

Relationships and Sex Education

Lesson plans and resources for Year 9

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This is the first of five lessons for year 9 students. This lesson will explore healthy and unhealthy behaviours relating to showing romantic interest, maintaining relationships, and beginning intimacy. It explores how people know they may be ready for a sexual relationship with someone.

Learning objective	We are learning: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about beginning and growing positive relationships <input checked="" type="checkbox"/> to assess readiness for intimacy.
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can explain the difference between welcome and unwelcome interest <input checked="" type="checkbox"/> I can describe respectful behaviour in both everyday and romantic contexts and describe ways to challenge inappropriate behaviour <input checked="" type="checkbox"/> I can explain how someone might assess their readiness for intimacy <input checked="" type="checkbox"/> I can explain when and how to access support if encountering inappropriate behaviours
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Online posts (1 copy each) <input checked="" type="checkbox"/> Resource 2: Relationships attitudes (1 copy each - optional) <input checked="" type="checkbox"/> Resource 2a: Relationships attitudes (differentiated handout) <input checked="" type="checkbox"/> Resource 3: Bystander timeline (1 sheet per pair)

Activity	Description	Time
Baseline assessment	All students write a question for the question box. Students respond to four young people worried about sex and relationships.	15
Beginning relationships	Students rate different behaviours according to whether they are acceptable or unacceptable. Follow-up discussion.	10
Bystander timelines	Students review a situation from different perspectives in a timeline and provide advice on what bystanders can do to reduce pressure to conform to perceived stereotypes.	10
Being ready mind-map	Students mind-map the things that show a couple (and the individuals within that couple) are ready to be intimate with each other and/or have sex.	10
Conscience alley	Students advise a person tempted to pressure someone.	10
Endpoint assessment and signposting	Remind students of key sources of support and revisit first baseline scenario.	5

Climate for learning

Ensure you have read the **Medway Teacher's Guide** to this programme and have considered any sensitivities and prior knowledge about specific students' circumstances.

Remind students to use the question box if there is anything they wish to ask anonymously.

Key words

Harassment, coercion, respect, delay, intimacy, sex

Baseline assessment**Baseline assessment****5 mins**

Revisit ground rules/group agreement and confidentiality; introduce the topic of respectful relationship behaviours.

Remind students about the anonymous question box and invite them to post any questions they have on the topic. Since students may feel awkward about asking questions in front of classmates, give each a small piece of paper to write a question on, or to write 'no question' (or the days of the week, so it takes longer to write) if they can't think of anything to ask. This way, nobody needs to feel self-conscious about writing down a question. Questions can then be collected into a box or envelope.

Advice baseline**10 mins**

Using **Resource 1: Online posts**, ask students to write responses to the posts from young people worried about sex and relationships, who have contacted an online chat facility.

This is an individual activity designed to help gauge students' current attitudes, knowledge, and confidence, to identify learning needs and priorities for this and the following lessons.

It may be useful to pick up on anything that students wish to raise from the scenarios. You may wish to hand out more paper at this point in case the scenario has inspired further questions.

Beginning relationships**10 mins**

Ask students to assess the extent to which they agree with each statement on **Resource 2: Relationships Attitudes**. Encourage students to share their views with others once they have finished. Ask groups to share any points of disagreement.

Alternatively, this can be completed as a class using whiteboards to indicate levels of agreement.

Use this as an opportunity for students to help each other understand what feels appropriate, respectful, and valued and what feels more uncomfortable, and is perhaps illegal. This will also give helpful baseline information on how students talk about forming relationships, gender stereotypes, and boundaries which can inform teaching and shape the lesson content.

Explain that we are all different, so may have different views on where the line between acceptable and unacceptable is, but there are potentially legal as well as moral and social consequences for certain behaviours.

Support: Differentiated handout **Resource 2a** is available.

Core activities

Bystander timeline

10 mins

Explain how it can be difficult to act in line with our values on what is acceptable and what isn't, when others around us appear to hold different views. However, it's important to remember that conforming to perceived norms often leaves people feeling unhappy, and only contributes to those unhealthy perceptions of what is okay and not okay.

Demonstrate this by reading the scenarios on **Resource 3: Bystander Timeline**. Highlight how all the people in this scenario are being made to feel uncomfortable by perceptions of what they are supposed to be doing, rather than choosing to simply do what they feel is right.

Ask students to respond to the key questions on how bystanders can support people through reassurance and rejecting unhelpful social norms.

For each situation, the following key points arise:

- Friends can reassure each other that they don't have to prove anything to others about their sexuality or maturity.
 - People often assume something is a norm when it's actually not very common. Even where something is common, many would prefer it wasn't and are just hoping someone else will be brave enough to do things differently.
 - It gives people confidence if someone else does things differently.
 - People who stand up for what they feel is right, tend to have better quality relationships, as people know they can trust them, and they are more likely to live in a way that matches their own values.
 - Avoiding throw-away comments that reinforce unhelpful social norms makes a big difference.
- Fallout from not sharing the nudes was unlikely in all the scenarios.

Being ready mind map

10 mins

Gina and Blake in the last scenario clearly weren't ready to have sex yet. Ask students to mind-map all the things that show a couple (and the individuals within that couple) are ready to be intimate with each other and/or have sex. Ask students to think about both feelings and the practical implications of having sex.

Take feedback, drawing out the following key points:

- A person and their partner feel genuinely ready and are not feeling pressured – they feel excited and safe
- They feel okay talking about sex with each other
- Both feel comfortable with their partner and trust them – they know it would be okay to change their mind at the last minute
- It feels morally right for them, and both are sober and well enough to say yes
- Both have considered and accepted the potential risks and assessed any legal consequences
- They have agreed contraceptives (and know how to use them) and have checked in about sexual health

Support: Ask students to list three questions someone could ask a partner before having sex with them, to check they are ready.

Challenge: Ask students to create a readiness checklist.

Conscience alley

10 mins

Share the following scenario with the class:

Charlie has had a crush on Lisa for years and thinks they may finally have a chance to make out with Lisa one night at a party. Charlie knows Lisa was dared to drink shots earlier. Lisa doesn't seem keen to make out with Charlie.

Ask students to suggest arguments Charlie might use to try and convince themselves it would be okay to persuade Lisa to make out with them. Possible responses include:

- Charlie really likes Lisa and is worth liking in return
- Lisa might enjoy it
- Lisa can still choose to say yes or no

Take each argument in turn and discuss why this is not a valid reason – i.e.:

- Charlie is unlikely to respect and fully enjoy themselves if they get Lisa to do something she doesn't really want to do
 - Lisa is unlikely to enjoy something she has been persuaded to do – if she drank the shots, she probably doesn't have the capacity to consent in law
- Lisa may have a choice, but pressure and alcohol can make it hard for her to say what she really wants

Next, ask what other reasons there are which mean it's not okay for Charlie to pressure Lisa. These might include:

- Lisa might feel upset by the pressure, and could be traumatised by being pressured into doing something she doesn't really want to do
- Sexual contact without valid consent is illegal
- It shows a lack of respect for someone Charlie supposedly really likes
- Making out with someone who doesn't really want to take part is unlikely to be truly enjoyable
- Lisa is likely to be angry, uncomfortable and/or unwilling to be around Charlie again and will be unlikely to trust Charlie in future, so this behaviour would have ruined the chance of a positive relationship

Now ask students to form two lines for you (representing Charlie) to walk through. Each student should give Charlie a pep talk comment, as you pass, about why it's best to support Lisa rather than pressure her.

Ideas might include:

- Showing respect for themselves and others feels good
- Showing Lisa how great Charlie is by being supportive may help win her heart
- Charlie deserves to be with someone who feels the same about Charlie
- Charlie doesn't need to put pressure on someone to be interested in them – they are great enough already
- Charlie wants to live in a society that shows respect for everyone
- Charlie isn't the kind of person who gets their thrills from making other people feel bad
- Charlie wants healthy relationships in their life

Signposting further support

2-3 mins

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP.

Remind students that they can report a crime by calling 999 (for an emergency or as a crime is taking place) or 101 (to make a non-urgent report).

- Highlight local and national services, such as:
 - A Better Medway: www.abettermedway.co.uk/
 - Brook: www.brook.org.uk/; 0808 802 1234
 - Childline: www.childline.org.uk/; 0800 1111
 - For advice on where to get help after a sexual assault, www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault
- Contact Victim Support if they feel they, or someone they know, may have been a victim of a sexual offence: www.victimsupport.org.uk

Revisit baseline

2-3 mins

To finish, return to the first baseline scenario (Lilz20). Students can add fresh ideas in a different colour pen on their work to demonstrate progress.

Afterwards sum up the learning, stressing the following points:

- Readiness for sex is a personal thing.
- Most people wait until the age of consent.
- There is a difference between being ready for sex and being ready to have sex with a particular partner.
- People may feel lots of different things before they have sex for the first time, but it's important to listen to that inner voice which says whether a person feels comfortable with a particular choice.

- Their friend may be trying to justify their choices or ignoring their doubts to fit in with others' expectations – we each have a choice to do what feels right for us.
- Most people will feel ready for sex if they find the right person. But not everyone is interested in sex and that's okay too – it's called asexuality.

Being ready checklist poster/leaflet -

Using the mind-maps from the lesson, students could create a checklist for 'being ready' and turn it into a leaflet or poster for young people. It should include information about where to get help if concerned about sexual relationships.

Recognising pressure/coercion play script/short story/poem -

Ask students to write a play script/short story/poem exploring the pressures young people face, how they can be recognised and overcome.

