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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

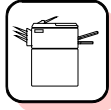
The desire and the ability to explore safer sex choices with a partner are often impacted by lack of confidence, limited knowledge of human sexual behavior and response, and inhibition about how to start a discussion. This lesson allows participants to critically examine these issues and to practice 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



OUTEROURSE 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**

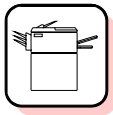
Write on flip chart paper or the chalkboard the words SEXUAL INTERCOURSE. Ask members to brainstorm all the terms they have ever heard or read that refer to sexual intercourse. These can be street terms, indirect terms, funny terms — anything they've heard. Write all answers.

**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.
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9

Summarize this section with the following points:

(See next page.)

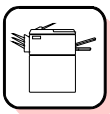


KEY POINT: Vaginal intercourse is not the only path to orgasm. The clitoris is the organ of female pleasure. This organ can be stimulated in a variety of ways to produce arousal and orgasm. Effective communication can help us talk with our partner about what brings us pleasure during sex.

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:



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.

- ❖ **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.

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?

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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)**

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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:



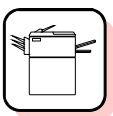
KEY POINT: Understanding human sexual response helps us become more at ease with our sexuality and sensuality. Just as sexuality is multi-dimensional, there are also many dimensions to how we respond sexually on a physical level.

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

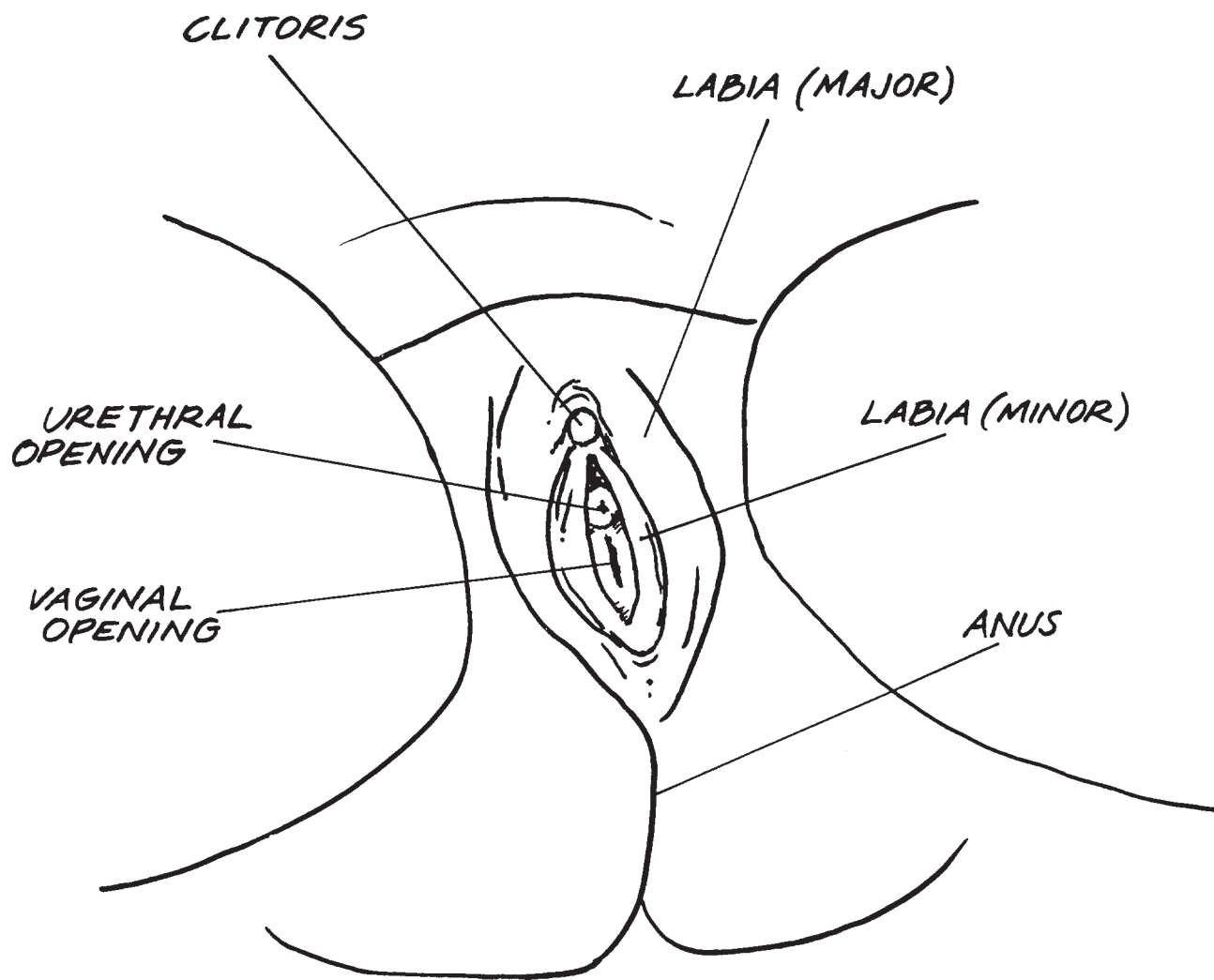
Thank members again for participating. Invite them to the next session.



