

Let's Talk Month Planning Guidebook

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Advocates for Youth—Helping young people make safe and responsible decisions about sex

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health. Advocates provides information, training, and strategic assistance to youth-serving organizations, youth activists, policy makers, and the media in the United States and developing nations.

The first edition was written in 1997 by Barbara Huberman, Director of Education & Outreach at Advocates for Youth, with assistance from Anna Hoffman, intern. In addition, Advocates for Youth is grateful to the Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC). APPCNC began Let's Talk Month in 1980 and which later generously encouraged Advocates to utilize its experience and its materials to promote Let's Talk Month nationally.

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Acronyms Used in this Planning Guidebook

Add Health: National Adolescent Health Survey of students in grades seven through 12

APPCNC: Adolescent Pregnancy Prevention Coalition of North Carolina

HIV: Human immunodeficiency virus

NFSEM: National Family Sexuality Education Month NFSEW: National Family Sexuality Education Week

NOAPPP: National Organization on Adolescent Pregnancy, Parenting and Prevention (now known as Healthy

Teen Network)

PPFA: Planned Parenthood Federation of America

PSA: Public service announcement STIs: Sexually transmitted infections

Chapter I

Introduction and the Facts on Adolescent Sexual Health



Chapter I. Let's Talk Month: Introduction & Facts on Adolescent Sexual Health

Talking Together about Sexuality during October—National Let's Talk Month

Each year, Let's Talk Month emphasizes the importance of conversations about sex between young people and the adults they trust. Schools, communities of faith, community-based agencies, media, and businesses, can take the leadership in providing activities, resources, and educational programs to support: 1) parents or other care-givers and youth in talking *together* about sex; and 2) youth in making healthy, responsible decisions about sex. Working together, parents and other adults in the community can provide the information and skills to prepare young people to become healthy adults ... and the parents of tomorrow's children.

Providing children and youth with accurate, reliable sex education is an important responsibility. Studies reveal that most kids prefer learning about sex from their parents. But many parents are uncomfortable with this particular responsibility and need support and encouragement to take it on. Parents need to know that they do not need to be experts in order to talk with their children about sex. Parents also need to know that they do indeed share their values and beliefs about sex with young people. By talking, parents can be sure their kids receive accurate messages about the parents' values. By not talking, parents also share values, but not necessarily the ones they want to share.

History of Let's Talk Month

In 1975, Sol Gordon, PhD, a professor of sociology at Syracuse University, decided to unify the many organizations working to help parents become better sex educators of their children. Dr. Gordon created National Family Sexuality Education Week (NFSEW). Celebrated in October, the week focused attention on the importance of parents and kids talking together about sex. Planned Parenthood affiliates, health departments, parent-teacher associations, and other youth serving agencies responded to the first NFSEW and have continued the work in the ensuing years.

In 1980, the Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC) and several of its community councils began calling their local NFSEW Let's Talk Month. With its adaptable campaign materials and appeals to media and diverse audiences, Let's Talk Month was replicated in other communities and in over 30 states. Also in 1980, the newly formed Education Department of Planned Parenthood Federation of America (PPFA) became the cosponsor NFSEW, producing a guidebook on how to put on NFSEW. By 1984, over 20 national organizations had become co-sponsors of NFSEW, and activities had expanded throughout the month of October. Thus, the Week had become the Month (NFSEM). In 1995, when the founder of APPCNC joined the staff of Advocates for Youth, Let's Talk Month became a national campaign coordinated by Advocates. Advocates and PPFA continue to partner to promote NFSEM and Let's Talk Month together.

Advocates for Youth and PPFA each develop materials to support parents and other care-givers in talking with youth about sex. Advocates publishes calendars and other materials and also offers its Web-based Parents' Sex Ed Center (http://www.advocatesforyouth.org/parents/index.htm). PPFA is the producer and distributor of a prize winning video kit, *Talking about Sex: a Guide for Families*.

As the national sponsor of Let's Talk Month, Advocates intends this guidebook to aid communities in planning and coordinating activities. Parents are among the primary sex educators of their children, but there are many other places where young people and their parents can learn about sex. Each state and community as well as schools, youth organizations, communities of faith, community-based organizations, businesses, media, and parent groups can plan activities and offer events. Advocates for Youth encourages you to be a catalyst, organizing a full calendar of events in your community. Remember—you do not need to offer all the activities; instead, you will encourage local organizations and groups to participate, doing what they can to promote positive, healthy family communication about sex as well as honest sex education.

NFSEM Coalition Members

Here is a list of organizations that participate in NFSEM. Many of these offer resources for use in planning activities to encourage open communication between young people and the adults they trust.

Academy for Educational Development

Advocates for Youth

American Academy of Child and Adolescent Psychiatry

American Academy of Pediatrics

American Association for Health Education

American Association for Marriage and Family Therapy

American Association of School Administrators

American Association of Sex Educators, Counselors and Therapists

American College Health Association American Counseling Association American Federation of Teachers American Psychiatric Association American Public Health Association

American Red Cross

Association of Maternal & Child Health Programs

American Psychological Association

Association of Reproductive Health Professionals

Boys & Girls Clubs of America Camp Fire Boys & Girls Catholics for a Free Choice Child Welfare League of America

Families International Girls, Incorporated

Healthy Teen Network (formerly NOAPPP) International Planned Parenthood Federation

Justice and Witness Ministries, United Church of Christ

March of Dimes Mothers' Voices

National Asian Women's Health Organization

National Association of Community Health Centers

National Campaign to Prevent Teen Pregnancy

National Council of Jewish Women

National Council of La Raza

National Council of Negro Women

National Council of the Churches of Christ in the USA

National Council on Family Relations

National Education Association

National Family Planning and Reproductive Health Association

National Organization for Women

National Partnership for Women and Families

National Urban League

National Women's Political Caucus

Nurses Association for the American College of Obstetricians and

Gynecologists

Ounce of Prevention Fund

Parents, Families and Friends of Lesbians and Gays

Parents without Partners

Planned Parenthood Federation of America

Population Connection

Religious Action Center of Reform Judaism

Sexuality Information and Education Council of the United States

Society for Adolescent Medicine

Society for the Scientific Study of Sexuality

State Community Aid Association

Union of American Hebrew Congregations

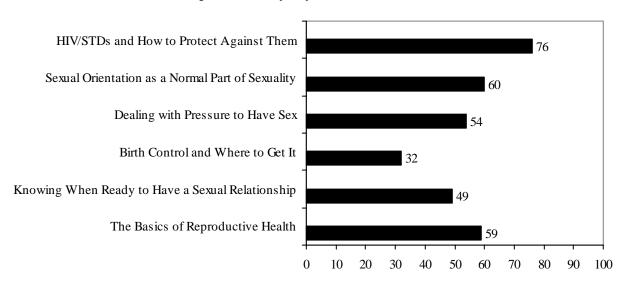
United Jewish Communities

Young Men's Christian Association of the USA Young Women's Christian Association of the USA

Results of Polls on Parent-Child Communication

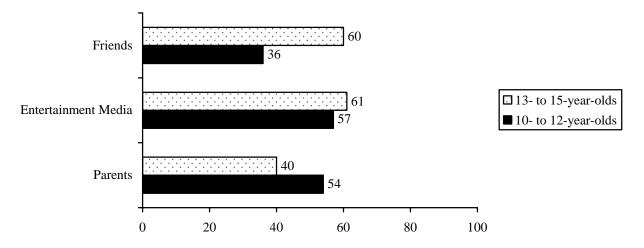
What Do Parents Talk with Their Children About?

Percent of parents who say they've talked with their child about ...



Window of Opportunity: Younger Kids More Likely to Get Information from Parents

Percent of 10- to 12-year-olds and 13- to 15-year-olds who say that children their age find out "a lot" about tough issues from each source



Sources:

- 1. Views on Issues and Policies Related to Sexual Orientation [Survey]. Menlo Park, CA: Kaiser Family Foundation, February 2000.
- 2. Talking With Kids [Survey]. Menlo Park, CA: Kaiser Family Foundation and Nickelodeon, December 2000.
- 3. Survey of Parents and Their Children: Talking with Kids about Tough Issues. Menlo Park: CA: Kaiser Family Foundation and Children Now, 1996.

Fact Sheets

These fact sheets follow:

- 1. Parent-Child Communication: Promoting Healthy Youth
- 2. Adolescent Pregnancy and Childbearing in the United States
- 3. Adolescent Protective Behaviors: Abstinence & Contraceptive Use
- 4. Adolescent Sexual Behavior I: Demographics
- 5. Adolescent Sexual Behavior II: Socio-Psychological Factors

For the latest versions of these and other fact sheets, please visit http://www.advocatesforyouth.org/publications/freepubs_type.htm#fs



Parent-Child Communication: Promoting Sexually Healthy Youth

When young people feel unconnected to home, family, and school, they may become involved in activities that put their health at risk. However, when parents affirm the value of their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want youth to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty communicating about sex. Nevertheless, positive communication between parents and children helps young people to establish individual values and make sexually healthy decisions.

Parent-Child Warmth and Communication Promote Health & Achievement.

- A major study showed that adolescents who reported feeling connected to parents and family were more likely than other teens to delay initiating sexual intercourse. Teens who said their families were warm and caring also reported less marijuana use and less emotional distress than their peers.¹
- Teens whose parents are warm and firm and grant them psychological autonomy achieve more in school, report less depression and anxiety, and score higher on measures of self-reliance and self-esteem than teens whose parents fail to demonstrate these elements.²
- African American teens are more likely to use discussion, self-affirmation, and disproving strategies to counter stereotypes and racism and to have higher self-esteem when their parents have discussed both achievement and discrimination with them than when parents ignore issues related to discrimination and racism.³
- In one study, Native American youth who reported that their families cared about and understood them had better emotional and physical health and resiliency than peers reporting less family closeness.⁴
- Sexually experienced African American female teens living with their mothers in a perceived supportive family were 50 percent less likely than teens in non-supportive families to report unprotected sex in the past 30 days and to report sex with a non-steady partner in the past six months.⁵

Lack of Communication Affects Behaviors and Attitudes.

- In studies, young people who reported feeling a lack of parental warmth, love, or caring were also more likely to report emotional distress, lower self-esteem, school problems, drug use, and sexual risk behaviors.^{1,2}
- In another study, mothers' hostility was significantly correlated with teens' distrusting their mother and perceiving little maternal support. These feelings, in turn, were significantly associated with siblings' reports that the affected youth showed negative social behaviors and with teachers' reports of peers not accepting the teens. Similar results occurred for paternal hostility.⁶

Parent-Child Communication about Sexuality Promotes Healthy Behaviors.

- In one study, when mothers discussed condom use before teens initiated sexual intercourse, youth were three times more likely to use condoms than were teens whose mothers never discussed condoms or discussed condoms only after teens became sexually active. Moreover, condom use at first intercourse significantly predicted future condom use—teens who used condoms at first intercourse were 20 times more likely than other teens to use condoms regularly and 10 times more likely to use them at most recent intercourse.⁷
- A study found that teens who reported previous discussions of sexuality with parents were seven times more likely to feel able to communicate with a partner about HIV/AIDS than those who had not had such discussions with their parents.⁸
- In another study, 19.2 percent of students said they would prefer to get information about contraception from their parents rather than from community health centers, classes, hospitals, private doctors, television,

The Facts

- or friends (12.5, 12.0, 11.1, 8.8, 7.9, and 6.9 percent, respectively). Consistent users of contraception were also more likely to report frequent conversations with parents than were teens who were not using contraception.⁹
- Studies show that when parents make consistent efforts to know their teen's friends and whereabouts, the young people report fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception.^{10,11}
- In a study of sexually active African American and Latino youth, when parents held skilled, open, interactive discussions with their teens about sex, the youth were significantly more likely than the teens of less skilled communicators to use condoms at most recent intercourse and across time.¹²

Parent-Child Communication about Sex Varies by Race/Ethnicity and Gender.

- In one study, just over 54 percent of students reported discussing HIV with their parents. Percentages varied little by race/ethnicity (white, 54.1; African American, 55.7; Latino, 54.5; other, 55.5 percent) but varied significantly by gender (females, 59.7; males 49.2 percent).¹³
- In another study, African American female adolescents reported more discussions about sex-related topics with their mothers than did
 male adolescents. Although fewer male teens talked about sex-related topics with fathers, mothers, or friends, males were just as likely
 to talk with mothers as with friends and only slightly less likely to talk with fathers.¹⁴
- A study of urban African American and Latino mothers and their pre-teen and early adolescent daughters found many mothers reluctant to discuss more than biological issues and negative consequences of sexual activity. Maternal communications about sex, often restrictive and moralistic in tone, deterred daughters from confiding in their mothers. Daughters, in reaction, sometimes became secretly involved in romantic relationships.¹⁵
- In a study of African American and Latino adolescents, a significantly greater percentage of Latino teens than African American teens reported discussing at least two sex-related topics—HIV/AIDS and choosing a sex partner—with their father. Latino teens were also twice as likely as African American teens to discuss choosing a sex partner with their mother. ¹⁶

Many Parents Need Help in Discussing Sex with Their Teens.

- Many parents do not provide all the information about sex that young people need. In one survey, only 38 percent of young women and 25 percent of young men said they had ever gotten a good idea from their parents that helped them talk about sexual issues with their girlfriend/boyfriend.¹⁷
- Most attempts by parents to impart sexuality information to young people tend to be in a 'top down' communication style that denies teens
 the opportunity to discuss their own thoughts, feelings, and desires or to draw links between their own and their parents' perspectives.¹⁸
- In a recent poll, 89 percent of Americans said it is important for sex education in schools to include information about contraception and preventing unintended pregnancy and sexually transmitted infections, including HIV.¹⁹

References

- Resnick MD et al. Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. JAMA 1997;278:823-32.
- Steinberg L. We know some things: parent-adolescent relationships in retrospect and prospect. J Research Adolesc 2001; 11:1-19.
- Phinney JS, Chavira V. Parental ethic socialization and adolescent coping with problems related to ethnicity. *J Research Adolesc* 1995; 5:31-53.
- ⁴ Cummins JR et al. Correlates of physical and emotional health among Native American adolescents. J Adolesc Health 1999;24:38-44.
- 5 Crosby RA et al. HIV/STD-protective benefits of living with mothers in perceived supportive families: a study of high-risk African American female teens. Preventive Med 2001;33:175-8.
- 6 Paley B et al. Parents' affect, adolescent cognitive representations, and adolescent social development. J Marriage Fam 2000; 62:761-76.
- Miller KS et al. Patterns of condom use among adolescents: the impact of mother-adolescent communication. Am J Public Health 1998;88:1542-44.
- Shoop DM, Davidson PM. AIDS and adolescents: the relation of parent and partner communication to adolescent condom use. J Adolesc 1994;17:137-48.
- 9 Hacker KA et al. Listening to youth: teen perspectives on pregnancy prevention. J Adolesc Health 2000;26:279-88.
- Jemmott LS, Jemmott JB. Family structure, parental strictness, and sexual behavior among inner-city black male adolescents. J Adolesc Research 1992; 7:192-207.
- 11 Rodgers KB. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. J Marriage Fam 1999;61:99-109.
- 12 Whitaker DJ et al. Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. Fam Plann Perspect 1999;31:117-21.
- Holtzman D, Rubinson R. Parent and peer communication effects on AIDS-related behavior among U. S. high school students. Fam Plann Perspect 1995; 27:235-40+.
- DiLorio C *et al.* Communication about sexual issues: mothers, fathers and friends. *J Adolesc Health* 1999;24:181-9.
- O'Sullivan LF et al. Mother-daughter communication about sex among urban African American and Latino families. J Adolesc Research 2001;16:269-92.
- ¹⁶ Miller KS et al. Family communication about sex: what are parents saying and are their adolescents listening? Fam Plann Perspect 1998;30:218-22+.
- ¹⁷ Henry J. Kaiser Family Foundation & YM Magazine. National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences. Menlo Park, CA: The Foundation, 1998.
- 18 Yowell CM. Risks of communication: early adolescent girls' conversations with mothers and friends about sexuality. J Early Adolesc 1997;17:172-96.
- ¹⁹ Hickman-Brown Public Opinion Research. Pub.lic Support for Sexuality Education. [Poll conducted for Advocates for Youth & SIECUS]. Washington, DC: Advocates, 1999.



Written by Nicholas Lagina

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Adolescent Pregnancy and Childbearing in the United States

Since 1991, U.S. teenage pregnancy, abortion, and birth rates have declined steadily in every age and racial/ethnic group. 1,2,3 Teenage birth rates declined in every state as well as in the District of Columbia and the Virgin Islands. 4 Research indicates that sexually active teens are becoming more effective users of contraception and that more teens are choosing to remain abstinent during early and middle adolescence. 5 Nevertheless, the United States continues to have higher rates of teen pregnancy, birth, and abortion than other industrialized nations. 6,7 Teens ages 18 and 19 account for as much as 66 percent of U.S. teen births. 8 Most teenage mothers come from socially and/or economically disadvantaged backgrounds; adolescent motherhood often compounds this disadvantage. 9,10

Teen Pregnancy Rates Decreased among Sexually Active Teens.

- Each year, approximately 750,000 to 850,000 teenage women in the United States experience pregnancy. ^{10,11} Seventy-four to 95 percent of teen pregnancies are unintended. ^{12,13}
- In 1999, the estimated U.S. teen pregnancy rate was 87 pregnancies per 1,000 females ages 15 to 19—a drop of 25 percent from the 1990 rate of 116.^{14,15} [Note: 1999 is the most recent year for which published pregnancy data is available.]
- Some researchers attribute 75 percent of the decline in U.S. teen pregnancy rates to better contraceptive use among sexually experienced teens and 25 percent of the decrease to increased abstinence; others credit the two factors about equally.^{5,15}

Teen Birth Rates Fell among Teens in All Age Groups.

- Among all teens ages 15 to 19, the U.S. birth rate declined by 30 percent between 1991 and 2002, from 62 per 1,000 women in 1991 to a record low of 43 in 2002.¹⁶
- By comparison, the birth rate in France was 10 per 1,000 women ages 15 to 19; in Canada, it was 25; and in Britain, 28.6 [Data are the most recent available.]
- Among youth under age 15, the U.S. birth rate declined by 50 percent, from 1.4 per 1,000 women in 1991 to 0.7 in 2002.^{2,16}
- Among teens ages 15 to 17, the U.S. birth rate declined 40 percent from 39 per 1,000 in 1991 to 23 in 2002.
- Among teens ages 18 to 19, the U.S. birth rate declined 23 percent from 94 per 1,000 in 1991 to 73 in 2002.
- The <u>number</u> of children born to U.S. teens also decreased between 1991 and 2002. Women under age 20 had 532,000 births in 1991² compared to 432,000 births in 2002, ¹⁶ a 19 percent decline.

Teen Birth Rates Fell among Teens in All Racial/Ethnic Groups.

- Between 1991 and 2002, U.S. birth rates among 15- to 19-year-old women declined in all racial/ethnic groups, although rates for African American and Hispanic teens continued to be higher than the rates for other groups.^{2,16}
- African Americans ages 15 to 19 experienced the steepest decline in birth rates—42 percent—from 118 per 1,000 women in 1991 to 68 in 2002. Among African Americans ages 15 to 17, birth rates dropped by 52 percent between 1991 and 2002.¹⁶
- The birth rate for native American teens ages 15 to 19 dropped 36 percent from 84 per 1,000 women in 1991 to 54 in 2002.¹⁶
- Among non-Hispanic white women ages 15 to 19, the birth rate declined 34 percent from 43 per 1,000 women in 1991 to 29 in 2002.¹⁶

- The birth rate for Asian or Pacific Islander teens ages 15 to 19 dropped 33 percent from 27 per 1,000 women in 1991 to 18 in 2002. 16
- The birth rate for Hispanic teens ages 15 to 19 declined 20 percent from 105 per 1,000 women in 1991 to 83 in 2002.16

The Teen Abortion Rate also Fell.