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This is the second of five lessons for year 9 students. This lesson looks at the terms ‘freedom’ and ‘capacity’ in relation to consent, and supports students to recognise situations where someone does not have freedom or capacity to consent.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about what ‘freedom’ and ‘capacity’ to consent mean in different contexts.
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can explain what is meant by freedom and capacity to consent <input checked="" type="checkbox"/> I can recognise contexts where someone’s freedom or capacity to consent have been reduced or removed, and why this means consent has no longer been given <input checked="" type="checkbox"/> I can explain why trying to make someone more vulnerable, or misleading them, is wrong, and can be a very serious offence <input checked="" type="checkbox"/> I can explain where, why and how to get advice and support for issues relating to consent
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Scenarios (1 copy per pair) <input checked="" type="checkbox"/> Resource 1a: Scenarios (optional support)

Activity	Description	Time
Baseline assessment	Using a graffiti wall, students reflect on what might prevent someone from freely giving their consent to something.	10
Overheard conversation	Students respond to an overheard conversation by discussing key questions.	10
Scenario analysis	In pairs, students review nine brief scenarios on the freedom and capacity to consent.	15
Agree/disagree continuum	Students express their views about the scenarios using an agree to disagree continuum.	5
Endpoint assessment and signposting	Recap sources of advice and support. Students write advice to one of the characters in the scenarios about what freedom and capacity to consent mean and where to get help.	15

Climate for learning	<p>Ensure you have read the Medway Teacher’s Guide to this programme and have considered any sensitivities and prior knowledge about specific students’ circumstances.</p> <p>Remind students to use the question box if there is anything they wish to ask anonymously.</p>
Key words	Freedom, capacity, consent, pressure, manipulation

¹ This lesson is adapted from KS3 lesson 2 of the PSHE Association lesson plans on teaching about consent.

Introduction

Before the lesson, set up a 'graffiti wall' of large sheets of paper (or prepare large whiteboards), and draw a picture of a stick person in the middle.

Introduce the learning objectives and outcomes, explaining that today's lesson will focus on what it means to have the freedom and capacity to consent, and situations where this may not be the case and therefore consent has not been given. Revisit ground rules and remind students of any that are especially important for this lesson, for example not using personal stories or asking personal questions.

Remind students of the legal definition of consent: *'A person consents if he/she agrees by choice, and has the freedom and capacity to make that choice.'*

Baseline assessment activity

10 mins

Ask the class to write on the graffiti wall all the things they can think of that might stop this person from being able to give, not give or withdraw their consent to something.

- Ask students to look at the suggestions on the wall and circle any that are to do with a **lack of choice** or **freedom**. This might elicit further ideas, which can be added.
- Now ask students to put a cross by any suggestions (or add any further suggestions) on the wall that are to do with not having the **capacity to consent** – i.e. not being physically or mentally capable of giving, refusing or withdrawing consent.

Use students' answers to gauge the class's understanding of freedom and capacity to consent, and to adapt teaching throughout the lesson accordingly.

Overheard conversation

10 mins

Display the overheard conversation using PowerPoint slide 4 on the board. Ask the class to imagine they have overheard this conversation and ask for their initial reactions to the following questions:

- What do you think the characters in the scenario are thinking and feeling?
- What do you think Alex is thinking and feeling?
- Is what happened acceptable? If Alex was drunk, was it really consent?

Ask students to stand up if they automatically saw Alex as female. Ask them to sit down again if they think any of the characters in the scenario could be either male or female. If anyone remains standing, ask them to explain why they don't think the characters could be either male or female.

Key learning:

While the key lesson here is about recognising and respecting another's capacity to give or not give consent, whoever they are, gender expectations of what constitutes consent may well play a role in students' interpretation of the scenarios and should be explored and gender double standards challenged where necessary.

Reinforce the fact that when someone seeks another's consent, they are responsible for ensuring that the other person has the capacity to give their consent. If they cannot be sure consent has been given, the rule 'If in doubt, assume consent has not been given' applies. Remember that if the person seeking consent has not taken reasonable steps to make sure of the other person's consent, what happens could be rape or sexual assault.

Scenario analysis

15 mins

Hand students **Resource 1: Scenarios**. Ask them to work in pairs to discuss or write about:

1. Which of these scenarios might be against the law?
2. In which scenarios does the person not have the freedom to consent?
3. In which scenarios does the person no longer have the capacity to consent?

Take feedback, ensuring the following key learning is identified.

1. *If sexual activity occurs in any of these cases, it is against the law and a serious criminal offence as no characters have freely given their consent.*
2. *Ryan and Suzy do not have the freedom to consent because they are being blackmailed by Brad and Trevor to have sex to avoid other unwanted consequences. Greg and Charlie are being lied to; this is a form of manipulation preventing them from making a free, informed choice. In both cases, the information is likely to make an impact on their decision to have sex or not with their partner.*
3. *Hannah, Amal and Olu do not have capacity to consent because they are intoxicated by drugs or alcohol. In all cases, their partners have tried to manipulate them into being less able to make a choice. Jemima does not have capacity to consent because she is unconscious/asleep. Marla does not legally have capacity to consent because she is under 13 years of age. Having sex with someone under 13 is known as 'statutory rape' and is a very serious criminal offence. In relationships between young people, a large age difference might also lead to a power imbalance, which could mean that the younger person cannot freely consent.*

Support: Resource 1a has a reduced number of scenarios (6) for students to work from.

Challenge: Ask students to suggest their own scenario where someone's freedom or capacity to consent has been affected.

Agree/disagree continuum

5 mins

Using **PowerPoint slide 6**, display a range of attitudes relating to the scenarios students have just been discussing. Ask students to arrange these statements on an agree - disagree continuum; either by moving to different sides of the classroom to represent their views, or by writing in their exercise books.

Take some brief feedback, emphasising that:

- In a healthy relationship, one person should not seek to put pressure, manipulate, or trick the other to get what they want – these demonstrate the relationship is unhealthy/there is a power imbalance.

- Acknowledge that it can be incredibly challenging to say ‘no’ to someone else, especially when pressure is being exerted.
- The person seeking consent did not make sure consent was given and, in most cases, tried to ‘force’ the other to consent in one way or another – this means it was not truly consent.
- The person who was under pressure or otherwise tricked/manipulated to give their consent has been the victim of a sexual assault and is entitled to police support, because they weren’t able to consent freely or didn’t have capacity to consent during the sexual encounter.
- Anyone who has experienced pressure, coercion or manipulation in relation to a sexual encounter should seek help immediately, either by speaking to a trusted adult or contacting the police. It is important to challenge victim-blaming narratives that imply someone is in any way to blame for their assault because of decisions such as whether to drink alcohol.

Endpoint assessment and signposting support

Signposting support

5 mins

Ensure students are aware of the information and support available on sex and relationships issues: a teacher, parent, school nurse, GP. Remind students that they can report a crime by calling 999 (for an emergency or as a crime is taking place) or 101 (to make a non-urgent report).

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk/
- Brook: www.brook.org.uk/help-advice
- Childline: www.childline.org.uk; 0800 1111
- For advice on where to get help after a sexual assault, www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault
- Students can contact Victim Support if they feel they, or someone they know, may have been a victim of a sexual offence: www.victimsupport.org.uk

Endpoint assessment

10 mins

Ask pupils to choose one of the different scenarios, and write some advice to the characters. This should include:

- What does freedom and capacity to consent mean and why are they so important?
- What could the person whose consent was being sought do now? E.g. who might they want to talk to or where they might go to get help and support.

Extension activity

Poster campaign

Ask students to create a poster campaign about capacity to consent, to be displayed in the toilets of a nightclub. What are the key messages they want to get across about capacity to consent, not just in relation to alcohol and drugs but also in relation to telling the truth?

This is the third of five lessons for year 9 students. This lesson explores common sexually transmitted infections (STIs) and their symptoms. The aim is to help students understand the types and consequences of infection and importance of prevention and testing, rather than for them to be able to ‘self-diagnose’ based on symptom recognition. The lesson also begins to consider unplanned pregnancy as a consequence of sex.

The next lesson in this scheme of work focuses on contraception and using and negotiating condom use.

Learning objective	We are learning: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about sexual health, the potential consequences of sex and ways to reduce risk.
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can list some of the most common STIs, their symptoms and consequences <input checked="" type="checkbox"/> I can name the contraceptive methods which provide some protection against STI infection and describe where to get contraceptives <input checked="" type="checkbox"/> I know how to access reliable sources of help to support sexual health or relating to unplanned pregnancy.
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Baseline quiz – Teacher notes (1 copy) <input checked="" type="checkbox"/> Resource 2: Information hunt sheet (1 copy per student) <input checked="" type="checkbox"/> Resource 2a: ‘Which STI? Multiple Choice’ (optional support) <input checked="" type="checkbox"/> Resource 2b: Answer sheet (1 copy per class) <input checked="" type="checkbox"/> Resource 3: STI information sheets (1 class copy of each STI handout) <input checked="" type="checkbox"/> A2/A3 sheets of paper (optional)

Activity	Description	Time
Baseline assessment	Students answer quiz questions to gauge current understanding.	10
STI information hunt	Students hunt for information on posters around the room.	20
Seeking help: visiting a clinic	Students suggest how to overcome common barriers to seeking help and watch a video about visiting a clinic.	15
Oona’s scenario	Students provide advice on unprotected sex scenario.	10
Endpoint assessment and signposting	Students share three key facts/key messages they learnt in the lesson. Signpost support and local services	5

Climate for learning	<p>Ensure you have read the Medway Teacher’s Guide to this programme and have considered any sensitivities and prior knowledge about specific students’ circumstances.</p> <p>Remind students to use the question box if there is anything they wish to ask anonymously.</p>
Key words	Chlamydia, gonorrhoea, syphilis, HIV, AIDS, pubic lice, genital warts, genital herpes, condom, contraception, conception, pregnancy, sexual transmitted infection (STI)
Baseline assessment	<p>Share the intended learning outcomes for the lesson with the group. Ensure ground rules are revisited and remind students to use the anonymous question box if they wish to.</p> <hr/> <p>Baseline quiz 10 mins</p> <p>Share the learning aims and outcomes for the session. Revisit ground rules and confidentiality and remind students they can use the anonymous question box at any time.</p> <p>Put the quickfire questions to the class using PowerPoint slides 3-5. Give feedback for each question using Resource 1: Baseline quiz & Teacher notes.</p> <p>This is an opportunity to gauge students’ current knowledge, understanding and beliefs relating to STIs and adapt teaching accordingly.</p>
Core activities	<p>STI Information hunt 20 mins</p> <p>Give each student Resource 2: Information hunt (or support option Resource 2a: ‘Which STI?’ Multiple Choice).</p> <p>Display the STI information sheets (Resource 3) around the room and ask students to go around the room, finding the information to answer the questions on their worksheet.</p> <p>Afterwards, take feedback drawing out key learning, using the teacher notes in Resource 2b: Answer sheet.</p> <p>Support: The multiple-choice handout (Resource 2a) addresses the same core learning - that STIs can be treated if someone seeks medical help and that a person should be tested if they have had sex, especially unprotected sex, even if they do not have any symptoms.</p> <p>Answers: 1. C, 2. A, 3. B, 4. B, 5. B, 6. C</p> <p>Challenge: Challenge questions are included on Resource 2 with answers in Resource 2b.</p> <hr/> <p>Seeking help and overcoming obstacles 15 mins</p> <p>A range of services by post are available for people over 16 - https://sh24.org.uk/. For many, these services are free. Testing in clinics is always free. People under 16, or those needing further information or testing should visit a sexual health clinic for support.</p> <p>Watch the video on visiting a sexual health clinic - vimeo.com/281768833. Be sure to pause before the signposting information for a different health authority and instead share slide 7 for local information.</p>

In groups, ask students if they can think of any reasons why someone might find it hard to seek help if they think they could have an STI or want to have a check-up. Then show the 'concerns' on **slide 8** of the PowerPoint.