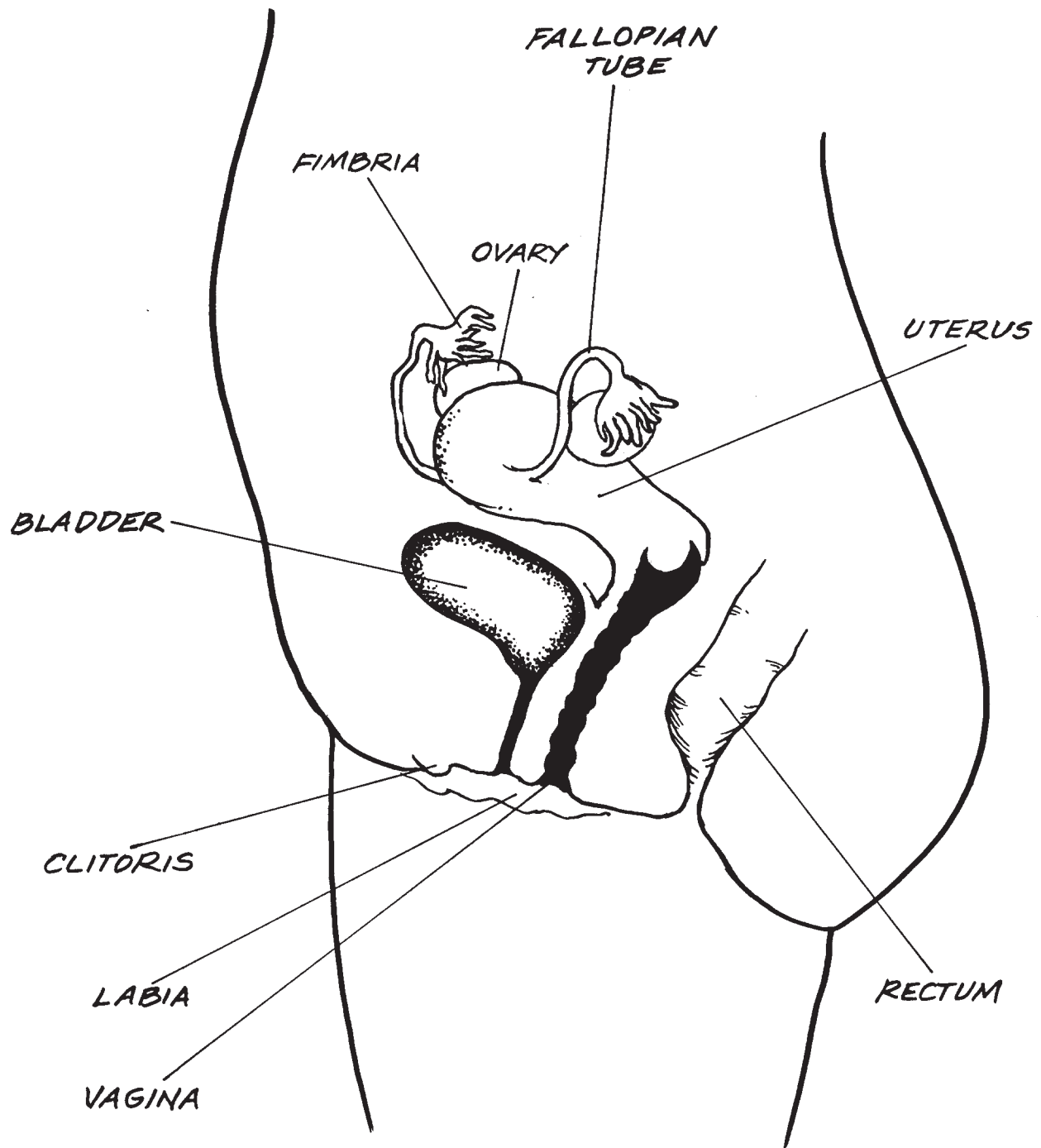
16

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