- Each year since 1992, teens accounted for 20 percent or less of all abortions in the United States.^{3,16}
- Since the late 1980s, the proportion of teen pregnancies ending in abortion has steadily declined. In 1999, 28 percent of pregnancies among 15- to 19-year-olds ended in abortion, down from 40 percent in 1990. 9,14
- Among 15- to 19-year-old females, the abortion rate declined by 39 percent between 1990 and 1999, from 38 per 1,000 women to 25.¹⁴
- The decline in U.S. teenage abortion rates partly reflects declining pregnancy rates. It may also reflect restrictive abortion laws, limited availability and accessibility of abortion providers, and decreased public funding.¹⁷
- Between 1989 and 1995, less than one percent of babies born to never-married U.S. women were relinquished for adoption.

Many Births Occurred to Teens Living in Poverty and to Unmarried Teens.

- Compared to teens from higher income families, poor and low-income teens are somewhat more likely to be sexually active and somewhat less likely to use contraceptives or to use contraception successfully. Poor and low-income adolescents make up 38 percent of all women ages 15 to 19; yet, they account for 73 percent of all pregnancies in that age group.¹⁹
- Nearly 60 percent of teens who become mothers are living in poverty at the time of the birth.9
- Teenage mothers are much less likely than older women to receive timely prenatal care and are more likely to smoke during pregnancy. As a result of these and other factors, babies born to teenagers are more likely to be preterm and of low birth weight and are at greater risk of serious and long-term illness, of developmental delays, and of dying in the first year of life compared to infants of older mothers.²
- Adolescent mothers are less likely to complete their education and are more likely to face limited career and economic opportunities compared to women whose first children are born after age 20.13
- Both adult and teen women today are less likely to marry in response to a pregnancy than were earlier generations and are also less likely to choose abortion. In 2002, about one-fourth of all non-marital births occurred among teenagers. Non-marital birth rates were highest among women ages 20 to 24 and 25 to 29, followed by 18- to 19-year-old and 30- to 34-year-old women (71, 62, 59, and 41 per 1,000 women in the given age group, respectively). Teens ages 15 to 19 and 15 to 17 had lower non-marital birth rates (35 and 21, respectively).

References

- Ventura SJ et al. Trends in pregnancy rates for the United States, 1976-97: an update. National Vital Statistics Reports 2001; 49(4):1-9.
- Ventura SJ et al. Births to teenagers in the United States, 1940-2000. National Vital Statistics Reports 2001; 49(10):1-19.
- ³ Elam-Evans LD et al. Abortion surveillance, United States, 1999. Morbidity & Mortality Weekly Report Surveillance Summaries 2002; 51(SS-9):1-28.
- Ventura SJ et al. Variations in teenage birth rates, 1991-98: national and state trends. National Vital Statistics Reports 2000; 48(6):1-11.
- 5 Darroch JE, Singh S. Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity, and Contraceptive Use. [Occasional Report, no. 1] New York: Alan Guttmacher Institute, 1999.
- 6 Darroch JE et al. Differences in teenage pregnancy rates among five developed countries: the roles of sexual activity and contraceptive use. Fam Plann Perspect 2001; 33:244-50+.
- UNICEF Innocenti Research Centre. A League Table of Teenage Births in Rich Nations. Florence, Italy: The Center, 2001.
- 8 Martin JA et al. Births: final data for 2001. National Vital Statistics Reports 2002; 51(2):1-102.
- Alan Guttmacher Institute. Sex and America's Teenagers. New York: The Institute, 1994.
- ¹⁰ Kaufmann RB et al. The decline in US teen pregnancy rates, 1990-1995. Pediatrics 1998; 102:1141-47.
- 11 Centers for Disease Control & Prevention. National and state-specific pregnancy rates among adolescents, United States, 1995-1997. Morbidity & Mortality Weekly Report 2000; 49:605-11.
- ¹² Abma JA et al. Fertility, Family Planning, and Women's Health: New Data from the 1995 National Survey of Family Growth. [Vital & Health Statistics, series 23; no. 19] Hyattsville, MD: National Center for Health Statistics, 1997.
- 13 Spitz AM et al. Pregnancy, abortion and birth rates among US adolescents, 1980, 1985, and 1990. JAMA 1996; 275:989-94.
- Ventura SJ et al. Revised pregnancy rates, 1990-97, and new rates for 1998-99: United States. National Vital Statistics Reports 2003; 52(7):1-16.
- 15 National Campaign to Prevent Teen Pregnancy. Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy. Washington, DC: The Campaign, 2001,
- Martin JA et al. Births: final data for 2002. National Vital Statistics Reports 2003; 52(10): 1-113.
- Moore KA et al. Adolescent Sex, Contraception, and Childbearing: A Review of Recent Research. Washington, DC: Child Trends, 1995.
- 18 Chandra A et al. Adoption, adoption seeking, and relinquishment for adoption in the United States. Advance Data 1999; No. 306:1-14.
- Alan Guttmacher Institute. Teenage Pregnancy and the Welfare Reform Debate. [Issues in Brief]. New York: The Institute, 1998.



Written by Tamarah Moss

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Adolescent Protective Behaviors: Abstinence and Contraceptive Use

One recent study attributed 75 percent of the decline in U.S. teen pregnancy rates to teens' better use of contraception and 25 percent to teens' increased abstinence¹ while another study credited the two factors about equally.2 Although U.S. teens are increasingly adopting protective sexual behaviors, they face barriers to consistency in these behaviors.

U.S. Teens Remain Abstinent Longer than in the Past.

- In 2003, 53 percent of U.S. high school students reported never having had sexual intercourse, up from 46 percent in 1991.3,4
- Across the decade, the percentage of U.S. youth that said they never had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they never had sex, compared to 53 percent in 2003.3,4
- Abstinence rates also increased between 1991 and 2003 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had never had sex, compared to 55 percent in 2003; among males, the numbers were 43 and 52 percent, respectively.^{3,4}
- Fifty percent of white students said they never had sex in 1991, compared to 58 percent in 2003; among Latino students, the numbers were 47 and 49 percent, respectively; among African American students, 19 and 33 percent, respectively.^{3,4}
- In one study, only 14 percent of gay, lesbian, and bisexual high school students had never had sex, compared to 52 percent of their heterosexual peers.⁵

In Many Industrialized Nations, the Typical Age of Sexual Initiation is Around 17.5.

- In the United States, the typical age at first sexual intercourse is 17.2.6
- In Canada, the typical age at first sex is 17.3; in Great Britain, it is 17.5.6
- In the Netherlands, the typical age at first sex is 17.7; in France, it is 18.0.6,7

Sexually Active Adolescents' Use of Condoms Is Up but Leveling Off.

- In U.S. studies, 70 percent of women and 69 percent of men ages 15 to 19 reported condom use at first sex.8
- Among sexually active U.S. high school youth in 2003, 63 percent reported using a condom during most recent sex—a significant increase over 1991's 46 percent.^{3,4}
- In 1995, fewer gay, lesbian, and bisexual high school students reported condom use at most recent sex, compared to their heterosexual peers (51 and 58 percent, respectively).⁵
- In 2003, sexually active African American high school students were significantly more likely than their white or Latino peers to report condom use (73, 63, and 57 percent, respectively).³
- Among sexually active youth, only about eight percent of female teens and 17 percent of male teens reported using both condoms and hormonal contraception at most recent sex.8

Some Sexually Active Adolescents Use Other Contraceptive Methods.

- Overall, 17 percent of sexually active high school youth in the United States report use of birth control pills before most recent sex. Rates vary significantly among sexually active students by race/ethnicity: 22 percent of whites; 11 percent of Latinos; and eight percent of African Americans.³
- In one study, bisexual and lesbian teenage women, although about equally likely to have had sex as their heterosexual peers, reported more than twice as great a prevalence of pregnancy (12 percent versus five percent, respectively).9

• Among sexually experienced U.S. teens, more women reported use of birth control pills before most recent sex than reported using no method (33 and 20 percent, respectively) compared to 59 percent and 12 percent of French adolescents, respectively. In a German study, 73 percent of 14- to 17-year-old women used birth control pills before most recent intercourse while one percent used no protection. In

Youth's Attitudes & Behaviors Reflect Society's Confusion around Sexuality.

- *Pressure from partners and friends*—In one study, eight percent of sexually experienced young women cited pressure from their partner as a factor in having sex for the first time; seven percent cited pressure from their friends; among young men, the percentages were one and 13 percent, respectively.¹¹
- Confusion in defining abstinence—In a study of youth ages 12 to 17 who had abstinence education, young people's definitions of abstinence included many sexual behaviors while consistently avoiding only (vaginal) intercourse. In a study of college freshmen and sophomores, 37 percent described oral sex and 24 percent described anal sex as abstinent behaviors.¹²
- *Virginity pledges*—In a recent study on the effect of virginity pledges, researchers found that, in early and middle adolescence, pledging delayed the transition to first sex by as much as 18 months. Pledging only worked where some, but not more than about one-third, of students pledged. However, when they broke the pledge, these teens were one-third less likely to use contraception at first sex than were their non-pledging peers. ¹³ According to the lead researcher, "*If we consider the enhanced risk of failure to contracept against the benefit of delay, it turns out that with respect to pregnancy, pledgers are at the same risk as non-pledgers. There is no long-term benefit to pledging in terms of pregnancy reduction, unless pledgers use contraception at first intercourse." ¹⁴*
- Lack of knowledge about effective contraception—In a recent poll, 32 percent of U.S. teens did not believe condoms were effective in preventing HIV and 22 percent did not believe that birth control pills were effective in preventing pregnancy.¹⁵
- Negative attitudes about using protection—In the same poll, 66 percent of teens said they would feel suspicious or worried about their partner's past, if the partner suggested using a condom; 49 percent would worry that the partner was suspicious of them; 20 percent would feel insulted.¹⁵
- *Lack of confidentiality*—In a recent study among sexually active women under age 18, 47 percent indicated that mandatory parental notification would cause them to stop using family planning services.¹⁶
- *Homophobia and violence*—Significant barriers to protective behaviors among lesbian, gay, bisexual, and transgender youth, as well as among young men who have sex with men, include homophobia and violence that damage their self-esteem, lack of access to health care, homelessness, and substance use.¹⁷

References

- Darroch JE, Singh S. Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity, and Contraceptive Use. [Occasional Report, no. 1] New York: Alan Guttmacher Institute, 1909
- ² National Campaign to Prevent Teen Pregnancy. Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy. Washington, DC: The Campaign, 2001.
- ³ Grunbaum JA et al. Youth risk behavior surveillance, United States, 2003. Morbidity & Mortality Weekly Report Surveillance Summaries 2004; 53(SS-2):1-95.
- ⁴ Kann L et al. Results from the national school-based 1991 youth risk behavior survey and progress toward achieving related health objectives for the nation. Public Health Reports 1993; 108 (Supp. 1):47-55.
- Blake SM et al. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. Am J Public Health 2001; 91:940-46.
- 6 Darroch JE et al. Differences in teenage pregnancy rates among five developed countries: the roles of sexual activity and contraceptive use. Fam Plann Perspect 2001; 33:244-50+.
- Rademakers J. Sex Education Research in the Netherlands. Paper presented to the European Study Tour. Utrecht, Netherlands: NISSO, 2001.
- 8 Abma JC, Sonenstein FL. Sexual Activity and Contraceptive Practices among Teenagers in the United States, 1988 and 1995. [Vital & Health Statistics, series 23, no. 21] Hyattsville, MD: NCHS, 2001.
- 9 Saewyc EM et al. Sexual intercourse, abuse and pregnancy among adolescent women; does sexual orientation make a difference? Fam Plann Perspect 1999; 31:127-31.
- 10 Federal Centre for Health Education. Youth Sexuality 1998: Results of the Current Representative Survey. Cologne: The Centre, 1998.
- 11 Kaiser Family Foundation & YM Magazine. National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences. Menlo Park, CA: The Foundation, 1998.
- Remez L. Oral sex among adolescents: is it sex or is it abstinence? Fam Plann Perspect 2000; 32:298-304.
- ¹³ Bearman PS, Brückner H. Promising the Future: Virginity Pledges as They Affect Transition to First Intercourse. New York: Columbia University, 2000.
- ¹⁴ Bearman P. [Letter]. New York: Columbia University, 2002.
- 15 Henry J. Kaiser Family Foundation. Safer Sex, Condoms, and "The Pill": A Series of National Surveys of Teens about Sex. Menlo Park, CA: The Foundation, 2000.
- Reddy DM et al. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. JAMA 2002; 288:710-14.
- Savin-Williams RC. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, prostitution, and suicide. J Consult Clin Psychol 1994; 62:261-69.



Written by Sue Alford

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Adolescent Sexual Behavior. I: Demographics

he Facts

In the United States, 45.6 percent of high school students¹ and 79.5 percent of college students ages 18-24² have had sex, and the median age at first marriage is 28.6 for men and 26.6 for women.³ Thus, it is critically important for adults to address adolescent sexuality realistically and to recognize that a young person's decision whether to have sexual intercourse may be influenced by many factors, including socioeconomic status, ethnicity, family structure, educational aspirations, age, and life experiences.

Sexual Behavior Differs by Race/Ethnicity, Gender, Partner Preference, and Urban/Rural Residence.

- In the most recent Youth Risk Behavior Survey, students in ninth and 10th grades were significantly less likely to report having had sexual intercourse than those in 11th and 12th grades (34.4, 40.8, 51.9, and 60.5 percent, respectively). Male students (48.5 percent) were significantly more likely than female students (42.9 percent) to report having had sexual intercourse.¹
- Among male high school students, 68.8 percent of African Americans, 53.0 percent of Latinos, and 45.1 percent of whites reported having had sexual intercourse. Among female high school students, 53.4 percent of African Americans, 44.0 percent of Latinos, and 41.3 percent of whites reported having had sexual intercourse. Overall, African American students were significantly more likely than Latino or white students to have had sex (60.8, 48.4, and 43.2 percent respectively).¹
- Data analysis of four youth risk behavior surveys showed that Asian American and Pacific Islander students
 were significantly less likely than members of other ethnic groups to have had sexual intercourse or to report
 four or more sexual partners.⁴
- Nationwide, 6.6 percent of students reported initiating sexual intercourse before age 13. In every ethnic subgroup, males were significantly more likely than females to initiate sexual intercourse before age 13.
- In a study of teenage women, those who identified as bisexual or lesbian were about as likely to have had sexual intercourse as were their heterosexual peers.⁵
- In a nationally representative survey of American adults, about nine percent of men said they had had sex with another man since puberty. Forty percent of these men said they had that experience before age 18 and not since.⁶
- Rural and urban youth differed in sexual experience. For example, nearly 33 percent of high school students in mostly rural Illinois reported ever having sexual intercourse compared to 58.1 percent of students in Chicago.¹

Adolescent Sexual Relationships Vary.

- Among males ages 15 to 19 in 1995, 55 percent reported ever engaging in vaginal intercourse; 53 percent, being masturbated by a female; 49 percent, receiving oral sex; 39 percent, giving oral sex; and 11 percent, ever engaging in anal sex.⁷
- In a survey of California women ages 18 to 29, 21.7 percent reported having had anal intercourse.
- Among sexually experienced high school youth, 14.2 percent reported four or more lifetime sexual partners. In another nationally representative survey, 11 percent of sexually experienced youth ages 17 to 18 reported seven or more lifetime sexual partners. In a third study of young people, 31.1 percent of sexually experienced females and 45.0 percent of sexually experienced males reported six or more sexual partners by age 21. In a sexual partner by age 21. In a sexual par
- African American males and males living in urban areas were somewhat more likely than were those of

other racial/ethnic groups or residents of non-urban areas to have had two or more sexual partners. When controlling for race/ethnicity, urban males were significantly more likely than suburban males to have had multiple sexual partners.¹⁰

- In a study of gay, lesbian, and bisexual youth ages 14 to 21 in New York City, 23 percent of males reported ever having at least one high-risk sexual encounter. Among females, 21 percent reported at least one high-risk sexual encounter. (High-risk was identified as having sex with someone who had a sexually transmitted infection, was HIV-infected, or used injection drugs.)¹¹
- In one study, 19 percent of urban, middle school students who reported having a boyfriend or girlfriend two years or more older also reported having initiated sexual intercourse, compared with one percent who never had a boyfriend or girlfriend and six percent whose boyfriend or girlfriend was their same age. Eight percent of sixth graders reported having a boyfriend or girlfriend who was two years or more older, and two-thirds of them reported having had sex in the relationship.¹²
- In one study of college undergraduates, researchers found that 36.9 percent of students felt that abstinence included oral contact with another person's genitals, and 24.3 percent felt it included anal intercourse.¹³

Teen Sex Is Sporadic and Sometimes Unwanted.

- Middle school students who had boyfriends or girlfriends two years or more older also reported more unwanted sexual advances than those without a boyfriend or girlfriend or those with a same age boyfriend or girlfriend.¹²
- In a study of young women ages 12 to 18, those who were younger than 15 at first sex were likely to say their reason for initiating intercourse was a partner pressuring them, friends' having sexual intercourse, curiosity, or wanting to feel grown up. Women who were 17 or older at first sexual intercourse were more likely to say their reason was being in love or physically attracted to their partner.¹⁴
- In a study of students ages 12 through 16, seven percent had been forced against their will to do something sexual with an adult; 17 percent, with a teenager. Nineteen percent felt pressure from their friends to have sexual intercourse. Six percent said that they had sexually coerced someone else with words or actions. Males were significantly more likely to report sexually coercing someone than females (10 versus two percent, respectively). African Americans were more likely to have been sexually coerced than whites (26 versus seven percent, respectively). 15
- In another study, lesbian and bisexual adolescent women were significantly more likely than their heterosexual and questioning peers to have been sexually abused (22 versus 15 and 13 percent, respectively).⁵
- When asked why they had sexual intercourse for the first time, 13 percent of young men ages 13 to 18 cited pressure from their friends and eight percent of women the same age cited pressure from a partner. At the same time, 47 percent of teens who had experienced sexual intimacy said they had done something sexual or felt pressure to do something they weren't ready to do. Teenage women were more likely than teenage men to have had these experiences (55 versus 40 percent).

References

- Grunbaum JA et al. Youth risk behavior surveillance, United States, 2001. MMWR, CDC Surveillance Summaries 2002;51(SS-4):1-64.
- Division of Adolescent & School Health, CDC. Youth risk behavior surveillance, national college health risk behavior survey, United States, 1995. MMWR CDC Surveillance Summaries 1997;46(SS-6):1-56.
- Schoen R, Standish N. The retrenchment of marriage: results from marital status life tables for the United States, 1995. Popul Develop Review 2001;27:553-63.
- Grunbaum JA et al. Prevalence of health risk behaviors among Asian American/Pacific Islander high school students. J Adolesc Health 2000;27:322-30.
- ⁵ Saewyc EM et al. Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference? Fam Plann Perspect 1999;31:127-31.
- ⁶ Michael RT et al. Sex in America: A Definitive Survey. Boston: Little, Brown, 1994.
- Gates GJ, Sonenstein FL. Heterosexual genital sexual activity among adolescent males, 1988 and 1995. Fam Plann Perspect 2000;32:295-7, 304.
- Misegades L et al. Anal intercourse among young low-income women in California: an overlooked risk factor for HIV? AIDS 2001;15:534-5.
- Kaiser Family Foundation & YM Magazine. National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences. Menlo Park, CA: The Foundation, 1998.
- Santelli JS et al. Multiple sexual partners among U.S. adolescents and young adults. Fam Plann Perspect 1998;30:271-5.
- Rosario M et al. Sexual risk behaviors of gay, lesbian, and bisexual youths in New York City: prevalence and correlates. AIDS Educ Prev 1999;11:476-96.
- ¹² Marin BV et al. Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents. J Adolesc Health 2000;27:409-18.
- Horan PF et al. The meaning of abstinence for college students. J HIV/AIDS Prev Educ Adolesc Child 1998; 2(2):51-66.
- ¹⁴ Rosenthal SL et al. Sexual initiation: predictors and developmental trends. Sex Transm Dis 2001;28:527-32.
- 15 Jordan TR et al. Junior high school students' perceptions regarding nonconsensual sexual behavior. J Sch Health 1998;68:289-96.