Ask students to think/pair/share how these people could overcome their concerns and suggest possible solutions.

Important points to draw out of the discussion include:

- Visiting an STI clinic is like visiting any other doctor. Many of the procedures for testing for STIs are non-intrusive and require taking a urine or blood sample, although some include taking a swab from the genital area.
- Wanting to test for STIs demonstrates a safe and responsible attitude towards a sexual relationship and shows respect.
- Professionals that work in STI clinics deal with these concerns every day and will respond just as any other medical professional would.
- Information shared at an STI clinic is confidential so will not be shared with anyone else (including the person's GP and parents).
- Details on local STI clinics are easy to find online, and test kits are available free to over 16s locally via www.kent.gov.uk/social-care-and-health/health/sexual-health/home-testing-for-sexually-transmitted-infections.
- Re-emphasise that while there may be barriers to seeking help, our own health has to take priority and it is important to find ways to overcome any concerns.

Emphasise the golden rule that if anyone so much as suspects they could be at risk of an STI they must stop having sex/sexual activity, get tested, and not have sex/sexual activity again until they have the all-clear from the clinic.

Support for Oona

10 mins

Share the following scenario and ask students to work as a group to mind map advice for Oona – large sheets of paper may be helpful for this:

Oona had a one-night-stand with someone she met at a party. As they had both been drinking, they didn't stop to think about contraception.

1. What could Oona do within the next few days to reduce the risks to her health and of an unplanned pregnancy?
2. If Oona becomes pregnant, what options are available to her and who might be able to help?
3. What might Oona's sexual partner need to consider/do next?
4. How can Oona act to protect her sexual health in future?

Take feedback, drawing out the following key points:

1. Although not a reliable, regular form of contraception, emergency contraception is available if there is a pregnancy risk. The 'morning after' pill can be taken up to five days after sex (although it is most effective as soon after unprotected sex as possible) – this is 60-70% effective at preventing pregnancy. An IUD (copper coil) is more effective (99%) and can be inserted by a clinician up to 5 days later.

Emergency contraception is available from:

- a. *contraception clinics*
- b. *sexual health or genitourinary medicine (GUM) clinics*
- c. *some GP surgeries*
- d. *some young people's clinics*
- e. *most NHS walk-in centres and minor injuries units*
- f. *most pharmacies*
- g. *some accident and emergency (A&E) departments (phone first to check)*

2. Oona would need to use a pregnancy test to find out if she has conceived. This would be a minimum of 1-2 weeks after having sex but different tests have different levels of sensitivity, so may take longer to show an accurate result.

If Oona is pregnant, it is important she gets support from a sexual health practitioner and/or GP - the sooner a person seeks help, the more choice they have about what happens next. Childline, Brook and the Family Planning Association can all provide support to discuss next steps. Medway services provide specific support locally for young people who continue with a pregnancy - <https://kentandmedwaylms.nhs.uk/mycpregnancy/teenage-pregnancy>.

3. This situation is not Oona's responsibility alone. Her sexual partner will also need to consider STI and pregnancy risks: they will need an STI check, and in the case of heterosexual sex, they will need to consider their responsibilities should Oona become pregnant.
4. It can take one to two weeks before common STIs can be tested for and up to three months for others. So, it would be helpful for Oona to book an appointment or make plans to go to a drop-in clinic to discuss her needs and book for future tests. At-home tests may be an option if Oona has no symptoms and is over 16 - www.kent.gov.uk/social-care-and-health/health/sexual-health/home-testing-for-sexually-transmitted-infections

While she is waiting for the full STI test results she will need to abstain from sex. If she knows details of her sexual partner she can find out about their sexual health, which could reassure her and help the sexual health clinician assess the risks and provide suitable advice.

Long-term, Oona should consider carrying condoms, so she has protection available whenever she needs it. Long-acting forms of contraception like an implant or injection are reliable ways to prevent pregnancy but do not protect against STIs.

It is also worth remembering that people often make less rational decisions when drinking alcohol, so she may wish to consider pacing her alcohol intake next time she is partying.

Note that all these things to consider might leave Oona feeling a little anxious so it would be helpful to talk to a trusted adult for support.

Challenge: Students suggest ways a trusted friend could help in this situation.

Demonstrating progress

5 mins

Ask students to give three key facts or key messages they have learnt this lesson.

Invite volunteers to share their key facts/messages and ask the class to agree one overarching message to take away (e.g. 'STIs don't always cause any symptoms so if someone has had unprotected sex they should get checked out').

Explain that some of this learning will be revisited next lesson to check understanding.

Signposting Local Services

Explain to students that it is important to get regularly checked for STIs and that there are lots of locations in their area where they can go for help.

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP.

Highlight local and national services, such as:

- Brook: www.brook.org.uk/help-advice; Contact number: 0808 802 1234
- A Better Medway: www.abettermedway.co.uk/
- Childline: www.childline.org.uk; Contact number: 0800 1111

Final Questions

Ensure any remaining questions from the question box are addressed.

Learning about HIV

For World AIDS day (1st December) you may decide to add an additional focus on HIV.

Nurse visit

Students to arrange for a local school nurse/sexual health nurse to come in and answer their questions.

This is the fourth of five lessons for year 9 students. This lesson introduces the main types of contraception (building on the year 8 contraception lesson), so students will understand the range of options available to them, and how to access and choose contraceptives. We use the term contraception to include condoms, which might be used purely as protection against infections, where preventing conception is not an issue (e.g. where both partners are male).

This lesson includes a condom demonstration, so students are aware of how to use condoms effectively to reduce risk of STI transmission and unplanned pregnancy. Ensure you make time for this important activity – you may decide to spread the content over two lessons, depending on your students' starting point and needs.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> about different types of contraception and how they work.
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can name the main types of contraception and how they prevent conception and/or protect against STIs <input checked="" type="checkbox"/> I can describe when, where and how to access contraception, and how to seek help in the event of contraception failure <input checked="" type="checkbox"/> I have confidence in being able to negotiate condom use within a relationship
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Resource 1: Statement match (1 copy each) & 1a Statement match answers <input checked="" type="checkbox"/> Resource 2: Contraception notes (1 copy each) <input checked="" type="checkbox"/> Resource 2a: Contraception teacher sheet (1 copy) <input checked="" type="checkbox"/> Resource 3: Condom negotiation script – 2 parts (1 copy per pair) <input checked="" type="checkbox"/> Resource 4: Condom demonstration – teacher guide (1 copy) <input checked="" type="checkbox"/> Resource 5: Condom instructions dominoes (1 class set, cut up) <input checked="" type="checkbox"/> Condom demonstrators (Class set - 15 if possible) <input checked="" type="checkbox"/> Condoms (ideally 30-40) <input checked="" type="checkbox"/> Plastic bag for waste (prevents disruption in future classes from leaving waste in class bin) <input checked="" type="checkbox"/> Paper towels and wet wipes for wiping down hands, tables and condom demonstrators <input checked="" type="checkbox"/> Demonstration props – Femidom, contraceptive implant, IUD, dental dams (optional)

Activity	Description	Time
Baseline assessment	Students match a set of statements about contraception and discuss key points as a class.	10
Contraceptive methods	Students watch the clip about different contraceptive methods and note key information.	10
Contraception negotiation	Students suggest appropriate responses to common excuses for not using contraception. They then review two versions of a conversation about contraception use.	10

Condom demonstration	Teacher-led demonstration of the correct way to use a male condom (or video clip alternative).	5
Card match	Students match cards to ensure understanding of condom demonstration.	5
Condom practical	Students practise using a condom with condom demonstrators. [Allow time to tidy up and wash hands.]	15
Endpoint assessment and signposting	Students answer key questions to gauge understanding. They reflect on their standard response if asked to do something they are uncomfortable with and set a goal. Remind students of support available.	5

Climate for learning	<p>Ensure you have read the Medway Teacher's Guide to this programme and have considered any sensitivities and prior knowledge about specific students' circumstances.</p> <p>Remind students to use the question box if there is anything they wish to ask anonymously.</p>
Key words	Condom, contraceptive pill, implant, injection, Femidom, intrauterine device (IUD), intrauterine system (IUS), dental dam.
Baseline assessment	<p>Revisit group agreement and confidentiality; introduce the topic of contraception.</p> <p>Contraception statement match 10 mins</p> <p>Ask students to match the start to the end of a set of statements about contraception. Alternatively, complete the activity using an interactive whiteboard.</p> <p>Check answers using Resource 1a: Statement match answers and discuss key points as a class.</p> <p>Explain that while the term 'contraception' is used in the lesson, condoms are also used to protect against STIs even where preventing conception is not an issue (i.e. same sex partnerships) and that contraception is a shared responsibility.</p> <p>Remind students that while most of them will not be sexually active until over 16, many are likely to be sexually active at some point in their lives. They therefore need an understanding of contraceptive choices available, so they are equipped to make the best decisions for them when the time is right.</p>
Core activities	<p>Contraceptive methods clip 10 mins</p> <p>Give students Resource 2: Contraception Notes to keep to hand as they watch the Cognito GCSE Biology Contraception #44 video clip on different contraceptives as a class. www.youtube.com/watch?v=kMY-v0F6bX0.</p> <p><i>[Note that the video uses the outdated term 'sexually transmitted diseases (STDs)' when referring to sexually transmitted infections (STIs). It also refers only to IUDs whereas hormonal IUDs are usually referred to as 'intrauterine systems' (IUS).]</i></p>

Ask students to note key information on the table provided (**Resource 2**) as they watch. You may need to pause the video at relevant points to allow time for this.

