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# YES Project

## Youth Empowerment in SRE

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European-wide initiative to support youth workers and practitioners to educate young people around issues of sexual health.

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# Table of Contents

<b>Introduction</b>	<b>4</b>
<b>YES Project Partners</b>	<b>6</b>
<b>Programme Sessions</b>	<b>7</b>
<b>Theory of Change</b>	<b>8</b>
<b>Session One: Sexual Identity &amp; Relationships</b>	<b>9</b>
Activity One - Introduction & Consent	11
Activity Two - Who Am I?	14
Activity Three - Comfort, Stretch, Panic	18
<b>Session Two: Communicating Consent</b>	<b>24</b>
Activity One - Consent	26
Activity Two - My Boundaries	31
<b>Session Three: Wider Influences &amp; Decision-Making</b>	<b>36</b>
Activity One - What Influences Me?	38
Activity Two - Decision-Making	41
Activity Three - Ideal Future Self	49
<b>Appendices</b>	<b>51</b>
Gender Identity Terms	50
Contraceptive Information	52

# Introduction

## BACKGROUND TO THE YES PROJECT

### Irish Origins

The origins of this tool is in the work of the lead partner, Youth Work Ireland in the Republic of Ireland, and its ongoing consultation and engagement with young people through a participatory consensus building process. Through this process, the 76,000 young people who engaged weekly with Youth Work Ireland services, collectively identify key issues that they feel need to be addressed in a youth work setting. In 2017, young people identified the theme of sexual health as a key issue.

Following on from this, Youth Work Ireland developed a youth work activity consultation which was carried out by youth workers in club settings. In this consultation over 400 young people across 37 youth groups were asked to identify the topics, in relation to Positive Sexual Health, they wanted to learn more about, be heard on and change.

The results from this consultation identified the areas of health and safety, sex education and laws/regulations around sex, as being the issues young people want to learn more about, be heard on and change. These issues have formed the basis for the rest of the Positive Sexual Health campaign.

### The European Dimension

Everyone remembers the emergence of the #metoo campaign in United States of America in October 2017. This was quickly followed by movements emerging across Europe in France, Sweden, the United Kingdom, Italy and Spain. In this context, a European-wide approach to sexual health education, particularly sexual health education with a focus on consent, rights and identity, emerged as a strategically important approach.

Through existing European-wide partnerships and networks for clubs and youth information centres, affiliations existed between ECYC (European Confederation of Youth Clubs), LOGO Jugendmanagement and Youth Work Ireland. This allowed for conversations to emerge about how we could jointly leverage our experience, expertise and network, to develop a European-wide programme aimed at youth club volunteers, youth workers, educators and youth information workers to provide young people with empowering sexual health and reproductive education in a community setting.

The YES project programme is based on a widespread participatory curriculum research development (PCD) programme, which refined our understanding of the themes identified by Irish young people, and understands these in a European context. The PCD process ensured that the YES Project programme combined evidence from expert knowledge based on research and evaluation, with reflections of ‘real world’ practitioner’s experience and the expressed needs of young people.

The PCD process involved young people, youth work practitioners and experts in youth sexual health education through the following:

- Focus groups of young people in 25 different youth projects in Ireland. The results of the focus groups provided the topic areas, approach and ethos for the programme.
- An online survey of 142 youth work practitioners across the Island of Ireland and Europe in five languages. This provided us with an evidence base for the structure, session design, organisation of topics and delivery methods.
- The programme structure, learning outcomes, and pedagogical approach was peer-reviewed by seven leading experts on youth sexual health. These experts work in the fields of curriculum development, academic research, programme delivery and programme design.
- The pack itself was designed by Dr Susan Redmond, who is also responsible for drafting the new junior-cycle Relationships and Sexuality Curriculum for Ireland.

## **The YES Pack – Approach and Outcomes**

The resulting pack is one that takes an empowerment approach and focuses on the key issues identified by practitioners, experts and young people. These are:

- Sexual Identity & Relationships
- Communicating Consent
- Wider Influences & Decision-Making

The YES Project programme allows practitioners to address these issues with young people in three one-hour sessions. This is the delivery method that practitioners felt was most suitable for the greatest number of young people. The content of the pack has been reviewed by key informants and found to be accurate, and accessible for all young people, regardless of background.

Overall, this pack is one that the partnership of Youth Work Ireland, ECYC and Logo Jugendmanagement believes to be of value to practitioners, and will consequently improve the wellbeing of young people across Europe.

# YES Partners



European Confederation  
of Youth Clubs

**ECYC** is a European network of youth work and youth club organisations that practice and promote open youth work and non-formal education. With a membership of 23 organisations from 20 European countries, ECYC reaches up to 1.2 million young people. Their vision is to empower young people through open youth work and non-formal learning in order to promote democratic and civil society, and to encourage young people to be actively involved in their communities.

[www.ecyc.org](http://www.ecyc.org)



**LOGO jugendmanagement** is an innovative Austrian youth organisation which offers young people information and services in the areas of work, international affairs, health, education, life from A to Z and leisure, and is a communication service provider for young people. LOGO supports young people in making the right decisions for them and to actively contribute to their living environments. LOGO promotes the information literacy of young people to support them to determine their lives as much as possible, and one key aspect of LOGO is their promotion of diversity, participation and gender equality.

[www.logo.at](http://www.logo.at)



Youth Work Ireland

**Youth Work Ireland** is the largest youth organisation in Ireland, made up of 21 Member Youth Services and a national office. Through an Integrated Youth Services Model Youth Work Ireland provide young people with a range of services, programmes and supports, including mental health supports, resilience building, anxiety programmes, drug and alcohol supports, LGBTI+ youth work, club development, employability programmes, counselling services, rural outreach and fun safe spaces for young people to gather.

[www.youthworkireland.ie](http://www.youthworkireland.ie)

# Programme Sessions

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## SESSION 1:

### SEXUAL IDENTITY & RELATIONSHIPS

## Learning Outcomes of Session 1

### Young people will be able to:

- Establish a group contract.
  - Explain what it means to look after their sexual wellbeing.
  - Engage respectfully in conversations around sexuality.
  - Communicate their needs and wants in relationships.
  - Recognise the characteristics of what a healthy relationship is for them, both sexual and non-sexual.
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## SESSION 2:

### COMMUNICATING CONSENT

## Learning Outcomes of Session 2

### Young people will be able to:

- Explain what consent means.
  - Recognise boundaries around consent.
  - Display confidence communicating consent.
  - Demonstrate appropriate responses to consent, including acceptance when consent is not given.
- 

## SESSION 3:

### WIDER INFLUENCES & DECISION-MAKING

## Learning Outcomes of Session 3

### Young people will be able to:

- Recognise the impact of wider influences on sexual decision-making, such as media, peer pressure, family, culture, reality tv, pornography etc.
- Demonstrate the use of different decision-making processes.
- Make the link between sexual decision-making and a desired future self.
- Recognise their personal power around sexual decision-making.





## SESSION ONE

# Sexual Identity & Relationships

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The introductory session enables participants to get to know each other, settle into a group work process, and understand the contents of the programme.

