and methods used to prevent pregnancy; the use of birth control to prevent pregnancy.

CONTRACEPTIVE FOAM — a method of birth control that uses spermicide, a chemical that kills sperm, to create a barrier inside the vagina. (See **Contraceptive Foam FACT Sheet**.)

CONTRACEPTIVE IMPLANTS — a method of hormonal birth control. Small, thin capsules containing hormone are inserted under the skin of the upper arm of females and provide about five years of contraceptive protection.

COWPER'S GLANDS — two pea-sized glands situated along the urethra just below the prostate gland in males. They secrete an alkaline fluid to neutralize the normally acid chemical condition in the urethra. This assures more sperm will survive the trip into the female reproductive system.

DIAPHRAGM — a flexible, rubber birth control device that is placed over the cervix to prevent sperm from entering the uterus during intercourse. (See **Diaphragm FACT Sheet**.)

DOUCHE — the use of water or medicated solutions to rinse out the inside of the vagina. Douching is not necessary for hygiene.

DYSPAREUNIA — a medical term for pain experienced during sexual intercourse. Pain during intercourse may indicate a medical problem such as infection or endometriosis, and should be checked by a doctor.

ECTOPIC PREGNANCY — a term for a pregnancy in which the embryo begins to develop outside of the uterus, usually in the fallopian tube. This is sometimes called "tubal pregnancy" and is considered a medical emergency that requires surgery.

EJACULATION — the expulsion or release of semen from the penis during male orgasm.

EMBRYO — the name given to a fetus in its earliest stages of development, usually the period between two weeks and two months after conception in humans.

ENDOMETRIOSIS — a painful condition that occurs when small pieces of tissue normally lining the uterus (the endometrium) begin to grow outside the uterus. The cause of endometriosis is unknown, and the condition may result in chronic pain, infertility, heavy menstrual periods, and discomfort during intercourse.

ENDOMETRIUM — the lining of the uterus, which thickens and is discharged each month during the menstrual period.

EPIDIDYMIS — small organs located at the back of each male testicle where immature sperm are stored until they mature.

ERECTION — the enlargement and stiffening of the penis, caused by increased blood flow into the spongy tissues inside the penis and usually brought on by sexual excitement or stimulation.

ESTROGEN — one of the two primary female sex hormones. Estrogen is manufactured by the ovaries and helps regulate the menstrual cycle, pregnancy, and physical development during puberty.

FALLOPIAN TUBES — two small, tube-like structures extending from the uterus to the ovaries through which an egg cell is transported. Fertilization of the egg by the male sperm occurs in the fallopian tubes.

FEMALE CONDOM — a soft, loose fitting device made of a plastic material and shaped like a large condom with a soft plastic ring on one end. It's also called a "vaginal pouch." The ringed end in inserted in the vagina and positioned to cover the cervix. It protects by completely lining the vagina during sex. (See **Female Condom FACT Sheet**.)

FERTILITY — the ability to reproduce; the ability to bring about a pregnancy.

FERTILIZATION — the union of the female egg with the male sperm. Fertilization occurs in the female fallopian tube.

FETUS — the developing infant inside the uterus from around the sixth to eighth week after conception until birth.

FORESKIN — the thin skin which covers the head or tip of the penis. The removal of the foreskin at birth is called circumcision.

GENDER — a person's sex, as determined by having either male or female reproductive organs.

GENITAL HERPES — a sexually transmitted disease caused by the herpes simplex virus (HSV). Herpes causes painful clusters of blisters in the genital area of males and females. (See **Herpes FACT Sheet**.)

GENITALS — refers to the male and female reproductive organs; most commonly used to refer to the external organs such as the penis, testicles, vulva, or clitoris.

GONORRHEA — a sexually transmitted disease caused by a type of bacteria. It causes burning during urination and a discharge of pus in males. Females usually have milder symptoms in the beginning, but without treatment they may develop a serious pelvic infection. (See **Gonorrhea FACT Sheet**.)

GYNECOLOGIST — a doctor who specializes in the care of the female reproductive system.

HERMAPHRODITE — a very rare condition in which a person is born with the both male and female sex organs. Doctors will usually correct the condition surgically after birth, using chromosome tests to determine the correct sex for the infant.

HETEROSEXUAL — a person whose sexual interest in adulthood is for people of the opposite sex.

HOMOPHOBIA — an unrealistic fear or hatred of homosexuality.

HOMOSEXUAL — a person whose sexual interest in adulthood is for people of the same sex.

HORMONE — the chemical secretions of the endocrine glands which influence bodily processes. The primary sex hormones are testosterone in males and estrogen and progesterone in females. Sex hormones regulate development during puberty, sex drive, and reproduction.

HYMEN — a thin membrane that partially covers the entrance to the vagina. As females mature, the hymen may be stretched or torn during physical exercise. In some cases it remains intact until first intercourse.

INCEST — traditionally refers to any type of sexual relations between blood relatives; however; the broader definition includes sexual abuse of children by adults who are not blood relatives, such as step-parents, and those who have power over children, such as a parent's friend, neighbors, or clergy.

INFERTILITY — the inability to conceive (in men to impregnate) or to maintain a pregnancy long enough to give birth. Infertility is caused by a variety of factors and is equally likely to involve male or female problems.

INTRAUTERINE DEVICE (IUD) — a small birth control device made out of plastic. It is placed inside the uterus to prevent pregnancy. (See **IUD FACT Sheet**.)

LABIA MAJORA/LABIA MINORA — the outer folds of skin and tissue around the female vaginal opening. The labia majora are the larger outer folds that protect the more sensitive labia minora or inner folds.

LABOR — the physiological processes which accompany childbirth, such as contractions, opening of the cervix, and urgency to push, etc.

LIBIDO — refers to the hidden drive behind actions; most commonly used to describe sexual desire or drive.

LUBRICATION — the release of fluids into the vagina, usually brought on by sexual excitement. The term also refers to cremes and gels (such as K-Y jelly) used to ease dryness during intercourse.

MASTURBATION — self-stimulation of one's genitals (and other sensitive areas) to produce sexual excitement, arousal, and/or orgasm.

MENOPAUSE — refers to the ending of menstruation. Menopause is brought on by normal hormone changes associated with aging in females and usually begins between the ages of 45 and 55.

MENSTRUATION — the normal, periodic shedding of the lining of the uterus (the endometrium) and blood through the vagina. The menstrual cycle (the number of days between bleeding) is controlled by hormones and ranges from 21 to 35 days.

MISCARRIAGE — the ending of a pregnancy by natural causes before the fetus is capable of survival. Many miscarriages happen very early after conception, often before the female even knows she is pregnant.

MONOGAMY — traditionally, marriage to one person. In current use, it refers to a relationship in which both partners are sexually faithful to each other.

NATURAL FAMILY PLANNING — a birth control method based on avoiding intercourse during the time when the female is most likely to be ovulating (releasing an egg). Effectiveness depends on calculating the female's "fertile" period as accurately as possible. (See **Natural Family Planning FACT Sheet**.)

NOCTURNAL EMISSION — orgasm during sleep in males, resulting in ejaculation of semen ("wet dream"). Females may also experience orgasm during sleep and increases in vaginal lubrication.

OBSTETRICIAN (O.B.) — a doctor who specializes in the care of women during pregnancy, labor, and delivery.

ORGASM — often referred to as climax or "coming," it is the pleasurable release of physical tension that builds up during sexual excitement.

OVARIES — the female reproductive organs that produce the ova (egg cells) and the female sex hormones, estrogen and progesterone.

OVULATION — the periodic release of a mature egg cell from the ovary. If the egg cell is not fertilized in 48 hours, it disintegrates.

PAP SMEAR — a test to detect cervical cancer and infection. Cells are gathered from the cervix during a pelvic examination, and are examined with a powerful microscope to check for cancer cells.

PELVIC EXAMINATION — examination and palpation (pressing/touching) of the ovaries, uterus, and vagina to check for lumps, swelling, infection, and other signs of possible disease.

PELVIC INFLAMMATORY DISEASE (PID) — a severe infection of the fallopian tubes, ovaries, and/or uterus. PID may be caused by sexually transmitted diseases such as gonorrhea and chlamydia, or by other types of bacteria that invade the reproductive tract. (See **Pelvic Inflammatory Disease FACT Sheet**.)

PENIS — the external male sex organ that becomes erect during sexual excitement. It has a reproductive function (semen and sperm pass through it) and a urinary function.

PERINEUM — the area of skin between the genitals and the anal opening.

PLACENTA — an organ made of spongy tissue that develops during pregnancy to nourish and remove waste from the developing fetus.