Written by Katie Dillard

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Adolescent Sexual Behavior. II: Socio-Psychological Factors

The Facts

In a world radically changed by the HIV/AIDS epidemic, many teens nevertheless choose to initiate sexual intercourse. Teens' decisions whether to have sex and whether to protect themselves from pregnancy and sexually transmitted infections (STIs) are influenced by many factors. For example, a study of students ages 13 to 18 found that not initiating sex was associated with having a two-parent family and higher socioeconomic status, residing in a rural area, performing better in school, feeling greater religiosity, not having suicidal thoughts, and believing parents care and hold high expectations for their children. Youth have little control over most of these factors.¹

Studies Link Risk Behaviors, such as Alcohol or Substance Use, to Sexual Risk-Taking.

- In one study, smoking was the best predictor of sixth graders' engaging in sexual intercourse, regardless of ethnicity or gender.²
- Another study of high school youth found links between the number of sexual partners and other risk behaviors, such as carrying a weapon, physical fighting, and using alcohol, marijuana, and/or cigarettes. Across ethnicity and gender, alcohol use was the only risk behavior that was significantly and consistently associated with an increase in the number of sexual partners.³
- A study of incarcerated youth found that unprotected sexual intercourse was most apt to occur in connection with marijuana use rather than alcohol use.⁴
- Seventeen percent of teens ages 13 to 18 who have had an intimate encounter say they have done something sexual while under the influence of drugs or alcohol that otherwise they might not have done.⁵

Physical and Sexual Abuse Can Lead to Increased High Risk Activity.

- In a study of over four thousand high school students, 30.2 percent of females and 9.3 percent of males reported a history of sexual abuse. Abused males were four to five times as likely as non-abused males to report multiple partners, substance use at last sex, and involvement in a pregnancy. Abused females were twice as likely as non-abused females to report early coitus, multiple partners, and a past pregnancy.⁶
- One study of high school students found a significant relationship for both black and white females between having been a victim of dating violence and/or date rape and the number of sex partners. For males, a significant association existed between multiple sexual partners and being victims of rape (whites) or being a perpetrator or victim of dating violence (blacks).³

Religious Involvement Influences Sexual Behavior.

- In a study of youth ages 11 to 25, respondents who were not sexually active scored significantly higher than
 sexually active youth on the importance of religion in their lives and reported more connections to friends
 whom they considered to be religious or spiritual.⁷
- One study of youth ages 12 to 17 found that 26 percent of teens who said they attended religious services only "a few times a year" or "almost never" still identified "morals, values and/or religious beliefs" as the factor that most affected their decisions about whether to have sex.8
- A study of first-year college students found that sexually active youth with high levels of religious identification were less likely to use a condom than those with less religious involvement.⁹

Peer Relations Influence Adolescent Sexual Activity.

In the Adolescent Health (Add Health) Survey of students in grades seven through 12, when factors of family structure, wealth, education and popularity were controlled, a female's close group of friends had

the most influence on the timing of sexual debut. Adolescents whose friendship network included mostly low-risk friends were half as likely to experience first intercourse as were adolescents whose close friend network was composed mostly of high-risk friends.¹⁰

- When asked why they had sex for the first time, 13 percent of young men ages 13 to 18 cited pressure from their friends compared to seven percent of young women. Eight percent of young women and one percent of young men cited pressure from a partner as a factor.⁵
- In one study, about 48 percent of 13- to 15-year-old male and female respondents said they talk to their friends about sexuality issues. Females were most likely to discuss many sexuality issues with their mothers, while less than 20 percent talked with their fathers about any sexuality issue. Fewer males than females reported talking with friends or parents about sex-based topics. However, male teens were about as likely to talk with mothers as with friends and only slightly less likely to talk with their fathers.¹¹

Good Parent-Child Relations, Academic Aspirations and Sports Participation Can Promote Sexually Healthy Decisions by Teens.

- According to one study, teens who reported being highly satisfied with their relationship with parents were 2.7 times less likely to engage in sex than teens who had little satisfaction with their parental relationships. Relationship satisfaction was associated with a lower probability of engaging in sex, higher probability of using birth control if sex occurred, and lower probability of pregnancy during the ensuing 12 months.¹²
- Another study found that, when parental responsiveness was high, sexual discussions between parents and teens were significantly
 associated with increased condom use during most recent intercourse.¹³
- Teens' perception of maternal opposition toward engaging in sex was associated with a lower probability of engaging in sex and a lower probability of pregnancy during the ensuing 12 months. 12
- Among teens who did not feel close to their mother and/or father, 70.6 percent had sex by the age of 17 to 19 compared to 57.9 percent who felt close to mother and/or father. 14
- In a study among seventh grade African American and Latino males, good grades and living with both parents were associated with delay of sexual intercourse.¹⁵
- In a study of women in grades nine through 12, 41 percent of non-athletes reported never having had sex compared to 54 percent of athletes. Among those who reported having had sex, 15 percent of non-athletes experience first coitus before age 15 compared to eight percent of athletes. ¹⁶

References

- Lammers C et al. Influences on adolescents' decision to postpone onset of sexual intercourse: a survival analysis of virginity among youths aged 13 to 18 years. J Adolesc Health 2000;26:41-6.
- ² Robinson KL et al. Predictors of sixth graders engaging in sexual intercourse. J Sch Health 1999;69:369-75.
- ³ Valois RF et al. Relationship between number of sexual intercourse partners and selected health risk behaviors among public high school adolescents. J Adolesc Health 1999;25:328-35.
- 4 Kingree JB et al. Unprotected sex as a function of alcohol and marijuana use among adolescent detainees. J Adolesc Health 2000;27:179-85.
- ⁵ Kaiser Family Foundation, YM Magazine. National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences. Menlo Park, CA: The Foundation, 1998
- ⁶ Raj A et al. The relationship between sexual abuse and sexual risk among high school students: findings from the 1997 Massachusetts youth risk behavior survey. Maternal & Child Health J 2000;4:125-34.
- Holder DW et al. The association between adolescent sexual spirituality and voluntary sexual activity. J Adolesc Health 2000;26:295-302.
- 8 National Campaign to Prevent Teen Pregnancy. Faithful Nation: What American Adults and Teens Think about Faith, Morals, Religion, and Teen Pregnancy: A National Survey. Washington, DC: The Campaign, 2001.
- Zaleski EH, Schiaffino KM. Religiosity and sexual risk-taking behavior during the transition to college. J Adolescence 2000;23:223-7.
- Bearman P, Brückner H. Power in Numbers: Peer Effects on Adolescent Girls' Sexual Debut and Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy, 1999.
- Dilorio C et al. Communication about sexual issues: mothers, fathers and friends. J Adolesc Health 1999;24:181-9.
- 12 Dittus PJ, Jaccard J. Adolescents' perceptions of maternal disapproval of sex: relationship to sexual outcomes. J Adolesc Health 2000;26:268-78.
- 13 Whitaker DJ et al. Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. Fam Plann Perspect 1999;31:117-21.
- ¹⁴ Council of Economic Advisors. Teens and Their Parents in the 21st Century: An Examination of Trends in Teen Behavior and the Role of Parental Involvement. Washington, DC: The White House, 2000.
- ¹⁵ Raine TR et al. Sociodemographic correlates of virginity in seventh-grade black and Latino students. J Adolesc Health 1999;24:304-12.
- 6 ______. The Women's Sports Foundation Report: Sport and Teen Pregnancy. East Meadow, NY: The Foundation, 1998.



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Chapter II

Planning and Implementing Let's Talk Month



Chapter II. Planning and Implementing Let's Talk Month

Initial Steps

Any community or state group can organize Let's Talk Month. A coordinating or sponsoring organization, a steering committee, and a number of working committees can plan and run Let's Talk Month. Even a single organization can offer activities during October to heighten awareness of the importance of families talking together about sexuality. The organization can pick and choose from among many possible activities, beginning shortly before October. With planning, Let's Talk Month can grow each year, and the number and variety of involved organizations can also multiply as Let's Talk Month gains visibility in the community.

The *single most important thing* is to actively involve young people and parents—from the very beginning—in all aspects of brain-storming, planning, designing, implementing, and evaluating an Let's Talk Month campaign and its activities. Why? Involve youth because they are the ones toward whom the entire campaign reaches and they will know what styles of communication and what messages resonate with their peers. They know what is going on as well as what may work and what most certainly will not work. They have energy, compassion, creativity, and enthusiasm. Involve parents because they are the direct audience of the campaign. You want to reach parents, encouraging them to talk with their kids about sex. Parents can identify the anxieties, solutions, benefits and barriers facing parents and that are most important to the goal of encouraging parent-child communication about sex. Involve youth and parents; value them and their contributions—this will make your Let's Talk Month campaign the best yet.

Who's Who in Let's Talk Month Campaigns?

More detailed descriptions follow this brief list.

- Local Coordinating Agency or Sponsor—The individual or organization that initiates the planning of Let's Talk Month; often provides strong support for the campaign and recruits the steering committee; may also designate a staff member or volunteer as coordinator or liaison for Let's Talk Month
- Steering Committee—A group of about 10 individuals (including at least two youth) who represent youth, parents, youth-serving organizations, faith communities, government agencies, businesses, and media in the community and who work to organize and support an Let's Talk Month campaign
- *Co-*Sponsors—Organizations, agencies, faith communities, parent and youth organizations, businesses and media that openly support Let's Talk Month; normally are listed on all the materials (online and print) pertaining to the Let's Talk Month campaign
- Participants—Participating organizations are those that offer activities, events, and/or programs for youth and
 parents during October as part of the Let's Talk Month campaign; not restricted to co-sponsors, steering committee
 members, and/or the local coordinating agency
- Working Committees—Individuals and/or groups appointed by the steering committee to handle much of the actual work of the Let's Talk Month campaign; members—especially including youth—can also represent co-sponsors and/or participating organizations; more details follow about these committees.

Coordinating or Sponsoring Organization

An existing council or task force on teen pregnancy may be an excellent local coordinating agency or sponsor for Let's Talk Month. The coordinating organization will recruit members of a steering committee and assist the committee to plan and implement Let's Talk Month activities and events in the community or state. The coordinating organization may provide the chair and/or spokesperson of the steering committee and/or agree to serve as the communications center for Let's Talk Month. The coordinating organization may also create materials—such as a community calendar of events and programs, bumper stickers, buttons, stickers, balloons, and pamphlets—for participating organizations to use to reach youth, parents, the press, policy makers, businesses, and the public, or it may leave the creation of these materials to working committees and to co-sponsoring organizations. The coordinating organization may also appoint a

coordinator, once the steering committee is up and functioning, to provide liaison and support to the steering committee and to its working committees.

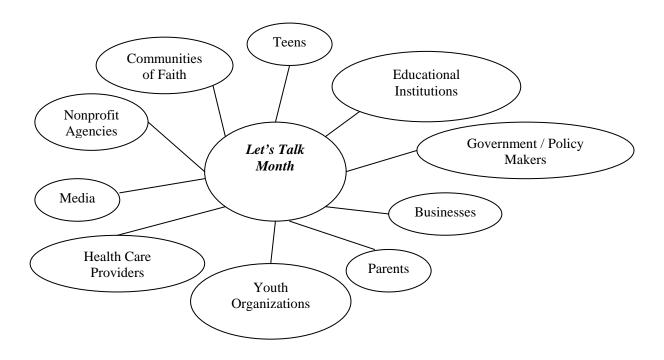
The Steering Committee

Activities and events during Let's Talk Month provide the opportunity to reach the public, to encourage participation in Let's Talk Month, and to support parents in talking with their kids about sexuality. The steering committee should be broad-based and able to plan and implement Let's Talk Month. Look for youth and parents as well as for leaders from organizations that work with and/or focus on youth. Consider approaching leaders from schools, civic clubs, faith communities, businesses, and news and entertainment media. Be sure to include leaders of ethnic groups or other populations for whom adolescent sexual health is a compelling issue. Most importantly, include young people and their parents! An excellent steering committee might include at least one representative from each of the following groups except youth. Include *at least two* youth to ensure that their voices are heard and not silenced by the adults around them.

Identify potential members for the steering committee from the groups in the chart below. Call each potential member (organization) and send information about Let's Talk Month. Invite all the potential members to a meeting where they can learn more about Let's Talk Month and its goals. Be sure to set the meeting (and all future meetings) at times and in places accessible to youth. At the meeting, introduce Let's Talk Month; talk about things that local groups in other areas have done; talk about successes of Let's Talk Month. Ask the potential members to commit to participating. Ideally, steering committee members will be able to devote time and effort to serving on one of the working committees as well and will also agree to implement at least one Let's Talk Month activity.

The steering committee should set the goals for the Let's Talk Month campaign and activities. For example, the committee might set a goal of:

- Increasing families' awareness of the importance of talking with youth about sex;
- Highlighting effective parent-child communication programs;
- Increasing discussions about sexuality between parents (or other caregivers) and young people;
- Encouraging the community to consider comprehensive sex education programs; or
- Encouraging teens to make responsible decisions about sex—including delaying the initiation of sex and, among sexually active youth, using contraception.



While participants in the campaign will develop their own activities, sharing an overall goal can multiply the effects of individual activities and make the entire campaign more coherent and powerful. An approach that includes clear goals may enhance recruitment efforts as well.

Other important tasks for the steering community can include recruiting "honorary members," inviting the participation of organizations and individuals as co-sponsors and/or participants, and setting up working committees and a speakers' bureau. Some of these activities may, instead be handled by the working committees which the steering committee *must* establish. Throughout the campaign, the steering committee will support and encourage the working committees.

- Appoint honorary members—The steering committee may want to consider asking prominent members of the community to be "honorary" members of the steering committee or of an advisory committee. As such, the honorary members will primarily lend their names to the Let's Talk Month efforts. Consider asking radio or television personalities, state and local elected officials, superintendents of schools, presidents of the local United Way or chamber of commerce, and prominent clergy to be honorary Let's Talk Month committee members.
- *Establish working committees*—An urgent task of the steering committee is to appoint working committees, or at least the chairs of the working committees, including Youth Involvement, Special Events, Endorsement, Calendar, Media, and Finance. Each working committee should include at least two young people. Once established, these committees will assume many of the actual tasks associated with launching an effective Let's Talk Month campaign. (See the next section on Working Committees.)
- Invite participation by community organizations and leaders—The steering or the endorsements committee should write organizations, businesses, and leaders. Ask these potential partners to be co-sponsors of Let's Talk Month and/or to participate in it. Include with the letter a list of the committees and their tasks as well as the names of committee chairs, asking potential co-sponsors to join a working committee and/or to plan activities. (See section on Potential Partners: Co-Sponsors and Participants, later in this chapter.) A list of suggested activities and events should be one of the first items produced; it should be included in materials sent to all organizations that may participate in or co-sponsor Let's Talk Month.
- **Set up a speakers' bureau**—The steering committee may also consider setting up a speakers' bureau—a group of youth, community leaders, and service providers willing to give talks or make presentations regarding the importance of family discussions about sexuality. Youth are experts on their own lives; they are often speakers of most interest to other youth; their thoughts can be highly useful to parents; and they are often very interesting to media. Be sure to include youth among the speakers.

Working Committees

The Let's Talk Month steering committee should establish the following committees:

- Youth Involvement Committee—Ensures that teens participate actively in all aspects of Let's Talk Month, from planning and implementing activities, to designing educational messages and working with the media, to participating in *all* the committees of Let's Talk Month. At least 50 percent of the members of *this* committee should under age 25. (See Chapter III, Involving Youth.) Youth's active and meaningful involvement is crucial!
- Special Events Committee—Plans and coordinates community-wide activities. All co-sponsors should be listed on the print materials for community-wide events. Activities should be offered at times and in locations that are accessible and attractive to the target audience. Be sure to include youth and parents as members of this committee, since they are the primary audience for Let's Talk Month. (See the section Community-Wide Events, later in this chapter.)
- Endorsement Committee—Identifies and secures co-sponsors of Let's Talk Month and obtains proclamations from elected bodies and officials. Be sure to include youth and parents as committee members. Youth can be highly effective in raising policy makers' awareness of youth's abilities and in assuring policy makers of the importance of Let's Talk Month to young people. Parents are critically important to assuring policy makers that voters support

Let's Talk Month. (See Chapter VIII, Sample Materials.) Members of this committee ask leaders to:

- o Make a mayoral or gubernatorial proclamation;
- o Hold a public hearing at a session of the town council or legislature;
- O Act as master of ceremonies at a banquet, award presentation, or other event; and/or
- o Present an award to an outstanding program, activity, or leader.
- *Calendar Committee*—Sends out preliminary information and activity forms, compiles the information as the forms are returned, and puts together a community calendar of events. The calendar committee should print one calendar (or at least a list of all events) and distribute it throughout the community or state. Urge the press to announce the events and to send reporters to cover them. (See Chapter VIII, Sample Materials.)
- *Media Committee*—Works with television, radio, and print media as well as with advertising outlets to garner coverage, publicity, and widespread awareness of Let's Talk Month and its events. Be sure to include youth and parents in crafting media messages and in training as spokespeople. Reporters are often more interested in the views of young people and their parents than in the views of traditional media contacts. (See Chapter IV, Working with Media.)
- *Finance Committee*—Obtains the cash, goods, and services needed for Let's Talk Month, soliciting support from foundations, sponsors, co-sponsors, participating organizations, and concerned community groups. Include parents and youth on this committee, especially young people who are considering a future in development, fund-raising, and/or running their own businesses. (See the section Funding, later in this chapter.)

A suggested **time line** for committees' activities appears at the end of this chapter. While some communities may be able to use an entire year to plan to plan Let's Talk Month, the time line and the scope of activities can be shortened, as necessary, if communities have less time to devote to planning the campaign.

Potential Partners—Co-Sponsors and Participants

Remember that co-sponsors of Let's Talk Month are those organizations and agencies that openly support Let's Talk Month and are normally listed on all the materials (online and print) pertaining to the Let's Talk Month campaign. Participants are those organizations that offer activities, events, and/or programs for youth and parents during October as part of the Let's Talk Month campaign but are not co-sponsors, steering committee members, and/or the local coordinating agency.

Let's Talk Month participants offer activities *during October*, inviting youth and their families as well as members of the public and staff of colleague organizations. The steering committee should ask a variety of individuals, businesses, and agencies to offer events and activities for youth and parents, for policy makers, and for the media. Involving many organizations and offering widely publicized and open events makes Let's Talk Month a community-wide or statewide effort. While one organization may initiate and coordinate Let's Talk Month, the campaign will be more powerful and reach more people if other groups and agencies co-sponsor it. Steering committee members can use their personal contacts to enlist support—co-sponsorship and/or participation. (See Sample Forms in Chapter V.)