This session also sets the scene for group behaviour by establishing a group contract, so that participants feel safe discussing sensitive topics.

It also ensures that participants are clear about respecting one another.

## Learning Outcomes

On completion of this session participants will be able to:

- Establish a group contract.
- Explore their sexual wellbeing.
- Respect other people's sexuality.
- Begin to communicate their needs and wants around relationships.
- Understand what a healthy relationship is for them, both sexual and non-sexual.

## Learning Methodologies

1. Introductions & Contract	15 mins
2. Who am I?	20 mins
3. Comfort Stretch Panic	25 mins
<b>Total Time:</b>	<b>1 hour</b>

## Materials

- Question Box
- Sticky notes
- Handout
- Flip-chart paper

### Optional

- Paper & Markers
- Art supplies

# ACTIVITY ONE

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## Introduction & Consent

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Purpose	Learning Outcome	Introductions	Time
The purpose of this activity is to enable participants to get to know each other and determine how they will work together for the sessions.	Participants will be able to establish a contract of working, while getting to know each other.	Start by introducing yourself and the programme. Explain why you are running the programme drawing on some of the research outlined in the background to the programme.	15 minutes

## Part One

## Name Game

- Start with a name game to introduce participants to each other and the facilitator. Sitting in a circle, ask each person to think of a personal characteristic that they have that begins with the same letter as their first name. (e.g. Super Sue, Optimistic Owen).
- The first person introduces themselves to the group. (e.g. Hi, I'm Super Sue).
- The person sitting next to them introduces themselves and the person before them. (e.g. Hi, I'm Optimistic Owen and this is Super Sue).
- The next person introduces themselves and everyone who has gone before them.
- Continue this around the room until everyone is clear on everyone else's names.

## Part Two

## Contract

Explain to the group that when working in a small group like this on a sensitive topic it is important to develop a contract so that everyone feels safe in participating. A contract is an agreement around how the group will work together. In this case it is a verbal agreement.

**From the facilitator's perspective it is important for example that:**

- The programme will focus on positive sexual health by exploring views and opinions.
- Participation (everyone can join in, but they also have the choice to opt out if they don't want to take part in something).
- Confidentiality (what's said in group time belongs in group time – no gossiping after the sessions about what someone said, however acknowledge that there is a limit to confidentiality and if something is said that the facilitator believes may mean that a young person is in a situation of harm or may harm someone else, under Irish Law and Child Protection Policies, they have to share this information with a designated officer to keep children safe).
- Non-disclosure (participants will not be required to share personal information about themselves and are requested not to share information about other people).
- There is space for people to talk to youth workers afterwards if things come up for them.
- Remember to be sensitive to each other, some people are exploring their sexuality, their gender, some people are in, or out or unsure.

**Ask participants if there is anything they would like to add to make the space a safe space for them to share.**

**Part Three****Question Box**

- Explain to the group that there will be a question box available at each session.
- Young people can ask questions or add comments to the box at any time during the group and each week the facilitators will review them and answer them either at the end of the session or at the beginning of the following session.

**Part Four****Mindful Moment****Read the following to the group:**

Inviting you to sit up straight in your chair, uncross your hands and legs. Close your eyes if you are comfortable doing so, and connect with the breath in the body. Feel the breath coming in and the breath going out. Where do you feel this breath most strongly? Expand your awareness to take in the whole body sitting in the chair. Really feel how the body is today.

Notice any sensations of tightness, tension, tiredness, boredom, anxiousness or curiosity, and just allow the body to be as it is without judging your experience. Allow the mind to settle from all its busyness and bring your attention into this moment with curiosity as if on a journey.

How are you feeling today? Where do you notice that feeling coming from? Really allow yourself to feel the body as it is, in this moment. Feeling settled in the body, consider what your intention is for this session? Connect with the breath in the body, feeling the breath coming in and going out. When you are ready bring attention back to the room and open your eyes.

**Explain**

Connecting with the body and the breath are useful tools to bring us out of our heads and into the body and the present moment. We will use this and other activities like this throughout the programme to help us really get connected with ourselves and learning to observe ourselves as we are.

# ACTIVITY TWO

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## Who Am I?

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Purpose	Learning outcome	Materials	Time
The purpose of this activity is to enable participants to explore who they are as sexual beings.	Participants will be able to begin to communicate their needs and wants in relationships.	None	20 minutes

## Introduction *(explain this to participants)*

There are many things that define us and these things can change throughout our lives. Part of who we are, is what we do and how we behave. This might include particular sports or interests, or how we wear our clothes. We often hear of people saying, 'I don't know who I am!'. You are you. You are made up of the things you like and dislike, the people you gravitate towards and those you prefer not to hang out with.

Part of what makes us who we are is our sexuality, sexual identity, orientation and sexual behaviour we take part in.

### HUMAN SEXUALITY..

..is the way people experience and express themselves sexually. This involves biological, erotic, physical, emotional, social or spiritual feelings and behaviours.

### SEXUAL IDENTITY..

..is a component of an individual's identity that reflects their sexual self-concept, integrating their moral, cultural, religious, and ethnicity into their greater overall identity.

### SEXUAL ORIENTATION..

..is how a person thinks of themselves in terms of who they are romantically or sexually attracted to (persons of the opposite sex or gender, the same sex or gender, to both sexes or more than one gender, or to no one).

### SEXUAL BEHAVIOUR..

..are actual sexual acts performed by the individual.

## Method

- Write the above four definitions on separate A3 paper and post around the room.
- Explain them to the participants.
- Give the participants the handout on sexuality (pg. 17) and invite them to circle all the words they believe are relevant to themselves as sexual beings.
- In small groups, invite the participants to discuss what makes them similar and different. As a facilitator, be aware that some young people may still be exploring their sexuality, may have come out or may not.
- Remind participants that they can share if they want to, but can also opt out of sharing if they are not comfortable doing so.
- Ask them to consider what influences their sexual identity? e.g. religion, culture, biology or gender.
- Explore that it means to a) have a particular sexual identity and orientation and b) be attracted to someone else.

## Discussion Questions



**In the large group discuss:**

- What do you think it means to 'be authentic'?
- Why do you think people aren't authentic?
- What do you think it takes for people to be comfortable with themselves as they are?

Sometimes people cover up who they are and try to behave like someone else that they think other people want them to be, so they are liked or fit in. This can sometimes happen in relationships, where one person tries to please others by behaving in particular ways, sometimes forgetting who they are and what is important to them.

## Alternative Approach



For a more creative approach, using art supplies e.g. paper, markers, paint, face masks, invite participants to illustrate themselves as sexual beings.