POLYGAMY — having more than one husband or wife at the same time.

POSTPARTUM — refers to a period of time after childbirth, during which physical recovery and adjustment to the new baby occur.

PREMENSTRUAL SYNDROME (PMS) — a variety of physical and emotional symptoms experienced by some women just before their menstrual periods.

PRENATAL — refers to the period from conception to birth; pregnancy.

PROGESTERONE — a primary female sex hormone produced by the ovaries that regulates physical development during puberty, the menstrual cycle, and pregnancy.

PROSTATE GLAND — a small, walnut-size gland located just behind the bladder in males. The prostate produces much of the fluid content of semen.

PUBIC HAIR — coarse, cushiony hair that begins to grow below the pubic bone and around the genitals as males and females reach sexual maturity.

RECTUM — the lower part of the colon that opens at the anus.

SCROTUM — the sac of skin at the base of the penis that holds the testicles. Muscles in the scrotum tighten or relax in response to temperature, sexual excitement, or other factors.

SEMEN — fluids produced by the prostate and seminal vesicle glands that are released along with sperm cells during ejaculation.

SEMINAL VESICLE — a male gland located behind the prostate that produces much of the fluid in semen. The seminal vesicle fluids nourish and protect the sperm cells.

SEXUAL DYSFUNCTION — a term used by therapists to describe a variety of problems that may arise in sexual functioning in men and women, including lack of desire, problems related to orgasm, or inability to maintain arousal. Sexual dysfunction may be related to psychological or physiological problems, including substance abuse.

SEXUAL INTERCOURSE — sexual activity between two persons ("having sex"); most commonly used to describe genital sex or penis-in-vagina sex.

SEXUALLY TRANSMITTED DISEASE (STD) — an infection or disease that can be transmitted through sexual intercourse or close sexual contact. In the past STDs were sometimes called VD or venereal disease.

SPERM — male reproductive cells produced in the testicles.

SPERMICIDE — a chemical used in some birth control products (such as foam and the sponge) that stops sperm from being able to fertilize an egg cell.

STERILITY — inability to conceive (in men, to impregnate). The term is most commonly used to refer to infertility due to accident, injury, birth defect, disease, or surgery.

STERILIZATION — surgery performed specifically to end reproductive ability. Procedures for both males and females involve cutting or blocking the tubes that transport egg or sperm cells (fallopian tubes in females and vas deferens in males).

SYPHILIS — a sexually transmitted bacteria that enters the body during intimate sexual contact with an infected person. Left untreated it can be fatal. (See **Syphilis FACT Sheet**.)

TESTICLES — smooth, walnut-sized organs that produce sperm and the male sex hormone testosterone. Testicles are covered and protected by a skin sac called the scrotum.

TESTOSTERONE — the primary male sex hormone that influences sperm production, development during puberty, and sex drive.

TRANSVESTITE — a person who enjoys dressing in the clothing of the opposite sex ("cross dressing"). Most transvestites are not homosexual.

TRANSSEXUAL — men and women who feel they are members of the opposite sex trapped in the wrong body. These feelings may be strong enough to lead the person to seek a sex change operation.

TUBAL LIGATION — refers to a surgical procedure used to close off the fallopian tubes and bring about permanent birth control in females. (See **Tubal Ligation FACT Sheet**.)

UMBILICAL CORD — a hollow structure that connects the fetus to the placenta, the spongy tissue that nourishes and removes waste during prenatal development.

URETHRA — the tube-like organ that transports urine from the bladder to outside the body. In males it also transports semen and sperm during ejaculation.

UTERUS (womb) — a muscular, pear size organ where the fetus develops during pregnancy. The lining of the uterus is shed monthly during menstruation.

VAGINA — the muscular, elastic organ that creates a passageway from the uterus to the outside of the body. It holds the penis during heterosexual intercourse and serves as the birth canal during childbirth.

VAGINITIS — a mild infection of the vagina. Vaginitis is usually caused by bacteria, yeast fungus, or hormonal imbalance. (See **Vaginitis FACT Sheet**.)

VAS DEFERENS — the tube that carries sperm from each testicle to the prostate and seminal vesicle. The two vas deferens merge with the urethra, which transports semen outside the body during ejaculation.

VASECTOMY — refers to a surgical procedure used to cut and close off the vas deferens and bring about permanent birth control in males. (See **Vasectomy FACT Sheet**.)

VENEREAL DISEASE (VD) — another term for sexually transmitted diseases.

VULVA — the external female genitals, including the labia, the clitoris, and the vaginal opening.

WITHDRAWAL — an unreliable birth control method in which the male attempts to remove his penis from the vagina before ejaculation.

YEAST INFECTION — a common type of vaginitis caused by an overgrowth yeast fungus organisms in the vagina. (See **Vaginitis Fact Sheet**).

ZYGOTE — the cell formed by the union of the egg and sperm that goes on to become an embryo and later a fetus.

FACT SHEET

Contraceptive Implants

(e.g. Norplant)

WHAT IS IT? Small capsules (shaped like thin match sticks) containing the female hormone progestin. Implants are placed under the skin of the upper arm.

HOW IT WORKS: The capsules slowly release hormone into the woman's system. The hormone interferes with ovulation and makes the woman's vaginal fluids thicker so sperm are unable to reach the egg.

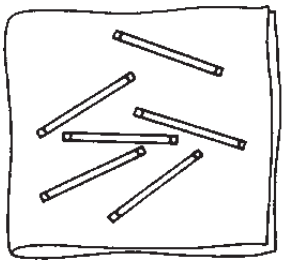
HOW IT'S USED: Six of these small capsules are placed under the skin of the upper arm by a doctor or trained clinician. A local anesthetic is used to deaden the arm. The capsules are inserted one at a time through a small incision. You may be able to feel the capsules under the skin. These capsules can stay in place for up to five years. However, a woman can have them removed at any time. Implants should **always** be removed by a doctor or clinician.

ADVANTAGES:

- ☺ Implants are about 98-99% effective
- ☺ Simple; nothing to remember; long-lasting
- ☺ Reversible; does not hurt future fertility
- ☺ Very low amount of hormone

DISADVANTAGES:

- 😐 Irregular bleeding (missed periods; heavier periods)
- 😐 Minor side effects (weight changes; headaches)
- 😐 May leave a small scar after removal
- 😐 Not good for smokers or women with heart problems



FACT SHEET

Birth Control Pills

(Oral Contraceptives)

WHAT IS IT? Female hormone pills. Most pills contain estrogen and progesterone.

HOW IT WORKS: Pills work by stopping the release of an egg from a woman's ovaries each month. Birth control pills **do not** affect a woman's ability to get pregnant after she stops taking them.

HOW IT'S USED: A pill is taken by mouth daily. To start taking the pill, a woman must have an exam and Pap Test. A doctor or health clinic will then give the woman a prescription. At family planning clinics (such as Planned Parenthood) as woman can get an exam and a supply of pills at low cost.

ADVANTAGES:

- ☺ If taken correctly it's 99% effective
- ☺ Simple and easy to use
- ☺ Does not interrupt sex act
- ☺ Has few serious side effects for healthy women
- ☺ Reduces cramps and heavy flow of monthly periods

DISADVANTAGES:

- 😐 Some women have weight gain or weight loss
- 😐 Not recommended for heavy cigarette smokers
- 😐 Forgetting to take pills may result in pregnancy
- 😐 Spotting or light bleeding between periods is common

FACT SHEET

The Intrauterine Device

(The IUD)

WHAT IS IT? The IUD is a small, specially shaped plastic device. It is inserted into a woman's uterus or womb. Some IUDs contain copper and hormones.

HOW IT WORKS: The IUD seems to work by irritating the lining of the uterus so a fertilized egg cannot implant.

HOW IT'S USED: The IUD is placed inside the uterus by a doctor or family planning nurse using a special instrument. It stays in place for a year or longer. When a woman no longer wants to use it, she returns to the doctor or family planning clinic to have it removed.

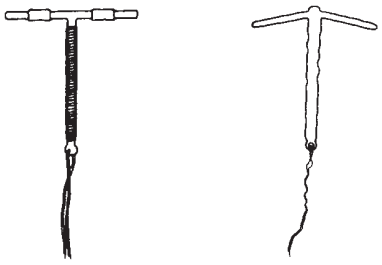
ADVANTAGES:

- ☺ Between 95% and 98% effective
- ☺ Provides continuous protection
- ☺ Does not interrupt the sex act
- ☺ Nothing to remember

DISADVANTAGES:

- 😐 Insertion may cause cramps for a few hours afterwards
- 😐 Periods may be heavier (more cramps & bleeding)
- 😐 Increased chance of infection or PID*

*Pelvic Inflammatory Disease (PID) is a serious infection of the reproductive organs in women. Women who use the IUD should become educated about the symptoms of PID, and visit their doctor or clinic if problems develop. **(See *FACT SHEET* on PID.)**



FACT SHEET

The Diaphragm

WHAT IS IT? The diaphragm is a soft latex device shaped like a shallow cup. It is inserted in the vagina before having sex.