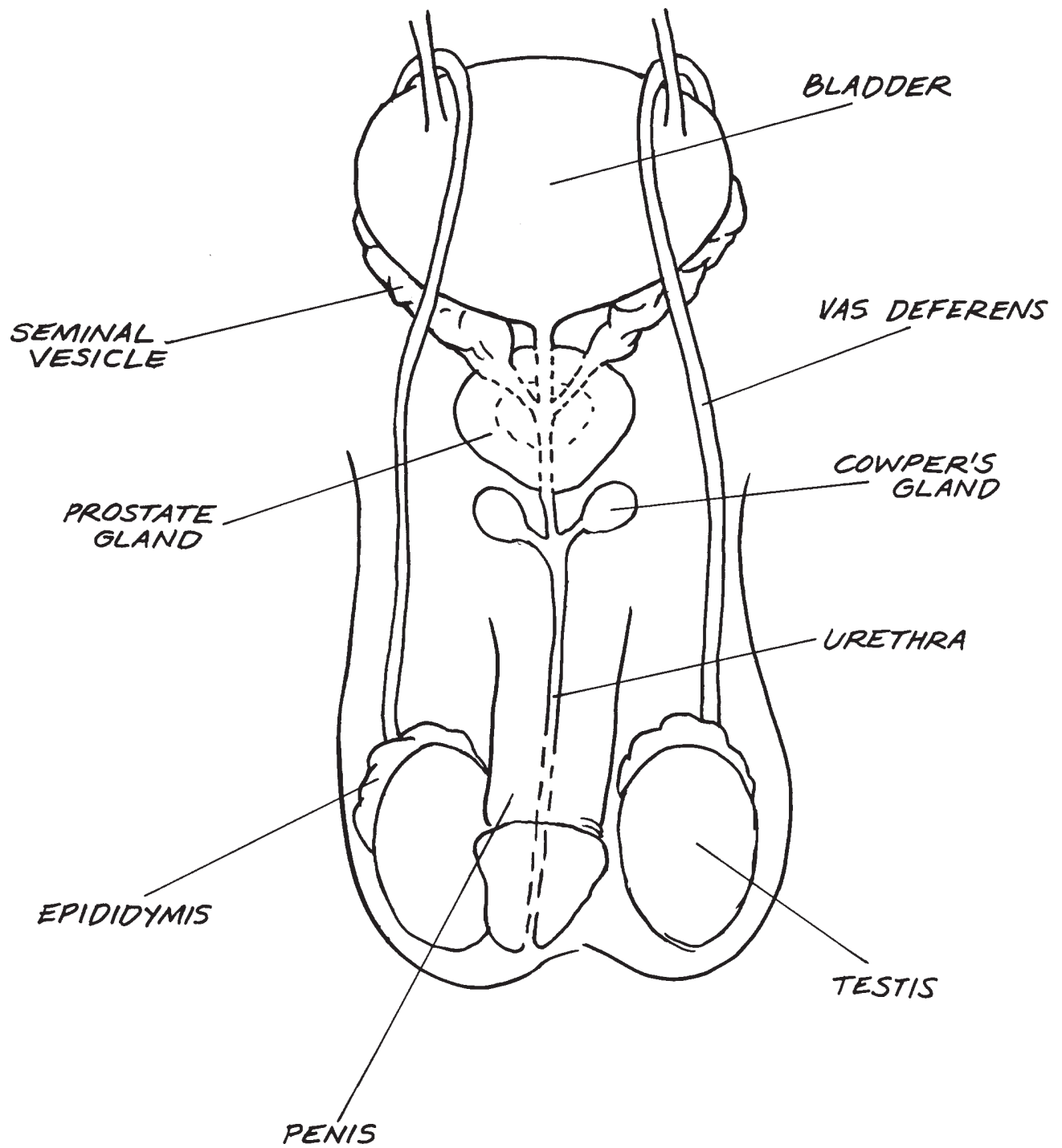




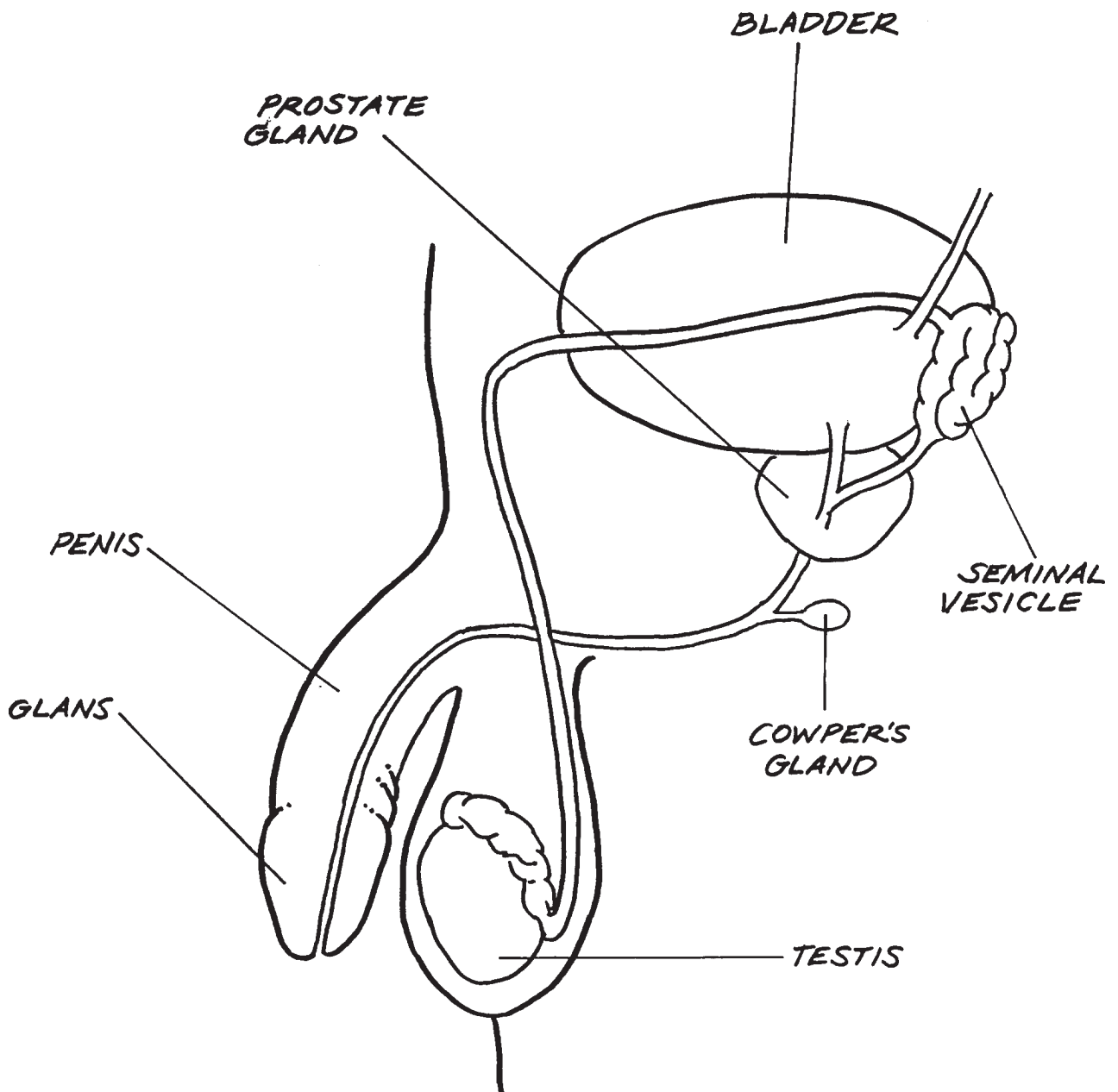
**Female
Anatomy**