Straight	Homosexual	Gay	Lesbian	Bisexual	Unsure
Heterosexual	Funny	Compassionate	Kind	Loving	Shy
Closed	Guarded	Serious	Considerate	Flighty	Indecisive
Curious	Sexy	Sensual	Messy	Quite	Like to be touched
Like to be kissed	Like to play with my hair	Like my hair to be touched	Like my ear to be nibbled	Kiss	Cuddle
Hug	Slap	Taunt	Bully	Rape	Abuse
Hurt	Tickle	Regret	Opportunity	Healthy	Healthy
Toned	Tanned	Male	Female	Cis-Gender	Trans-Gender
Masturbate	Mutual Masturbation	Breasts	Penis	Dick	Boobs
Clitoris	Cum	Buttock	Bum	Arms	Feet
Ears	Neck	Back	Legs	Toes	Skin
Eyes	Straight hair	Curly hair	Being Authentic	Being true to myself	Acting like someone else
Not being sure of myself	Following your heart				

# ACTIVITY THREE

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## Comfort, Stretch, Panic

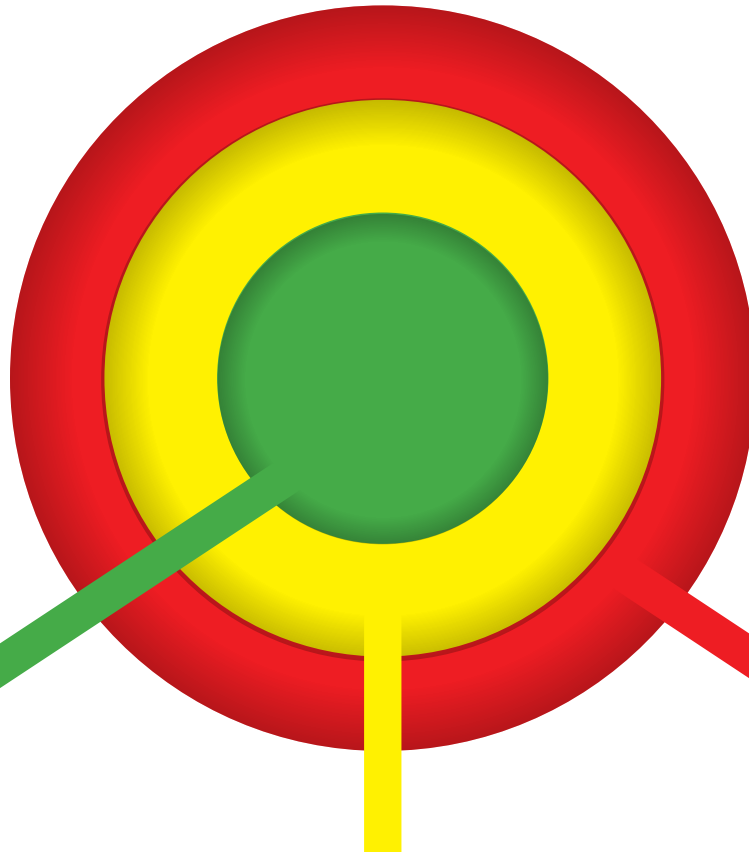
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Purpose	Learning Outcome	Introduction	Time
The purpose of this activity is to enable participants to explore their comfort zones and gain a sense of their felt experience.	Participants will be able to begin to communicate their needs and wants in relationships.	Explain this to participants	25 minutes

## Part One

Comfort, Stretch, Panic *(explain to participants)*

Using the picture below, explain the comfort, stretch and panic zones.



### The Comfort Zone

Your **Comfort Zone** is just that – comfortable – and includes everyday activities such as doing the same things and mixing with the same people. When most of your activities are in this zone life is, of course, 'comfortable', but you do not learn very much nor develop yourself – it's simply more of the same and it can lead to the shrinking zone.

### The Stretch Zone

Your **Stretch Zone** is the area of novelty, exploration and adventure. Here are the things that are a little or a lot out of the ordinary – the things you haven't done for a long time or have never done before. This zone is not really a comfortable place – but it is a stimulating one. It is where we stretch and challenge ourselves mentally, emotionally or physically. For example, asking someone you like out on a date.

### The Panic Zone

The **Panic Zone** is the area of things-to-be-avoided either because they are unacceptable to you or because they are currently a 'stretch' too far! This could range from things like public speaking at school, through to being forced to do something you do not want to do e.g. kiss someone you don't fancy.

## Method

- Using string, draw three circles (similar to the figure above on comfort, stretch panic) on the floor, big enough for the participants to stand in.
- Invite the participants to stand in the zone that they find most true to how they feel given the statements (pg. 21) that will be read out.
- Tease out each situation depending on where people position themselves.
  - What makes that situation feel **comfortable** to you?
  - What makes that situation a **stretch** situation for you? How do you know that it is a stretch situation, i.e. what signals does your body send you? How can you respond to that kind of a stretch situation?
  - What makes that situation a **panic** situation for you? How do you know that it is a panic situation for you, i.e. what signals does your body send you? How can you respond to that kind of panic situation?

## Discussion Questions



### In the large group discuss:

- What did you learn about the signals your body sends you?
- Do you ever ignore these signals? What happens then? (There is a saying, don't trust your gut instincts, obey them, they rarely lead you wrong).
- What are some of the best responses you have to dealing with these three zones, comfort, stretch and panic?

## STATEMENTS

You have the option to choose those deemed most relevant to the group, or make them more specific to the experiences of young people you are working with given what has come up in the group already.

- Being in the same room as a spider
- Being asked to speak in public
- Being asked on a date by someone you fancy
- Being asked on a date by someone you don't fancy
- Saying hi to someone you like
- Asking someone out
- Being asked to send a naked picture of yourself to someone
- Being followed on Instagram by someone you don't like
- Being followed on Instagram by someone you fancy
- Someone making a negative comment about you on social media
- Someone praising your picture on social media
- Someone making a positive comment to you in person
- Someone saying something hurtful to you in public
- Someone touching you when you don't want them to
- Someone touching you when you do want them to
- Having a fight with a friend
- Having a fight with a family member
- Having a fight with a girl or boy you like
- You are challenged to a fight by a group of other young people on a night out
- Being turned down / rejected
- Asked to kiss someone in exchange for cinema tickets

## Part Two

## Wants & Needs

**A need is “something that a person must have: something that is needed in order to live, or succeed, or be happy.” (Webster, 2014)<sup>1</sup>**

A need is something that is essential and very important to live a healthy and satisfied life. Maslow’s hierarchy of needs (see figure below) highlights basic needs such as physiological needs and safety needs, psychological needs such as belonging, love and esteem needs and then self-fulfillment needs. We need these things to both survive and thrive.