HOW IT WORKS: The diaphragm covers the opening to the uterus. This prevents sperm from being able to fertilize the woman's egg. A special creme or gel that kills sperm is used with the diaphragm to make it more effective.

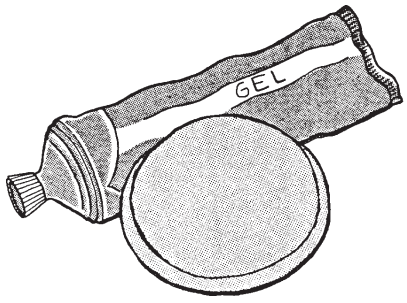
HOW IT'S USED: Diaphragms come in different sizes. A doctor or family planning clinic nurse must examine you to determine your correct size. The diaphragm can be inserted in the vagina up to six hours before having sex. A small amount of sperm-killing creme or gel **must** be spread inside the diaphragm before it's used. After having sex, the diaphragm is left inside for about 6 hours before taking it out. It is then washed with soap and water, and stored until needed again.

ADVANTAGES:

- ☺ Up to 97% effective when used correctly
- ☺ You use it only when needed
- ☺ Almost no side effects
- ☺ Provides some protection from sexually transmitted disease

DISADVANTAGES:

- 😐 In the heat of the moment you may forget to use it
- 😐 Learning to use it correctly takes time and practice
- 😐 Some women may be allergic to the creme or gel
- 😐 Must remember to use it **every time** you have sex



FACT SHEET

Condoms

WHAT IS IT? Condoms are also called rubbers or prophylactics. They are made out of very thin latex rubber. Some types are made from animal tissues. Condoms are made to cover a man's erect penis during sex.

HOW IT WORKS: The condom traps the man's fluids and sperm when he ejaculates ("comes"). This prevents the sperm from entering a woman's vagina and fertilizing her egg.

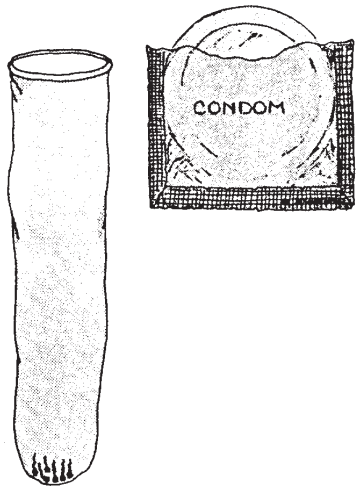
HOW IT'S USED: Condoms are unrolled over a man's erect penis before sex. Space is left at the tip of the condom to catch and hold the sperm. After sex, the condom is carefully removed so that the fluids don't spill. Condoms must be used **every time** you have sex in order to protect against pregnancy and disease. Sperm-killing creme, gel, or foam can be used with a condom to increase protection. If you are having sex, condoms are the best way to protect yourself against HIV/AIDS and other infections spread by sex.

ADVANTAGES:

- ☺ Up to 98% effective when used correctly
- ☺ Has no known side effects
- ☺ Protects against sexually transmitted diseases
- ☺ Low cost and easy to use

DISADVANTAGES:

- 😐 May be forgotten in the heat of passion
- 😐 Some men complain of reduced feeling
- 😐 Must be stored and handled carefully
- 😐 Must be used **every time** for complete effectiveness



FACT SHEET

Female Condom

(Vaginal Pouch)

WHAT IS IT? A soft, loose fitting birth control device shaped like a large condom with a soft plastic ring at one end. It's also called a "vaginal pouch."

HOW IT WORKS: The female condom is inserted in the vagina. The end with the ring is positioned to cover the cervix, much like a diaphragm. It protects by completely lining the vagina during sex. Semen and sperm are blocked from entering the vagina

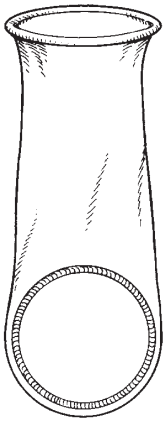
HOW IT'S USED: The female condom is inserted into the vagina before sex. Each condom comes with a packet of lubrication that helps make it more comfortable. Be sure to read the package instructions carefully. After sex, it is carefully removed and thrown away. A new condom should be used **every time** you have sex. The female condom provides good protection against HIV/AIDS and other infections that may be spread by sex.

ADVANTAGES:

- ☺ Up to 94% effective when used correctly
- ☺ Has no known side effects
- ☺ Protects against sexually transmitted diseases
- ☺ Gives the woman control in disease protection

DISADVANTAGES:

- 😐 May be forgotten in the heat of passion
- 😐 Learning to use it correctly takes time and practice
- 😐 Must remember to use it **every time** you have sex
- 😐 Partner's penis must be carefully guided during penetration



FACT SHEET

Contraceptive Foams, Gels, and Suppositories

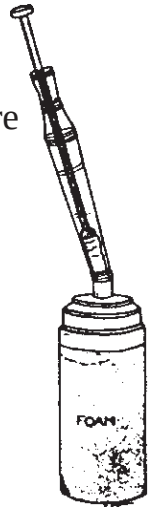
WHAT IS IT? Contraceptive foam is a foam that comes in a small aerosol can. Contraceptive gel comes in a tube. Contraceptive suppositories are small waxy tablets that dissolve when placed in the vagina.

HOW IT WORKS: Contraceptive foams, gels, and suppositories contain spermicide, a special chemical that kills sperm. When used before sex, the spermicide creates a barrier. This stops sperm from reaching the woman's egg.

HOW IT'S USED: Foams and gels are inserted into the vagina just before sex. (An applicator comes in the packages.) The suppository tablets are inserted before sex using a finger to push them deep inside your vagina. Be sure to read the package directions on all products carefully. In order to be the most effective, either foam, gel, or a suppository must be used **every time** you have sex. Using a condom at the same time increases your protection. These products can be bought in most supermarkets or drug stores. Some people may be allergic to spermicides.

ADVANTAGES:

- ☺ Up to 90% effective when used correctly
- ☺ Up to 99% when used together with a condom
- ☺ You can buy foam, gel, or suppositories almost anywhere
- ☺ Has no bad side effects; low cost and easy to use



DISADVANTAGES:

- 😐 May be forgotten in the heat of passion
- 😐 Must be used **every time** for complete effectiveness
- 😐 May be messy; may cause allergic reactions
- 😐 Must be used correctly

FACT SHEET

Vaginal Contraceptive Sponge

WHAT IS IT? The sponge is a small, soft disk made of a spongy material that contains spermicide, a chemical that kills sperm.

HOW IT WORKS: The sponge acts as a barrier. It prevents sperm from reaching the woman's egg. Sperm are killed by the spermicide contained in the sponge.

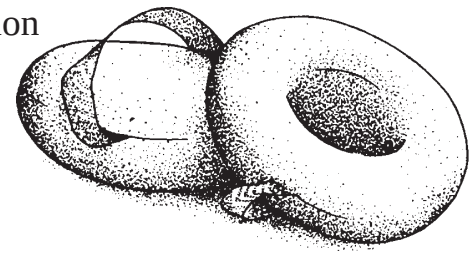
HOW IT'S USED: The sponge moistened with water to activate the spermicide. It's then inserted deep inside the vagina. It can be inserted several hours before sex, and should be left in place for at least six hours after sex to kill all the sperm. Read the package instructions carefully before using the sponge. In order to be the most effective, the sponge should be used **every time** you have sex. Using a condom along with a sponge will increase your protection. Sponges are sold in supermarkets and drug stores. Some people may be allergic to the spermicide in contraceptive sponges.

ADVANTAGES:

- ☺ Up to 92% effective when used correctly
- ☺ Available in drug stores and supermarkets
- ☺ Can be inserted hours before sex happens
- ☺ Has no bad side effects; low cost and easy to use

DISADVANTAGES:

- 😐 May be forgotten in the heat of passion
- 😐 Must be used **every time** for complete effectiveness
- 😐 May cause allergic reaction or irritation
- 😐 May be difficult to remove



FACT SHEET

Vasectomy

(Male Sterilization)

WHAT IS IT? Vasectomy is a permanent method of birth control for men.