Potential Partners: Specific Organizations

- American Red Cross
- Big Brothers / Big Sisters
- Boys & Girls Clubs
- Boy Scouts
- Campfire Girls
- Girls Incorporated
- Girl Scouts
- Head Start
- Junior League
- Kiwanis

- PTA
- Planned Parenthood
- Rotary
- United Way
- YMCA and/or YWCA

Potential Partners: Types of Organizations

- Agricultural extension programs
- Businesses
- Child development agencies
- Communities of faith
- Counseling centers
- Day care centers
- Family services
- Health departments
- Hospitals
- Juvenile justice programs
- Libraries
- Media
- Mental health agencies
- Mentoring programs
- Ministerial associations
- Neighborhood associations
- Parent organizations
- Rape crisis centers
- Recreation centers
- Restaurants
- Schools
- Service organizations
- Social services
- Teen health centers
- Teen parent programs
- Universities & colleges
- Women's groups
- Youth groups

Funding

The coordinating or sponsoring organization or the finance committee can develop a budget and seek funds to cover costs. However this responsibility is handled, the budget must include expenses for meeting space(s), telephones, printing and postage, and refreshments for committee meetings. Sometimes, participating organizations and cosponsors can help defray costs by offering services, such as copying, postage, and telephoning. Often, local businesses and service clubs will be willing to contribute small amounts, especially when the requests are tied to specific events or activities, such as a community forum, a teen theater performance, or a health fair. Businesses and unions may donate printing. Community colleges may provide an excellent source for graphics and design assistance. Communities of faith and service clubs like Kiwanis, Junior League, and Rotary Clubs are often willing to provide funds and other support for activities for young people. However, to receive these contributions of funds or services, Let's Talk Month's organizers and/or finance committee must be willing to *ask* for contributions.

Materials

Invitational materials—The invitational materials are developed in the beginning by the steering committee and include materials that must be updated throughout the planning phase of Let's Talk Month. These materials include: invitations to join Let's Talk Month; basic facts about parent-child communication about sex and about adolescent sexuality; a list of suggested activities; the ongoing list of already planned activities; and a list of committed and potential speakers and the topics on which they may speak or be willing to speak. (See the early section in this chapter on The Steering Committee and the section at the end of the chapter, Ideas and Strategies for Participating Organizations.)

Calendar—The calendar of community events offered during Let's Talk Month is critical to promoting all the events. Each year, the calendar committee should accumulate information on all of the events and programs that will be offered by participating organizations and print an Let's Talk Month community calendar or list of events, to be distributed throughout the community (including schools). Each participating organization should receive a supply of the calendars to distribute to its constituents. Some communities design the calendars as large posters that also carry Let's Talk Month messages or themes. (See Chapter VIII, Sample Materials.)

Promotional materials—Promotional materials for Let's Talk Month are important, and ideas for these materials are limited only by the creativity of participating individuals and organizations. In many communities, the organizers of events give the materials away as publicity or sell them to finance Let's Talk Month activities. Promotional materials can include:

- Balloons
- Bookmarks
- Campaign buttons
- Candy
- Coffee mugs
- Cups
- Grocery bags
- Notepads
- Palm cards
- Pencils and pens
- Place mats
- Posters
- Stickers
- Table tents
- Tee shirts
- Totes
- Vouchers for something else (like free transportation, ice cream cones, free condom, etc.)

For example, coordinators of Let's Talk Month sometimes develop and distribute posters that include a funny or interesting message about parents and their kids discussing (or not discussing) sex. (See Chapter VIII, Sample Materials.) Some communities even sponsor contests for the posters' design. In addition to winning a prize, the designers often get to see their poster used in the following year.

Community-Wide Events

Community-wide events are exactly that—something that involves and/or is targeted to the entire community. Often, organizers can make smaller events into community-wide ones by combining two or more events. For example, events such as a workshop may be more successful when offered in conjunction with another well-attended program, such as a teen theatre performance or a program in a faith community, at a recreational site, or in school. A teen theater group

might offer a performance of Romeo and Juliet, for example, at a PTA meeting, greatly increasing the number of parents willing to attend the PTA as well as finding another audience for the theater group. Community-wide events include but are not limited to conferences, forums, health fairs, and teen theatre.

Conferences or Forums—Let's Talk Month offers an opportunity to raise awareness about the importance of families talking about sexuality through community-wide gatherings, such as a general awareness conference or forum. Some communities sponsor a conference annually, changing the focus or theme each year. It is important to plan the forum to make it accessible to people of all ages, including youth. Such a community forum or conference might focus on:

- Adolescent cognitive development
- Adolescent sexual development
- Communicating with adults, youth, partners, or friends
- Facts of life
- Healthy relationships
- How to be an "askable" parent
- How to say no
- Little people can have big questions
- Living with your preteen
- Living with your teen
- Parents of teens speak out
- Peer pressure and parent power
- Resisting pressure
- Self-esteem
- Sexual relationships—more than just sex
- Skills, in communication, assertiveness, etc.—particularly geared for young people
- Teen marriage: is it an answer?
- Teens—talk with us, not at us

Teen Health Fair—Schools often hold health fairs. However, a community-wide event could enable teens and their parents to learn together about family planning, mental health, and substance use treatment options in their community. To make this a truly well attended and successful event, invite a wide array of groups, including youth and their parents, health care providers, parent groups, businesses, and news and entertainment outlets.

Teen Theater—Teenage actors delight audiences, including parents and other youth. There are many plays—such as *Romeo and Juliet* and *Splendor in the Grass*—that deal with teenage sexuality. Most communities are lucky enough to have teen theater groups which perform for the public and most high schools have a drama department that offers performances at least twice a year. For Let's Talk Month, teens might be asked to perform a play or to present skits about issues facing youth. Peer educators sometimes combine performances with opportunities for discussion between actors and members of the audience. Check with your local high schools, Planned Parenthood affiliates, and/or drama clubs to identify partners among local teen theater groups.

Ideas and Strategies for Participating Organizations

Remember to encourage participating organizations to recruit youth and parents as active, fully involved members of their efforts.

Community-based Organizations—Community-based organizations may be strongly interested in participating in or sponsoring activities during October with a special focus on parent-child relationships. Approach adolescent pregnancy prevention organizations, AIDS service organizations, the American Red Cross, health agencies, Planned Parenthood clinics, rape crisis centers, teen centers, day care centers, advocacy groups, libraries, local chapters of national membership organizations, neighborhood associations, religious service organizations, the United Way, Kiwanis, Head

Start, mentoring programs, Junior Leagues, and youth-serving organizations. Ask them to:

- Set up a film festival at shopping malls, in community centers, and schools.
- Sponsor a community conference, forum, or panel discussion on parent-child communication about sex.
- Encourage and sponsor training in comprehensive sex education for professionals who work with youth.
- Design an awards program to recognize outstanding prevention programs and/or leaders.
- Sponsor health services for teens at schools and malls.
- Participate in and/or sponsor a health fair for teens.
- Display publications on adolescent sexual development.
- Join the Let's Talk Month steering committee or one of its working committees.

Parents—Parents are many teens' preferred source of information about sexuality. Ask parents, step-parents, grandparents, mentors, and other caregivers to:

- Encourage the PTA to mail letters to parents about teen pregnancy and about communicating with young people regarding sensitive issues.
- Attend programs and events of Let's Talk Month.
- Participate in workshops addressing issues that are important to young people.
- Discuss sexuality with everyone in the family.
- Obtain school boards' endorsement of Let's Talk Month.
- Join the Let's Talk Month steering committee or one of its working committees.

Youth, including Peer Educators—Peer education (teens talking to teens) can be effective in educating teens about ways to open up conversations with their own parents or other trusted adults. Ask peer educators, teen theater groups, sports teams, school bands, and school club members to:

- Plan and implement a teen health conference.
- Place keepsakes on tables at the prom, to remind teens to take responsibility for their own health.
- Enlist a teen theater group to conduct a performance on parent-child communication. (See section on Community-Wide Events in this chapter.)
- Implement activities. (See Suggestions for Teens at the end of this chapter.)
- Join the Let's Talk Month steering committee or one of its working committees.

Communities of Faith—Faith communities usually welcome the chance to impart their values and beliefs. Ask leaders of churches, synagogues, mosques, and other religious centers to:

- Provide lessons on adolescent sexual development.
- Address open, honest conversations about sexuality in homilies and bulletins.
- Offer lessons on contraception, partner communication, and values discussions.
- Coordinate a clergy conference.
- Sponsor workshops for parents and teens on adolescent development and on communication skills.
- Include Let's Talk Month messages in sermons in October.
- Join the Let's Talk Month steering committee or one of its working committees.

Schools—Schools and other educational institutions are often willing to participate in Let's Talk Month. Ask public, private, parochial, and alternative schools, school-based and school-linked health centers, and universities and community colleges to:

- Distribute the Let's Talk Month calendar of events and other educational materials.
- Produce plays that touch upon adolescent sexuality and/or or adolescent health.
- Set up display tables that offer information on talking with parents about sex.
- Offer question and answer sessions related to sexuality.
- Devote the PTA meeting during October to Let's Talk Month.

- At morning announcements, provide encouragement to discuss important issues with parents.
- Join the Let's Talk Month steering committee or one of its working committees.

Health Care Providers—Health care providers can play a vital role in increasing awareness of Let's Talk Month. Ask community care health professionals—including family planning services providers, family services workers, counselors, health department staff, health educators, and doctors and nurses to:

- Sponsor and/or participate in a health fair for teens.
- Design and/or display help cards and brochures that list community resources and agencies serving teens.
- Present workshops for parents and teens on sexual health, adolescent development, and/or communication and confidentiality.
- Give talks on adolescent sexual health issues during teaching programs.
- Display posters and flyers about Let's Talk Month.
- Sponsor workshops, seminars, and presentations on family communication about sexuality.
- Join the Let's Talk Month steering committee or one of its working committees.

Media—Reporters for newspapers, radio, and TV and writers for magazines often cover subjects related to teens. Ask these reporters to cover Let's Talk Month and to highlight youth and parent leaders in the Let's Talk Month campaign. Media coverage will carry Let's Talk Month messages to many more people than organizations can reach without media's help. Ask media professionals to:

- Write a story highlighting local programs to improve communication between parents and their kids.
- Accept op-eds and articles on Let's Talk Month.
- Sponsor public service announcements (PSAs), talk shows, documentaries, and/or contests.
- Donate billboards carrying messages about parent-child communication.
- Provide a radio "call in" talk show where teens can ask professionals about sexual health.
- Film a public forum or debate for local TV.
- Sponsor a poster contest.
- Join the Let's Talk Month steering committee or one of its working committees.

Businesses—Businesses are often interested in visibly supporting local initiatives. Ask restaurants, bookstores, groceries, pharmacies, department and clothing stores, malls, movie theaters, video stores and record shops, boutiques, and hair salons to:

- Display brochures, pamphlets, and other materials on parent-child conversations about sex.
- Contribute to support a teen theater performance, the health fair, and/or another event.
- Enclose paycheck stuffers on Let's Talk Month.
- Hold lunchtime brown bag seminars at work sites regarding parent-child communication about sexuality.
- Use tray liners and/or table tents at local restaurants and teen hangouts.
- Donate space on advertising billboards.
- Join the Let's Talk Month steering committee or one of its working committees.

Policy Makers—Let's Talk Month offers an excellent opportunity to educate and involve policy makers in efforts to improve adolescents' sexual health. Whether the policy maker is the mayor, governor, or a member of the school board, county commission, or state legislature, he/she can promote realistic and relevant teen policies. Securing a proclamation from an elected official can bring media attention to Let's Talk Month. When a well-known policy maker consents to act as spokesperson for Let's Talk Month, this can bring a lot of media attention to the effort. Holding a public hearing—especially one in which youth and their parents speak on the issue—can secure the attention and commitment of other policy makers. Inviting policy makers and the press to visit effective youth-serving programs also draws attention to the issue of adolescent sexual health. Some ways to educate and involve policy makers include asking them to:

Provide proclamations regarding Let's Talk Month or to assist the steering committee in obtaining a proclamation.

- Hold hearings on adolescent sexual health, confidentiality, and parent-child relationships.
- Serve as an honorary chair of Let's Talk Month.
- Introduce legislation that promotes honest, accurate sexual health information for teens.
- Introduce legislation that encourages parent-child communication about sexual health issues *and also* protects adolescents' rights to confidential health services.
- Speak at community forums.
- Join the Let's Talk Month steering committee or one of its working committees.

Encourage participation in whatever capacity is feasible for organizations that are interested in supporting Let's Talk Month, but be careful not to allow groups with an agenda to hijack community-wide events. For example, an abstinence-only group might object to the community's youth's receiving information about sexual health from anyone other than parents, even though much research shows that parents want schools and other agencies to supply youth with accurate information about contraception and condoms. The participation of such a group would not, in this example, be worth the harm the group might offer to Let's Talk Month's focus on improving adolescents' sexual health and sexual health outcomes by giving them access to honest, accurate, and complete sexual health information.

Suggested Time Line for a Let's Talk Month Campaign

January

- The coordinating organization should form a Let's Talk Month steering committee, a small group of not more than 10 individuals who will identify the goals and objectives of Let's Talk Month, head the working committees, and make overall decisions.
- At the first meeting, the steering committee will identify goals and objectives, select chairs of the working committees, and set up a framework for the major decisions regarding Let's Talk Month.

February through April

- Chairs should convene the committees to begin their work:
 - Youth Involvement Committee—Ensures the active involvement of young people as full partners in Let's Talk Month and all of its activities—from steering committee to final evaluation; recruits youth leaders; and ensures the inclusion of youth of differing ethnicity, background, socio-economic levels, religion, and school status. (See Chapter III, Involving Youth.)
 - o *Endorsement Committee*—Seeks and secures co-sponsors; sends letters to community agencies, faith organizations, schools, youth groups, volunteer organizations, media, local businesses, and health services providers, describing Let's Talk Month and requesting their participation. (See Chapter V, Sample A.)
 - o *Calendar Committee*—Distributes a list of potential activities and encourages participation; sends out a preliminary calendar and activity forms; compiles information as forms are returned; and puts together a community calendar of events. (See Sample Forms, Chapter V.)
 - Media Committee—Plans and involves television, radio, and print media in generating community-wide publicity; discusses types of coverage and ways to obtain them; identifies spokespeople; and develops press packets for Let's Talk Month and for individual activities occurring in May. (See Chapter IV, Working with the Media.)
 - Special Events Committee—Plans activities that involve and benefit the entire community, such as a health fair, awards ceremony, educational conference, community forums, training programs, and community-wide contests like rap, disco, essay, and/or poster. (See section of this chapter, Ideas and Strategies for Participants.)
 - o *Finance Committee*—Develops a budget for the shared programs and activities, including the community calendar of events, health fairs, forums, etc; raises funds to cover these expenses; helps participating agencies identify sources of funding for their activities and programs; ensures funds are on-hand (or promised) by May to pay for shared events. (See Funding section of this chapter.)

May through August

- Working committees continue their activities:
 - o **Youth Involvement Committee**—Continues its work throughout the planning and execution of Let's Talk Month activities to ensure full involvement of youth and youth leaders
 - o Endorsement Committee—Requests proclamations from governor, mayor, commissioners, and/or school board
 - o *Calendar Committee*—Sends out activity forms to all contacts, asking for their return by August 1st; compiles, designs, and desktops community calendar of events
 - o *Media Committee*—Contacts media to line up coverage of activities in advance; prepares press releases and press packets
 - o Special Events Committee—Plans and confirms all special events, with known time lines for each one
 - *Finance Committee*—Reviews funds available for shared expenses and adjusts activities as needed; continues fund-raising, as necessary.

September

- *Calendar Committee*—Prints calendar, for distribution throughout the community *no later than* September 15th; ensures distribution to faith organizations, day care centers, community bulletin boards, media, businesses, and schools; also distributes flyers and/or posters
- *Media Committee*—Schedules media interviews and/or editorial boards for Let's Talk Month; arranges press conference; mails press releases and packets, as appropriate; holds proclamation ceremony

October

• Hold activities. Enjoy! Bask in the limelight! Take a bow for a job well done!

November

• *Steering Committee*—Sends evaluation forms to everyone who participated; documents outcomes; begins planning for next year; thanks partners for their participation (See Sample Forms, Chapter V.)

December

• Send Advocates for Youth a copy of all your publications, posters, press releases, and materials. Let Advocates know the results of your evaluation.

January

• Here we go again! Bigger and better next year!

Chapter III

Involving Youth: Youth-Adult Partnerships to Promote Parent-Child Communication about Sexuality during Let's Talk Month



Chapter III—Involving Youth: Youth-Adult Partnerships to Promote Parent-Child Communication about Sexuality during Let's Talk Month

Introduction

It is important to involve youth in all aspects of the Let's Talk Month campaign. Youth involvement is not a way to patronize youth or to include a token number of youth. Instead it is essential to creating a campaign that meets youth where they are, captures their attention, and speaks their language. Youth involvement is essential to a successful Let's Talk Month. Here is a general guide to building youth-adult partnerships—partnerships that will draw on youth's commitment, energy, passion, and enthusiasm to make Let's Talk Month into a campaign that can really make a difference in your community.

These articles follow:

- 1. Building Effective Youth-Adult Partnerships;
- 2. Barriers to Building Effective Youth-Adult Partnerships;
- 3. Tips for Working with Youth;
- 4. Tips for Working with Adults; and
- 5. Ideas for Activities By and For Youth.

The first four articles are reprinted from *Transitions*, Volume 14, Number 1, October 2001. For the latest versions of these articles and other issues of *Transitions*, please visit http://www.advocatesforyouth.org/publications/freepubs_type.htm#transitions

Building Effective Youth-Adult Partnerships*

What Is a Youth-Adult Partnership?

A true partnership is one in which each party has the opportunity to make suggestions and decisions and in which the contribution of each is recognized and valued. A youth-adult partnership is one in which adults work in full partnership with young people on issues facing youth and/or on programs and policies affecting youth. In addressing adolescent sexual health issues, youth and adults can work together in a number of ways. Together, they can conduct a needs assessment, write a grant proposal, raise funds, design a program, train new staff, deliver services, implement ideas and projects, oversee a program, collect data, evaluate a program's effectiveness, improve unsuccessful aspects of a program, and replicate successful programs.

Sharing with youth the power to make decisions means adults' respecting and having confidence in young people's judgment. It means adults' recognizing youth's assets, understanding what the youth will bring to the partnership, and being willing to provide additional training and support when youth need it (just as when including other adults in making decisions). Both youth and adults may need to embrace change in order for the partnership to work. For example, adults may need to modify their ideas about what will and will not work and about times and conditions under which work proceeds. Similarly, youth may need to understand the limitations and realities that affect a program's development, operation, and evaluation.

What Is Not a Genuine Youth Adult Partnership?

Youth-adult partnerships are *not* ways to hide or obscure the fact that programs are designed, implemented, and run only by adults. Tokenism is not partnership. Tokenism can appear in many forms. Tokenism could include such actions as:

- Having young people around with no clear role to play
- Assigning youth only those tasks which adults do not want to fulfill
- Having youth make media appearances without any voice in developing the messages, programs, or policies that the youth are expected to talk about
- Having one youth on a board of directors or council to point to as "youth involvement."

Tokenism will leave young people feeling used rather than empowered. The key to avoiding tokenism is to share with youth the power to make real decisions.

Why Are Youth-Adult Partnerships Important?

Youth-adult partnerships arise from the conviction that young people have a right to participate in developing the programs that will serve them and a right to have a voice in shaping the policies that will affect them. In addition, advocates of youth-adult partnerships argue that programs are more sustainable and effective when youth are partners in their design, development, and implementation. Proponents also assert that evaluation results are more honest and realistic when youth assist in gathering and providing the data on which evaluation is based.

Little research has been done on the effects that youth-adult partnerships may have on youth, adults, organizations, or the processes that these partnerships affect. Research provides some evidence, however, that partnering with youth and respecting their ability to contribute may provide important protective factors for young people. The Innovation Center for Community and Youth Development (a division of National 4-H Council) conducted one of the few existing studies on the effect of youth-adult partnerships. The study showed that "involving young people in decision making provides them with the essential opportunities and supports (i.e. challenge, relevancy, voice, cause based action, skill building, adult structure, and affirmation) that are consistently shown to help young people achieve mastery, compassion, and health."

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^{*} Different terms may refer to similar concepts. 'Youth involvement' and 'youth-adult partnerships' may be used interchangeably. Advocates for Youth prefers the partnership language because, for some, 'involvement' may imply tokenism or detachment.