<sup>1</sup> Webster (2014) Need Definition, <https://www.merriam-webster.com/dictionary/need>

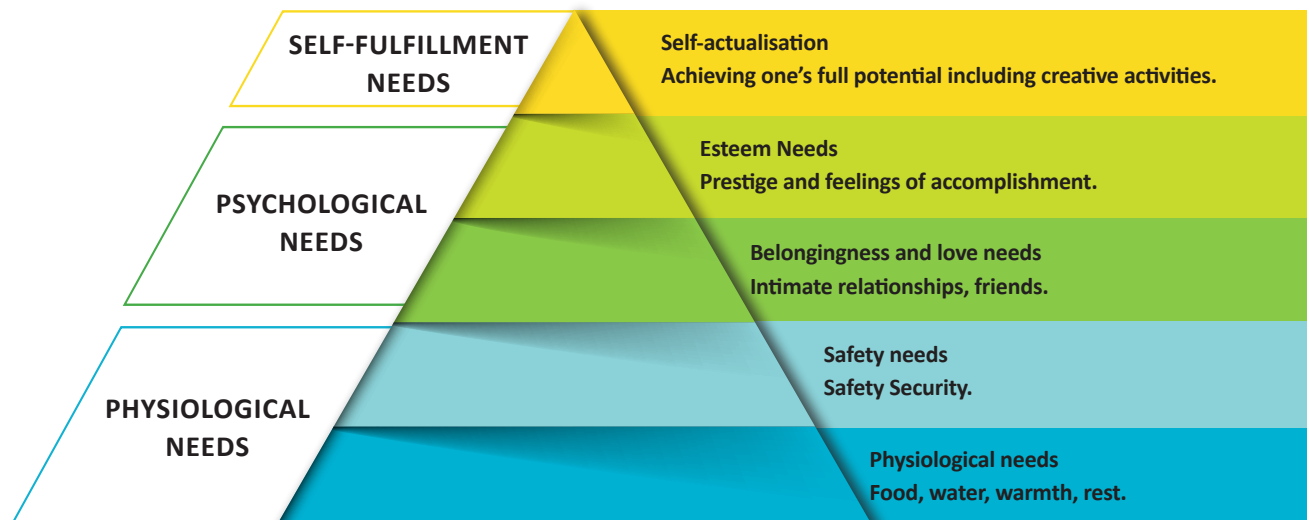
**Wants on the other hand are things we desire. Such as a list of important traits we want in a partner.**

How we want our partner to look on a physical level, how we want them to behave when in front of our friends in public and behave with us in private. Our wants may even extend to a general statement like “I want them to make me feel happy.” However, you are the one that is responsible for ensuring that you are happy, and your needs get met in a relationship. It is up to you to understand what you need in a relationship versus what you want, and it is your responsibility to effectively communicate those things.

## Hierarchy of Needs

- In preparation for this activity have the definitions of a WANT and NEED from above highlighted in bold, on a flipchart to explain to the participants.
- Have the following questions prepared on a flipchart and ask the participants to form smaller groups and explore the two questions.

1. What are all the wants a person might have in a relationship?
2. What are all the needs a person might have in a relationship?



## Discussion Questions



### In the large group discuss:

- What is the difference between what you want and what you need in a relationship?
- If we don't get what we need in a relationship, what zone might it put us in?
- What about, if we don't get what we want in a relationship, what zone might we be in then?
- How can you use the emotions that you feel to help you communicate what you want or need in a relationship?
- What does a healthy relationship look or feel like when you think about the zones, needs and wants?

## Ending: Personal contract

Have an envelope for each participant and ask them to write their name and date on it and insert their personal contract into it when done. Ask them to keep it somewhere safe in their home should they want to read it. *(Another option is to ask the participants to write their name and address on it and the facilitator can post it in 3 months).*

### Ask the participants to:

1. Write down specifically what a healthy relationship for them.
2. Create a personal contract for what they would like for themselves.

### Ask them to consider the question.

- What do I want and need in a sexual relationship and in a non-sexual relationship for my relationships to be healthy?

## Closing

Summarise for the group what was covered in the session and ask the participants what they learned, and how they will take that learning with them.

Remind the group of the question box. Hand out slips of paper to all the participants and ask them to write a comment or question on the session. This way the facilitator captures ongoing feedback and participants that want to write, or ask a question, have the space to do it without it being obvious to the rest of the group.

## SESSION TWO

# Communicating Consent

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This session enables participants to explore what consent means legally. It will help the participants to develop their language around consent, so that they can better communicate their consent and respect the consent and non-consent of others.

The session also explores boundaries through role play, to enable participants to develop the skills of communicating their consent.

Participants will also have the opportunity to practice developing appropriate responses to when consent is given or not given.



## Learning Outcomes

On completion of this session participants will be able to:

- Explain what consent means.
- Recognise boundaries around consent.
- Display confidence communicating consent.
- Demonstrate appropriate responses to consent, including acceptance when consent is not given.

## Learning Methodologies

1. Consent	30 mins
2. My Boundaries?	30 mins
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Total time	1 hour

## Materials

- YouTube clip
- Laptop
- Projector
- Speakers
- Flip-chart
- Markers

# ACTIVITY ONE

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## Consent

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Purpose	Learning Outcome	Materials	Time
The purpose of this activity is to enable participants to get to know each other and determine how they will work together for the sessions.	Participants will be able to establish a contract of working while getting to know each other.	YouTube clip, laptop, projector, speakers, flip-chart and markers.	30 minutes

## Check in

Check in with the group in relation to how they are after the previous session, remind them that the box is available for questions to be put into, and also remind participants of the non-disclosure element to the programme. Answer any questions from the previous week before proceeding and take a few minutes for a mindfulness and grounding activity similar to the last session.

## Introduction *(explain this to participants)*

This is all about consent. You might know that consent means agreeing to do something. Sex without consent is rape or sexual assault. Also, someone has to be able to have the capacity to consent. This means that if someone is drunk or nearly unconscious or felt they weren't able to say 'no', then it's not consensual. Also, just because someone hasn't said 'no', doesn't mean 'yes.' So, if someone says 'no' you should stop.

The legal definition of consent is - "a person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act" Criminal Law (Sexual Offences) Act 2017.

## Part One

## Brainstorm

- **On 3 separate flipchart pages write:**
  1. What is consent?
  2. What hinders people asking for consent?
  3. What helps people ask for consent?
- Give each participant 3 sticky notes and ask them to complete one for each flipchart.
- When everyone has completed the task invite 3 people to read what was written up.
- Share the definition of consent below with the group. Invite them to share comments if they have any.

## Consent Definition

'The freely given verbal or nonverbal communication of feelings of willingness to engage in sexual activity' (Hickman & Muehlenard, 1999 pg. 259)

Highlight that consent is affirmative, active, freely given, ongoing and enthusiastic.

## Facilitator notes

- Embarrassment or shame can also prevent people from asking for or giving consent.
- Alcohol may help or hinder people from both asking for and giving consent.

## Discussion Questions



**In the large group discuss:**

- What did this activity show you about consent and what do you understand about consent now?
- What is the age of consent in Ireland? (*17 years old, many young people think it is 16 years old like in the UK due to TV and media exposure*).

## Part Two

## Cycling Through Consent



- The following clip illustrates how consent can be given using cycling as the metaphor. It highlights a number of key points in relation to how consent can be violated.

Show the participants this YouTube Clip:

<https://www.youtube.com/watch?v=-JwIKjRaUaw>

- Highlight that it can be enough to ask, 'Is this ok?'