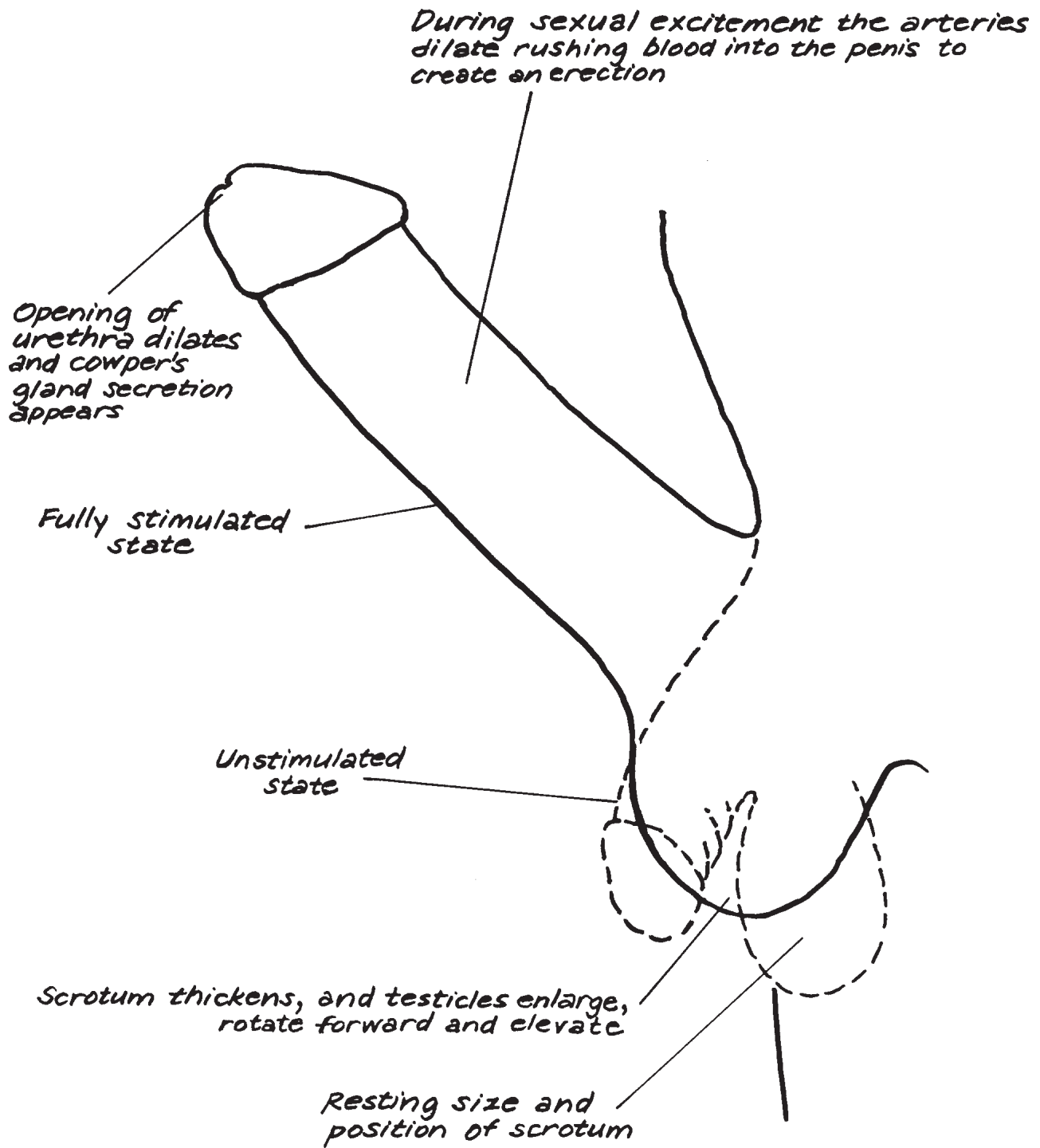
**Female
Anatomy**



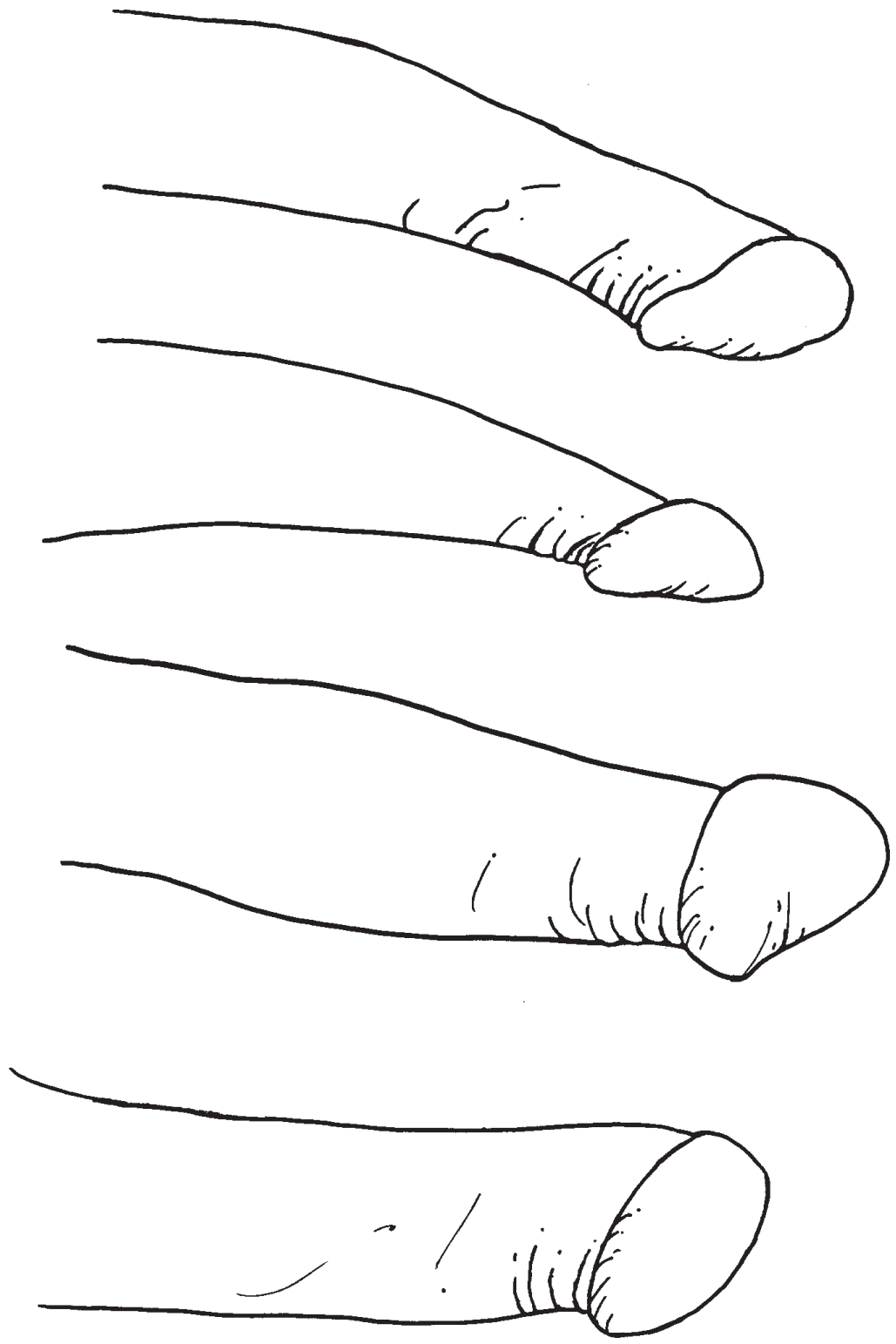
**Male
Anatomy**



**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]
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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?