HOW IT WORKS: Vasectomy is a minor surgical procedure, usually performed in a clinic or doctor's office. A local anesthetic is given to deaden the scrotum. A small incision is made above each testicle. A tiny section of each vas deferens (the tube that carries sperm from each testicle) is removed and the ends are sealed. The whole operation takes about 20 minutes. Most men are fully recovered within a few days. When the man ejaculates (comes) in the future, his semen will not contain sperm cells. Vasectomy does not interfere with pleasure or sensation during sex.

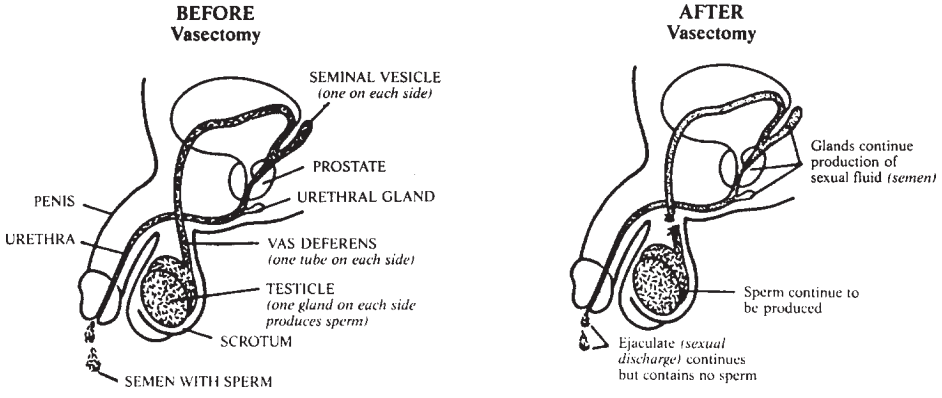
HOW IT'S USED: A man consults a doctor (usually a urologist) or a family planning clinic to discuss vasectomy. Vasectomy is permanent so he should be certain he doesn't want more children.

ADVANTAGES:

- ☺ Vasectomy is 99% effective
- ☺ Causes no problems with hormones or sexual ability
- ☺ May help reduce worry about unintended pregnancy

DISADVANTAGES:

- 😐 It's permanent and not easily reversed
- 😐 May be psychologically troubling for some men
- 😐 Slight risk of infection or other surgical complications



FACT SHEET

Tubal Ligation

(Female Sterilization)

WHAT IS IT? Tubal ligation is a permanent method of birth control for women. It's sometimes referred to as "having your tubes tied."

HOW IT WORKS: Tubal ligation is an operation that is usually performed in a hospital or as outpatient surgery. General anesthesia is given, and two small incisions are made between the navel and the pubic bone. The doctor uses special instruments to look inside the abdomen and locate the fallopian tubes. The tubes are then cut and surgically sealed off. The whole operation takes about 30 minutes. The woman's ovaries will continue to release an egg each month, but sperm can no longer pass through the fallopian tubes to fertilize the egg. Tubal ligation does not interfere with hormones or sexual feelings.

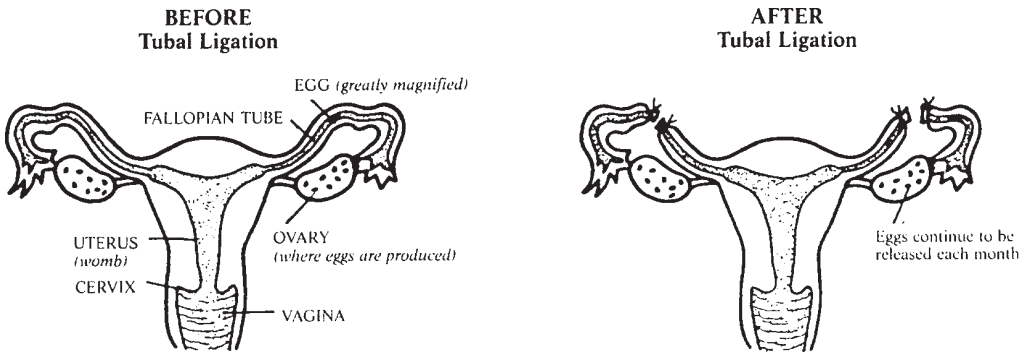
HOW IT'S USED: A woman consults a doctor (usually a gynecologist) or a family planning clinic to discuss tubal ligation. Having your tubes tied is permanent so you should be sure you don't want more children.

ADVANTAGES:

- ☺ Tubal ligation is 99% effective
- ☺ Causes no changes in menstrual periods or interest in sex
- ☺ May help reduce worry about unintended pregnancy

DISADVANTAGES:

- 😐 It's permanent and not easily reversed
- 😐 Surgery usually requires general anesthesia
- 😐 Slight risk of infection or surgical complications



FACT SHEET

Natural Family Planning

(Fertility Awareness)

WHAT IS IT? Natural Family Planning is sometimes called fertility awareness or the "rhythm method." It's a method of birth control based on avoiding intercourse around the time when the woman's egg is released.

HOW IT WORKS: A woman learns to recognize and keep a record of monthly changes in her body that indicate her egg is about to be released. During those fertile days, intercourse is avoided or a barrier method of birth control is used (for example, condoms or a diaphragm).

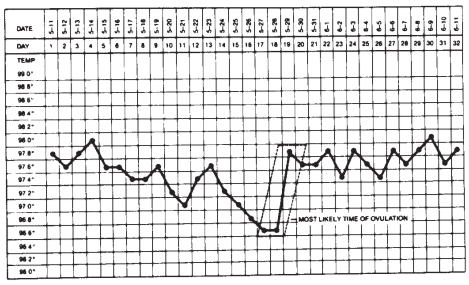
HOW IT'S USED: A woman interested in Natural Family Planning should get advice and training from a family planning clinic. She must learn how to take her temperature each day (there is a slight rise in temperature during ovulation). She learns how to check the natural fluids in her vagina for signs of fertility. She also keeps a calendar showing the dates of her menstrual periods. Some or all of this information may be used to help calculate when ovulation is about to occur.

ADVANTAGES:

- ☺ It's safe, inexpensive, and has no side effects
- ☺ It's acceptable to all religions
- ☺ It helps a woman understand her body and her fertility

DISADVANTAGES:

- 😐 On average, it's only 76 - 85% effective
- 😐 It requires a large amount of paperwork and charting
- 😐 Abstinence or a barrier method must be used during fertile days



FACT SHEET

Sexually Transmitted Diseases (STDs) and Women's Health

Sexually transmitted diseases (STDs) are most often caused by bacteria and viruses. These organisms prefer to invade warm, moist body tissues, so the genitals, the anus, and the mouth are common sites of infection.

You can catch an STD by having sex with an infected person. This includes vaginal sex (penis-in-vagina), anal (rectal) sex, and oral sex (mouth-on-penis or mouth-on-vagina).

Women are more likely to have complications from STDs. Watch out for any of these symptoms:

- Discharge, pus, foul smell, or irritation in the vagina
- Sores, rash, blisters, or warts in the genital or anal area
- Pain or burning when urinating (peeing)
- Pain in the lower abdomen with fever, chills, or vomiting
- Pain or bleeding during or after sex

If you ever have any of these symptoms, visit a doctor or health clinic for an examination and tests. Many STDs can be treated and cured. However, **prevention** is always the best bet. To reduce your risk of STDs:

- Always use a latex condom when you have sex. Condoms provide the best protection against STDs. The new "female" condom also works.

- Use a vaginal spermicide (e.g., nonoxynol-9) and a condom when you have sex. These chemicals may help kill STD germs. Don't use nonoxynol-9 if irritation develops.

- Don't have sex with anyone who has symptoms of an infection. If you suspect you may have been exposed to an STD, get tested and treated.

For confidential information, call the National STD Hotline: 1-800-227-8922.

FACT SHEET

Pelvic Inflammatory Disease (PID)

WHAT IS IT? Pelvic Inflammatory Disease (PID) is a severe infection of a woman's internal reproductive organs (uterus, ovaries, and fallopian tubes). PID is usually caused by gonorrhea or chlamydia, which are spread through sex.

SYMPTOMS:

- Pain in the lower abdomen; cramps
- Pus or heavy discharge from the vagina
- Pain or bleeding during or after sex
- Pain and burning when urinating
- Fever, chills, fatigue

COMPLICATIONS: PID can be very serious. It can lead to infection of other organs in the abdomen and may be life-threatening. PID can also cause infertility. In some women, scar tissue continues to cause pain even after the infection is cured.