## Discussion Questions



In the large group discuss:

- Did anything surprise you about this clip?
- What does this clip tell you about consent?
- Why do you think people believe consent is difficult to navigate - is this actually true?
- What would make consent clearer to navigate for young people? (*A simple check in with the person 'Is this Ok?' or 'Are you ok with this?'.*)
- If someone gives consent once does that mean they always give consent? (*No, consent must be sought and not assumed another time. Simply check in with the person 'Is this Ok?'.*)

## Part Three

## Skills Practice

- Divide the group into smaller groups of 3 people.
- Ask the participants to brainstorm three things:
  1. All the possible ways of asking for consent to kiss or have sex with another person both verbally and non-verbally.
  2. All the possible ways of giving consent both verbally and non-verbally.
  3. All the possible ways of not giving consent both verbally and non-verbally.
- Ask the groups to practice in their trio group some of the ideas they came up with.
  1. The first person practices - How to ask for consent.
  2. The second person practices - How to give consent.
  3. The third person practices - How to not give consent.
- Remind the participants to notice what it feels like in the body as they practice asking, giving and not giving consent with their partner.
- Ask the groups for feedback and pick the most common ways of asking for consent, giving consent and not giving consent. Write these on a flip-chart.
- Now invite the group as a whole to shout out the most common ways of asking for consent, giving consent and not giving consent

## Discussion Questions



## In the large group discuss:

- Why do you think people think that consent is a grey area? Is it really a grey area? (*A yes is a yes and a no is a no. If it isn't a 'hell yes, I'd love to kiss you or have sex with you, then it's a no*).
- What was it like to practice the skill of asking, giving and not giving consent?
- What does it feel like to be explicit about consent? Comfortable or awkward – why is this an area that is uncomfortable for some people?
- Could asking for consent and clarifying whether someone is interested in consenting to sex reduce discomfort or awkwardness at all?
- Is it realistic to think that young people would ask for consent before having sex? What are the benefits and downsides?
- If someone gives consent verbally and then changes their mind, is this ok?

# ACTIVITY TWO

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## My Boundaries

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Purpose	Learning outcome	Materials	Time
The purpose of this activity is to enable participants to explore their boundaries and what it feels like to be within their boundaries and beyond them.	Participants will be able to develop an awareness of their boundaries around consent.	None	30 minutes

### Introduction *(explain this to participants)*

Ask the participants if they know what personal boundaries mean?

Personal boundaries are guidelines, rules or limits that a person creates to identify reasonable, safe and permissible ways for other people to behave towards them and how they will respond when someone passes those limits.

Link back to the previous session on comfort, stretch and panic zones, ask the participants what they recall about these three zones. Explain that these zones will be used for the following exercise.

**Note:** *This activity may cause the participants to be uneasy, so there may be giggling, laughing, messing or avoidance. Don't discourage this, encourage the young people to acknowledge and observe their discomfort and how they deal with it. You can even encourage them to laugh for the first scenario so they can get their giggles out of the way.*

## Part One

## Method

- Ask the participants to find a partner.
- Photocopy and cut out the scenarios as listed on pg 33 - 34.
- Allocate one person A and the other person B.
- If there are two facilitators present demonstrate the role of person A and person B from scenario 1 (or another simple example that you feel is relevant) to illustrate how B's role is to observe how they are feeling after each approach from person A.
- Give each all the A's an A Scenario Card and the B's the B Scenario Card.
- Remind the participants that they are role playing, so the response is not to be personal to the person.
- Invite the person with role A to carry out that role for scenarios 1 & 2 and then swap sides with the B's taking on the A role of being the person approaching and the A's being the responders for scenarios 3 and 4.



## Scenarios - Boundaries

## Scenarios 1a

You have been away with your family for 1 year. You haven't seen your friend (person B) in a long time. You have really missed them. As you approach them observe how you feel in your body as you say and do the following:

1. Make eye contact
2. Smile and say hi.
3. Ask them something about themselves.
4. Give them a hug

**You will do this 4 times:**

First time - As a practice run (to get the giggles out!).

Second time - Assertively and confidently.

Third time - Be painfully shy.

Fourth time - Aggressively, they didn't get in touch with you at all while you were away.

## Scenarios 1b

Your friend (person A) has been away with their family for 1 year. You haven't seen them in such a long time. Observe how you feel in your body when they approach and with what they say. Which zone are you in?

1. Comfort
2. Stretch
3. Panic

- This will happen 4 times - the first as a practice run (to get the giggles out!). The other 3 times with different behaviours.
- Observe what you think and how you feel about each of these behaviours.

## Scenarios 2a

You are a male interested in a female (person B). Observe how you feel in your body as you say and do the following:

1. Make eye contact
2. Smile and say hi.
3. Ask them something about themselves.
4. Ask them out on a date.
5. Touch their arm with your hand.

**You will do this 4 times:**

First time - As a practice run (to get the giggles out!).

Second time - Assertively and confidently.

Third time - Painfully shy.

Fourth time - Aggressively, like you own them.

## Scenarios 2b

You are a female, the male approaching you appears interested in you. Observe how you feel when they approach and with what they say.

Which zones do you feel like you are in?

1. Comfort
2. Stretch
3. Panic

Choose an appropriate response to the zone you are in.

- This will happen 4 times - the first as a practice run (to get the giggles out!). The other 3 times with different behaviours.
- Observe what you think and how you feel about each of these behaviours.

### Scenarios 3a

You are a male interested in another male (person B), approach them. Observe how you feel as you say and do the following:

1. Smile and say hi.
2. Ask them something about themselves.
3. Ask them out on a date.
4. Touch their arm with your hand.

**You will do this 4 times:**

First time - As a practice run (to get the giggles out!).

Second time - Assertively and confidently.

Third time - Painfully shy.

Fourth time - Aggressively, like you own them.

### Scenarios 3b

You are a male, the male approaching you appears interested in you. Observe how you feel when they approach and ask you different questions. Which zone are you in?

1. Comfort
2. Stretch
3. Panic

- This will happen 4 times - the first as a practice run (to get the giggles out!). The other 3 times with different behaviours.
- Observe what you think and how you feel about each of these behaviours.

### Scenarios 4a

You are in a relationship with person B. They had sex with you last week and you think they are up for it again. As you approach them observe how you feel as you say and do the following:

1. Smile and say hi.
2. Ask them something about themselves.
3. Give them a hug

**You will do this 4 times:**

First time- As a practice run (to get the giggles out!).

Second time - Assertively and confidently.

Third time - Painfully shy.

Fourth time - Aggressively, they didn't reply to any of your text messages.

### Scenarios 4b

You are in a relationship with person. You had sex with them last week and have regretted it ever since. Observe how you feel when they approach and with what they say. Which zone are you in?

1. Comfort
2. Stretch
3. Panic

Choose an appropriate response to the zone you are in.

- This will happen 4 times - the first as a practice run (to get the giggles out!). The other 3 times with different behaviours.
- Observe what you think and how you feel about each of these behaviours.

After each scenario ask the following questions:

### For the A's

- What did it feel like to approach your partner in this way?
- Were you in your comfort, stretch or panic zone?
- What kind of emotional responses did you notice in yourself when you were in these zones? (giggling laughing, avoidance, embarrassment or fear etc.,)

### For the B's

- What did it feel like to be approached by your partner in this way?
- What is an appropriate response for you when you are in your Comfort Zone, Stretch Zone or Panic Zone in this kind of situation?

## Discussion Questions



**In the large group discuss:**

- What could a safer situation look like for these young people? (Link to contraception see appendix pg. 52).
- How important is it to be aware of your own boundaries and where they need to be? Why is this?
- How important is it to be aware of other people's boundaries? Why do you think this is important?
- What happens when we don't respect our own, or other people's boundaries?
- What happens when drugs or alcohol enter the equation? What is the potential impact on consent? (if someone is drunk, they can't give consent).