Take feedback using **Resource 2a: Contraception teacher sheet**. It is important to also pick up on key themes such as the comparative reliability of different methods (as condoms when used correctly are around 98% effective, people may choose to use both a hormonal and barrier method for contraception), and the need to check on health history before using hormonal methods of contraception.

Explain that free condoms are available for 16-24 year olds in Medway online - www.cloverstreet.nhs.uk/stis/. Under 16's can visit an Easy Access Point/outlet to talk to a trained professional to register and discuss safer sex and healthy relationships. They will then be able to order condoms online.

Post-16, it is also possible to order prescriptions for contraceptives online via <https://sh24.org.uk/>.

An instructional video from PinkNews 'How do dental dams work' can be found at www.youtube.com/watch?v=6tPcqHQzvhw. Dental dams can be in short supply in some sexual health clinics, so if they are needed it can be helpful to call in advance. External condoms can also be made into a dental dam by cutting off the tip of the condom, cutting off the open end, and cutting a straight line down the length of the condom to create a rectangle of latex that can be used as a barrier. www.youngwomenshealth.org/2017/08/07/dental-dams/

Support: Physical examples of different contraceptive types can be particularly helpful for students needing further support. You may wish to select the most relevant contraceptive types.

Challenge: Students could use the NHS website (www.nhs.uk/conditions/contraception/) to find the key differences between types of contraceptive pill and types of coil.

Contraception Negotiation

10 mins

Using **PowerPoint slide 5**, invite suggestions for how someone could respond assertively to the statements

Take feedback. Students are likely to come up with a variety of responses but key points to support discussion include:

- In a respectful, trusting relationship, a person should see protecting their partner and themselves from unwanted consequences as paramount.
- Wanting to use protection shows responsibility and respect, not a lack of trust.
- Latex-free condoms and dental dams are available.
- A range of condoms are available, including those that increase pleasure and sensitivity for both partners.
- Non-barrier methods of contraception do not provide any protection against STIs.
- It is possible to become pregnant the first time someone has vaginal sex and some STIs can be transmitted by people who have never had sex before (e.g. genital herpes from cold sores).

Give students **Resource 3: Contraception Negotiation - script 1**. Ask them to read the script and discuss in pairs or small groups the following questions:

- Is this effective communication? Why? Why not?
- How might both characters be feeling during this conversation?
- How might both characters feel afterwards if they do have sex?

Take feedback. Suggestions might include:

- Character B isn't always being clear about what it is they want and need regarding protection. This might be because they're worried about whether they'll be judged, or if their partner might break up with them if they don't agree to have sex without protection.
- Character A is not respecting their partner's need to use protection and is trying to persuade them to ignore their judgement about the risks around unprotected sex.
- Character A might feel frustrated or excited to have sex, Character B might be feeling anxious, pressured or may privately feel annoyed that they haven't been listened to.
- Afterwards, both characters might feel worried about whether they are going to experience any of the consequences of unprotected sex, such as an unplanned pregnancy or transmission of an STI. They might also be concerned about the impact of the actions taken on their relationship, as not listening to the concerns of their partner can be hurtful and may affect levels of trust in the relationship.

In their pairs/groups, ask students to suggest ways to rework the script using assertive communication to reach a positive conclusion.

Take feedback, then share the **second script** on Resource 3 as an example of what this might look like.

Students should identify:

- While it is always the responsibility of someone seeking consent to ensure they know whether consent is being given or not, communication can be made more effective when someone shares their wants and needs when discussing contraception use. For example, in Script 2 Character B is clear that they are saying no, and reminding their partner of potential risks due to not having been tested yet, as well as their prior agreement to use protection.
- It can be helpful to find other ways to spend time together and feel close to one another if contraception isn't available. For example, in Script 2 Character B suggests an alternative activity.
- Character A does stop pressurising Character B when they provide an alternative activity, but they shouldn't have continued to pressurise them when they had been told 'no' already.

Challenge: Students can script a conversation which shows how to positively discuss contraception.

Condom demonstration

5

Gather the students round for a teacher demonstration of the correct way to use a condom. If students saw this in year 8, ask them to suggest the next steps and rationale as you go through. Remember to ask the class about latex allergy and point out that latex-free condoms are available.

Use **Resource 4: Condom demonstration – teacher guide** for step-by-step instructions and key learning points.

Alternatively, use this video (but ensure visually impaired students are planned for):

<https://youtu.be/vww9rk1USss?si=pjTtwwmqZUI3HG0E>

Core activities

Domino Match

5

Give each pair one of the domino cards (**Resource 5**) - a step in the process of effectively putting on a condom. Tell students which domino is the first one and then get them to connect the first part of the statement with the end of the statement on another domino to create the steps of effectively putting on a condom. Repeat until all the dominoes are connected. It can be helpful to have the dominoes master sheet handy to correct any mistakes.

Condom Practical

15

Once the class has the correct order, provide them with condom demonstrators and condoms to demonstrate safe use of condoms. As some may prefer not to complete this step, explain that although this is an important activity, it is optional, as some people may prefer not to get lubricant on their hands or will have done this activity before and do not need to do it again. This is a way for students not to feel the pressure of peer influence to do something they are not comfortable doing.

Circulate to ensure students are completing the activity sensibly and accurately. Ensure used condoms are counted back into the bin to avoid misuse of condoms in the school environment. In addition to providing wet wipes, you may wish to allow students to wash their hands before proceeding with the rest of the lesson.

Support: It is important that all students know how to use a condom effectively so 1:1 or small group work for the condom demonstration activity (either during the lesson or at an alternative time) may be best for those needing support.

Plenary questions

2-3 mins

Ask students to answer these key questions to check understanding and assess learning:

- Name three forms of contraception.
- Why do same sex couples still need to consider using a form of protection?
- What forms of protection are best to reduce risks from STIs?
- Which forms of contraception are most effective at reducing the risk of pregnancy?
- Name five top tips for using condoms correctly.

Reflection and pledge

2-3 mins

Ask students to think privately about their standard response if asked to do something they are uncomfortable with. Suggest that for a week, students challenge themselves to say 'no' assertively but respectfully to something they wouldn't normally say "no" to, at least once. It doesn't need to be something big, just something others would normally take for granted like a food choice, an equipment loan or an after-school activity selection.

Endpoint assessment and signposting support

Signposting Local Services

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP.

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk/
- Brook: www.brook.org.uk/help-advice; Contact number: 0808 802 1234
- Childline: www.childline.org.uk; Contact number: 0800 1111

Anonymous questions

Revisit any anonymous questions that have been left unanswered.

Contraception leaflets

Create an information leaflet for young people about the contraceptive options available to people and signpost where to get them locally.

Nurse visit

Students could arrange for a local school nurse/sexual health nurse to come in and answer their questions.

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Lesson 5: Managing the ending of relationships

KS3 Year 9

This is the final of five lessons for year 9 students. It explores issues around the breakdown of romantic relationships and is an example of how mental health and relationships are linked.

Further resources on managing grief and loss are available in our Mental Health and Emotional Wellbeing resource pack.

Learning objective	<p>We are learning:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> how to manage the end of an intimate relationship.
Learning outcomes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> I can identify the range of emotions associated with breakups <input checked="" type="checkbox"/> I can describe ways to manage a breakup safely and appropriately <input checked="" type="checkbox"/> I can suggest strategies to help manage emotions when a relationship ends <input checked="" type="checkbox"/> I can explain how and where to get help for managing difficult relationship breakups
Resources required	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Box or envelope for anonymous questions <input checked="" type="checkbox"/> Resource 1: Breakup reflections (1 copy each) <input checked="" type="checkbox"/> Resource 2: Breakup scenarios (1 copy per pair) <input checked="" type="checkbox"/> Resource 2a: Breakup scenario (optional support) <input checked="" type="checkbox"/> Resource 3: Breakup challenges (1 class copy of each statement) <input checked="" type="checkbox"/> Baseline assessment work from lesson 1 [Online posts]

Activity	Description	Time
Baseline assessment	Students annotate a stimulus related to romantic relationships ending and discuss key themes as a class.	10
Breakup scenario	Students read two breakup scenarios and analyse the feelings and impacts of different behaviours.	15
Breakup advice	Students provide advice and guidance for people in tricky breakup situations.	15
Do's and don'ts plenary	Students create a "Do's and Don'ts" list for managing breakups.	10
Endpoint assessment and signposting	Students revisit the baseline activity from lesson 1, using a different colour pen, to demonstrate learning and progress. Remind students of support available.	10

Climate for learning	<p>Ensure you have read the Medway Teacher's Guide to this programme and have considered any sensitivities and prior knowledge about specific students' circumstances.</p> <p>Remind students to use the question box if there is anything they wish to ask anonymously.</p>
Key words	Romantic relationships, 'break-ups'

Introduction

Negotiate or revisit ground rules for the lesson. Remind students that the question box is available to ask questions anonymously.

Introduce the learning objective and outcomes and explain that students will be exploring how to manage loss around the ending of a romantic relationship.

Baseline assessment

10 mins

Working in groups of three or four, give students **Resource 1: Breakup reflections** to annotate. Students should add thoughts and reflections on the different representations of feelings and actions around breakups.

Discuss how people can experience many emotions that are linked to grief and loss during and after a breakup. This is because they are grieving for the loss of a partner, the relationship they had, as well as the hopes and dreams they may have had for that relationship.

Grieving for the end of a relationship is a personal experience and therefore people experience it differently every time there is a breakup. There is no 'fixed timescale' and the time it takes can differ from person to person and experience to experience.