TRANSMISSION: Most PID is caused by gonorrhea or chlamydia, which are spread by sex. Other types of bacteria may also be involved in PID. Men can carry these bacteria without showing symptoms. Women who have an IUD (a birth control device) may be more prone to infection. Using condoms when you have sex reduces the risk of PID. If you notice symptoms, see a doctor or clinic immediately.

TREATMENT: Mild cases of PID can be treated and cured with the right type of antibiotics. In some cases, hospitalization and IV antibiotics are required. In severe cases, an emergency hysterectomy may be performed.

FACT SHEET

Gonorrhea

WHAT IS IT? Gonorrhea is an infection caused by a type of bacteria. This bacteria can infect the reproductive organs, anus, and mouth or throat. Symptoms usually appear from two days to three weeks after exposure.

SYMPTOMS:

In Women:

- Milky discharge or pus from the vagina
- Pain in the lower abdomen (belly), fever, chills
- Painful urination or pain when you have sex

In Men:

- Pus or milky discharge from penis
- Painful urination (burning and stinging)
- Redness or swelling of the testicles

COMPLICATIONS: Untreated gonorrhea may lead to pelvic inflammatory disease (PID) in women. In both men and women it can lead to infertility (inability to have children). In rare cases, it may cause heart damage or a type of arthritis. A pregnant woman can pass the infection to her newborn during delivery.

TRANSMISSION: Gonorrhea is spread through sexual contact (vaginal, oral, or anal sex). In addition, a pregnant woman can spread it to her baby during childbirth. Using condoms can help you avoid catching gonorrhea. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Gonorrhea usually can be treated and cured with the right kind of antibiotics. Visit a doctor or health clinic for a gonorrhea test and treatment. Your sex partners should also be tested and treated.

FACT SHEET

Syphilis

WHAT IS IT? Syphilis is an infection caused by a bacteria that invades the bloodstream. The bacteria usually enters the body through sexual contact. The symptoms of syphilis appear in three stages:

SYMPTOMS:

- **First symptoms:** (Ten days to three months after infection). A small, painless sore, the "chancre" (pronounced *shanker),* appears at the site of infection (usually the genitals, mouth, or anus). It heals by itself and disappears, but the infection is still there.

- **Second symptoms:** (One to six months after infection). A body rash may develop, including the palms of the hands and soles of the feet. Raised patches may develop around the genitals. Other symptoms include fever, fatigue, aching joints, headache, loss of hair.

- **Late symptoms:** (Two to thirty years) By this time, there are no outward symptoms. However, the disease continues to cause damage to the body.

COMPLICATIONS: Untreated syphilis can infect the brain and heart and cause paralysis, insanity, heart attack, or stroke. A pregnant woman can pass syphilis to her baby, causing birth defects or death.

TRANSMISSION: Syphilis is usually spread through sex (vaginal, oral, or anal sex). Infected women who become pregnant can pass syphilis to their newborns. Using condoms can help you avoid catching syphilis. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Syphilis usually can be treated and cured with the right kind of antibiotics. Visit a doctor or health clinic for a syphilis test and treatment. Your sex partners should also be tested and treated.

FACT SHEET

Genital Herpes

WHAT IS IT? An infection caused by a virus that invades the nerve cells. The virus usually enters the body through sexual contact and can infect the genitals, anal area, and mouth. Symptoms appear two to twenty days after infection.

SYMPTOMS:

- Painful blisters around the genitals or anus
- In women, the blisters may be inside the vagina
- Swollen lymph nodes (armpit or groin area)
- Flu-like symptoms (fever, aches, feeling tired)

Herpes blisters are small sores filled with clear fluid. The blisters break open and ooze, forming painful ulcers. Eventually the sores crust over and heal.

COMPLICATIONS: An infected woman can pass it to a newborn during childbirth causing brain damage, blindness, or death. People with HIV/AIDS may develop hard-to-treat cases of herpes.

TRANSMISSION: Genital herpes is usually spread through sex (vaginal, anal, or oral sex). It is most easily spread when the blisters are present, but it also can be spread when there are no visible symptoms. Herpes can also be passed from mother to child during vaginal delivery. Using condoms can help you avoid catching herpes. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: There is no cure for herpes. However, there are several treatments to help reduce the pain and discomfort. A doctor or health clinic can diagnose and treat herpes. Your sex partners should also be checked and treated.

FACT SHEET

Chlamydia

WHAT IS IT? Chlamydia is an infection caused by a type of bacteria. This bacteria can infect the reproductive organs and the rectum. Chlamydia is the most common STD in this country. Symptoms usually appear one to two weeks after exposure.

SYMPTOMS:

In Women:

- Most often, no symptoms or very mild symptoms
- Increased discharge from the vagina
- Bleeding or pain during sex
- Pain in the lower abdomen often with fever and chills
- Pain when urinating

In Men:

- Pain and burning when urinating
- Milky discharge or pus from the penis
- Swelling or inflammation in the testicles
- Men may have no symptoms

COMPLICATIONS: Many women with chlamydia have no symptoms and therefore delay getting treatment. This can lead to serious complications such as pelvic inflammatory disease (PID) and infertility. In men chlamydia can also cause infertility. Pregnant women can pass the infection to their newborn during delivery.

TRANSMISSION: Chlamydia is spread through sex (vaginal or anal). It can also be passed from an infected mother to her baby during childbirth. Using condoms can help you avoid catching chlamydia. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Chlamydia can usually be treated and cured with the right kind of antibiotics. Visit a doctor or health clinic for a chlamydia test and treatment. Your sex partners should also be tested and treated.

FACT SHEET

Genital Warts

WHAT IS IT? Genital warts are caused by a virus. This virus can infect the genitals and the anal area. Genital warts are different from common skin warts. Symptoms usually appear one month to six months after exposure.

SYMPTOMS:

- Small, painless warts or hard spots in the genital or anal area
- In women, warts may appear inside the vagina.
- In men, warts may appear inside the penis
- May cause burning and itching

COMPLICATIONS: Untreated, genital warts may enlarge and multiply. In severe cases they may block the urinary opening. In women, genital warts may cause an increased risk of cervical cancer.

TRANSMISSION: Genital warts are spread through sex (vaginal, anal, and oral sex). Using condoms can help you avoid catching genital warts. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Genital warts are difficult to treat and cure. A doctor or clinic nurse may apply a chemical liquid to burn them off. In more advanced cases it may be necessary to remove them with laser or surgery. Visit a doctor or health clinic for diagnosis and treatment. Your sex partners should also be checked and treated.

FACT SHEET

HIV and AIDS

WHAT IS IT? HIV infection is caused by a virus (HIV) which destroys the immune system. When the immune system is destroyed the body is open to many infections and cancers. When these infections or cancers begin to appear the disease is called AIDS. The HIV virus is carried in the blood, semen, and vaginal fluids of infected people. Symptoms may take ten years develop. Many people with HIV infection are not aware they have it.

SYMPTOMS

- Weight loss, loss of appetite, diarrhea, fatigue
- Fevers, night sweats, swollen lymph nodes (neck, armpits, groin)
- White patches in the throat, problems swallowing
- Dry cough, chest pain, problems breathing
- Painless purple or brown spots on the skin
- In women, recurrent vaginal yeast infections or pelvic infections

COMPLICATIONS: HIV/AIDS may lead to a variety of serious and life-threatening infections and cancers, including a type of pneumonia. Women with HIV may be more likely to develop cervical cancer. A pregnant women may pass HIV to her newborn.

TRANSMISSION: HIV is usually spread through sex (vaginal, oral, or anal sex) and through sharing needles, syringes, or "works." In rare cases it's passed through a blood transfusion with infected blood. If you think you may have been exposed, visit a doctor or health clinic for an HIV test and counseling. Using condoms when you have sex can help reduce your risk of HIV infection.

TREATMENT: There is no cure for HIV/AIDS, but many of the infections and cancers it causes can be treated. Several drugs are available to help control the activity of the virus and reduce its damage to the immune system.

FACT SHEET

Vaginitis

WHAT IS IT? Vaginitis is a term used to identify a number of different vaginal infections. These infections can be caused by a yeast-like fungus (different than bread yeast) or by bacteria.

SYMPTOMS:

- Burning or itching in the vaginal area (between your legs)
- Unusual vaginal discharge (fluids or thick discharge)
- Unpleasant or "different" vaginal odor

COMPLICATIONS: It's seldom serious. However, vaginitis can be very uncomfortable. In some cases it can lead to bladder infections.

