

# Safe Teens LESSON

## The Continuum of Risk

### Introduction

Whether we realize it or not, every decision we make is colored by others. A set of culture-wide attitudes and beliefs inform our every action—including those regarding sexual health.

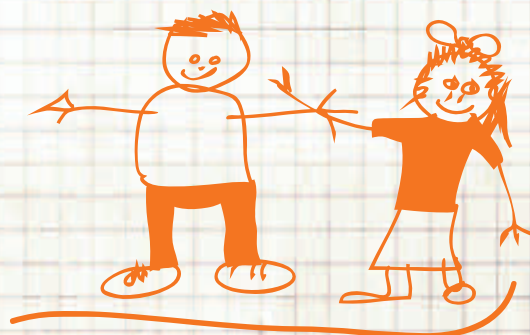
While some attitudes and beliefs promote sexual health, others detract from it. When it comes to STIs, even something as seemingly innocent as a joke can reinforce an attitude or belief that holds only “dirty” or “gross” people need to get tested. Such a contribution can lead some not to act, choosing no screenings and treatment over screenings and treatment.

In addition to identifying the behaviors that put sexual health at risk, this activity also identifies the attitudes and beliefs that are at the root of many people’s decisions to *not* engage in risky sexual health behaviors.

Identifying and correcting these attitudes, beliefs and behaviors is important not only to others’ sexual health, but to your own—even if *you* think about sex in a healthy manner. That’s because even one infection four or five relations away may eventually lead to your own infection. As Musical STIs demonstrates, when you have sex, you are not just having sex with your partner but also everyone they’ve had sex with...and everyone they’ve had sex with...and everyone they’ve had sex with...and, well, you get the point.

### Learning Objectives

1. To identify and disrupt everyday attitudes and behaviors that support the spread of STIs.
2. To foster personal and interpersonal responsibility for sexual health.
3. To model and encourage conversations on negotiating sexual health risk.



## Preparation

1. Prepare Risk Cards: Each card will list a contributor to risky sexual health practices. They can include, but are not limited to:

- Believing birth control is solely your partner's responsibility
- Believing you're STI-free because your partner was tested
- Believing wearing a condom is solely insertive partner's choice
- Believing that "real men" don't need to seek routine medical help.
- Bragging that you're "doing it" more than you actually are
- Refusing to wear a condom during anal sex
- Refusing to wear a condom during vaginal sex
- Having protected sex with a monogamous partner
- Having oral sex without a condom or dental dam
- Joking that "real" men don't wear condoms
- Being uncomfortable talking about sex
- Refusing to get tested
- Making jokes about STIs
- Open Mouth Kissing
- Abstaining from sex
- Having protected sex

### Tip

When talking about *behaviors* that put one's sexual health at risk, it's important to realize that all students may not be willing to eliminate all risk (with abstinence). For these students, encourage movement from more risky behaviors to less risky behaviors. Students should, however, be encouraged to challenge all *attitudes and beliefs* that encourage risky behaviors.

2. Prepare Continuum: On one side of a chalk or white board, write "most risky" and on another side write "least risky." In between, write numbers 1-9.



## Instructions

1. Introduce students to the lesson. You may want to read the introduction above and discuss where necessary. If you have played Music STIs, you may want to review its discussion topics and apply them to this lesson.
2. Split students into groups of two or three. Give each group a Risk Card. Have groups discuss how or why their topic contributes to risky sexual health behavior.

Safe  
Teens

SafeTeens.org

1.866.SAFE.TEENS

## Instructions (cont'd)

3. After a few minutes of discussion, ask students to think about where their risk lies on a continuum of risky behavior. Explain that with more risky behaviors, you're more likely to contract an STI and with less risky behaviors, you're less likely. Or, explain that another way to think about the continuum is that more risky behaviors can directly affect one's own health, while less risky behaviors will likely only indirectly affect one's health. Stress that the placement of some of cards is subjective and that you expect there to be some disagreement on where to place them. Tell students that everyone will have a chance to share their views on risks, regardless of where they finally decide to place their card.
4. Pick a group and ask them to write their risk in the appropriate spot along the continuum.



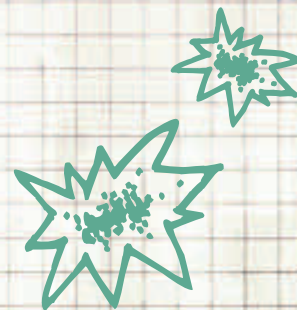
### Tip

Along with refusing to get tested, refusing to wear a condom during anal or vaginal sex should be placed as the highest risks. Anal sex is riskier than vaginal sex and with both anal and vaginal sex, the receptive partner is at more risk than the insertive partner.

5. Ask the group to share their rationale for placing the card on a specific spot along the continuum. Ask if there were any disagreements in the group regarding placement, and, if so, ask students to explain.
6. Repeat steps 4 and 5 with three to four groups.
7. Ask the class for its input. Ask if anyone disagrees with the current placement and if the cards seem to be in the right order. Explain and elaborate on any important facts that are missing from the discussion. Clear up any misperceptions.
8. Ask the class to reevaluate the placement. Re-place risks if necessary. Disagreement is to be expected, so you may need to split the difference or ask for an informal vote.



**Safe  
TEENS**



[SafeTeens.org](http://SafeTeens.org)

1.866.SAFE.TEENS

## Instructions (cont'd)

- Repeat this process, asking a few groups to place their risks and explain their rationale before opening the discussion to the larger class. Repeat until you have negotiated an entire continuum and all risks have been placed—and re-placed.
- Debrief by asking students how it felt to know that their actions—or lack of actions—in some way contributed to the spread of STIs. Emphasize the fact that most people who spread STIs do so unknowingly—and that those people need to be encouraged to have sex safely. As a homework assignment or wrap-up question, ask students how they can, in day-to-day situations such as conversations or jokes, encourage sexually active peers to have sex safely. To conclude, read the paragraph below and remind students that SafeTeens is their connection to getting tested.

### Tip

Some teens feel pressure to have sex because they perceive their peers are having more sex than they actually are. Teens who exaggerate the number of sexual partners they have add to this misperception—and pressure.

## Conclusion

In isolation, some of these attitudes, beliefs and behaviors may not be extremely harmful, but taken together, they encourage some people to engage in risky behaviors. Another way to think about it is that each attitude, belief or behavior on the board is a metal bar. If 'Someone bragging that they're "doing it" more than they actually are' is one bar in front of you, it's not such a big deal. You can walk around it. But if the bars start appearing all around you, pretty soon you're in a cage. It is this cage that we must dismantle, because it makes us all easier targets for STIs.



SafeTeens.org and the SafeTeens Hotline make finding a family planning center easy. Just click or call to find a center near you. For teens under 18, these centers are always free and confidential.



**Safe  
Teens**

Safe Teens is sponsored by the Pennsylvania Department of Health and provided by Maternal and Family Health Services, Inc.



[SafeTeens.org](http://SafeTeens.org)

1.866.SAFE.TEENS