Support: Ask students to focus on the first three images.

Challenge: Ask students to collate responses on their table and feedback key suggestions to the class.

Breakup scenarios

15 mins

The degree of emotional upset a breakup causes is influenced by many different factors, including the degree of attachment between the couple and the wider situation around the breakup (e.g. a betrayal will feel different to a mutual decision), along with the personal circumstances of the individuals in the relationship.

Working in groups, ask students to read **Resource 2: Breakup Scenarios** and answer the questions on the sheet about the two scenarios.

Take feedback, drawing out key learning:

- A range of emotions can be experienced after a break-up, and this can impact on a person's behaviour. However, it is not appropriate for people to engage in unhealthy and/or illegal behaviour that ignores the other person's rights.
- Breaking up can be emotionally difficult and technology can 'freeze' emotional moments in time, making those moments accessible long after the grief of a break-up is over. Equally, social media can cause others to become involved who don't know the full circumstances. Not only is this unlikely to be helpful but it can make a breakup more complex, so it is important for everyone concerned to think before posting anything online.
- Sometimes people can try to minimise the risk of emotional upset by limiting the degree of attachment in a relationship ('keeping things casual'). But this also reduces the likelihood of benefiting from other aspects of a fuller relationship e.g. meaningful connection, feelings of safety, support and respect.

Support: Differentiated handout provided for Meg and Kaan’s scenario (**Resource 2a**).

Challenge: Ask students to create a storyboard to show how one set of characters could have handled the breakup differently to achieve a better outcome.

Breakup challenges

15 mins

Divide the class into five groups and allocate each of the scenarios on **Resource 3** to a different group. Ask students to work in their groups to consider the breakup challenge in their scenario and provide appropriate advice.

Take feedback, drawing out key learning:

- Some splits are straightforward – both people know it’s the right decision and have very little emotional investment in the relationship.
- Other breakups can be difficult as people can experience intense emotions that they find hard to manage. The way a person feels can then affect their actions and decisions. This can be the person doing the breaking up as much as the person who has been broken up with. For example, people can feel guilty, embarrassed, or selfish about breaking up with someone. But it is not fair on the other person to avoid them without an explanation.
- However, in Julie and Liam’s case, this requires a different approach as Julie’s behaviour is unhealthy and controlling – here, further communication with Julie is likely to escalate the situation. Julie is not handling the breakup appropriately and is engaging in stalking – an illegal behaviour - which could mean that Liam is at risk. It is important that he gets help to deal with this situation – the police and stalking charities can provide specialist advice (see signposting below).

Do’s and Don’ts

10 mins

In their groups or as a class, create a list of “Do’s and Don’ts” for managing breakups. Suggestions could include:

DO:

1. **...accept it:** Try to manage a breakup by accepting that it is over, and work through the related emotions. There may be good and bad days, and it is okay to cry.
2. **...reduce triggers:** Some may decide to box up or throw away souvenirs collected from the relationship, delete their ex’s number, or block them on social media.
3. **...allow time:** Getting over a breakup can take time. There is no fixed time - it varies from person to person.
4. **...look after yourself:** Balancing food, sleep and exercise can help support mental wellbeing.
5. **...find positive activities:** Finding a new hobby or re-visiting old ones can help to distract from negative feelings and create a fresh sense of identity outside of the ended relationship.
6. **...reach out:** People benefit from the positive feelings associated with spending time with friends and family.

7. **...use clear communication:** If a person clearly ends the relationship, this is final and should be respected. But being open about the reasons for the breakup, without being hurtful, and allowing for discussion, can help the other person heal. If it feels safe to do so, such conversations can clear the air and allow for a smoother breakup. However, they are not a chance for the other person to manipulate, negotiate or demand endless explanations and it is okay to end the conversation if this happens. Rehearsing the conversation might be helpful.
8. **...create a reasons list:** In time, the important reasons for the breakup may be forgotten, which can lead to reconciliation when the relationship is unlikely to succeed. Noting down what didn't work about the relationship can help to balance out rose-tinted memories and avoid complex breakups.
9. **...focus on the positives:** It can be easy to focus on what was lost, but focusing on the new opportunities ahead can be hugely helpful. New adventures and opportunities can arise, as well as the prospect of new relationships when ready.

DON'T:

1. **...'ghost' someone:** (stopping responding to a person's messages without ever telling them the relationship is over). This can make the other person feel confused, disrespected, and unsure of where they stand.
2. **...cheat on someone:** This is very hurtful and disrespectful. It can have an ongoing impact on the way the other person feels about themselves and future relationships. People should break up with someone if they have the urge to cheat, and be open and honest about the future of the relationship if they have cheated.
3. **...text, call, email or contact your ex through social media:** Being in contact with an ex will not help the person to heal and can further complicate the process of moving on.
4. **...break up in public:** This can escalate and make the situation worse for everyone involved.
5. **...break up when angry and in an argument:** Arguments can lead to hurtful comments and escalation.
6. **...ask friends for information:** Ask friends not to share information about an ex and their new dating stories – this can feel hurtful in the initial stages of a breakup.
7. **...avoid thinking traps:** Sometimes people worry they will never find someone new, that they aren't good enough, that others will cheat on them or reject them – finding evidence that shows this is unlikely to be the case, can stop these negative thinking loops.

Endpoint assessment

5 mins

Students revisit the four online posts from the baseline activity in lesson 1, using a different colour pen to add their new learning and make any changes they now feel they need to, based on their learning in this unit of work.

Signposting support

5 mins

Ensure students are aware of the information and support available on relationships and sex issues: a teacher, parent, school nurse, GP.

Highlight local and national services, such as:

- A Better Medway: www.abettermedway.co.uk/
- Brook: www.brook.org.uk/help-advice; Contact number: 0808 802 1234
- Childline: www.childline.org.uk; Contact number: 0800 1111


Ensure all questions in the anonymous question box have been addressed and allow time for further questions and follow-up next lesson if needed.

Talking heads

Write a separate 'talking heads' scenario of a respectful break-up, using the information learnt.

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Lilz20

My friend doesn't think people ever get to the point where they feel fully ready to have sex for the first time, so there's no point waiting for that. Are they right?

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Wiltz98

My mate says you need to get your date to drink lots of shots to make sex more relaxed. Is that a good idea?


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BoomJT5000

I want to be in love before I have sex. But people keep talking about keeping it casual and not committing to anyone. Am I weird for wanting a proper relationship before having sex?

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HeartLife30

I don't always have a condom with me when I want to have sex. Anyway, that's a guy's responsibility really, isn't it? If we only skip protection occasionally it will be fine, right?

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Year 9 Lesson 1 | Resource 2: Relationship Attitudes

Read the behaviour and indicate on a scale of 0 (strongly disagree) to 5 (strongly agree) your level of agreement with the statement.

	Strongly Disagree	0-1-2-3-4-5	Strongly Agree
1. Pinching someone's bum is okay.			
2. Having sex after a first date is a bad idea.			
3. Chat-up lines are corny and won't get someone a date.			
4. Telling someone what's great about them, is a nice way to start asking them out.			
5. Dating more than one person in the first few months of seeing someone is fine.			
6. It's flattering if a person keeps asking someone out when they've said no.			
7. Wolf whistling is okay if it's a compliment from someone known to that person.			
8. Buying gifts can be a lovely way to show interest in someone.			
9. Once a person starts sleeping with someone, they should break things off with anyone else they've been dating.			
10. People like to share sexy images with a partner in the first few weeks of dating.			
11. If someone really loves their partner, they will have sex with them.			
12. Threatening to 'out' someone unless they kiss them is manipulative and illegal.			

Read the statements and write 'yes' if you agree or 'no' if you disagree.

	Yes/No
Pinching someone's bum is okay.	
Telling someone what's great about them, is a nice way to start asking them out.	
It's flattering if a person keeps asking someone out when they've said no.	
Wolf whistling is okay if it's a compliment from someone known to that person.	
If someone really loves their partner, they will have sex with them.	



Kinan is embarrassed he hasn't started dating when his friends have, so tries to show he's just as mature by sharing nudes he found online.



How could Kinan's friends have reassured him, so he didn't feel he needed to share nudes or be embarrassed he's not dating yet?



Kinan's friend Gina really doesn't like receiving nudes, but she doesn't want to look like she's not mature enough to be thinking about sex. So she shares the pics Kinan sent with her partner.



How could Gina act to live more in line with her values?

How can Gina's friends help her to do this?



Gina's partner Blake thinks Gina is sharing nudes as she's ready to have sex, but Blake definitely isn't ready. Blake's now worried that not going along with what Gina wants, might mean getting dumped, or Gina telling people Blake's immature.



How can Blake manage their feelings and this situation?

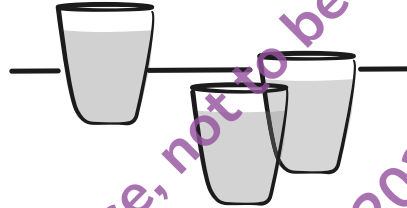
How can Blake's friends help Blake to manage this situation?



Rex and Hannah are at a party, and they are both drinking beers. Rex spikes Hannah's drink with a white powder.



Jill knows Amal doesn't really drink much. So she comes up with a drinking 'game' to make him drink more and get him drunk faster.



Jamie tells Frankie she is single and not seeing anybody else, but this is a lie.



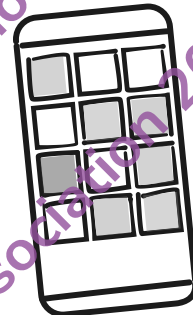
Brad tells Ryan if he doesn't have sex with him, he will 'out' Ryan to his friends and family.



Jake is 16 and dating Marla, who is nearly 13. Marla and Jake have sex while her parents are out.



Trevor has naked photos of Suzy on his phone. He says he will share them with others unless she has sex with him.



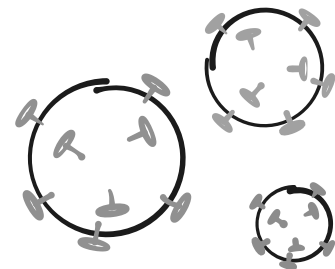
Jemima and Emile had sex last night. In the morning, Jemima is still asleep but Emile wants to have sex again, so climbs on top of her. She wakes up half-way through.