TRANSMISSION: The bacteria that cause many kinds of vaginitis can be spread through sex. Men can carry the bacteria and not have any symptoms. Yeast infections usually **are not** spread by sex. If you have symptoms of vaginitis it's best to use condoms or avoid sex and get treatment as soon as possible. Keep using precautions until you've finished your medication and your symptoms have gone away.

TREATMENT: You can buy cremes to treat yeast infections **without** a prescription (for example, Monistat® and Gyne-Lotrimin®). If your symptoms don't go away after you've used all the creme, visit your doctor or health clinic for tests. Some types of vaginitis are caused by bacteria and you must take the right kind of antibiotic tablets for a cure. Both you and your sex partner may need to take antibiotics so that you won't pass the infection back and forth to each other. Douching **will not** help you avoid getting vaginitis.

FACT SHEET

Trichomonas Infection

WHAT IS IT? Trichomonas is a type of vaginal infection caused by small organisms called protozoa (*pro-ta-zoh-ah)*. These organisms can flare up in the vagina and cause problems. Trichomonas is sometimes called "trich," for short.

SYMPTOMS:

- Itching and irritation in the vaginal area (between your legs)
- Unusual vaginal discharge (fluids)
- Unpleasant or "different" vaginal odor

COMPLICATIONS: It is seldom serious. However, it can be spread through sex so it's very easy to catch it again.

TRANSMISSION: In some cases trich may be spread through shared towels, underwear, or bathing suits. Most often, it is spread through sex. Men can carry trich but not have any symptoms. Using condoms can help you prevent catching it. If you have symptoms, it's best to avoid having sex and get treatment as soon as possible.

TREATMENT: A doctor or health clinic can test you for the protozoa that cause trich. The usual treatment is antibiotics. Both you and your sex partner should be treated. Trich is one of the most common vaginal infections. The most important thing is to get treated and make sure your sex partner is treated, too. Douching **will not** cure trich. If you have symptoms of a vaginal infection, douching can make it worse. Talk with your doctor or health clinic for advice.

CLIENT SURVEY
"TIME OUT! FOR ME"

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 62; CARD 01]

SITE # |__|__| [5-6] CLIENT ID# |__|__|__|__|__|__| [7-12] DATE: |__|__||__|__||__|__| MO DAY YR [13-18] COUNSELOR ID# |__|__| [19-20]

SEQUENCE: 1. PRETEST 2. POSTTEST 3. 10 WEEK 4. 6 MONTH |__| [21]

PART ONE.

INSTRUCTIONS: Please answer the following questions based on whether you think the sentence is TRUE or FALSE. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. An I-Message is a way of expressing what you think or feel in a way that respects other people.	1	2	[22]
2. Communication roadblocks are likely to occur if we call people names or if we don't listen to what they are saying.	1	2	
3. Latex condoms are better than skin condoms for practicing safer sex.	1	2	[24]
4. The most effective way to refuse or say "No" to someone is to be direct, firm, and avoid giving excuses.	1	2	
5. Fertilization (when the male's sperm meets the female's egg) happens in the uterus (womb).	1	2	[26]
6. The brain and other organs of a developing fetus can be seriously damaged by drugs or alcohol as early as the third week of pregnancy.	1	2	
7. Men have a stronger need for sex than women do.	1	2	[28]
8. Women do not need to check their breasts each month, so long as they have an annual physical exam.	1	2	
9. Using Vaseline or baby oil with a condom can cause the condom to weaken and break.	1	2	[30]
10. When a man or a woman become sexually aroused ("turned-on"), there is an increased flow of blood into the tissues of the sex organs.	1	2	

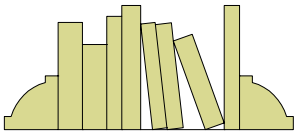
	True	False	
11. An I-Message is a self-centered comment that shows a person doesn't care about anyone else.	1	2	[32]
12. A woman should have a Pap test and a pelvic exam (a women's health checkup) only when she has symptoms or thinks something is wrong.	1	2	
13. The female clitoris (clit) is the main organ of sexual pleasure in women.	1	2	[34]
14. In order to communicate effectively, it is more important to say things correctly than it is to listen to what the other person has to say.	1	2	
15. A woman should begin getting prenatal care as soon as she knows she is pregnant.	1	2	[36]
16. Body language (nonverbal communication) plays an important part in how well people understand what you say.	1	2	
17. Sex and sexuality are the same thing — both refer to the physical act of having intercourse.	1	2	[38]
18. When you refuse a request you should make an excuse to avoid hurting the other person's feelings.	1	2	
19. AIDS and other sexually transmitted diseases can be spread by having sex just once with someone.	1	2	[40]
20. What you say is more important than how you say it.	1	2	

PART TWO.

INSTRUCTIONS: Please rate each item on a scale of 1 (Not at All) to 5 (Very), according to HOW TRUE THE STATEMENT IS OF YOU. Please circle one number for your answer to each statement.

READ EACH ITEM AND CIRCLE ANSWER.	NOT AT ALL TRUE	SLIGHTLY TRUE	SOME-WHAT TRUE	MOSTLY TRUE	VERY TRUE	
1. It is easy for me to express my opinions to my partner.	1	2	3	4	5	[42]
2. I often step in and make decisions for other people.	1	2	3	4	5	

READ EACH ITEM AND CIRCLE ANSWER.	NOT AT ALL TRUE	SLIGHTLY TRUE	SOME-WHAT TRUE	MOSTLY TRUE	VERY TRUE	
3. I would object if my partner suggested that we use a condom.	1	2	3	4	5	[44]
4. In general, I am satisfied with myself.	1	2	3	4	5	
5. I think masturbation is normal and healthy.	1	2	3	4	5	[46]
6. I listen carefully to what my partner has to say.	1	2	3	4	5	
7. I wish I had more respect for myself.	1	2	3	4	5	[48]
8. I plan to always use condoms when I have sex.	1	2	3	4	5	
9. I have difficulty saying "No" to my partner.	1	2	3	4	5	[50]
10. I am able to make good decisions about my health.	1	2	3	4	5	
11. I would be willing to try a condom, even if I had never used one before.	1	2	3	4	5	[52]
12. If my partner treats me unfairly, I can express how I feel.	1	2	3	4	5	
13. I know for sure what is right or wrong for me sexually.	1	2	3	4	5	[54]
14. I do things as well as most people.	1	2	3	4	5	
15. It is difficult for me to talk with my sex partner about sexual concerns.	1	2	3	4	5	[56]
16. I would be comfortable using "sex toys" (vibrators, etc.) during lovemaking.	1	2	3	4	5	
17. I feel like I am a failure.	1	2	3	4	5	[58]
18. I intend to talk with my sex partner about how we can have safer sex.	1	2	3	4	5	
19. I would avoid using condoms if at all possible.	1	2	3	4	5	[60]
20. I can talk openly and honestly with my sex partner.	1	2	3	4	5	



References

Adams, L. (1979). *Effectiveness training for women*. New York: G.P. Putnam.

Alberti, R., & Emmons, M. (1990). *Your perfect right* (3rd ed.). San Luis Obispo, CA: Impact Publishers.

Beresford, T. (1980). *How to be a trainer*. (Available from Planned Parenthood of Maryland, 610 North Howard Street, Baltimore, MD 21201).

Boston Women's Health Collective. (1984). *The new our bodies, ourselves*. New York: Simon and Schuster.

Doyle, K. (1982). Assertiveness training for women. In G.M. Beschner, B.G. Reed, & J. Mondanaro (Eds.), *Treatment services for drug dependent women Vol. 2* (NIDA Monograph, DHHS No. ADM 82-1219). Washington, DC: U.S. Government Printing Office.

Farris, M. (Ed.). (1985). *FACTS Project Manual*. (Available from Planned Parenthood of North Texas, 1555 Merrimac Circle, Fort Worth, TX 76107).

Kramer, P. (1988). *The dynamics of relationships*. Kensington, MD: Equal Partners.

Lange, A., & Jakubowski, P. (1978). *Responsible assertive behavior*. Champaign, IL: Research Press.

Mondanaro, J., Wedneoja, M., Densen-Gerber, J., Elahi, E., Mason, M., & Redmond, A.C. (1982). Sexuality and fear of intimacy as barriers to recovery for drug dependent women. In G.M. Beschner, B.G. Reed, & J. Mondanaro (Eds.), *Treatment services for drug dependent women Vol. 2* (NIDA Monograph, DHHS No. ADM 82-1219). Washington, DC: U.S. Government Printing Office.

Nova Research Company. (1990). *AIDS prevention model: Reaching women at risk*. NADR Project. Rockville, MD: National Institute on Drug Abuse.