## Closing

When the groups are finished the above activity ask them to say their name and what they had for breakfast to ensure that they de-role.

Summarise for the group what was covered in the session and ask the participants what they learned and how they will take that learning with them.

Remind the group of the question box. Hand out slips of paper to all the participants and ask them to write a comment or question on the session. This way the facilitator captures ongoing feedback and participants that want to write or ask a question have the space to do it without it being obvious to the rest of the group they are writing a question.

## SESSION THREE

# Wider Influences & Decision-Making

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This session enables the participants to explore wider influences on their sexual decision-making. Through exploration of the impact of peers, family, culture and media participants will be able to raise their awareness of how these shapes their personal choices when it comes to sexual decision-making.

They will gain an understanding of how their decision-making works which includes logic and reasoning as well as gut based/emotion-based decision making.

Participants will have the opportunity to connect with their future selves and connect with the types of decisions and choices they can make that align to their vision of themselves.

## Learning Outcomes

On completion of this session participants will be able to:

- Recognise the impact wider influences have on sexual decision-making such as media, peer pressure, family, culture, reality tv, pornography etc.
- Demonstrate the use of different decision-making processes.
- Make the link between sexual decision-making and a desired future self.
- Recognise their personal power around sexual decision-making.

## Learning Methodologies

1. What Influences Me?	20 mins
2. Decision Making	20 mins
3. Ideal Future Self	20 mins

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**Total time** **1 hour**

## Materials

- Long Rope
- 0% and 100% written on paper
- A4 Pages
- Flipchart paper
- Markers
- Pens

# ACTIVITY ONE

## What Influences Me?

Purpose	Learning Outcome	Materials	Time
The purpose of this activity is to enable participants to explore what influences affect their decision-making that they are aware of, and others that they may not be aware of.	Participants will be able to establish a contract of working while getting to know each other.	Flip-chart	20 minutes

## Method

### Ask the participants the following:

1. List all the things that influence their decision-making around relationships and sex both positive and negative. Write these on a flip-chart, e.g. media, tv, magazines, pornography, peer pressure, family, religion, culture etc..
2. How do these things wider things influence your decisions? What is it about them that moulds how you think about things? (e.g. what you see around you or is presented to you becomes your normal, and young people and adults want to fit into this 'normal' category to have a 'sense of belonging or connection')
3. Is everything you see or hear actually true? Whether in the media or through friends. How can you be sure? How can you interrogate what you see or hear and be more critical in your thinking?
4. How does this affect your decision-making?
5. Do you think young people ever make decisions because they have the wrong facts or information? What could be done here instead?
6. Do you think young people ever make decisions for the wrong reasons? Why is this?

## Debate Line

Using a long rope have the number 0% at the bottom and 100% at the top. Ask the participants to stand at the % they think indicates the answer to the following questions.

- What % of young males aged 15-18 years are having sex?  
According to the Health Behaviour in School Aged Children (HBSC 2018)<sup>2</sup> 25.7% of boys have had sex. An EU level average is 24% (HBSC, 2014)<sup>3</sup>.
- What % of young females aged 15-18 years are having sex?  
According to the Health Behaviour in School Aged Children (HBSC 2018) 21.2% of girls have had sex. An EU level average is 17% (HBSC, 2014).
- What % of young people used condoms the last time they had sex?  
According to the Health Behaviour in School Aged Children (HBSC 2018) 80% of young people used a condom the last time they had sex.

<sup>2</sup> HBSC (2018) <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5217-z>

<sup>3</sup> HBSC Factsheet Sexual Health (2014) [http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/319455/HBSC-factsheet-sexual-health.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0009/319455/HBSC-factsheet-sexual-health.pdf?ua=1)

## Discussion Questions



In the large group discuss:

- Are you surprised by the actual statistics versus what you thought they were?
- How much of what you think other people are doing influences what you do? (peer influence)
- What does this tell you about what young people say and do about sexual health?

## True or False?

### True or False

Young people today are having less sex than the last generation.

Answer: True<sup>4</sup>

### Question

Why do you think that is?



## Facilitator notes

Encourage the group to consider areas that could impact on this, for example:

**Parental involvement:** How do you think parental involvement in young people's lives has changed over time? Do you think young people have as much freedom as previous generations? Why do you think this is?

**What role could the increase in digital distractions play?** e.g. bodily self-consciousness from advertising/social media pressures, sleep deprivation can undermine your sexual desire - how many people are doing something on their phone or computer late into the night when they could be sleeping? What other distractions come from digital devices?

**Increase in anxiety and depression:** Studies have shown an increase in anxiety and depression in young people which can impact on sexual desire.

**Pornography:** How could watching pornography impact on this statistic? e.g. does watching porn make you want to have sex? Could it put some people of wanting to have sex? What would it be like if porn didn't exist?

<sup>4</sup> Psychology Today (2018) Why Young People are Having Less Sex  
<https://www.psychologytoday.com/us/blog/living-single/201811/7-reasons-why-young-people-are-having-less-sex>



# ACTIVITY TWO

## Decision-Making

Purpose	Learning Outcome	Materials	Time
The purpose of this activity is to enable participants to explore how they make decisions.	Participants will be able to develop their awareness around how they make decisions.	Handout 'Decisions'	20 minutes

### Introduction *(explain this to participants)*

Explain to the participants that decision-making is a huge part of life, every day people make decisions consciously and unconsciously. The more people can bring awareness to how they make decisions, the more confident they can be that their decisions are right for them.

Some are relatively easy, and others are harder to make. The head informs how we logically think through decision-making and the heart or gut feeling are where our intuition come into play. Using a stick figure on flipchart paper circle brain, heart and gut with the following written next to each one and explain using the text below:

- **Brain – Logical Thinking**
- **Gut – Feeling, Intuition, Identity**
- **Heart – Values, Emotional Processing, Intuition**

Intuition plays an important role in decision-making and research shows that both the heart and gut have neurons similar to the brain that pick up important information from our surroundings that help inform the decision-making process (Soosalu & Oka, 2012).<sup>5</sup>

The gut is involved in core identity while the heart is involved in emotional processing and values, and the brain in cognitive perception and thinking.

Sometimes people feel that something ‘just doesn’t feel right’ and when this feeling is ignored it is often later regretted. It is important to differentiate between intuition and impulse, impulse being an unplanned spur of the moment decision that isn’t thought through. Good decision-making is the integration of both logic and intuition, so that information from both sources is used to inform the best course of action for the person.

The word decision comes from the Latin word ‘*decisio*’ which means ‘to cut off’.

To make a decision means cut off other options and choose one.

### Part One

### Method

Ask the young people to break into smaller groups of 4-5 and give each group the handout ‘Decisions’, pg. 43. Go through the handout and take feedback from participants, supplementing the answers with information from the notes.