Few links have been explicitly identified between resiliency research and the youth-adult partnership movement. However, research has identified many factors that help young people resist stress and negative situations. These factors (discussed below) are produced and facilitated by effective youth-adult partnerships.

First, resiliency research has identified 'protective factors' that seem to account for the difference between those young people who emerge from high risk situations with positive results and those who do not. While research shows that many factors influence health behaviors, resilient children, in particular, display some important characteristics, including:

- Social competence, including responsiveness, flexibility, empathy, and caring, communication skills, a sense of humor, and other pro-social behaviors
- Problem solving skills, including the ability to think abstractly, reflectively, and flexibly and the ability to arrive at alternative solutions to cognitive and social problems
- Autonomy, including a sense of identity and an ability to act independently and to exert control over one's environment
- Sense of purpose and future, including having healthy expectations, goals, an orientation toward success, motivation to achieve, educational aspirations, hopefulness, hardiness, and a sense of coherence.²

Second, research identifies an internal locus of control, or the feeling of being able to have an impact on one's environment and on others, as a key protective factor possessed by resilient youth. In this regard, opportunities for meaningful involvement and participation—such as are found in youth-adult partnerships—may provide youth with opportunities to develop and/or strengthen his/her internal locus of control.³

Third, research shows that contributing to one's community has many positive outcomes. One study found that college students who provided community service for credit significantly increased their belief that people can make a difference and that people should be involved in community service and advocacy. They showed significantly increased commitment to performing volunteer service. Finally, they became less likely to blame social services clients for their misfortunes and more likely to stress a need for equal opportunities. Contributing to one's community is the heart of most youth-adult partnerships.

Work in the field of youth development supports these findings. Youth development is defined as *the ongoing growth* process in which youth are engaged in attempting to meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and build their skills and the competencies that allow them to function and contribute in their daily lives.² Youth development is facilitated when young people have consistent opportunities to:

- Feel physically and emotionally safe
- Build relationships with caring, connected adults
- Acquire knowledge and information, and
- Engage in meaningful and purposeful activities in ways that offer both continuity and variety.²

These opportunities are abundantly present in genuine youth-adult partnerships.

Proponents of both youth development programs and youth-adult partnerships have in common a belief that youth are caring and capable individuals. Rather than seeing youth as problems to be managed, youth development proponents view young people as valued resources with individual assets. Proponents of youth-adult partnerships see young people as individuals with the capacity to make positive and wide-ranging contributions when they receive support and the opportunity to develop their skills.

Behavior change theory and research on resiliency suggest that, while the types of activities offered by successful youth development programs vary, "the emphasis lies in providing opportunities for active participation and real

challenges."⁵ Similarly, youth-adult partnerships offer youth immediate opportunities for active participation and real challenge. Few things can more concretely demonstrate a belief in young people's capabilities than when trusted adults share with youth the power to make decisions.

Who Else Benefits?

It would be a mistake to assume that the only benefits from these partnerships accrue to youth. Adults and the organizations in which these partnerships operate also benefit from youth adult partnerships. Adults:

- Experience the competence of youth first hand and begin to perceive young people as legitimate, crucial contributors.
- Enjoy the new energy that youth bring to the work.
- Find their commitment and energy enhanced by working with youth.
- Feel more effective and more confident in working with and relating to youth.
- Understand the needs and concerns of youth, become more attuned to programming issues, and gain a stronger sense of connection to the community.
- Receive fresh ideas from different perspectives.
- Reach a broader spectrum of people.
- Develop more relevant and responsive programming and services.
- Share knowledge.
- Increase creativity.
- Break down stereotypes about both youth and adults.¹

The same study also identified positive outcomes for the organizations:

- Young people help clarify and bring focus to the organization's mission.
- The adults and the organization, as a whole, become more connected and responsive to youth in the community, leading to programming improvements.
- Organizations place a greater value on inclusion and representation and see programs benefiting when multiple and diverse voices participate in making decisions.
- Youth's making decisions helps convince foundations and other funding agencies that the organization is truly committed to meaningful youth development and/or involvement.¹

What Are Important Elements of Effective Youth-Adult Partnerships?

It can be challenging to build effective, sustainable, genuinely collaborative youth-adult partnerships. Successful partnerships have some important elements in common. Effective partnerships:

- Establish clear goals for the partnership. The youth and the adults must understand what their roles and responsibilities will be in achieving the goals.⁶
- Share the power to make decisions. If youth have no power to make decisions, their participation is not one of *partnership*.
- Get the highest levels of the organization to commit fully to youth's participation in the organization's work.
- Ensure that each adult and young person enters the partnership with a clear understanding of everyone's roles and responsibilities. Not all adults will want to work with youth and not all youth will want to work with adults in a partnership capacity.
- Are selective. Young people vary widely in their development and in their readiness and willingness to assume responsibility. Being clear about the goals of the partnership and the roles that youth will play will help in identifying young people who are committed, reliable, and effective. At the same time, effective partnerships are selective about adult participants. The adults must believe that young people are assets and be willing and able to advocate on behalf of youth when stereotyping or negative assumptions about teens arise.
- Provide capacity building and training. Effective partnerships don't set young people up for failure by throwing them into situations for which they are not prepared. Youth may need training in communication, leadership, assertiveness skills, interviewing, etc., as well as in specific areas of expertise, like HIV prevention education.

Similarly, effective partnerships don't set adults up for failure by throwing them into situations for which they are not prepared. Adults may need training in communication, collaborative work, interviewing, or working with youth as well as in specific areas of expertise, such as HIV prevention education.

- Are aware that different styles of communication do not imply disrespect, disinterest, or different goals and expectations. Youth and adults say that the best way to resolve conflicts that arise out of different communication styles is to ask questions when one does not understand what is being said or why it is being said. Keeping the common goal in mind can also help resolve conflicts arising out of different communication styles.
- Value youth's participation and what they bring. Effective partnerships hold high expectations for participating youth and are not afraid of holding youth accountable for their responsibilities.
- Value adults' participation and what they bring. Adults frequently offer the partnership knowledge, experience, and
 access to resources. Effective partnerships guard against discounting potential adult allies, assuming that all adults
 hold negative stereotypes about youth, or believing that adults will have nothing of value to contribute to a program
 intended for youth.
- Include room for growth—next steps. Where can youth and adults go next? For example, peer education programs are often great vehicles for empowering young people and helping them develop important skills. However, these programs seldom include opportunities for advancement or for peer educators to assume more responsibility over time. Effective programs ensure that youth and the adults who work with youth have opportunities for advancement. Both youth and adults will have valuable experience and insights to bring to more senior positions in the organization.
- Remember that youth have other interests and priorities. Too often, adults will enthusiastically enlist the participation of a particularly effective and articulate young person in an overwhelming number of obligations and commitments. Check in often with partnership youth to ensure that they are taking on only as much as they can manage without neglecting other important aspects of their lives, such as family, friends, and education. Try to assist youth in recognizing when it is wise to say, "No," and support their decisions.

Youth-adult partnerships offer much to youth, adults, and organizations that participate in them. Effective partnerships may be difficult to achieve. However, the benefits they offer are wide-ranging and significant. The first step is to acknowledge that youth have value and that their contributions have value. Commitment to youth's rights and a determination to recognize their rights and to hear their voices is the beginning of building effective youth-adult partnerships.

References

- 1. Shepherd Z, et al. Youth in Decision-Making: A Study on the Impacts of Youth on Adults and Organizations. Madison, WI: National 4-H Council, 2000.
- 2. Pittman KJ, et al. Youth Development and Resiliency Research. Washington, DC: Center for Youth Development and Policy Research, 1993.
- 3. Blum R. Healthy youth development as a model for youth health promotion. Journal of Adolescent Health 1998;22:368-375.
- 4. Giles DE, Eyler J. The impact of a college community service laboratory on students' personal, social, and cognitive outcomes. Journal of Adolescence 1994;17:327-339.
- 5. Roth J, et al. Promoting healthy adolescents: synthesis of youth development program evaluations. Journal of Research on Adolescence 1998;8:423-459.
- Sylwander L. Children as Participants: Swedish Experience of Child Participation in Society's Decision-Making Processes. Stockholm: Swedish Ministry of Health and Social Affairs, 2001.

Barriers to Building Effective Youth-Adult Partnerships

Why aren't more organizations leaping to establish youth-adult partnerships?

The fact is that adults, youth, and organizations must recognize and dismantle significant barriers to working across age differences. If barriers remain in place, they will undermine the best intentions and waylay even the best-laid plans.

Attitudes as Barriers

Many adults still believe that young people's opinions don't matter, that youth are not capable of contributing in a valuable way, and that adults have nothing to learn from youth. Moreover, cultural norms may prevent adults from even realizing that these attitudes are *biased*. One way of approaching the issue of changing adults' attitudes about youth is to deal with it as one would any other issue of cultural diversity. Firsthand, personal experience often provides the most effective and far-reaching results in terms of changing people's opinions. One of the benefits of involving young people at high levels of responsibility and decision making is that it enables adults to see teens as thoughtful and contributing people. When anyone comes to see a formerly undifferentiated group as varying and diverse, that person is much more open to disbelieving and refuting negative stereotypes about the group and to valuing the individuals within the group.

Power dynamics, usually rooted in cultural norms, may make it difficult for young people and adults to feel comfortable working together. Formal instruction in school often teaches youth to expect answers from adults, and youth may expect adults to ignore, deride, or veto their ideas. Adults frequently underestimate the knowledge and creativity of young people and may be accustomed to making decisions without input from youth, even when youth are directly affected by the decisions. Therefore, joint efforts toward solving problems can be difficult, requiring deliberate effort on the part of both adults and youth.

One researcher developed the *Spectrum of Attitudes* theory and identified three different attitudes that adults may hold toward youth. These attitudes affect adults' ability to believe that young people can make good decisions. These attitudes also determine the extent to which adults will be willing to involve young people as significant partners in decisions about program design, development, implementation, and evaluation.

- Youth as Objects—Adults who have this attitude believe in a myth of adult wisdom. They believe adults know what is best for young people. They attempt to control situations involving youth and believe that young people have little to contribute. They may feel the need, based on prior experience, to protect youth from suffering the consequences of potential mistakes. Adults who see youth as objects seldom permit youth more than token involvement. An example of this attitude might be an adult writing a letter to an elected official about an issue pertinent to youth and using a young person's name and signature for impact.
- Youth as Recipients—Adults who have this attitude believe they must assist youth to adapt to adult society. They permit young people to take part in making decisions because they think the experience will be 'good for them.' They assume that youth are not yet 'real people' and need practice to learn to 'think like adults.' These adults usually delegate to young people trivial responsibilities and tasks that the adults do not want to undertake. Adults who see youth as recipients usually dictate the terms of youth's involvement and expect young people to adhere to those terms. An example of this attitude might be adults extending an invitation to one young person to join a board of directors otherwise comprised solely of adults. In such a milieu, a young person's voice is seldom raised and little heard. Adults do not expect the young person to contribute, and the young person knows it and that adults deliberately retain all power and control.
- Youth as Partners—Adults who have this attitude respect young people and believe that young people have significant contributions to make now. These adults encourage youth to become involved and firmly believe that youth's involvement is critical to a program's success. They accept youth's having an equal voice in decisions. They recognize that both youth and adults have abilities, strengths, and experience to contribute. Adults who have this attitude will be as comfortable working with youth as with adults and enjoy an environment with both youth and adults. Adults who see youth as partners believe that genuine participation by young people enriches adults just as adults' participation enriches youth and that a mutually respectful relationship recognizes the strengths that each

offers. One example might be hiring youth to participate from the beginning in designing a program to meet the needs of a community's youth.

Logistical and Organization Barriers

Good intentions are not enough to create genuine partnerships. Adults who endorse the concept of youth-adult partnerships must also be willing to identify and alter the organizational environment where institutional barriers can be especially significant for young people. Institutional barriers that make genuine youth-adult partnerships difficult include:

- Hours for Meetings and Work—An agency's hours of operation usually coincide with times when young people are at school or work. To engage youth, program planners must find nontraditional times at which to hold important meetings. Often, scheduling conflicts can be difficult to overcome. However, compromise is vital if an organization is to create youth-adult partnership. For adults, this may mean altering schedules to hold meetings in the late afternoon, early evening, or on the weekend. For youth, this may mean using school community service hours to attend a daytime meeting.
- *Transportation*—Many young people do not have assured access to a vehicle. Program planners should schedule meetings in easily accessible locations. They should also provide youth with travel vouchers and/or immediate reimbursement for the cost of travel.
- *Food*—Few young people have the income to purchase meals in business districts or dinners in restaurants. When a meeting occurs at mealtime, the organization should provide young people with food or with sufficient funds to pay for the meal.
- *Equipment and Support*—Agencies should provide youth with the same equipment as other employees, such as computer workstation, mailbox, voice mail, E-mail, and business cards. Failure to do so carries a powerful message that these youth—whether they are volunteers, interns, or peer educators, full-time or part-time—are not important or, at least, are not as important as adult employees.
- *Procedures and Policies*—With input from both youth and adults, organizations should develop policies on youth/adult interactions. For example, if a program involves overnight travel, youth and adults should be clear about their roles and responsibilities in traveling together. The policies will need to respect youth's desire for independence and, at the same time, address the legal liability of the organization, the comfort level and legal responsibilities of adult staff, and parental concerns about security. Organizations may consider establishing policies requiring the consent of parent or guardian for youth's participation, for staff's driving young people somewhere, etc. The setting and purpose of each youth-adult partnership will help determine other institutional factors that may need to be addressed in the organization's policies and procedures.
- *Training*—In agencies that have always operated from an exclusively adult perspective, staff may need cultural competency training. Staff—whether working directly with youth or not—will need to accept young people's perspectives and ideas and adapt to changing workplace rules to meet the needs of youth. Each organization and each staff member must make determined efforts to let each young person know he/she is valued.

It is work to achieve youth-adult partnership, and it is not easy work. However, the benefits are enormous for youth and for organizations that care about young people. When youth and adults keep the potential benefits in mind, they will find that the work is worthwhile. It may even turn our to be easier than they thought it would be.

This article is drawn, in part, from Klindera K and Menderweld J. *Youth Involvement in Prevention Programming*. [Issues at a Glance]. Washington, DC: Advocates for Youth, © 2001.

Reference

1. National 4-H Council. Creating Youth/Adult Partnerships: The Training Curricula for Youth, Adults, and Youth/Adult Teams. Chevy Chase, MD: The Council, 1997.

Tips for Working with Youth

- Be open to and nonjudgmental about young people's insights and suggestions. Let them know that their involvement is important.
- Take advantage of the expertise that teens offer. Young people know about, and should be encouraged to share the needs of their community. Affirm this input.
- Make sure youth will participate in meaningful ways. Young people should be involved in making decisions from the beginning of the project. Actively ask teens' opinions.
- Be honest about expectations for the project, what you want the teens to contribute, and how you hope to benefit from teen participation. Don't expect more from a teen than you would from an adult. Keep expectations realistic; hold young people to your expectations. Do not patronize youth by lowering your expectations.
- Integrate young people into group and coalition efforts. Schedule meetings when teens can attend and in a location accessible to teens. Like everyone else, keep young people informed about plans and meeting times.
- Treat teens as individuals. Don't assume one teen represents the views of many teens. Assure the young person that you are interested in her/his individual opinion and don't expect him/her to speak for an entire population.
- Be prepared ahead of time to offer support. Think about kinds of support (financial, logistical, training, emotional, etc.) it will take to involve teens in the project, and who will be responsible for providing this support.
- Make the work interactive, fun, and valuable. Like adults, youth are more likely to get involved and remain active in projects that are interesting and fulfilling.
- Many youth feel intimidated by adults and are not used to participating in discussions with adults. Some may feel
 they have nothing to contribute. It will require time and commitment to get the input of these youth. Be aware of
 this factor and work to overcome it.
- Don't make assumptions about what individual young people are like.
- Don't move too fast. Remember that it takes time to develop trust and rapport with youth because some youth are unsure about adults' intentions. Take the time and make the effort to develop a good relationship with youth *before* expecting much. Remember, too, that this work is often new to youth; take the time to explain why actions are being taken. Youth may interpret adults' being abrupt and hurried as a sign of disinterest in youth's participation; so go slow and explain what's going on.
- Remember that there are times when youth need to say, "No." They have many competing interests and responsibilities in their lives. Their education is important. Their relationships and communities are important. Having fun is important. They need time and energy for these interests and responsibilities.

Tips for Working with Adults

- Most adults have good intentions. Remember that many of them are simply not used to working in partnership with young people.
- Criticism doesn't necessarily mean condescension or that an adult doesn't value your contribution. It may mean the adult is treating you the same way he/she would an adult colleague. Remember that adults are used to critiquing each other's work and offering constructive ideas to improve a project. Just because an adult doesn't agree with someone, it doesn't mean that he/she disrespects that person.
- Adults may not be aware of the capabilities of young people. They can be told a hundred times that young people are mature, but showing them is the best way to make the case.
- Adults often feel responsible for the success or failure of the project. This is what makes it hard for them to share power. They may need reassurance that you are willing to share in both the successes and the failures.
- Adults are just as uncertain as youth. They have just learned to disguise it better.
- Sometimes adults use phrases and expressions, whether consciously or not, that annoy young people and are red flags that they aren't treating youth as partners. Like an annoying drip of water, these phrases and expressions can erode a relationship. Be prepared to call adults on their language.
- Don't be afraid to ask for clarification. Adults often use words, phrases, and acronyms that you might not understand. Adults new to the program may also not understand them either. The language of the nonprofit sector is riddled with terms that may bewilder any newcomer.
- Don't be afraid to say, "No." Adults will understand that you have other important commitments, like your education, family, friends, hobbies, and sports.

Ideas for Activities By and For Youth

Here are some activities that youth have created and implemented in their communities during Let's Talk Month. Youth have:

- Hosted a rap session for friends
- Hosted a bulletin board where youth can ask sexual health questions and get accurate answers
- Operated a sexual health related Web site with support from a responsible sexual health organization
- Invited health care professionals and parents to speak to a class or club
- Written short stories about talking with their parents about sex
- Created posters and asked to hang them in synagogues, churches, schools, and community centers
- Designed an advertisement or public service announcement for cable television and/or radio
- Created and filmed a short public service skit for cable television and/or radio
- Created and presented a theater drama related to teens and sexuality
- Organized a workshop to improve communication between teens and their parents
- Organized a workshop to encourage healthy, assertive communication between teens in a relationship
- Encouraged their school to participate in Let's Talk Month
- Written and submitted letters to the editor regarding their need for comprehensive sex education
- Written and submitted to articles to the school newspaper regarding their need for comprehensive sex education
- Engaged their communities of faith in Let's Talk Month.

Remember that youth can do anything that adults can do and that these ideas are only a tiny part of the things youth have done and can do during October to promote pregnancy prevention in their communities. Please let Advocates for Youth know about youth-led activities in your community.

Chapter IV

Working with Media



Chapter IV. Working with Media

Introduction

Media coverage is important to promoting the messages of Let's Talk Month because the media can carry your message to a much larger number of people than you can reach without media. Luckily, adolescent sexuality always attracts press attention. Unluckily, it is too often covered in a negative fashion, mirroring societal concepts of irresponsible, careless, or "bad" young people. Given society's general discomfort with adolescent sexuality, media coverage of the issue can fail to explore complicated and interrelated aspects of teens' health. It can be challenging to get media to pay attention to the roles of poverty, discrimination, lack of accurate information, lack of access to confidential and affordable health care, stereotypes, and adults' negativity as important factors in adolescent sexual health outcomes.

The media usually welcome opportunities to report on issues related to children and adolescents. Consider media as key players in the promotion of Let's Talk Month programs and activities. Invite the media to all events and inform reporters about new research, etc. Media interest and support can range from airing local programs or public service announcements (PSAs) to printing a calendar of events in local newspapers. Public access cable channels may be willing to show educational programs or to film public forums on issues related to parent-child communication, especially about sexuality. Public relations and advertising firms can contribute significantly by promoting Let's Talk Month through *pro bono* work.