Ortiz, E. (1989). *Your complete guide to sexual health*. Englewood Cliffs, NJ: Prentice-Hall.

Petrich-Kelly, B., & McDermott, B. (1988). *Intimacy Is For Everyone*, 41 Sunshine Lane, Santa Barbara, CA 93105. Contact: petkell@mindspring.com

Porat, F. (1988). *Self-esteem: The key to success in love and work*. Saratoga, CA: R & E Publishers.

Satir, V. (1972). *Peoplemaking*. Palo Alto, CA: Science and Behavior Books.

Sproule, J.M. (1981). *Communication today*. Glenview, IL: Scott, Foresman and Company.

Turner, C.F., Miller, H.G., & Moses, L.E. (Eds.). (1989). *AIDS, sexual behavior and intravenous drug use*. Washington, DC: National Academy Press.

Wedenoja, M., & Reed, B.G. (1982). Women's groups as a form of intervention for drug dependent women. In G.M. Beschner, B.G. Reed, & J. Mondanaro (Eds.), *Treatment services for drug dependent women Vol. 2* (NIDA Monograph, DHHS No. ADM 82-1219). Washington, DC: U.S. Government Printing Office.

Resources for Teaching Materials

Breast Self-Examination Models

For information about breast models available for loan in your area, contact:

The American Cancer Society Headquarters
1599 Clifton Road, N.E.
Atlanta, GA 30329
Telephone: 1-800-227-2345 (toll-free)
Texas Division, 2433 Ridgepoint Dr., Suite A
Austin, TX 78754
Telephone: 1-512-919-1800
http://www.cancer.org

For purchase, contact:

Health EDCO
P.O. Box 21207
Waco, TX 76702-1207
Telephone: 1-800-299-3366 (toll-free)
http://healthedco.com

Videos and Films about Breast Exam, Pap Test, and Pelvic Examination

For information about films and videos for loan in your area, contact:

The American Cancer Society Headquarters
1599 Clifton Road, N.E.
Atlanta, GA 30329
Telephone: 1-800-227-2345 (toll-free)
Texas Division, 2433 Ridgepoint Dr., Suite A
Austin, TX 78754
Telephone: 1-512-919-1800
http://www.cancer.org

Planned Parenthood Federation Affiliates
Check your phone book for an office in your area.

To purchase or rent the video **Your Pelvic and Breast Exam**, which is used in Session Four, contact:

Perennial Education
930 Pitner Avenue
Evanston, IL 60202
Telephone: 1-800-323-5448 (toll-free)

Safer Sex Demonstration Materials

Many of the materials suggested for use in Session Five are usually available for sale through drug stores and pharmacies.

For information about materials available for loan in your area, contact:

Planned Parenthood Federation Affiliates
Check your phone book for an office in your area.

Any AIDS Services or AIDS Resources organization
Check your phone book for an office in your area.

To purchase safer sex demonstration models, condoms, and supplies, contact:

Lifestyles Condoms
Ansell Healthcare, Inc.
200 Schultz Drive
Red Bank, NJ 07701
Telephone: 1-800-327-8659 (toll-free)
http://www.lifestyles.com

Health EDCO
Box 21207
Waco, TX 76702
Telephone: 1-800-299-3366 (toll-free)
http://healthedco.com

For information and samples of the female condom, contact:

The Female Health Company
515 North State Street, Suite 2225
Chicago, IL 60610
Telephone: 1-800-274-6601 (toll-free) or 1-800-635-0844 (toll-free)
http://femalehealth.com

Sources for Pamphlets and Literature about Breast Cancer, Pap Tests, Mammography

The American Cancer Society Headquarters
1599 Clifton Road, N.E.
Atlanta, GA 30329
Telephone: 1-800-227-2345 (toll-free)
Texas Division, 2433 Ridgepoint Dr., Suite A
Austin, TX 78754
Telephone: 1-512-919-1800
http://www.cancer.org

Planned Parenthood Federation Affiliates
Check your phone book for an office in your area.

Sources for Pamphlets and Literature on HIV/AIDS, Safer Sex and Sexually Transmitted Diseases

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: 1-301-443-3285

American Red Cross National Headquarters
HIV/AIDS Education
1709 New York Avenue, N.W., Suite 208
Washington, DC 20006
Telephone: 1-202-639-3223
or contact your local Red Cross Chapter

Planned Parenthood Federation Affiliates
Check your phone book for an office in your area.

Any AIDS Services or AIDS Resources organization
Check your phone book for an office in your area.

In Texas, contact:

Texas Department of Health
Bureau of HIV and STD Control
1100 West 49th Street
Austin, TX 78756
Telephone: 1-512-458-7207

Introduction

SESSION 1

A New Outlook on Sexuality

SESSION 2

My Personal Rights

SESSION 3

Getting Through to People

SESSION 4

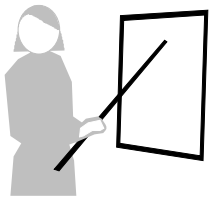
Woman-Care
Self-Care

SESSION 5

Choices for Today's Woman

SESSION 6

Talking About Sexuality



Appendix A

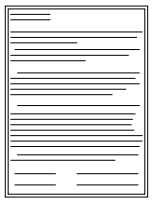
How to Use this Manual

Appendix B

Human Sexuality

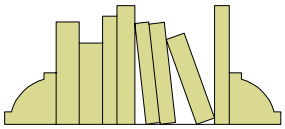
Appendix C

FACTS Manual Reference Section



Appendix D

Client Opening and Closing Surveys



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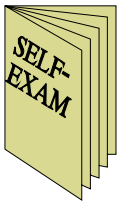

Resources for Teaching Materials

PORQUE DEBE HACERSE UN AUTO-EXÁMEN DE LOS SENOS CADA MES

El auto-exámen de los senos es un paso importante para la detección temprana del cáncer. Cuando el cáncer de los senos se detecta y se trata a tiempo, la mujer puede sobrevivir. Por eso es importante que usted aprenda a hacerse un auto-exámen correcto de sus senos.

LOS TRES PASOS DEL AUTO-EXÁMEN DE LOS SENOS

PRIMER PASO: FRENTE AL ESPEJO

Figura 1

Deje los brazos en posición relajada a los costados del cuerpo y observe cada seno de frente y de lado.
Observe:

* Cambios en la forma del seno
* Irregularidades en la piel, como hundimientos o arrugas
* Piel descamada alrededor del pezón
* Algún tipo de desecho o secreción por el pezón o cualquier cambio en el pezón

Figura 1A

Levante los brazos por arriba de la cabeza y observe cada seno de frente y de lado.

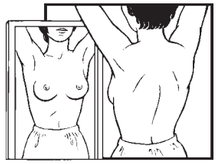

Figura 2

Apoye sus manos en la cintura, presionándolas para contraer los músculos del pecho que están debajo de los senos. Observe los senos en el espejo de frente y de lado.

Figura 3

SEGUNDO PASO: A LA HORA DEL BAÑO

Figura 4

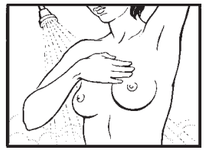

Figura 4A

Cuando la piel esta mojada es más fácil deslizar los dedos para hacer el exámen. Use la mano izquierda para palpar el seno derecho y la mano derecha para el seno izquierdo. Al palpar los senos usted está buscando:

* Abultamientos, áreas más duras, o cualquier cambio.

Imagine que su seno es un reloj. Comienze por la hora 12 en punto y examine todo el seno en un movimiento circular en el sentido de las agujas del reloj. Coloque los dedos en forma plana y con las yemas de los tres dedos medios palpe con presión firme todo el borde exterior del seno. Al completar la vuelta, mueva los dedos un poco hacia el pezón, dando vuelta tras vuelta hasta haber palpado todo el tejido del seno.

TERCER PASO: ACOSTADA

EL EXÁMEN EN POSICIÓN ACOSTADA ES LA MEJOR FORMA DE DETECTAR ABULTAMIENTOS, ÁREAS MÁS DURAS O CUALQUIER CAMBIO.
Acuéstese. Para lograr una distribución más pareja de los tejidos del seno, ponga una almohada o una toalla doblada debajo del hombro derecho, y ponga su mano derecha debajo de la cabeza. Coloque los dedos en forma plana y use las yemas de los dedos con alguna crema o talco para que el movi-miento sea más fácil. Del mismo modo que al bañarse, palpe todo el tejido del seno con una presión firme, dando vueltas en el sentido de las agujas del reloj, desde el borde exterior del seno hasta el pezón. Examine ambos senos de este modo.