<sup>5</sup> Soosalu, G & Oka, M (2012) *Neuroscience and the Three Brains of Leadership*  
<https://www.leader-values.com/FCKfiles/Media/mBIT%20and%20Leadership%20article.pdf>

**Handout: Decisions**

**What kinds of decisions do people make every day?**

**Are all of these conscious decisions? If not give examples.**

**How do people make conscious decisions?**

**Give an example of a challenging decision one person from the group made recently?**

**How did you go about deciding on what to do?**

1. Circle the things above that are logical.
2. Circle the things above that are based on intuition.
3. Was all or part of your decision based on impulse?

## Handout Notes

**1. What kinds of decisions do people make every day?**

For example - what to eat, what to wear, who their friends are, whether or not to take up a hobby, decisions about relationships etc.

**2. Are all of these conscious decisions?**

No some are unconscious - sometimes we make decisions out of habit unconsciously such as learning to walk, those first steps were conscious but eventually they became a habit.

**3. How do people make conscious decisions?**

Gather information, see how they feel about it etc.

**4. Circle the things that are logical.**

For example, compare things to see which is cheaper; look at the consequences of decision.

**5. Circle the things that are based on intuition.**

For example, feel what is right for them, tend to just know what to do, follow my heart.

**6. Are some things based on impulse?**

For example, decide on the spur of the moment, just go with what everyone else is doing.

## Part Two

## Scenarios

- Keep the group in their smaller groups of 4-5 participants and give them 1-2 scenarios (pg. 46).
- Give them the handout on the two models of decision making (pg. 47).
- Ask them to decide using one of the two models, head or heart what to do in the different situations using the two models.

**Read out this scenario so the group know what to do:**

You are having a hard time with your friend; you think it might be time to move on, let them go and not be friends with them anymore. How do you decide what to do? Use the logic and intuition models to see how you would make the decision. Consider an example from your life if it helps.

**Note:** It's good for young people to have a process around their decision-making. This helps gain greater confidence in making the best choice for the person. A good trick is to write it all down. When all the possibilities, pros, cons, worst case scenarios and people it impacts, is out of the head, it makes it easier to evaluate the information and decide. Just thinking about it sometimes gets people more confused and muddled.

It's ok to delay a decision until sometime later when there is more information. Also check that the decision isn't something that is being made on impulse especially if it has adverse consequences, delaying the decision may give it time to pass.

For scenario 3 & 4 invite someone from those groups to read out the scenario for the wider group to hear and share what decision they came to. Link the decision to appendix 2 on contraception pg.52.

## Discussion Questions

**In the large group discuss:**

- What decisions did you come to?
- What are the advantages or disadvantages of using either or both approaches?
- Were the models useful in helping to inform the decision-making process?
- Which of you would typically use the logical head approach to decision-making?
- What are the benefits of this approach?
- Which of you would typically use the intuition heart approach to decision-making? What are the benefits of this approach?
- Do you think there is a value in using both approaches? Why/why not? (it is helpful to integrate both logical head and intuition heart).

## Handout: Decision Making Scenarios

Cut out scenarios

## Scenario 1

You fancy someone, how do you decide what to do about it? Use the logic and intuition models to see how you would make the decision.

## Scenario 2

A person you do not fancy asks you on a date, how do you decide what to do about it? Use the logic and intuition models to see how you would make the decision.

## Scenario 3

Two people are consenting to have sex together, but they do not have contraception. How do they decide what to do? Use the logic and intuition models to see how you would make the decision.

## Scenario 4

You want to have sex with someone, but they are refusing to use contraception. How do you decide what to do? Use the logic and intuition models to see how you would make the decision.

## Scenario 5

You are out with your friends; you suspect some people you are hanging out with are pretty drunk. One of them approaches you leering over you, how do you decide what to do about it? Use the logic and intuition models to see how you would make the decision.

## Scenario 6

You are kissing someone and things are moving along quite quickly, and it seems like the other person is assuming you want to have sex with them. You don't want to have sex you want to stop things where they are but are feeling under pressure. How do you decide what to do? Use the logic and intuition models to see how you would make the decision.

## Handout: Head and Heart Decision-Making Models

Cut out scenarios



## BRAIN

**Logical Head Decision-Making Model**


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**BENEFITS** - What are the benefits of this option?

**RISKS** - What are the risks of this option?

**ALTERNATIVES** - Are there other options?

**INTUITION** - What is my gut feeling about this?

**NEED TIME** - Can I delay this decision? Discuss it? What will happen if I choose to do nothing for now?



## HEART

**Intuition Heart Decision-Making Model**


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Consider a time where you have felt like you made the wrong decision, have you had a feeling that 'you knew it wasn't right' deep inside? This is your connection to intuition.

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**HEED** your physical sensation (tightness of the tummy or butterflies)

**ENGAGE** with your emotions (what are they telling you)

**ASK** inner questions

**RECONNECT** with the body

**THINK** it through



## DELAY DECISION

If you don't have enough information or don't know what to do, then delay the decision. A lot of decisions get clearer in time. It is absolutely ok to say 'I'm not sure I need to think about this, I haven't decided yet'.

## Part Three

## Practicing STOP

Explain that quite often when things happen to us in life, we make snap decisions and react out of habit. Instead of stopping and either connecting with our head and heart to choose how best to respond. It can be really hard to stop, take a breath, observe what is happening and then decide what to do in the heat of the moment.

With practice this can become easier. It is fine to make decisions habitually, but when decisions matter it is important to consider both head and heart. A useful way of thinking about this is the following (write on the board and ask the participants to take it down in their journals):

**S****Stop**

Become aware of what is happening.

**T****Take a breath**

Take a couple of breaths to relax.

**O****Observe**

Observe the situation, physical sensations, feelings, thoughts & information.

**P****Proceed**

Sense what feeling is right for you going forward.



# ACTIVITY THREE

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## Ideal Future Self

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Purpose	Learning Outcome	Materials	Time
The purpose of this activity is to enable participants to connect with their future ideal self, to tap into personal motivations and connect these to behaviours they are doing or need to change.	Participants will be able to connect to their future ideal self and use this to harness the power of their personal motivation.	Paper, pens & markers	20 minutes

## Method

- Invite the participants to sit comfortably in a chair with an A4 piece of paper and pen.
- Ask them to imagine their ideal future self in 5 years time and what they will be doing.
- Ask them to write down in as much detail as they can think of, what their average day would look like and feel like.
  - How would their day start?
  - What would they be doing?
  - Who would be with them?
  - What brings them joy and happiness?
- At the end of the process, ask them to write down if there is anything they need to 'Stop doing' or 'Start doing' to be in that place in 5 years time?

Link the participants 'Ideal Future Self' back to Positive Sexual Health as being part of that Ideal Self, for example the relationships they build, both friendships and romance, being part of that Ideal Future Self.



## Reflection and Close

### In the large group discuss:

- What was it like to imagine yourself like this?
- Is there anything that surprised you doing the exercise?
- What did it feel like as you did the exercise?
- Is it motivating to think of yourself in this way? Why is that?
- What motivates you to become this ideal version of yourself?
- Do you think it is easy to get taken off course?
- How can young people, in the face of so many influences find their way to who they want to be?
- What skills or supports would a young person need to help them to realise their future ideal self?