The media committee can involve the press in publicizing the events and activities of Let's Talk Month. Successful media plans usually follow a four-step process:

- 1. *Informing press*—Appoint a spokesperson to deal with press inquiries and to respond to reporters' questions. Be aware of media coverage of related issues (such as HIV and other STIs, adolescent development, etc). Know which papers and television and radio stations provide good coverage. Maintain lists of local and national news outlets, including reporters, editors, and news desks. Keep accurate mailing, telephone, e-mail, and fax lists for reporters in your area.
- 2. **Setting press events**—Decide what press activities to hold and which materials to have on hand as background or current information. Consider sending out press releases, creating press packets, and holding a press conference. You may want to provide *a few* examples of past coverage in briefing packets.
- 3. *Evaluating the press campaign*—Keep track of coverage and determine how the story was presented, who was quoted, and what kind of follow-up was necessary.
- 4. *Following up with press, radio and TV stations*—Thank reporters and stations for story lines about Let's Talk Month.

The Spokesperson and the Interview

The Spokesperson—Press calls should be routed to a designated spokesperson(s) who can establish regular contact with the reporter, answer her/his questions, and provide follow-up. The spokesperson must be articulate and knowledgeable on issues related to adolescent health and parent-child communication. He/she should be able to speak clearly and directly to the issue without using jargon or technical terms. The spokesperson can also set up interviews between the reporter and others who can speak for attribution on behalf of Let's Talk Month efforts.

Train youth to be spokespeople. Work with them to create talking points—data and "sound bites" they will use when talking with the media. Practice with them on giving media interviews. Give them the same support, training, and encouragement that you provide to adult spokespeople.

Train parents to be spokespeople. Work with them to create talking points—data and "sound bites" they will use when talking with the media. Practice with them on giving media interviews. Give them the same support, training, and

encouragement that you provide to adult spokespeople.

NOTE: Reporters often need more than one credible source for a story; so, it can be beneficial to have more than one spokesperson for Let's Talk Month.

The Interview—When you don't know the answer, say so. If the spokesperson does not know the answer to a question, it is important that she/he says so. Reporters have the right to ask *any* question; they may also use *any* answer given them, no matter how silly or incorrect. Reporters expect the spokesperson to answer to the best of her/his knowledge.

The spokesperson or respondent has the right not to answer questions that are inappropriate or off topic. Remember that reporters can use *any* remarks made to them. If the spokesperson doesn't want something published, he/she must not say it. If she/he doesn't want to be quoted on a particular topic, the *only safe rule* is *do not talk about it*. It is also important not to be drawn into criticizing colleagues or other organizations; criticism should be reserved for inadequate programs and poor policies.

The Story

The spokesperson and the media committee should plan *in advance* what points to make and how to make them succinctly when responding to a reporter or in an interview. Anticipate difficult questions and practice answering them in advance. Focus on two to three points, and stress these points in the conversation or interview. Short snappy sentences (10 to 15 words) provide "sound bites" which make it easy for the media to quote you accurately and to convey your point(s).

The Press Information Packet

The press information packet, pulled together for conferences or briefings, contains basic background material on the issues and activities of Let's Talk Month as well as press releases or advisories. A standard packet includes:

- Materials related specifically to the press conference, such as graphs, charts, news release, and copies of speeches
 or testimony to be delivered at the conference;
- Contact information for the press spokesperson and the Let's Talk Month coordinator;
- A background sheet on rates of teen pregnancy, births, and abortion as well as STI and/or teen sexual activity rates. (Visit www.advocatesforyouth.org for a variety of fact sheets);
- Brief information about Let's Talk Month, including sponsors and committee members, a statement of purpose and goals, and a brief summary of Let's Talk Month activities across the country;
- Information on how Let's Talk Month addresses a need in the community; and
- One or two items of favorable press coverage of Let's Talk Month.

When the Press Calls

Direct the calls to the spokesperson or, in her absence, to members of the media committee.

- The spokesperson will either respond to the inquiry or refer the reporter to an appropriate person for additional information or an interview.
- Respond to all media calls. Don't avoid press calls. Leaving a "no comment" impression may arouse suspicion.
 Responding quickly will increase the chances of being quoted and cited in the final story. Practice making your one or two points before returning the reporter's call.

Be wary of "sensationalist" journalists, those who have opposed your program, or those who work for newspapers with an editorial position against it. Think about whether to work with these journalists before they call; you may decide not to give interviews to these reporters and/or media outlets.

When Contacting the Media

Develop a press list, including contact information for reporters with different "beats," such as community and health reporters. Your press list should contain the television, radio, and newspaper outlets in your area, including university papers, community and regional newspapers, radio and television stations, regional magazines, and military press officers.

Learn the deadlines for the media outlets on your press list and research the demographics of their primary audience(s), such as local citizens, sports fans, teens, etc. To be most effective in dealing with the press, also research the contacts for your calls and materials. Regarding:

- *Newspapers and Magazines*—Contact the metro or city desk. Request a health beat reporter. Beat reporters are often best to work with because they may be experts in their area.
- *Television*—Start with the assignment desk. TV public service directors and editorial directors are good contacts too, particularly for public affairs programming. Sometimes, correspondents participate in deciding which stories to cover.
- *Radio*—Identify news directors and talk show producers. Shows with a primary audience of teens may be particularly good for coverage.

Media Activities

The media committee can help answer reporters' questions about the initiative. It can also develop:

- News Releases—A news release is normally one page, (maximum 300 to 400 words) that tells What, Who, Where, When, and Why regarding an event, program, or activity. It can stand alone or be enclosed with additional materials and resources on Let's Talk Month. A news release should be distributed with sufficient lead time to permit reporters to plan on attending. A news release should also include one or two quotes from spokespeople, the date for release of the information, and contact name and telephone number. Distribute a news release by fax and by messenger.
- *News Advisory*—A news advisory announces an event or a specific news item. It is a one-page document that invites coverage. Answer the questions of What, Who, When, Where, and Why. Fax the advisory to contacts one to two days prior to the event.
- *News Briefing and Press Conference*—Briefings should be reserved for information that cannot be communicated well in a press release. Schedule the briefing to last about one-half hour; best hours are between 10 am and 2 pm. Use a location convenient to the reporters such as a press club or downtown site. Have Let's Talk Month press kits available at the event and designate someone from the steering committee to greet reporters at the door.
- *Public Service Announcement (PSA)*—PSAs are a good way to publicize events. For radio, write a 15 to 20 second statement or announcement and submit it by fax or mail to the station's PSA contact. Television PSAs need to be produced; but the only cost is for production, not distribution. Many newspapers will print information from PSAs in the community calendar and announcements section.
- Local Cable Access Programming—Cable access channels offer access to equipment, air time, and consulting; these are an excellent venue for local issues. Often cable channels will film public forums or debates or air PSAs and/or panel discussions. Contact the local cable company for more information.
- Letters to the Editor—One of newspapers' most frequently read sections is "Letters to the Editor." These letters must address an issue or column that was featured in the news very recently. This section is a good place to respond to criticism or concerns that have been raised in the community by Let's Talk Month or issues related to providing teens with accurate information about sexuality. Letters should be persuasive, brief, and quote reputable sources. A prominent member of the community could be asked either to write or to sign a letter regarding Let's Talk Month.
- *Guest Editorials*—Guest editorials, or "op-eds," are brief opinion pieces or essays on topics in the news that appear opposite to the editorial page. Op-eds should be approximately 500 to 700 words and make one major point, backed up by reputable statistics and compelling anecdotes. As with letters to the editor, consider asking a prominent member of the community to write an op-ed or to sign one drafted by a member of Let's Talk Month.
- Regular Contact with Media Professionals—Maintain press contacts through phone conversations or brief letters

- to reporters, editors, talk show producers, and editorial boards. Suggest interviews or topics for press consideration; acknowledge good coverage of an issue; praise a reporter or editor's work.
- Appearances on TV or Radio—TV and radio stations often feature community members commenting on current events. Members of the Let's Talk Month steering committee might call or send information suggesting appropriate guests for a specific show. Once you or another Let's Talk Month colleague is invited onto a show, research the other guests' views. Plan to make your own case more compelling by using stories as well as facts to illustrate your points. Practice speaking in short, crisp sentences. It's hard to provide background in a television or radio interview than for print media, so assume the audience has no prior knowledge when you make your case. For television, wear bright, solid colors and avoid glasses.
- **Buying Space or Time**—You can buy space for a prepared advertisement in local newspapers or magazines. Newspapers and magazines have rate cards that explain ad prices by the size of the ad. Buying time for radio advertising is relatively inexpensive. Check with local stations for rates, type of audience, and technical requirements for advertisements. Some stations allow radio personalities to read ad copy on the air; others only air advertisements that have been produced on tape.

Adapted from Flinn S. Education & media campaigns. *Advocacy Kit*. Washington, DC: Advocates for Youth, ©1997. Online at http://www.advocatesforyouth.org/publications/advocacykit.pdf

Sample Press Release

FOR IMMEDIATE RELEASE

Phone: 202.555.555

October Is Let's Talk Month

CONTACT: John Smith

Advocates for Youth Sponsors Local Workshop on Talking with Your Kids about Sex

Let's Talk Month is an opportunity for parents and children to learn to communicate in an open and honest manner about sexuality and other sensitive issues. Such discussions can help young people delay sex and avoid unintended pregnancy and sexually transmitted infections. Research shows that adolescents prefer their parents to be their sex educators. Moreover, teens often need more information, guidance, and open discussions with their families.

Families can play a pivotal role in helping young people make healthy decisions about sex. Most parents want the opportunity to share their values and provide their children with accurate information about sexuality. But often, parents and other adults feel uncomfortable discussing sexuality. Often, they need assistant and support in starting meaningful conversations.

Advocates for Youth is sponsoring a workshop for parents in the Washington metropolitan area:

What: How to Talk With Your Children about Sex

When: Saturday, October 5th at 10:00 am

Where: Town Hall, Fifth and Main Street, Room 501

Who's Invited: Parents, Grandparents, Foster Parents, and Other Caregivers!

Reservations required: Contact Advocates for Youth at 202.555.5555 and ask to speak to the Director of Education and Outreach.

The workshop will offer parents and other care-givers practical advice on communicating with young people about sex. In addition, participants will have the opportunity to identify areas for individual assistance, practice skills, and craft a plan for starting conversations about sex with their children.

* For more information, press should contact Advocates' Press Secretary, John Smith at 202.555.5555, x180.

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Sample Public Service Announcements

- October is Let's Talk Month in _____ (county). Let's Talk Month is a national campaign to encourage parents and children to communicate about sexuality. Many issues of concern to parents and youth are being addressed by local agencies and organizations, schools, churches and synagogues throughout the community this month. Don't miss out! Take this opportunity to talk to your parent or young person today! For more information, call...
- Understanding sexuality is a lifelong process. Young people have many questions. Are you an askable parent? October is Let's Talk Month. Become askable! For more information, call...
- Learning to talk about sex with your kids isn't always easy. They seem to ask questions at the wrong time and wrong places. But now is the right time for you to be an askable parent—learn and share what you learn with your child. October is Let's Talk Month and your local coalition for the prevention of adolescent pregnancy can help. Call...
- October is Let's Talk Month, a time to promote the ideal that parents and future parents should be among the primary sexuality educators of their children. Support efforts in your community to prepare yourself for this responsibility. For more information, contact...
- October is Let's Talk Month. The best time to talk to your kids about sex is now. Be askable. Let your kids know they can talk to you—anytime! Call...
- October is Let's Talk Month. The best place to talk to your kids about sex is your place. Parents: Talk to your kids about sex—today! We can help you. Call...
- October is Let's Talk Month. Sex education belongs in the home, school, church and synagogue. Youth programs can help, too. Talk to your kids about sex. For materials and help, call...
- Parents: It's Time to Talk ... About Sex. Some tips on talking your preteen or teen about sex are:
 - 1. Answer what's being asked, not what you *think* is being asked.
 - 2. If you really do sense there is a question behind the question, go ahead and give your child emotional support.
 - 3. Be aware of your own attitudes.
 - 4. Convey that you believe in your child and you're more concerned about his/her quality of life and relationships with others rather than what the child has done.
 - 5. Use humor but don't laugh at your kids.

For more information, contact ...

- Would you like to tell your child the facts of life, but feel you don't have all the facts? We encourage you to talk with your child, especially during Let's Talk Month. For more information, call...
- October is Let's Talk Month. Each October ______ (sponsoring agency) coordinates a month-long schedule of community activities aimed at encouraging and supporting family communication about sexuality. These activities, sponsored by various community agencies are usually targeted at parents and adolescents to encourage parents to talk to their adolescent children about the many sensitive issues confronting young people today. These issues may include school concerns, friendship and dating, family issues, sexuality, alcohol and drug use, and other related issues. For more information on events and activities, call...
- Today, October 1, is the kick-off for Let's Talk Month coordinated by ______. Let's Talk Month is promoted and foster positive communication between parents and teens about sexuality. Be sure to pick up one of the Let's Talk Month calendars now available. This calendar provides information on community events which help parents and teens become more comfortable communicating with each other. Let's Talk. For more information, call ...

Chapter V

Sample Forms



Chapter V. Sample Forms

You may adapt any of the forms that follow to solicit Let's Talk Month partners, identify Let's Talk Month activities, and compile what the community has done during Let's Talk Month. Advocates for Youth hopes that you will include a copy of your Let's Talk Month materials, for possible inclusion in the next edition of the *Planning Guidebook*.

- **Form A.** Form A is used to gather co-sponsors of Let's Talk Month. They may or may not offer Let's Talk Month activities, but their names can help to build credibility and involvement in Let's Talk Month.
- **Form B.** The steering committee sends Form B with an explanatory letter about Let's Talk Month to potential participants. Several weeks after it is mailed, a member of the steering committee should call each to discuss activities the participant might offer.
- **Form C.** Partners who are interested in offering activities, programs, and events for Let's Talk Month should receive Form C. Partners will use one Form C for *each* event or program and will return the forms to the appropriate committee for use in press packets, the community calendar, and all advertising.
- **Form D.** Send Form D to *all* organizations offering Let's Talk Month activities and programs. It can be returned to the steering committee along with two copies of all materials, press, calendars, posters, etc.
- Form E. Form E is a checklist for special events that will help you plan and implement events successfully.
- **Form F.** Form F should be completed by the local or state coordinator and returned to Advocates for Youth by December 31st, along with one copy of the materials collected with Form D.

Form A

Sample Letter Asking Agencies to Co-Sponsor Let's Talk Month

From: Let's Talk Month Steering Committee This year, will coordinate Let's Talk Month. Communities, agencies, and faith communities are all encouraged to plan activities and programs and to develop resources that promote parent/child communication about sexuality. We would like to invite you to become a co-sponsor for Let's Talk Month in _____ (year). Co-sponsorship means that you will be listed on the Let's Talk Month materials that will be distributed throughout the community and/or state. As a co-sponsor, your organization may plan activities that help parents and their children talk about sexuality issues. Let's Talk Month **co-sponsor:** We must receive your response by June 1, (year). Yes, we would like to be listed as co-sponsor of Let's Talk Month, October ____ (year). No, we do not wish to be listed as a co-sponsor of Let's Talk Month, October _____ (year). _____ We are considering your invitation to become a co-sponsor of Let's Talk Month, October _____ (year). We will notify you by . . Organization: ____ Respondent: Address: City: _____ State: ____ Zip Code: ____ Phone: _____ Fax: _____ Please mail or fax by June 1, ____ (year). Mail to: (Put your state/local Let's Talk Month Coordinator here.) City: _____ State: ____ Zip Code: ____ Phone: _____ Fax:

Send this form to agencies, organizations, etc. to solicit co-sponsors.

Form B

Sample Invitation Form from Let's Talk Month Steering Committee

Date:
To: Community Agencies, Organizations, Religious Institutions, and Schools
From: Let's Talk Month Steering Committee
Re: Let's Talk Month, October (year)
For the past years we have coordinated Let's Talk Month in (county/state) (or) We are initiating Let's Talk Month in (county/state)
The purpose of Let's Talk Month is to support parents in providing accurate information about sex to their children Activities to accomplish them are provided by community-based and religious organizations, schools, clubs, and health agencies sponsor special activities which. Working together, parents and their communities can provide the information and skills necessary to prepare today's young people to become sexually healthy adults. We invite you and your agency/organization to plan events and programs to encourage parents and their children to discuss sexual issues.
All participating groups will be listed on the program of activities that will be widely distributed in the community and in a calendar of events in the newspaper. If you would like information about becoming a co-sponsor as well, please contact the Let's Talk Month coordinator below.
A member of the steering committee will contact you within the next few weeks to discuss your participation in this year's activities. Thank you for your interest and support. We look forward to your participation.
Let's Talk Month Coordinator
Adapt this letter and send with Form C to potential participants who will offer Let's Talk Month activities.

Form C

Sample Let's Talk Month Agency Participation Form for the Community Calendar, Public Relations, and Coordinating Organization

Please fill out one form for each event or program offered

Organization:					
Contact Person:					
Address:					
City:	State:		Zip Code:		
Phone:	Fa	x:			
Number of years offering I	Let's Talk Month activity	ties: 1 2 3 4 5 or r	nore		
Activity/Program:					
Title:					
Dates:	Time(s):			
Place:					
Address:					
Who should attend:					
Open to public: Yes:		No:			
Reservation or registration	required: Yes:	No:	Fee:		
Brief synopsis of program/	activity:				
Do you want to be listed or	n the Let's Talk Month	Community Cale	ndar? Yes:	No:	
•		•			
Return to: (Let's Talk Mon	th Coordinator)				
(Address):					
Please return by:		or Fax to:			
Do you wish to be listed as	a co-sponsor of Let's	Falk Month? Vac	No		
Do you wish to be listed as	a co-sponsor or Let 8.	taik monun; 168.	INU		

To be included on the community calendar, fill out **one form for each activity offered** during Let's Talk Month and return to the Let's Talk Month coordinator by **August 1**st.

Form D

Sample Let's Talk Month Final Report Form from Participating Organizations

Please return this form by November 15th to the Let's Talk Month Coordinator listed below. Fill out one form for each program event or activity that you offered during Let's Talk Month.

1. Yo	our organization:				
	our name:				
0 17					
2. Yo	our presentation/activity/pr	ogram:			
Nι	umber of people attending:		Youth	Adults	
3. W	ould you be interested in p	articipating i	in Let's Talk Month	next year? Yes	No
4. W	ould you repeat the program	m you did th	is year? Yes		No
5. W	hat suggestions do you hav	re for the Le	t's Talk Month Coord	dinator for next year	r?
6 Pl	lease include two conies of l	nandouts pri	inted materials, and re	esources used for vo	our activity. One copy will go to
	ocates for Youth.	ianaoats, pri	inted materials, and it	esources used for yo	ar activity. One copy win go to
7 St	tate or Local Let's Talk Mo	nth Coordin	ator:		
	d FORM D to all groups th			rities.]	
	r Name:				
Addr	ress:				
City:	<u> </u>	State:		_	
Phon	ne:		_ Fax:		
Pleas	se Return By:				

Form E

Sample Special Event Checklist

Completed	Deadline	
		Brainstorm ideas with co-workers; develop goals and determine why you are holding the event
		Involve important community leaders and officials
		Determine audience, participants, and guest list
		Determine date and time
		Set time appropriate for event and audience
		Confirm location
		Develop planning chronology/time line
		Develop budget
		Secure funding
		Send invitations; include a map
		Prepare publicity and press packets
		Check location in person; confirm logistics; and set-up room equipment, if
		needed
		Arrange for refreshments/meal; sign written agreement; confirm liability
		insurance
		Determine who should be on the program and confirm their participation
		Decide on decorations—flowers, color coordination, etc.
		Obtain gifts and "freebies"
		Arrange for nametags, if needed
		Print program
		Arrange for recording the event, including videotape; arrange for photographs
		and press release
		Prepare directions and signs, if needed
		Arrange personal greeting for guests and someone to hand out programs
		Assemble items to take, such as markers, tape, scissors, and nametags
		Check audiovisual equipment and do a dry run
		Call media 24 hours before the event to remind reporters
		Complete evaluation form

Form F

Let's Talk Month Report Form

If you celebrated Let's Talk Month this year, please fill out this form and return it to Advocates for Youth as soon as possible. Thank you and congratulations for your efforts to make Let's Talk Month a success.