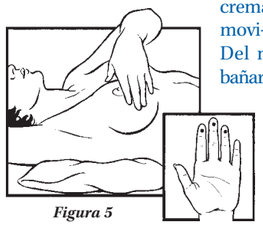

Figura 5

Figura 5A

EL MEJOR MOMENTO PARA HACERSE EL AUTO-EXÁMEN DE LOS SENOS

El mejor momento es aproximadamente una semana después del primer día de la menstruación. Después de la menopausia (cambio de vida) o de una histerectomía, escoja un día fácil de recordar, tal como el primer día del mes. Haciendo este auto-exámen de los senos cada mes usted se familiarizará con el tejido de sus senos y podrá detectar algún cambio.

PORQUE DEBE HACERSE UNA MAMOGRAFÍA

La mamografía es una radiografía de los senos hecha con una dosis baja de rayos X. Puede encontrar cánceres demasiado pequeños que nos son detectados por usted o su médico. La mamografía también muestra cambios en los tejidos que pueden ser los primeros síntomas del cáncer de seno. Cuando se le usa junto con los exámenes de los senos, la mamografía es una forma eficaz de salvar vidas.

QUE DEBE USTED HACER SI ENCUENTRA ALGÚN CAMBIO

Si usted nota un cambio en sus senos, consulte a su médico lo antes posible. Los cambios importantes incluyen:

* aparición de abultamientos, áreas más duras o cualquier cambio
* aparición de hundimientos o arrugas
* piel descamada alrededor del pezón
* cambios en el pezón

¡No se alarme: La mayoría de los bultos u otros cambios no son cancerosos, pero solamente un médico puede hacer el diagnóstico!

FACTORES DE RIESGO EN EL CÁNCER DEL SENO

Los factores más importantes en el cáncer del seno son:

* ser mujer
* envejecer
* tener un familiar cercano con cáncer de los senos (madre, hermana, hija)

HAGA UN PLAN PERSONAL

Haga un plan personal para el cuidado de sus senos junto con su médico. La Sociedad Americana del Cáncer (ACS) recomienda:

HAGA UN PLAN PERSONAL

Haga un plan personal para el cuidado de sus senos junto con su médico. La Sociedad Americana del Cáncer (ACS) recomienda:

* un auto-exámen mensual de los senos
* exámenes regulares de los senos hechos por su médico
* mamografías según las guías establecidas por la Sociedad Americana del Cáncer (ACS)

RECOMENDACIONES PARA LOS EXÁMENES

Para la detección del cáncer de los senos en mujeres sin síntomas*, la Sociedad Americana del Cáncer (ACS) recomienda lo siguiente:

1. Una mamografía cada año empezando a la edad de 40 años *(por indicación médica, las mamografías pueden comenzar antes).*
2. Un exámen físico de los senos hecho por un médico cada tres años en mujeres entre 20 a 39 años de edad y uno por año en mujeres mayores de 40 años.
3. Un auto-exámen mensual de los senos para todas las mujeres mayores de 20 años de edad.

**Estas recomendaciones son para la detección de cáncer de los senos en mujeres sin síntomas y con un riesgo normal. La existencia de una historia familiar de cáncer de los senos y otros factores, pueden alterar estas recomendaciones. Si tiene preguntas, consulte a su médico.*

Learn To Give Yourself Breast Examinations!

Aprenda Como Examinarse Sus Senos!

American Cancer Society®

WHY YOU SHOULD EXAMINE YOUR BREASTS EVERY MONTH:

Breast Self-Examination (BSE) is an important step in finding breast cancer early. When breast cancer is found early and treated promptly, women survive. That is why it is important for you to learn how to examine your breasts properly.

THE THREE STEPS OF BSE

Figure 1

STEP ONE: IN FRONT OF MIRROR

Let your arms hang loosely at the sides of your body. Look at your breasts from the front and from each side. You are looking for:

Figure 1A

* Any change in the form and shape of the breast
* Dimpling or puckering of the skin
* Scaling of the skin around the nipple
* Any change in the nipple

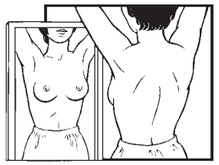

Figure 2

Raise your arms above your head and look at each breast from the front and from each side.

Rest your hands on your hips and press your hands down firmly to tighten the muscles under the breast. Look at each breast from the front and from each side.

Figure 3

STEP TWO: AT BATH TIME

Figure 4

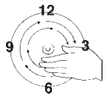

Figure 4A

When your skin is wet, it is easy to move your fingers over your breasts. Use the left hand to examine the right breast, and the right hand to examine the left breast. As you are examining your breasts you are feeling for:

* A lump, a thickened area, a hardening in the breast or anything that feels different.

Imagine your breast as the face of a clock. Examine all of the breast tissue in a clockwise motion starting at 12 o'clock. Press firmly with the sensitive pads of the middle three fingers starting at the outer edge of your breast. With each clockwise motion, move your fingers in toward the nipple until you have felt all of your breast tissue.

STEP THREE: LYING DOWN

EXAMINING YOUR BREASTS WHILE LYING ON YOUR BACK IS THE MOST EFFECTIVE WAY TO CHECK YOUR BREAST FOR LUMPS, THICKENING OR HARDENING.

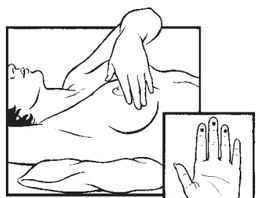

Figure 5

Fig.5A

Lie down on your bed. To spread the breast tissue more evenly, put a pillow or bath towel under your right shoulder and put your right hand under your head. Use the fingers of the left hand to check your breast. Use lotion or powder on the skin which will make it easier to move your fingers over your breasts. Follow the same method as you did while you were bathing, moving your fingers in a clockwise motion, using firm pressure and feeling all of your breast tissue from the outer edge to the nipple. Examine each breast in the same way.

THE BEST TIME TO DO BSE

Do your Breast Self-Examination about a week after the start of your menstrual period when the breasts are usually not tender. After menopause (change of life) or after hysterectomy, choose a day that is easy to remember, such as the first day of the month. By doing BSE regularly you will become familiar with how your breasts feel and will be able to detect a change in your breast tissue.

WHY YOU SHOULD HAVE A MAMMOGRAM

A mammogram is a low dose x-ray of the breast. A mammogram can find cancers too small to be felt by a woman herself, or her health care provider. Mammograms can also show changes in the breast tissue that could be a sign of very early breast cancer. When used with physical examination of the breast, mammography has proven to be effective in saving lives.

WHAT TO DO SHOULD YOU FIND A CHANGE

If you notice a change in your breasts, see your doctor or health care provider soon. Important changes to report might include:

* a lump, thickening or hardening in your breast.
* dimpling or puckering of the skin of your breast.
* scaling of the skin around the nipple
* nipple discharge

Don't be alarmed. Most breast lumps or other changes ar not cancer, but only your doctor can make the diagnosis.

RISK FACTORS FOR BREAST CANCER

The most important risk factors for breast cancer are:

* being a woman
* getting older
* having a close family member with breast cancer (mother, a sister, daughter)

MAKE A PERSONAL PLAN

Make a personal plan for your breast care together with your doctor or health care provider. The American Cancer Society recommends these three steps to detect breast cancer early:

* breast self examination every month
* regular breast examination by your doctor or health care provider
* mammography according to the guidelines of the American Cancer Society

SCREENING GUIDELINES:

The American Cancer Society (ACS) recommends the following guidelines* for breast cancer screening of women without symptoms:

1. **A mammogram every year for all women age 40 or over (screening may begin earlier if clinically indicated).**

2. **Clinical Breast Exam by a health care professional every 3 years for women aged 20 to 39, and annually for women age 40 and over.**

3. **Breast Self-Exam monthly for all women age 20 and over.**

** Guidelines for screening women without symptoms of breast disease and with normal risk for cancer. The presence of a strong family history of breast cancer or other factors may alter these recommendations. Check with your health care provider if you have any questions.*

The recommendation of the American Cancer Society for mammography is:

* **A mammogram every year for all women age 40 or over**

(screening may begin earlier if clinically indicated)

MISSION STATEMENT
The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy, and service.

NUESTRA MISIÓN
La Sociedad Americana del Cáncer es una organización voluntaria apoyada por la comunidad y dedicada a controlar el cáncer por medio de la investigación,

Este folleto fue posible por sus contribuciones a la Sociedad Americana del Cáncer.

This brochure was made possible by your contributions to the American Cancer Society.

For More Information Call Toll Free or Visit Us At Our Website

Para obtener más información llame gratis o visite nuestra página "web"

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