Olu doesn't want to have sex with Lisa yet because she doesn't feel ready. Lisa offers her some drugs, hoping this will relax her and make her want to have sex.



Klaudia knows she has a sexually transmitted infection but she doesn't want to tell Greg about it because she thinks he won't want to have sex with her anymore.





Rex and Hannah are at a party, and they are both drinking beers. Rex spikes Hannah's drink with a white powder.



Jake is 16 and dating Marla, who is nearly 13. Marla and Jake have sex while her parents are out.



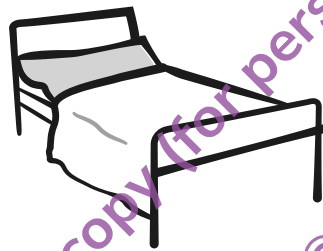
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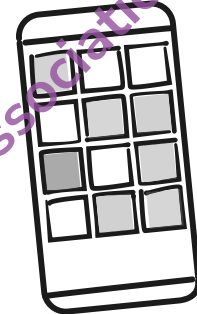
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Trevor has naked photos of Suzy on his phone. He says he will share them with others unless she has sex with him.



1. What are the risks of unprotected sex?

STI's, unplanned pregnancy.

2. What proportion of pregnancies in the UK are unplanned?

Approximately one in three.

3. Teen pregnancies are at their lowest rate in over 50 years. While every case is individual and there can be good outcomes for all pregnancies, what are the particular risks associated with teen pregnancies?

Poor maternal mental health, studies interrupted which may impact career path, higher rates of child ill-health). <https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning> .

4. How can people protect themselves from unplanned pregnancies and STIs?

Contraception reduces the chances of a pregnancy but isn't 100% effective. Barrier methods (especially condoms) reduce STI transmission but some infections can be passed on anyway – see lesson content.

5. Some people have uncomfortable symptoms in their genital area but don't have an STI – true or false?

True – For example, testicular itching due to chaffing or a fungal infection is quite common and may mean changing sportswear or using powders/lotions to look after the sensitive skin around the groin. A little clear or white vaginal discharge is normal but sometimes the discharge changes. Bacterial vaginosis and thrush (a yeast infection) are common causes of vaginal discomfort and unusual discharge – they can resolve on their own with basic changes like changing washing products and avoiding over-washing, but sometimes treatment is helpful if it does not resolve. It's important not to panic if a person has unusual symptoms - a medical professional or pharmacist can provide advice.

6. What are dental dams and why would someone use one?

Dental dams are a piece of thin latex – like a flat condom. They can reduce the risk of STI infection during oral sex.

7. People who've not had sex before don't need to worry about STIs – true or false?

False – some STIs can be passed on through other sexual acts and through sharing needles or more rarely through blood transfusions. STI infection is rare in someone who has not had any sexual contact with others before but once someone becomes sexually active, remember they are reliant on the sexual health of those who've slept with their partner previously – show illustration on slide 5).

8. How could someone advise a friend on when and how to discuss safer sex with a new sexual partner?

Consider points like before people are 'in the moment' and when checking on contraception. Focusing on health and respect rather than judging past histories is important. Remember that if someone has had an STI in the past, a couple can get advice on how to have sex safely.

Find...	
<i>Example</i> ... two STIs caused by a bacterial infection.	<ol style="list-style-type: none"> 1. Chlamydia 2. Syphilis
<ol style="list-style-type: none"> 1. ... two STIs that cannot be treated with an antibiotic. <i>Challenge: Suggest a reason why one of these cannot be treated with an antibiotic.</i> 	<ol style="list-style-type: none"> 1. 2.
<ol style="list-style-type: none"> 2. ...one STI that can usually be prevented by using a condom (but not always). 	<ol style="list-style-type: none"> 1.
<ol style="list-style-type: none"> 3. ...three STIs that might not always cause symptoms or may only show symptoms some of the time. 	<ol style="list-style-type: none"> 1. 2. 3.
<ol style="list-style-type: none"> 4. ... one STI that can only be diagnosed with a blood sample. 	<ol style="list-style-type: none"> 1.
<ol style="list-style-type: none"> 5. ... three types of treatment that can be used to treat an STI. <i>Challenge: Find two STIs that share similar treatments. Are there any other similarities you can find?</i> 	<ol style="list-style-type: none"> 1. 2. 3.
<ol style="list-style-type: none"> 6. ...the most common STI among young people in the UK. 	<ol style="list-style-type: none"> 1.

Challenge: There are self-test kits available for some STIs:

- How do you think the availability of tests to do at home might affect rates of diagnosis?
- What effect do you think this might have on how many new infections there are?

Which STI...	
<p><i>Example</i></p> <p>... is caused by a bacterial infection.</p>	<p>A. Chlamydia</p> <p>B. Genital Warts</p> <p>C. Pubic Lice</p>
<p>1. ...always shows symptoms?</p>	<p>A. Syphilis</p> <p>B. HIV</p> <p>C. None of them</p>
<p>2. ...can cause unusual discharge?</p>	<p>A. Gonorrhoea</p> <p>B. HIV</p> <p>C. Pubic Lice</p>
<p>3. ...cannot be prevented by using a condom?</p>	<p>A. Gonorrhoea</p> <p>B. Pubic Lice</p> <p>C. Syphilis</p>
<p>4. ...is managed by using drugs to slow down the spread of the virus in the body?</p>	<p>A. Genital Warts</p> <p>B. HIV</p> <p>C. Genital Herpes</p>
<p>5. ...is diagnosed using a urine sample?</p>	<p>A. HIV</p> <p>B. Chlamydia</p> <p>C. Genital Warts</p>
<p>6. ...can be treated if someone seeks medical support?</p>	<p>A. HIV</p> <p>B. Genital Warts</p> <p>C. All of them</p>

Find...	
<p><i>Example</i></p> <p>... two STIs caused by a bacterial infection.</p>	<p>While this is an example, students could also add gonorrhoea. The type of STI will affect what treatments are available, for example antibiotics can only be used for bacterial infections.</p>
<p>1. ... two STIs that cannot be treated with an antibiotic.</p> <p><i>Challenge: Suggest a reason why one of these cannot be treated with an antibiotic.</i></p>	<p>Any non-bacterial STI (HIV, genital warts, genital herpes, pubic lice).</p> <p><i>Students may suggest the reasons given in the example above, or some may suggest antibiotic resistance for a bacterial STI. Though they are less likely to have addressed this in science at Year 9 than they are in older year groups.</i></p>
<p>2. ...one STI that can usually be prevented by using a condom (but not always).</p>	<p>Chlamydia, gonorrhoea, HIV. Syphilis is also usually preventable by using a condom, however if there are sores it is still transmissible and condoms would not be effective. Students may suggest genital warts or genital herpes, however condoms are generally less effective against these.</p>
<p>3. ...three STIs that might not always cause symptoms or may only show symptoms some of the time.</p>	<p>Students could write any of the STIs as at any point they may show no symptoms, or symptoms may not be present or have a dormant phase.</p> <p>It's key that students understand that a person should get tested if they have had sex, especially unprotected sex. They should also get tested before they decide to have unprotected sex with a partner.</p>
<p>4. ... one STI that can only be diagnosed with a blood sample.</p>	<p>HIV can only be detected with a blood sample. This needs to be done at least four weeks after exposure to HIV, and it's more reliable after six weeks. However, if someone is concerned that they may have been exposed to HIV, a medicine (PEP) can be given in the first 72 hours that may stop them from becoming infected.</p>

<p>5. ... three types of treatment that can be used to treat an STI.</p> <p><i>Challenge: Find two STIs that share similar treatments. Are there any other similarities you can find?</i></p>	<p>Medications including antibiotics, antivirals or antiretrovirals (used in the treatment of HIV); medicated lotions and shampoos; procedures such as burning or freezing warts.</p> <p><i>Many of the STIs are treated by medication - students may note bacterial infections are specifically treated with antibiotics. Some STIs with symptoms that appear on the skin (genital warts and pubic lice) can be treated with topical creams</i></p>
<p>6. ...the most common STI among young people in the UK.</p>	<p>Chlamydia is the most common STI amongst young people in the UK. It can have no symptoms, but testing is easy and can be done at home or at a sexual health clinic. Sometimes services are available in other places, such as events in universities like Freshers Week.</p>

Students completing the challenge activity may note that there are at-home tests available for HIV and Chlamydia. They may suggest that having at-home testing kits makes accessing testing very easy, especially for people who are not as able to leave their home, have limited time available or feel nervous about going to a sexual health clinic. While this may mean that rates of detected STIs are higher as more people are tested, they might note that a person who knows they have an STI can take precautions to prevent someone else catching it.

STI: CHLAMYDIA & GONORRHOEA (Bacteria)

COMMON SYMPTOMS:

It is common not to notice any symptoms but where present the following are most frequent:

- Unusual discharge
- Pain when urinating
- Genital discomfort
- Period changes

KEY FACTS:

- Chlamydia is the most common STI amongst young people in this country.
- Left untreated these infections can affect fertility.
- Self-test kits are available to use at home – they are freely available for many under 25s.

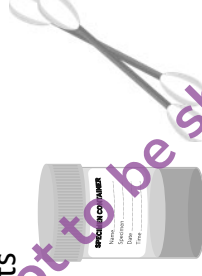
PREVENTION

If there are no sores, it can be prevented by condoms



DIAGNOSIS

Either urine or swab test (including at-home tests)



TREATMENT

Antibiotics



STI: SYPHILIS (Bacteria)

COMMON SYMPTOMS:

Syphilis symptoms may appear and disappear but often include:

- highly infectious sores
- painless blotchy red rash
- flu-like illness
- patchy hair loss.

KEY FACTS:

- As well as contact with semen and vaginal fluid, this STI can also be passed on through close contact with sores which sometimes appear around the mouth.
- Can cause serious damage to the heart, brain, eyes, bones, and nerves if left untreated for a long time.