Coordinating Agency	Organization:			
Contact Person:		_County:		
City:	State:		Zip Code:	
Phone:		Fax:		
May we use copies of	your Let's Talk Mon	th materials in A	dvocates guidebook?	Yes No
Summarize Let's Tall	Month in your comm	nunity:		
Estimate the number	of people who attende	ed all events:		
	1 1			
Identify the agencies	involved in both plant	ning and impleme	enting Let's Talk Mon	th activities:
What were the major	successes of Let's Tal	lk Month?		
What problems did yo	ou encounter?:			
				
Did you do any of the	following?			
•	number of billbe	oards nut un)		
Binocards (Bumper sticke		oards put up)		
Buttons/sticke				
	vents (number	of calendars prin	nted)	
		-		number who attended)
Essay contest				
Film festival				

 _Library display/bibliography
 _Lunch time seminars for parents
 _Newspaper editorials
 _Newspaper interviews/stories (number of interviews/stories)
 _Poster contest/teens
Posters
 Proclamation by the mayor and/or commissioner
 _Professional training programs
 _Radio public service announcements (PSA) (number of and names of stations who aired PSA)
 Rap/hip hop contest
 _Teen awards
 Teen conference
Teen health fair
Television PSA (number of channels airing PSA and
names of channels airing PSA)
_TV/radio talk shows (number of channels airing shows)
Workshops, seminars, and presentations for parents and teens (Number of workshops offered and number of
participants at each) Please list:

Please return this form and one copy of your Let's Talk Month materials and publications to Advocates for Youth by December 31st. Return to Education & Outreach, Advocates for Youth, 2000 M Street NW, Suite 750, Washington, DC 20036.

Thank you.

Chapter VI

Worksheets for Facilitators



Characteristics of Parents of Sexually Healthy Adolescents

These Parents:

- Demonstrate value, respect, acceptance and trust in their adolescents
- Model sexually health attitudes in their own relationships
- Hold a non-punitive stance regarding teens and sexuality
- Feel knowledgeable about sexuality
- Discuss sexuality with their kids
- Provide information on sexuality to their teens
- Seek appropriate guidance and information as needed.
- Try to understand their teen's point of view
- Help teens clarify their own individual values
- Set limits on dating and other activities outside of school
- Stay actively involved in their teen's life
- Ask questions about friends and romantic partners
- Provide a supportive and safe environment for their children of all ages
- Assist teens in accessing confidential health care
- Help teens plan for their future

From Facing Facts: Sexual Health for America's Adolescents. New York, NY: SIECUS, 1995, adapted with permission.

Sample Certificate for Parents Attending Let's Talk Month Events

l'm a	an Askable Parent	
I will listen.		
I will start discussions about sex.		
I will listen.		
I will educate myself about sex.		
I will listen.		
I will share my values about sex.		
I will listen.		
No matter what choices they make, I will alw	vays be there for my child	lren.
	 Signature	 Date
	Sigiuiuie	Duie

Sample Contract for Communication between Parents (or other Caregivers) & Teens

We Believe:

- That teen pregnancy is a serious problem in our community, state and nation.
- That pregnancy can happen to any teen unless he/she takes preventive measures.
- That information is essential to make good decisions.
- That deciding not to have sex as a teenager is a positive, reasonable decision and has been made by many others.
- That decisions about sexual intercourse are quite serious and only people who are capable of mature, responsible conduct should ever consider becoming involved in a sexual relationship.
- That communication between parents or caregivers and teens about sexuality can help teens makes healthy decisions about sex.

•	That
•	That

Therefore:

- Adults must be willing to talk with teens about sex, values, contraception, responsibility, and other sexuality-related issues.
- Adults must answer teens' questions accurately and honestly.
- Teens must ask their parents when they have questions and trust their parents as reliable sources.
- Parents and teens must respect each other's values and personal decisions.

Both parents and their kids must make	e sincere efforts to keep doors of communication open.
Teen's Signature and Date	Adult's Signature and Date
For more information on adolescent sexua	ulity issues and parent education, contact:

Things that Slam the Door to Communication

1. Try not to criticize or mock anyone. Avoid:

- Labeling ("Don't be such a baby.")
- Personal Attacks ("You are so lazy.")
- **Sarcasm** ("Thanks a lot for nothing.")
- **Put Downs** ("You are so clumsy, why don't you watch what you're doing.")

2. Find yourself giving unsolicited advice?

Just don't. Wait until you are asked for advice.

3. Find yourself doing one-way communication? Avoid giving:

- Commands ("How many times do I have to tell you this?")
- **Threats** ("If you don't shave up, you'll be sorry.")
- **Sermons** ("If I've told you once, I've told you a thousand times....")

4. Taking a child's problems too lightly? Avoid saying:

- "Cheer up! You don't have it so bad."
- "It's just a phase."
- "You'll forget all about it by next week."
- "Think you have it tough? Why when I was your age..."
- "If your friends told you to jump off a bridge..."

Of course, adults are only human. If you find yourself slamming shut the door to good communication try to:

- ⇒ Take a deep breath and start over!
- ⇒ Listen to what a child is saying and respond to that rather than to your own fears, worries, or history.
- ⇒ Apologize when you have said something hurtful, untrue, or unkind. Ask your child how your words made him/her feel and take responsibility for the harm you caused.

Talking with Your Children about Sex: Part 1, Why Do I Need To?

You need to talk with your children about sex because:

- Your children love you and want you to talk with them about sexuality.
- You love your children and want them to grow up to be healthy and feel that close intimate relationships are possible and good.
- You are the first and most important sex educator for your kids. Sex education starts with the closeness of touch and in meeting their needs as infants.
- Your children *will* get sex-related information from many places in addition to their home; they need you to interpret, affirm, and/or correct those other sources and influences.
- Values are caught, not taught and you are the pitching values to your kids. Your expressions, tone of voice, posture—all send messages about sexuality.
- Young people deserve the facts and honest answers from responsible, caring adults--especially their parents.
- When kids hear the facts presented in a loving, nonjudgmental way and learn to use skills in making decisions, they are better able to avoid negative peer influences, manipulation, and sexual exploitation.
- When parents talk with their children and respect their normal developmental progress toward independence and adulthood, they strengthen the relationship with their child.
- Young people will get many messages about sexuality from the media, their peers, and other places, but they *want* to talk with their parents.

Talking With Your Children about Sex: Part 2, Why Is It So Hard to Talk about Sex?

- T F Some parents did not grow up in an environment where parent/child sexuality discussions occurred.
- T F Some parents are afraid they don't know the "right" answers.
- T F Some parents are afraid that, if they talk about sex, it will encourage their children to experiment.
- T F Some parents don't know what is appropriate to talk about at what age.
- T F Some parents are uncomfortable with the idea that everyone is a sexual being.
- T F Some parents don't think their children should know anything about sex.
- T F Some parents are embarrassed and uncomfortable.
- T F Some parents believe their children get comprehensive, complete sex education at school and believe that this relieves parents of any responsibility regarding sex education.
- T F Some parents don't know when and how to start.
- T F Some parents are afraid of hearing personal questions about their own behavior.
- T F Some parents are afraid that their children might not share their values and beliefs.

The answer to all the above statements is T (true). But, your kids need and want you to talk with them about sexuality, so don't let any of these reasons stop you.

What Children Should Know about Human Sexuality

By age five, the child should:

- 1. Use correct terms for all sexual body parts, including the reproductive organs
- 2. Be able to understand the concepts of "male" and "female"
- 3. Understand that her/his body belongs to no one else and that she/he has a right to say "no" to unwanted touch
- 4. Understand that a woman does not have to have babies unless she wants to
- 5. Know where babies come from and be able to use appropriate language
- 6. Be able to talk about body parts without a sense of "naughtiness"
- 7. Be able to ask trusted adults questions about sexuality
- 8. Know that "sex talk" is for private times at home

Elementary school children (ages six to nine) should:

- 1. Begin a study of growth and reproduction in animals and plants—be aware of animals and plants needs and the responsibility of caring for them
- 2. Have an awareness of the life cycle, including sexuality at all ages
- 3. Have and use an acceptable vocabulary for communication about body parts, their own and those of the other sex
- 4. Have a grasp of different types of families
- 5. Be able to identify family roles and responsibilities
- 6. Begin to be aware of cultural gender role concepts and that very few activities are limited by one's sex
- 7. Become familiar with the health care system, viewing it as non-frightening and supportive of their health and well-being
- 8. Take an active role in managing their body's health and safety
- 9. Be able to develop and maintain friendships

Nine- to 13-year-olds (in addition to developing earlier skills) should:

- 1. Understand human reproduction, including:
 - a. Human sexuality as a natural part of life
 - b. The legitimacy and normalcy of sexual feelings
 - c. The idea that sex is pleasurable as well as the way to make a baby—the realization that sexual acts can be separated from reproductive acts
 - d. The biological components of the reproductive cycle including the probability of pregnancy with unprotected intercourse
 - e. How male and female bodies grow and differ
- 2. Understand the uses and types of contraception:
 - a. It is possible to plan parenthood.
 - b. Having a child is a long-term responsibility, and that every child deserves mature, responsible, loving parents.
- 3. Understand the changes they can expect to begin in their bodies before puberty
 - a. Range of times at which normal development begins—including normal differences in male and female timing of these events
 - b. The general stages that bodies grow through
 - c. Menstruation and wet dreams
- 4. Be able to protect themselves against potential sexual abuse and how to react to such dangers
- 5. Understand how to be a good friend and how to end a relationship without anger
- 6. Understand the purposes and considerations of dating—awareness of potential for damage in exploitative relationships
- 7. Recognize of the ways in which behavior can be interpreted as sexual, and how to deal with such interpretation (by 12-13); recognition of male and female prostitution and its dangers
- 8. Be aware of appropriate roles for young men and women—an awareness of the differences between biological sex

- and socially assigned gender roles
- 9. Know how sexually transmitted infections are transmitted and treated
- 10. Have knowledge of the relationships among family members—and how families fit into society

Fourteen- to 18-year-olds (in addition to developing previously listed skills) should:

- 1. Be knowledgeable about human sexuality:
 - a. Recognize the impact of media presentations which push for sexual involvement
 - b. Understand differences in sexuality including homosexuality, celibacy, and marriage
 - c. Have an articulated value system about interpersonal relations, including sexual behavior
 - d. Know contraceptive alternatives and the causes and treatments of sexually transmitted infections
- 2. Understand social pressures and have a demonstrated awareness of the potential consequences of casual sexual relationships
- 3. Understand personal relationships:
 - a. Understand they have a right not to have sexual relations
 - b. Be able to have and maintain friends
 - c. Be able to identify expectations of marriage, e.g., emotional support, companionship, child rearing
 - d. Have information on changing relationships in families over time
 - e. Be aware of the mixture of independence and responsibility needed at their age
- 4. Receive education for parenthood:
 - a. Be able to demonstrate knowledge of the stages of gestation
 - b. Know the basics of child care and child development, including sexual development
 - c. Demonstrate knowledge of the responsibilities of parenthood
 - d. Discuss how they believe children should be raised

Adapted with permission from Planned Parenthood® Federation of America.

Helpful Hints for Talking about Sex and Sexuality

Children Learn By Observation: Actions speak louder than words. Set good examples that show your children how your life is enriched by your values. For example, helping neighbors underscores your commitment to the value of "being a good neighbor."

Normalize: Reassure them that they're normal.

Build Their Self-Esteem: Credit them for their talents, personalities, and accomplishments. Remind them frequently that they are capable and lovable.

Do Not Pry: Respect your children's privacy as much as you value your own.

Language Is Important: Use correct names for sex organs and sexual behaviors. Practice saying them out loud or in front of a mirror if you are embarrassed.

Use Teachable Moments: Take advantage of "teachable moments." A friend's pregnancy, neighborhood gossip, and TV shows can help start a conversation.

Answer Questions Simply And Directly: Give accurate, honest, short, and simple answers.

Listen More Than You Talk: If your child asks a question, you can also say, "Well, what do you think about that?" Then, listen to what he/she thinks. Afterward, you might add, "I agree with you" or "I'd never thought about that in that way before. I guess I just always thought ... Thanks for sharing your ideas with me."

Think about what else you're being asked: For example, "How old do you have to be to do it?" might mean, "I'm thinking about having sex. What should I do?" On the other hand, a question about sex doesn't mean your daughter or son is having—or is thinking about having—sex. So, don't jump to conclusions.

Be Available: Let your children know that you're available, and make it a habit to talk about what you think and feel and to ask how they think and feel.

Ask Questions: Even if they don't ask you questions, ask them about what they think.

Be Honest: Be clear and truthful about your own feelings and figure out what you want to say about how you feel before you speak.

Listen: Find out where your kids are coming from, and what they know or have heard about a particular topic before answering a question. It can be helpful to have some context for your child's curiosity.

Be Gentle: Use your children's mistakes as positive opportunities for learning. Criticizing, nagging, lecturing, or shouting will just shut down any possibility of communication and can really harm your child's self-esteem.

Keep the Lines of Communication Open: Let your body language, facial expressions, and tone of voice support the reality of how much you love and respect your child.

Learn Their World: Get to know the world your children live in. What pressures are they feeling? What do they consider normal? What's "cool"? If you show interest in their activities and friends, they'll know that you care and that you want to be a part of their lives.

Be Patient: Your children hear and learn about sex from lots of different sources. You will need to clarify, repeat, and build on your child's knowledge as she/he grows and matures. Expect the same questions to recur.

Learning about Sexuality Is a Life-Long Process: Adults continue to learn, too. Talk seriously about sexuality with your spouse, close friends, and health professionals. Find out if your church or synagogue will sponsor a discussion on faith and sexuality. Get pamphlets and information from your local health department, health provider, library, or Planned Parenthood.

Keep Your Sense of Humor: Laugh at yourself; never laugh at your children.

Questions Young People Ask

Questions asked by preschoolers ages three to five include:

- Will I have breasts (or a penis) like yours?
- How did I get into mommy's stomach?
- Why do you have a penis (or breasts) and I don't?
- Where do babies come from?
- How do babies get out of their mommy's tummy?
- Does it hurt to have a baby?

Questions asked by kids ages six to 12 include:

- How does a baby stay alive inside the mother?
- What does "have sexual intercourse "mean?
- What happens when girls menstruate?
- What is a wet dream?
- Why do kids say "dirty" words?
- Do boys have periods?
- Do girls have wet dreams?
- When will I develop like my friends?
- Why are some children adopted?
- What's a rubber (condom) for?
- How do you put on a condom?

Questions asked by teenagers ages 13 to 18 include:

- Is it normal to masturbate? How much is normal?
- How do you know if you're gay/lesbian?
- What is a homosexual?
- Are my breasts/penis too small?
- Is the pill safe?
- Can I get birth control without my parents knowing about it?
- How can you tell if you have a sexually transmitted infection?
- Is there something wrong with me if I remain a virgin?
- How can you avoid pregnancy?
- How can I say "no"?
- How can I tell if I'm really in love?
- How can I know if I have an orgasm?
- Is sexual intercourse painful?
- Is oral sex normal?
- What about having sex with someone you are not in love with?
- How can I tell if I'm pregnant?

Adapted with permission from Family Health Council, Inc., Pittsburgh, PA.

Attitudes and Beliefs

Teens might fill out this worksheet. Later, they can discuss their feelings in small groups. The facilitator may ask: What differences did you notice? What similarities?

About Love My mother would say		
My father would say		
I believe		
About Marriage My mother would say		
My father would say		
I believe		
About Sex My mother would say		
My father would say	 	
I believe		
About Birth Control My mother would say		
My father would say		
I believe		
About Pregnancy My mother would say		
My father would say	 	
I believe		

How Well Do You Know Your Parents?

You may live with your parents, spend hours a day with them, and talk with them a lot. Still, there's much you don't know about them. This activity will help to make you aware of how much—or how little—you know your parents.

Directions: Grab a pen and try to answer these questions about your parent(s). At the same time, your dad or mom will answer the questions in "How Well Do You Know Your Son or Daughter?" When you're both finished, exchange and discuss the answers with each other. If you only have one parent at home or live with another relative or adult, please just answer the questions that pertain to that adult.

- 1. How did your parents meet?
- 2. What color are your dad's eyes?
- 3. For a vacation, would your mom prefer a luxury resort, a rustic mountain cabin, resting at home, or somewhere else?
- 4. What presidential candidate did your dad vote for in 2000?
- 5. Does your mom believe in love at first sight?
- 6. Would your dad rather watch TV with the family, sit alone and read, or go out to dinner together with friends?
- 7. Does your mom gas up the car as soon as the tank is half empty or when the fuel is nearly gone?
- 8. Does your dad usually carry a photo of you in his wallet?
- 9. How old was your mom on her first date?
- 10. If your dad turned on the TV and found these choices, which would he pick: a football game, soap opera, old movie—or turn off the set?
- 11. Which of these can't your mom do: touch her toes, do a headstand, rewire a lamp, replace the spark plugs, sew a shirt?
- 12. What was your dad's first full-time job?
- 13. Who is your mom's closest friend?
- 14. What gift would your dad most like to receive?
- 15. If your mom could have you do anything for three hours, what would it be?

Summary: If you get more than 15 right, congratulations ... you really know your parent(s)! From 11 to 15? Not bad, but try to pay a little more attention. Fewer than 11? You need a crash course called "Mom and Dad 101."

Remember: Knowing or wanting to find out about someone shows that you truly care.

Adapted with permission from Family Health Council, Inc., Pittsburgh, PA.

How Well Do You Know Your Son or Daughter?

As a parent, you sometimes are so busy taking care of your children that you lose track of some of the details of their lives. This activity will help to make you aware of how much—or how little—you know about your sons or daughters.

Directions: With pen in hand, see how many of the following questions you can answer. Don't be surprised if you get stumped along the way. Ask your son or daughter at the same time to fill out the worksheet, "How Well Do You Know Your Parents?" When you're both finished, exchange and discuss the answers with each other.

- 1. What is your son's/daughter's favorite game or sport?
- 2. What is your daugher's/son's height (within one inch)?
- 3. Who is your daughter's/son's closest friend?
- 4. If your son/daughter could do anything he/she chose for a day, what would it be?
- 5. What is your daughter's/son's favorite TV show? Favorite character?
- 6. What was the last movie your son/daughter saw?
- 7. What is your daughter's/son's favorite food?
- 8. What is your son's/daughter's favorite thing to do after school?
- 9. Would your daughter/son rather ride a bike, ride a horse, or drive a car?
- 10. Who is your son's/daughter's favorite singer or musical group?
- 11. If your daughter/son had a choice to have a pet, what would it be?
- 12. Which would your son/daughter rather do: wash dishes, mow the lawn, clean his/her room, or vacuum the house?
- 13. Do your daughter's/son's friends call her/him by a nickname? If so, what is it?
- 14. In the evening, would your son/daughter rather play a game with the family, go to visit a relative, or read in his/her room?
- 15. What was the last problem your daughter/son brought to you for help?
- 16. What gift would your son/daughter most like to receive?
- 17. What does your daughter/son do that she/he is proud of?

Summary: If you get more than 15 right, congratulations ... you really know your daughter/son! From 11 to 15? Not bad, but try to pay a little more attention. Fewer than 11? Better spend a little time catching up on what's new with her or him.