SESSION FOUR

# Appendices

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Appendix One: Gender Identity Terms

Appendix Two: Contraceptive Information

# Appendix 1: Gender Identity Terms

## **ANDROGYNOUS OR ANDROGYNE**

A person whose gender identity is both male and female, or neither male nor female. They might present as a combination of male and female.

## **BIGENDER**

A gender identity which can be literally translated as 'two genders' or 'double gender'. These two gender identities could be male and female but could also include non-binary identities.

## **CIS OR CISGENDER**

Someone whose gender identity and/or gender expression is the same as the sex assigned at birth.

## **DYSPHORIA**

The distress a person experiences as a result of their gender identity not matching the sex they were assigned at birth.

## **GENDER EXPRESSION**

How we portray our gender to the world. Gender can be expressed through grooming, mannerisms, physical characteristics, social interactions and speech patterns.

## **GENDER FLUID**

Gender fluid individuals experience different gender identities at different times. A gender fluid person's gender identity can be multiple genders at once.

## **GENDER IDENTITY**

A person's deeply felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth. Gender identity is less about our appearance and how we present to others and more about how we feel inside.

## **GENDER QUEER**

A person whose gender varies from 'norm'; or who feels their gender identity is neither female nor male, both female and male, or a different gender identity altogether.

## **HORMONE REPLACEMENT THERAPY OR HORMONES**

The use of hormones to alter secondary sex characteristics. Some trans people may take hormones to align their bodies with their gender identities. Other trans people do not take hormones for many different reasons.

## **INTERSEX**

Refers to individuals who are born with sex characteristics (such as genitals or hormonal structure) that do not belong strictly to male or female categories, or that belong to both at the same time. In the past the word 'Hermaphrodite' has been used, this is generally considered derogatory; has been replaced by the term intersex.

## **NON-BINARY**

A non-binary person is a person whose gender identity is not simply male or female. Some individuals move between genders or feel a mix of many genders or may be genderless. Non-binary people express their gender in many different ways. It might not fit with what other people expect

## **PRONOUNS**

Words used to refer to someone. Gender specific pronouns are 'he' and 'she' which are usually used for men and women respectively. Many nonbinary people do not identify with these pronouns and choose to opt for more gender-neutral pronouns like 'they' or use no pronouns at all. Many non-binary people choose to use gender-specific pronouns as these are not exclusively for binary people.

## **SEX**

The designation of a person at birth as male or female based on their anatomy (genitalia and/ or reproductive organs) or biology (chromosomes and/or hormones).

## **SEXUAL ORIENTATION**

A person's physical, romantic or emotional attraction to another person. Sexual orientation is distinct from sex, gender identity and gender expression. Transgender people may identify as lesbian, gay, heterosexual, bisexual, pansexual, queer or asexual.

## **TRANS**

Commonly used shorthand for transgender. Avoid using this term as a noun: a person is not 'a trans'; they may be a trans person.

## **TRANSGENDER**

Refers to a person whose gender identity and/ or gender expression differs from the sex assigned to them at birth.

# Appendix 1: Gender Identity Terms

## **TRANS MAN**

A person who was assigned female at birth but who lives as a man or identifies as male. Some trans men make physical changes through hormones or surgery; others do not.

## **TRANS WOMAN**

A person who was assigned male at birth but who lives as a woman or identifies as female. Some trans women make physical changes through hormones or surgery; others do not.

## **TRANSITION**

A process through which some transgender people begin to live as the gender with which they identify, rather than the one assigned at birth. Transition might include social, physical or legal changes such as coming out to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving licence or passport); and medical intervention (e.g. through hormones or surgery).

## **TRANSSEXUAL**

A person whose gender identity is 'opposite' to the sex assigned to them at birth. The term connotes a binary view of gender, moving from one polar identity to the other. Transsexual people may or may not take hormones or have surgery.

## **TRANVESTITE OR CROSSDRESSER**

A person who wears clothing, accessories, jewellery or make-up not traditionally or stereotypically associated with their assigned sex. Some transvestites refer to themselves as male to female transgender people who do not wish to transition or change their assigned sex but prefer to live "dual role".

# Appendix 2 : Contraception Information

## CONDOMS

This barrier method works by preventing sperm from meeting the egg. The external condom is rolled onto the erect penis before sex. The internal condom lines the inside of the vagina.

### **How effective is it?**

Effectiveness depends on careful and consistent use. With careful use, the external condom is 98% effective and the internal condom is 95% effective.

## COMBINED ORAL CONTRACEPTION PILL

This pill contains two hormones (oestrogen and progesterone) and is taken every day for three weeks of each month. It works mainly by stopping the production of an egg

### **How effective is it?**

If properly used, it is over 99% effective. It is less effective with less careful use. It must be taken around the same time every day.

## PROGESTOGEN ONLY PILL (MINI PILL)

This pill contains one hormone (progesterone) and is taken every day without a break. It works mainly by preventing sperm from getting through the fluid at the neck of the womb. It may also thin the lining of the womb, which prevents an egg from implanting there and may prevent an egg being released.

### **How effective is it?**

Effectiveness depends on careful and consistent use. The mini-pill is 96-99% effective with very careful use, but it must be taken at the same time every day

## INJECTABLE CONTRACEPTION

Injection of a single hormone every 12 weeks, which works by stopping the production of an egg.

### **How effective is it?**

This method is very effective (over 99%) once the injection is given regularly.

## IUS (INTRAUTERINE SYSTEM)

The IUS is a small plastic device that is put into the womb and releases the hormone progesterone. It works either by stopping the sperm from meeting the egg, by delaying the egg getting into the womb or by preventing the egg from implanting in the womb.

### **How effective is it?**

This is a highly effective method - 99%+ effective.

## THE IMPLANT

The implant is a small flexible rod that contains the hormone progesterone and is inserted under the skin of the arm and works mainly by stopping the production of an egg. It also thickens the fluid at the neck of the womb and thins the lining of the womb.

### **How effective is it?**

This method is highly effective (over 99%).

## THE VAGINAL RING

The ring contains two hormones (oestrogen and progesterone) and is inserted into the vagina for three weeks of every month and works like the combined oral contraceptive pill.

### **How effective is it?**

This method is 99% effective when used correctly.

## THE PATCH

The patch is like a thin plaster that contains two hormones (oestrogen and progesterone) and is worn for three weeks out of every four and it works like the combined oral contraceptive pill.

### **How effective is it?**

This method is 99% effective when used correctly.

## EMERGENCY CONTRACEPTION

Emergency contraception is a secondary method or 'back-up' contraceptive. It can be used if you want to avoid an unplanned pregnancy after you have had sex without using contraception or if contraception has failed (e.g. the condom slipped, or you missed a pill). Emergency contraception is more effective the sooner you take it after having unprotected sex. Emergency contraception does not provide any protection from sexually transmitted infections (STIs).

### **How effective is it?**

Emergency contraception is not as effective as regular contraception and it does not prevent pregnancy in every woman. Emergency contraception can be taken up to 72 hours after unprotected sex, but the sooner it is taken the more effective it is.

## DENTAL DAM

This is a barrier between a person's mouth and another person's genitals, used during oral sex to protect against STIs.