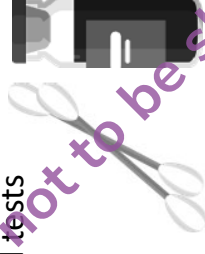
PREVENTION

If there are no sores, it can be prevented by condoms



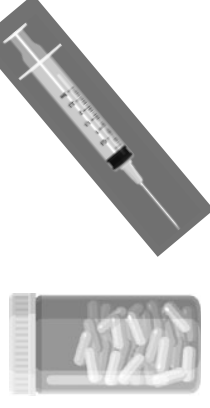
DIAGNOSIS

Medical inspection, swab tests and blood tests



TREATMENT

Antibiotic injection or antibiotic tablets



STI: HIV (Virus)

COMMON SYMPTOMS:

- People with HIV may have no symptoms for a long time, often for 10 years or more, but most will experience some flu-like symptoms soon after infection.
- People who have symptoms and worry that these may be signs of HIV, may find they are just signs of a cold or flu. But, if someone has been in a higher risk situation, they should always get checked out.

KEY FACTS:

- This is the virus that causes AIDS. HIV attacks the body's immune system, leaving it vulnerable to illness.
- HIV is found in blood, semen, vaginal fluid, and breast milk. Any activity that involves the sharing of these fluids could result in transmission of HIV. It cannot be transmitted through saliva.
- Home kits with finger-prick blood test are available.

PREVENTION

Can be prevented by using a condom



DIAGNOSIS

Blood tests
(including at-home tests)



TREATMENT

Tablet medication can treat HIV, but there is no cure currently



STI: GENITAL WARTS (Virus)

COMMON SYMPTOMS:

- During active stage - growth of highly contagious warts around the genital area and upper thighs - may be small or large, pink cauliflower-like lumps. Outbreaks can last weeks or years.
- During dormant stage - there will be no symptoms.

KEY FACTS:

- Caused by a strain of the human papilloma virus (HPV).
- There are many strains of HPV. Most are low risk; others are higher risk and increase cervical cancer risk – this is why there is an HPV vaccine given to young people.

PREVENTION

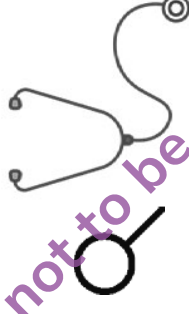
Condoms offer some protection, but it can still be passed on



HPV vaccine offers some protection

DIAGNOSIS

Medical inspection



TREATMENT

Medicated cream or heating/ freezing the wart



STI: GENITAL HERPES (Virus)

COMMON SYMPTOMS:

- Flu-like symptoms, including fever, tiredness, and swollen glands.
- Stinging or tingling in genital or anal areas and pain when urinating.
- Small fluid filled blisters around the genitals, buttocks or thighs which can take up to 10 days to heal.

KEY FACTS:

- It's normally transmitted by sexual contact with genital sores or blisters although the virus can be passed on when there are no obvious symptoms.
- Genital Herpes is caused by a similar virus to cold sores so if someone has a cold sore when performing oral sex, this can cause genital herpes.

PREVENTION

Condoms offer some protection, but it can still be passed on



DIAGNOSIS

Medical inspection and swab test



TREATMENT

Antiviral medication



STI: PUBIC LICE (Parasite)

COMMON SYMPTOMS:

- Itching in affected areas.
- Black powdery droppings in your underwear.
- Sky-blue spots or tiny specks of blood on the skin.
- Brown lice eggs in pubic or other body hair.

It can take a few weeks for symptoms to appear, so people sometimes don't notice they have pubic lice initially.

KEY FACTS:

- Pubic Lice can be caught through close contact and live on coarse hair, like pubic, chest, armpit, or facial hair.
- If there is evidence of pubic lice, as well as treating with medicated lotion/shampoo, clothes and bedding **must** have a hot wash.
- Hair removal does not prevent or treat infection.

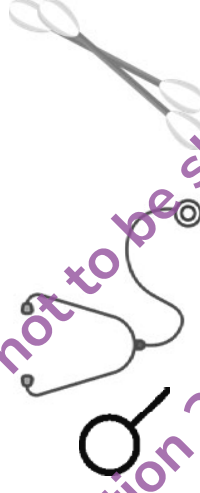
PREVENTION

Condoms provide **no** protection



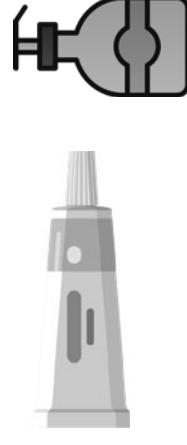
DIAGNOSIS

Medical inspection



TREATMENT

Medical lotions and medical shampoos



1. No method of contraception is...

...does not affect the chance of pregnancy.

2. Pregnancy is still possible...

...is unreliable as there is a risk that sperm will be present in pre-ejaculation fluid, which can still lead to pregnancy.

3. The withdrawal method is where a male having sex with a female, withdraws his penis before ejaculation to prevent pregnancy. This method...

...GPs and sexual health clinics for free, or from pharmacies (though sometimes people have to pay for this). Can be used up to 3-5 days after unprotected sex. If someone is going away on holiday, they can pick up emergency contraception from a GP in advance, just in case.

4. Condoms are less effective if...

...during menstruation (a period).

5. Condoms and other barrier methods can reduce...

...the risk of STI transmission but do not protect from all STIs.

6. Same-sex couples may not risk unplanned pregnancy but...

...they are put on incorrectly, come off or split during sex, or if oil-based lubricants are used.





7. Sex with two condoms...

...has next to no impact on the likelihood of pregnancy

8. The sexual position ...

...100% effective. This means every time a heterosexual couple has sex, there is a small risk of pregnancy.

9. Washing the vagina afterwards...

...from sexual health clinics, GP surgeries, and some pharmacies.

10. People can buy condoms and some other barrier contraceptives from...

...is less effective than using a single condom, as friction between them increases the risk the condoms will split.

11. Free contraceptives, including condoms, are available...

...still need to use protection to reduce the risk of STI transmission.

12. If contraception fails (such as a condom splits while being used) people can get emergency contraception from...

...pharmacies, some corner shops and supermarkets, sometimes vending machines in public toilets (remembering it's important to check the contraceptive has a kitemark and is in date).

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Year 9 Lesson 4 | Resource 1a: Statement match answers

<p>1. No method of contraception is...</p>	<p>...100% effective. This means every time a heterosexual couple has sex, there is a small risk of pregnancy.</p>
<p>2. Pregnancy is still possible...</p>	<p>...during menstruation (a period).</p>
<p>3. The withdrawal method is where a male having sex with a female, withdraws his penis before ejaculation to prevent pregnancy. This method...</p>	<p>...is unreliable, as there is a risk that sperm will be present in pre-ejaculation fluid, which can still lead to pregnancy.</p>
<p>4. Condoms are less effective if...</p>	<p>...they are put on incorrectly, come off or split during sex, or if oil-based lubricants are used.</p>
<p>5. Condoms and other barrier methods can reduce...</p>	<p>...the risk of STI transmission but do not protect from all STIs.</p>
<p>6. Same-sex couples may not risk unplanned pregnancy but...</p>	<p>...still need to use protection to reduce risk of STI transmission.</p>
<p>7. Sex with two condoms...</p>	<p>...is less effective than using a single condom, as friction between them increases the risk the condoms will split.</p>
<p>8. The sexual position ...</p>	<p>...has next to no impact on the likelihood of pregnancy.</p>
<p>9. Washing the vagina afterwards...</p>	<p>...does not affect the chance of pregnancy.</p>
<p>10. People can buy condoms and some other barrier contraceptives from...</p>	<p>...pharmacies, some corner shops and supermarkets, sometimes vending machines in public toilets (remembering it's important to check the contraceptive has a kitemark and is in date).</p>
<p>11. Free contraceptives, including condoms, are available...</p>	<p>...from sexual health clinics, GP surgeries, and some pharmacies.</p>
<p>12. If contraception fails (such as a condom splits while being used) people can get emergency contraception from...</p>	<p>...GPs and sexual health clinics for free, or from pharmacies (though sometimes people have to pay for this). Can be used up to 3-5 days after unprotected sex. If someone is going away on holiday, they can pick up emergency contraception from a GP in advance, just in case.</p>

Year 9 Lesson 4 | Resource 2: Contraception notes

Method of contraception	Hormonal (H) or Non-hormonal (N)?	Lasts for...	Other Notes (e.g. Pros and Cons)
The pill (oral contraceptives)	H / N	1 ___ Days / Weeks / Months / Years	Has to be taken every day, can have side effects like headaches and nausea.
Contraceptive patch	H / N	___ Days / Weeks / Months / Years	
Contraceptive injection	H / N	___ Days / Weeks / Months / Years	
Contraceptive implant	H / N	___ Days / Weeks / Months / Years	
Plastic IUD & IUS	H / N	___ Days / Weeks / Months / Years	
Copper IUD	H / N	___ Days / Weeks / Months / Years	
Male condom	H / N		
Female condom	H / N		
Diaphragm/cap	H / N		
Fertility awareness	H / N		
Sterilisation/vasectomy	H / N		