Adapted with permission from Family Health Council, Inc., Pittsburgh, PA.

I Believe ...

Parents need to be clear of their own values regarding sexuality and share them with their teens. Below are some statements about important issues. Circle the letter(s) you feel most nearly expresses your present beliefs toward the issue mentioned. If no choice expresses your thoughts, write your opinion after "other."

- 1. In my opinion, non-marital intercourse:
 - a. Is wrong under any circumstance
 - b. Is okay if the couple is engaged and plans to marry
 - c. Is okay if each partner feels commitment, caring, and concern for the welfare of the other
 - d. Is okay under any mutually agreed upon circumstance
 - e. Is okay as long as they are responsible enough to use birth control
 - f. Other _____
- 2. I believe birth control by adolescents:
 - a. Is always wrong
 - b. Should always be used if one is sexually active, unless a baby is wanted
 - c. Other _____
- 3. If an unwanted adolescent pregnancy were to occur in my family, I believe:
 - a. The couple should marry and raise the baby on their own
 - b. She should have an abortion
 - c. She should have the baby and raise it alone
 - d. Her parents should help raise the baby
 - e. His parents should help raise the baby
 - f. The baby should be released for adoption
 - g. Other
- 4. Sex education, in my opinion:
 - a. Should be the responsibility of parents and family
 - b. Should be part of the school program
 - c. Should be available in the community
 - d. Should not be taught
 - e. Other ____
- 5. Regarding communication with my son or daughter about sex, I believe I should:
 - a. Actively bring up sexual development, feelings, and behavior with my children, and encourage family discussion of sexual matters
 - b. Wait for my adolescent to raise questions or indicate readiness to talk and then answer as best I can
 - c. Make books and other information available
 - d. Encourage my adolescent to talk to others who would be good counselors and not discuss it in much detail myself
 - e. Not discuss sex with my adolescent at all and let her/him know my beliefs by example
 - f. Not discuss sex with my adolescent, but state my feelings about what's right and wrong and demand that he/she abide by my rules while living under my roof

g. Other _____

Naming the Parts

Purpose: To increase knowledge of the male and female genitalia and reproductive systems

Materials: A copy of the *Female Genitals*, *Female Reproductive Organs*, and *Male Genitals and Reproductive Organs* handouts for each teen, enlarged illustrations of each handout, a copy of *Anatomy and Physiology of Reproduction* Leader's Resource, stapler, and pens/pencils

Time: 45 minutes

Planning Notes: Prepare enlarged illustrations of the male and female genitals and reproductive organs for use in Step 4. If you have an overhead projector, you can create transparencies from the handouts. Review the *Anatomy and Physiology of Reproduction* Leader's Resource until you feel comfortable with the material. You do not have to be an expert on human reproduction to conduct this activity, but you need to be comfortable with the terminology, such as penis, vagina, anus, and sexual intercourse. Collate and staple the three handouts to create packets for each participant.

Procedure:

- 1. Explain to the teens that you are going to give them a quiz to see how much they actually know about the female and male reproductive systems. Explain that no one will be graded on this quiz and that its purpose is to help the participants. Ask the group to work together in pairs. Go over the instructions for the activity:
 - Fill in the blanks on all three handouts with the correct name of each body part.
 - Do not worry about spelling.
 - If you do not know the correct (medical) term for a body part, use the word(s) you know.
- 2. Give each teen a packet of handouts and tell the group to begin working.
- 3. After most of the teens have finished, display the enlarged illustration of the *Female Genitals* handout. Add any missing information from the Leader's Resource. Be sure the following points are made:
 - Explain that vulva is the correct term for the female external genitals, even though it is not a familiar term to most people, including adults. Point out that some people believe harmful and negative myths about the female vulva—such as that it is dirty or ugly—and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.
 - Go over the individual parts of the vulva, labeling and explaining each. Point out the following:
 - o The clitoris is a highly sensitive part of a female's body. Its function is to provide sexual pleasure.
 - The vulva has two openings, each with its own function—the opening to the vagina and the opening to the urethra.
 - o The anus is not part of the vulva.
 - o A female can see this part of her body by holding a hand mirror between her legs.
- 4. Display the enlarged illustration of the *Female Reproductive Organs* handout. Ask for a volunteer to explain the female reproductive process, beginning with ovulation and ending with the menstrual period. Ask the group to assist if the volunteer runs into difficulty. Add any missing information from the Leader's Resource. Be sure to following points are made:
 - When she is born, a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
 - During the years that females menstruate, they release only a small percentage of their ova.
 - During puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.

• Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.

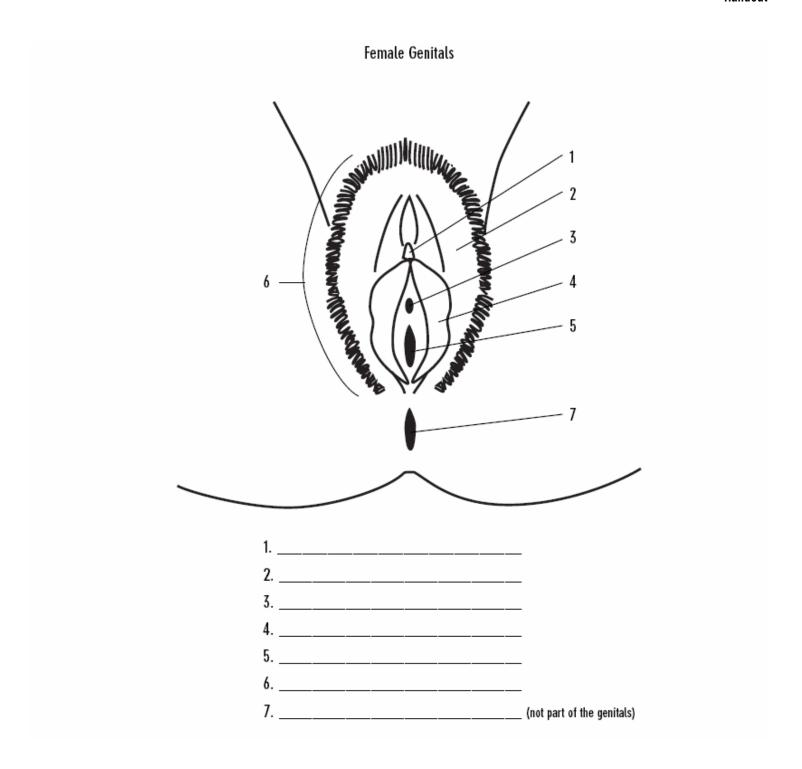
- 5. Display the enlarged illustration of the *Male Genitals* and *Reproductive Organs* handout. Ask for a second volunteer to explain the male reproductive process, beginning with sperm production and ending with ejaculation. Add any missing information from the Leader's Resource. Be sure to following points are made:
 - A male is born with two round glands, called testicles, located in the lower part of his body, near his penis.
 - The penis is a highly sensitive part of a male's body, especially the head of the penis, called the glans.
 - The penis has one opening that performs more than one function—release of urine or release of sperm in seminal fluid.
 - At maturity a male's testicles begin to produce and store millions of sperm cells.
 - Sperm cells can only be produced at 96.6 degrees—two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
 - When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
 - If ejaculation occurs inside a female's vagina or near its opening, sperm can swim up into the female's Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.

Discussion Questions:

- 1. Which parts of the male and female anatomy are the same or similar? (Possible answers: Both have a urethra and an anus; the clitoris and the glans are similar because they contain many nerve endings and are highly sensitive.)
- 2. Why do males generally feel more comfortable than females about their genitals? (Possible answer: Males can see their genitals and are taught to touch and handle their penis to urinate. Females cannot easily see their genitals and are often discouraged from touching them.)
- 3. Why is it important to feel comfortable touching your own genitals? (Possible answers: (a) Genitals are sources of erotic pleasure, and masturbation is a risk-free way of expressing and experiencing one's sexuality. (b) Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer. (c) Females use tampons. (d) For both sexes, some methods of contraception require touching the genitals.)
- 4. Why is it important for teens to understand exactly how and when conception occurs? (Possible answers: (a) It is always important for teens to know how their bodies function, and how they can stay healthy and (b) Knowing exactly how and when conception occurs is necessary so that teens know how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.)

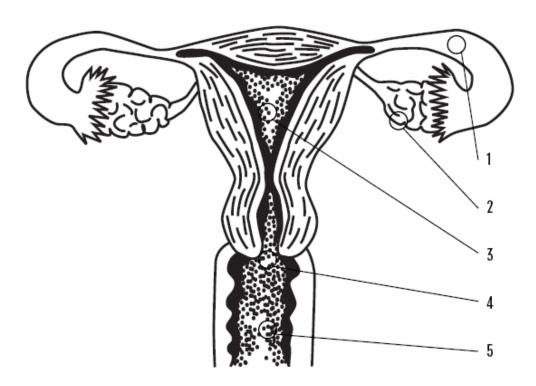
Adapted from Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV/STD Infection. Washington, DC: Advocates for Youth, © 2002.

Naming the Parts Handout

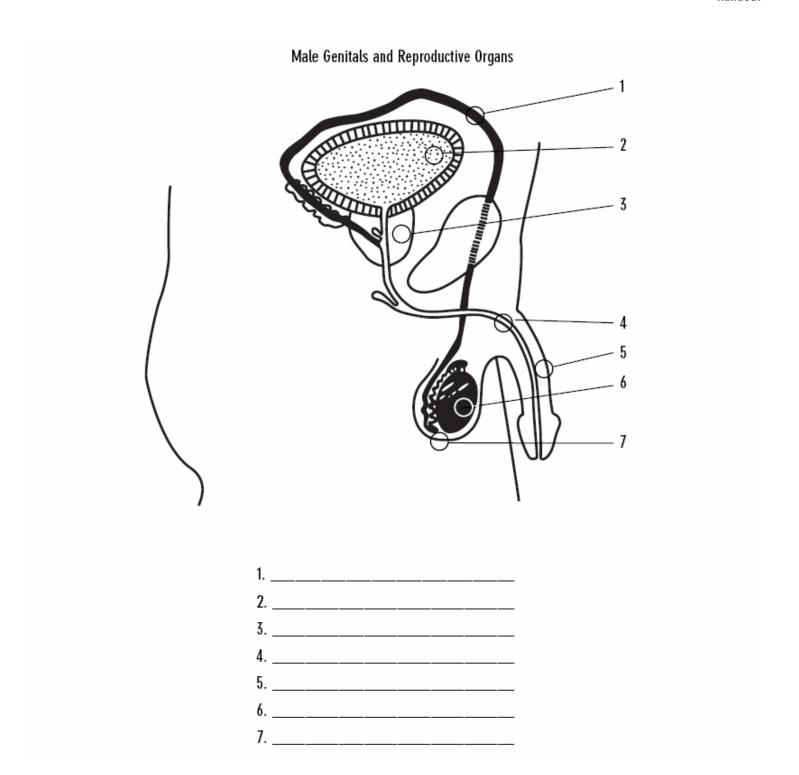


Naming the Parts Handout

Female Reproductive Organs

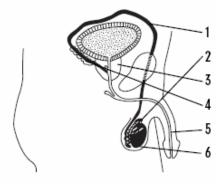


Naming the Parts Handout



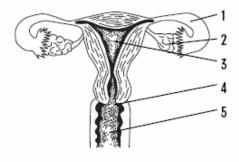
Anatomy and Physiology of Reproduction

Male - Internal



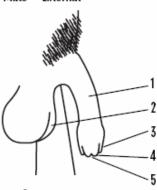
- 1. Vas deferens
- 2. Epididymis
- 3. Prostate gland
- 4. Seminal vesicles
- 5. Urethra
- 6. Testis

Female — Internal



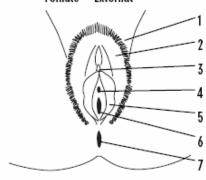
- 1. Fallopian Tubes
- 2. Ovaries
- 3. Uterus (Womb)
- 4. Cervix
- 5. Vagina

Male - External



- 1. Penis
- 2. Scrotum
- 3. Foreskin
- 4. Glans
- 5. Opening to the urethra

Female - External



- 1. Vulva
- 2. Labia majora (outer lips)
- 3. Clitoris
- 4. Opening to the urethra
- 5. Labia minora (inner lips)
- 6. Opening to the vagina
- 7. Anus (not part of the genitals)

Chapter VII

Resources for Let's Talk Month—Organizations & Web Sites



Resources for Let's Talk Month: Organizations & Web Sites

Selected National Organizations Concerned About Adolescent Reproductive and Sexual Health

Advocates for Youth 2000 M Street NW, Suite 750 Washington, DC 20036 202.419.3420 www.advocatesforyouth.org

Alan Guttmacher Institute 120 Wall St., 21st Floor New York, NY 10005 212.248.1111 www.guttmacher.org

American Academy of Pediatrics 141 Northwest Point Boulevard Elk Grove Village, IL 60007-1098 847.434.4000 www.aap.org

American College of Obstetricians & Gynecologists 409 12th Street SW PO Box 96920 Washington, DC 20090-6920 202.638.5577 www.acog.org

American Foundation for AIDS Research 120 Wall Street, 13th Floor New York, NY 10005-3908 212.806.1600 www.amfar.org

American Public Health Association 800 I Street NW Washington, DC 20001-3710 202.777.2742 www.apha.org

American Red Cross 2025 E Street NW Washington, DC 20006 202.303.4498 Teen AIDS Hotline: 1.800.440.8336

www.redcross.org

American Social Health Association PO Box 13827 Research Triangle Park, NC 27709 AIDS hotline: 1.800.342.2437 www.ashastd.org

American School Health Association 7263 State Road 43 Kent, Ohio 44240 330.678.1601 www.ashaweb.org

Big Brothers Big Sisters of America 230 North 13th Street Philadelphia, PA 19107 215.567.7000 www.bbsa.org

Boys and Girls Clubs of America 1230 West Peachtree Street NW Atlanta, GA 30309 404.487.5700 www.bgca.org

Camp Fire Boys and Girls 4601 Madison Avenue Kansas City, MO 64112-1278 816.756.1950 www.campfire.org

Catholics for Free Choice 1436 U Street NW, Suite 301 Washington, DC 20009-3997 202.986.6093 www.catholicsforchoice.org

Centers for Disease Control and Prevention Division of Adolescent and School Health Mailstop K31 4770 Buford Highway NE Atlanta, GA 30341-3724 770.488.5358 www.cdc.gov

Center for Reproductive Rights 120 Wall Street New York, NY 10005 917.637.3600 www.reproductiverights.org

Council of Chief State School Officers 1 Massachusetts Avenue, NW, Suite 700 Washington, DC 20001-1431 202.336.7000 www.ccsso.org

Girls Incorporated 120 Wall Street New York, New York 10015-3902 800.374.4475 www.girlsinc.org

Healthy Teen Network (formerly NOAPPP) 509 2nd Street NE Washington, DC 20002 202.547.8814 www.healthyteennetwork.org

National 4-H Council 7100 Connecticut Avenue NW Chevy Chase, MD 20815-4999 301.961.2800 www.fourhcouncil.edu

NARAL Pro-Choice America 1156 15th Street NW, Suite 700 Washington, DC 20005 202.973.3000 www.naral.org

National Adolescent Health Information Center 333 California Street, Box 0503 San Francisco, CA 94143-0503 415.502.4856 http://youth.ucsf.edu/nahic

National Prevention Information Network (NPIN), CDC PO Box 6003 Rockville, MD 20849-6003 1.800.458.5231 www.cdcnpin.org National Asian Women's Health Organization 250 Montgomery Street, Suite 1500 San Francisco, CA 94104 415.989.9747 www.nawho.org

National Assembly for School-Based Health Care 666 11th Street NW Washington, DC 20001 202.638.5872 www.nasbhc.org

National Campaign to Prevent Teen Pregnancy 1776 Massachusetts Ave NW, Suite 200 Washington, DC 20036 202.478.8500 www.teenpregnancy.org

National Center for Youth Law 405 14th St, 15th Floor Oakland, CA 94612-2701 510.835.8098 www.youthlaw.org

National Coalition of Hispanic Health & Human Services Organizations (COSSHMO) 1501 16th Street NW Washington, DC 20036 202.387.5000 www.cosshmo.org

National Council of La Raza 1111 19th Street NW, Suite 1000 Washington, DC 20036 202.785.1670 www.nclr.org

National Education Association, Health Information Network 1201 16th Street NW, Suite 521 Washington, DC 20036 202.822.7570 www.nea.org

National Family Planning and Reproductive Health Association (NFPRHA) 1627 K Street NW, 12th Floor Washington, DC 20006 202.293.3114 www.nfprha.org

National Latina Health Organization 3507 International Blvd Oakland, CA 94601 510.534.1362 http://clnet.ucr.edu/women/nlho

Planned Parenthood Federation of America 434 West 33rd Street New York, NY 10001 212.541.7800 www.plannedparenthood.org

Religious Coalition for Reproductive Choice 1025 Vermont Ave NW, Suite 1130 Washington, DC 20005 202.628.7700 www.rcrc.org

Sex Information and Education Council of the United States (SIECUS)
130 West 42nd Street, Suite 350
New York, NY 10036-7802
212.819.9770
www.siecus.org

YWCA of the USA Youth Development Program 1015 18th Street NW, Suite 1100 Washington, DC 20036 202.467.0801 www.ywca.org

Web Sites

Web Sites Especially for Parents

- American Library Association—http://www.ala.org/
- Families Are Talking—http://www.familiesaretalking.org/
- Parents' Sex Ed Center—http://www.advocatesforyouth.org/parents/
- ParentSoup.com—http://www.parentsoup.com/
- ParentsPlace.com—http://www.parentsplace.com/
- Planned Parenthood Federation of America—http://www.plannedparenthood.org/education/
- Talking with Kids About Tough Issues—http://www.talkingwithkids.org/
- YWCA of the USA—http://www.ywca.org/

Web Sites Especially for Young People

- Ambiente Joven—http://www.ambientejoven.org/
- Go Ask Alice!—<u>http://www.goaskalice.columbia.edu/</u>
- iwannaknow.org—http://www.iwannaknow.org/
- My Sistahs—http://www.mysistahs.org/
- My Voice Counts Youth Action Center—http://www.advocatesforyouth.org/youth/
- OutProud—http://www.outproud.org/
- Sex, Etc.—http://www.sxetc.org/
- Teenwire—http://www.teenwire.com/
- Youth Resource—http://www.youthresource.com/

Web Site Educational Resources

- Advocates for Youth—http://www.advocatesforyouth.org/
- American Association for Health Education—http://www.aahperd.org/aahe/
- American Medical Association's Adolescent Health Information—http://www.ama-assn.org/ama/pub/category/1947.html
- Birds and Bees—http://www.birdsandbees.org/
- The Body (HIV/AIDS Resources)—http://www.thebody.com/
- Campaign for Our Children—http://www.cfoc.org/
- CDC National Prevention Information Network—http://www.cdcnpin.org/
- Children's Defense Fund—http://www.childrensdefense.org/
- Child Welfare League of America—http://www.cwla.org/
- Family Health Productions—http://www.abouthealth.com/
- Girls Incorporated—http://www.girlsinc.org/
- National Council of La Raza—http://www.nclr.org/
- National Education Association Health Information Network—http://www.neahin.org/
- National School Boards Association—http://www.nsba.org/
- SexTalk.org—http://www.sextalk.org/
- Sexuality Information and Education Council of the U.S. (SIECUS)—http://www.siecus.org/

Chapter VII

Sample Materials from Let's Talk Month Campaigns around the Nation



Chapter VII. Sample Materials from Let's Talk Month Campaigns around the Nation

The following pages suggest strategies for involving various segments of the community in Let's Talk Month. Advocates for Youth wishes to thank The Florida Developmental Disabilities Council for their generosity in allowing us to share strategies for various community groups. Materials are available in a separate PDF file online at http://www.advocatesforyouth.org/publications/ltm_samples.pdf