Year 9 Lesson 4 | Resource 2a: Contraception teacher sheet

Method of contraception	H/N	Lasts for...	Other notes (e.g. Pros and Cons)
The pill (oral contraceptives)	H	1 Day (though fertility can sometimes take a few days to a couple of months to return if someone wants to become pregnant)	Has to be taken every day, can have side effects like headaches and nausea. Two main types include combination (progesterone and oestrogen) and progesterone only which has fewer side effects.
Contraceptive patch	H	1 Week per patch	Sticks onto the skin and releases oestrogen and progesterone. Side effects can be similar to the combined pill. This can be helpful to use if someone feels they might forget to take the pill every day.
Contraceptive injection	H	2-3 months	Progesterone only. Side effects can include irregular, longer or heavier periods as well as headaches. Because the injection can't be removed the side effects will last as long as the injection does.
Contraceptive implant	H	Up to 3 years	Sits under the skin in the arm and releases progesterone, bleeding from periods may be irregular or stop. Has to be inserted and removed by a specially trained doctor or nurse at a clinic.
Plastic IUD & IUS	H	3+ years	Sits inside the uterus and releases progesterone. Can cause irregular bleeding at first and may have side effects like headaches. Needs to be inserted and removed by a trained doctor or nurse.
Copper IUD	N	5+ years	Sits inside the uterus and kills sperm due to being made of copper. Does not contain any hormones. Periods might be heavier, longer, or more painful. Can also be used as an emergency contraception. Needs to be removed by a trained doctor or nurse.
Male condom	N	Worn over the penis. Prevents sperm from getting into the vagina. Sometimes these can tear and if this happens emergency contraception may be needed. Some people are allergic to latex in condoms however latex free condoms are available.	
Female condom	N	Worn inside the vagina. Prevents sperm from getting into the vagina. Someone using a female condom needs to make sure the penis goes into the condom. These can slip if not used correctly and someone who experiences this will need to get emergency contraception. They're not always available at clinics and can be more expensive than male condoms.	
Diaphragm/cap	N	Plastic cup that sits over the cervix. Not very reliable alone so has to be used with spermicide. These must be left in for six hours after having sex. It can be tricky to get used to using a diaphragm and spermicide. It's also recommended that someone on their period uses a different form of contraception during menstruation, rather than using a diaphragm.	
Fertility awareness	N	Includes going to a specialist teacher to help identify fertile times from body temperature, cervical secretions and calculating how long the menstrual cycle lasts. Cycles can be variable, especially when someone is younger. Daily records need to be taken and illness or stress can make things trickier. This method has a lot of room for human error.	
Sterilisation/vasectomy	N	Cutting and/or tying the fallopian tubes or sperm ducts. Relatively permanent and difficult to reverse. Sometimes GPs will recommend counselling before the operation. There is a small risk that the operation won't work.	

A couple have been dating for seven months. They started having sex two months ago. They agreed to be careful and to use protection every time they have sex. They have been using them up to now...

A

I love it when you do that.
Makes me ready for anything.

B

That feels so good... but we've
run out of protection. Really
frustrating but we should
probably stop.

But it won't matter just this
once, will it?

Well, maybe not but I'm still
not sure, though.

I really don't want to stop
now...I don't think you do
either...

Well...maybe it'll be okay just
this once...

A couple have been dating for seven months. They started having sex two months ago. They agreed to be careful and to use protection every time they have sex. They have been using them up to now...

A

I love it when you do that. Makes me ready for anything.

B

We'd better slow down – we haven't got protection.

But it won't matter just this once, will it?

Don't blame this on me! We agreed to use something every time. We haven't even been tested yet.

But I really don't want to stop now... I don't think you do either...

It's frustrating for me too but I'm saying no! Come on, let's do something else to take our mind off things – wanna watch a film?

Okay, okay... I guess you're right. But I get to pick the film!

And I choose the snacks!

Step 1: Remind students to store condoms away from sunlight, to check the expiry date on the pack, and to look for the British and European safety marks to indicate the necessary safety testing.



Step 2: Explain the need to carefully open the wrapper and remove the condom. Jewellery and teeth can damage the condom, so it is best to push the condom to one side and rip from the ridged edge.

Show students how the condom should look. You could say the correct way should look a bit like a “Mexican hat” from the top. A diagram on the board may help explain this.



Step 3: The next step is to pinch the tip of the condom to expel the air then, whilst still pinching the tip of the condom, begin to roll it onto the demonstration model (mention that if the male has not been circumcised then the foreskin would need to be gently pulled back as the condom is rolled down). The roll should lie on the outside of the condom. If it is inside out, it should be thrown away and a new one used. Unroll the condom all the way to the base of the model.

Step 4: Explain that to reduce the risk of the condom breaking during sex, it is important to make sure there are minimal air bubbles.

Step 5: Condoms should be removed shortly after sex, while the penis is still erect. The male wearing the condom should hold onto the base of the condom whilst pulling out. This will help prevent semen from leaking out and potentially entering the vagina. Point out that failing to do this is one of the main reasons for condom failure. Explain that condom demonstrators are much harder to take condoms off than in real life.

Explain to students that they should not touch their partner again with their genitals (or hands if semen could have got on their hands) before washing as semen could come into contact with their partner’s genitals, risking STIs or unplanned pregnancy. Note that semen can enter the vagina via the vaginal fluid around the outside.

Step 6: Dispose of the used condom in a plastic bag and knot or seal it. Wipe hands using wet wipes.

<h1>START</h1>	Before using the condom...	Do not use teeth to open the condom packet and...
... take care with nails and jewellery which could tear the condom.	Gently squeeze the condom to one side of the packet and...	...check for the safety kite mark and expiry date.
...so that it will roll down easily.	If a person has started to put the condom on incorrectly...	Make sure the condom is the correct way round...
...to reduce the risk of air bubbles..	If the person wearing the condom is not circumcised...	...they must throw that one away and use a new one
		Once the condom is on, it is important that it stays on throughout sex and that the person wearing the condom...

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Dominoes CONTINUED

<p>...holds onto the base of the condom when they remove the penis, so the semen stays in the condom.</p>	<p>The person should not touch their partner again with their genitals (or hands if they got semen on their hands) before washing.</p>	<p>...as semen could come into contact with their partner's genitals, risking STIs or unplanned pregnancy.</p>	<p>Dispose of the condom carefully by...</p>
<p>...tying the end and wrapping it in tissue then placing it in the bin.</p>	<p>Do not put condoms down the toilet as...</p>	<p>...they can block the plumbing.</p>	<p>If a condom breaks during use...</p>
<p>...emergency contraception can be used within 3-5 days depending on the type of emergency contraception.</p>	<p>Emergency contraception can be found at...</p>	<p>...some pharmacies (though someone might have to pay for them from here) and at GP officers and sexual health clinics for free.</p>	<p>END</p>



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by Shikha Shrishti

Two years later,
I get a call at midnight. I hear
him cry. But to my surprise,
my heart doesn't melt.

He says he needs me,
but I don't respond.

I guess finally,
it's not my concern anymore.

thescribbledstories.com



Yesterday I looked at a picture of
us and miss the way your arms
felt around me the way your
breath tickled my neck when you
hugged me from behind
Sara's kissed against
the curve of my shoulder

Today I realised
that I don't miss you
I miss being happy
and you are simply a face
in all my good memories
You have left a hole,
where my heart was
though it is not you I miss,
but my heart

Tomorrow, I'll rise from bed
and my hands will not shake
when I'll realise you are not here
but I'll not pick it instead I'll heal
and some days it may still bleed,
but at least I'll know that I have
reclaimed the hollow in my chest
where my heart once was

— Simmi

YourQuote.in

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Meg and I were going out for four months and I decided that we needed to break up. We just weren't able to see each other. I really liked her and would miss talking to her, but I would rather be with someone I can meet up with regularly. I sent her a text to explain.

Kaan messaged me to tell me it was over, and it was a shock. He sent me a long text explaining that he wanted to be with someone he could see more often. I had so many questions and didn't really understand – we really got along, and were planning to meet up!

I was really upset and felt rejected. I changed my status to a heart-broken emoji. Lots of my friends sent me supportive messages and some said horrible things about Kaan for the way he made me feel. At first, I felt happy about all the support, but I started to feel guilty about what they were saying about Kaan.



I noticed my phone kept vibrating with messages from people who knew Meg, but I hadn't ever met. They said really offensive things about me, and it annoyed me as they didn't understand my point of view.

Some people even started threatening me and it made me feel paranoid about hanging out in the usual places. I couldn't believe Meg was letting this happen – I thought she really liked me.



Questions to consider:

- Why did the couple break up?
- How does Meg feel? Why?
- How does Kaan feel? Why?
- How could each person have acted in a more respectful way?
- Are there any other people in this scenario who need to consider their behaviour? Why?
- What advice would you give Meg and Kaan?



We'd been keeping things casual – just hooking up when we bumped into each other at parties. So I never thought we were a thing. But when I started seeing Wayne, Jess got super angry and told me I was a thoughtless fake.

Me and Lisa had been seeing each other for a while. We didn't make plans because we hang out with the same people, so were always seeing each other. But we'd been together most weeks, so it really hurt when she hooked up with this guy in front of me last weekend.

I tried to ask Lisa why she did that but she said she didn't owe me an explanation – we were only casual. It made me feel kind of worthless.



I'm telling Wayne we're keeping it casual too. I'm too young for anything serious. Just got to have some fun while I figure out what I really want.

Photos of Wayne and Lisa were all over our group chats. It made me feel really hurt, so I posted some photos we took when we were fooling around in our underwear. Now Lisa and her friends are getting angry at me.



Questions to consider:

- Lisa said the relationship was 'casual' – what does that mean? Do you think she was right?
- How does Jess feel? Why?
- How does Lisa feel? Why?
- How could each person have acted in a more respectful way?
- Are there any other people in this scenario who need to consider their behaviour? Why?



I broke up with Meg on social media as we weren't seeing each other enough.

I didn't really understand Kaan's reasons for breaking up with me and had so many questions. This left me feeling really upset. Lots of my friends got angry with him on social media.



I was really scared when people started sending lots of horrible messages to me about the breakup with Meg. I felt upset that she wasn't saying anything to stop her friends doing it.



Questions to consider:

- Why did the couple break-up?
- How does Meg feel? Why?
- How does Kaan feel? Why?
- How could each person have acted in a more respectful way?
- Are there any other people in this scenario who need to consider their behaviour? Why?
- What advice would you give Meg and Kaan?

1. Shana left Tina's place saying the relationship was over without any explanation - Shana refuses to have a conversation about why they are breaking up which is making Tina paranoid and damaging her trust in relationships.

2. Xander broke up with Yi by text. He just said "I've had fun but I'm not sure it's working out anymore so I'm going to see other people". Yi doesn't like confrontation and awkward situations, so thought this might have been easier than talking in person but is now feeling crushed and worthless.

3. Theo broke up with Zane in a really public way and now Zane wants revenge to get back his sense of pride.

4. After one date, Lita is ignoring Si's messages – they just weren't compatible.

5. Julie keeps contacting Liam months after they broke up. She keeps turning up at places she knows Liam will be, and sends really intense messages with gifts to his home. Liam is really worried Julie isn't going to stop pestering him.

