



FACILITATING TEEN PREGNANCY AND HIV PREVENTION EDUCATION: A HANDBOOK FOR EDUCATORS

A handbook for
educators teaching sex
education with
confidence, competency,
and care.

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Acknowledgments

This handbook exists because of educators like you who teach this work with care, skill, and commitment. It exists because Drs. Loretta Sweet Jemmott, John Jemmott, Konstance McCaffree, and Pamela Wilson created Making Proud Choices and spent decades researching what actually changes attitudes and builds skills. It exists because students who have been in rooms with skilled facilitators have the knowledge, confidence, and self-respect to make decisions about their own bodies and futures.

The tip sheets that form the foundation of this handbook came from educators and facilitators who understood that sex education is practical work. They were originally developed for the SkillFlix for Sex Educators project, also developed by dfusion Inc. Learn more at www.skillflix.training

This handbook also exists thanks to the work of researchers, advocates, and organizers who understand that pregnancy and HIV prevention education is equity work. It exists because some people insisted that health disparities are systemic and that teaching about them is essential. It exists because some people insisted that young people's values matter, and that imposing values is different from creating space for students to develop their own.

To the educators reading this: Thank you for doing this work. Thank you for creating safe spaces where students can be honest. Thank you for answering the questions that blindside you. Thank you for noticing the quiet student. Thank you for addressing the racism and homophobia when it shows up. Thank you for helping young people think critically about their choices, their relationships, and their futures.

Teaching pregnancy and HIV prevention education is teaching young people that their health matters, that their decisions matter, that they have agency and responsibility for their own futures, that they deserve respect and support in making decisions about their bodies and their lives.

There will be moments when teaching feels awkward or uncomfortable. There will be moments when students say or do things that challenge you. There will be moments when you're not sure you're getting it right.

That's all okay. Showing up with genuine care, being willing to learn, and staying committed to your students, that's what matters. Everything else builds from there.

You've got this!

About Making Proud Choices!

The curriculum has been evaluated in multiple rigorous studies with diverse populations, including Black youth, Latino youth, and youth across urban and suburban settings.

Throughout this handbook, you'll see references to Making Proud Choices, an evidence-based curriculum designed specifically for teen pregnancy and HIV prevention. If you're using MPC: VISTA (the self-paced online professional development training program) also developed by dfusion, this handbook is designed to complement that training.

But you don't have to be teaching MPC to use this handbook. The skills and frameworks work across curricula. The reason MPC shows up often is simple: it's widely used and gives us concrete examples to work with.

If you're teaching FLASH, CAPP, or another program, the principles are the same. Use what fits. Adapt what doesn't. The point is building the skills you need to teach whatever curriculum you're using.

Making Proud Choices! (MPC) is an evidence-based, 8-module sexual health curriculum designed for high school students. Developed by Dr. Loretta Sweet Jemmott and Dr. John B. Jemmott III, Sr. Konstance McCaffree and Pamela Wilson, MPC provides adolescents with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted infections (STIs), HIV, and unintended pregnancy by abstaining from sex or using condoms if they choose to have sex.

The Curriculum

MPC is based on cognitive-behavioral theories and extensive experience working with diverse youth populations. The curriculum emphasizes safe sex, abstinence, and sexual responsibility, integrating knowledge about STIs and pregnancy prevention alongside practical skills for negotiation, decision-making, and boundary-setting.

The Evidence

MPC has strong empirical support. Research has demonstrated that students who complete MPC show:

- Increased knowledge about STI transmission, prevention, and treatment
- More positive attitudes toward condom use
- Increased self-efficacy for using condoms and negotiating protection
- Delayed initiation of sexual activity
- Increased condom use among sexually active youth
- Reduced STI and pregnancy rates in some populations

Practice-based Sex Ed Training through MPC: VISTA

MPC: VISTA is a self-paced certificate-earning professional development program designed to help educators teach MPC more effectively. This handbook is the foundation of that training. It's not about teaching educators MORE sex ed facts. It's about teaching them HOW to teach in a way that creates safety, builds skills, and reaches students.

The handbook bridges the gap between knowing the content of MPC and being able to facilitate MPC in a classroom with real students, real questions, and real dynamics.

For More Information

For training information, research summaries, and training resources, visit mpcvista.com

Introduction: Why This Work Matters (And Why You Can Do It)

If you've picked up this handbook, there's a good chance one of two things happened. Either you were asked to teach pregnancy and HIV prevention to high school students, or you're already doing it and realizing you could use some actual guidance on how.

Either way, you might be thinking some version of this:

I'm not a sex educator. I'm a health teacher. Or a counselor. Or I work in a community health program. Why am I doing this?

Or maybe: I know the facts about STIs and contraception, but I have no idea what to do when a student asks me something personal, or when the conversation gets awkward, or when I can't tell if kids are actually learning anything.

Or possibly: I've taught this before, but I feel like I'm just reading from the curriculum. I want to be more responsive to what my students actually need.

This handbook is for all of you.

Sex Education as 21st Century Competency Development

Many schools and districts reference frameworks like the Partnership for 21st Century Skills or CASEL (Collaborative for Academic, Social, and Emotional Learning) to describe what they want students to develop. They want their young people to have certain skills and qualities by the time they leave, pregnancy and HIV prevention education is absolutely central to that vision.

The competencies mentioned are things like:

- Critical thinking and problem-solving
- Communication and collaboration
- Responsible decision-making
- Self-awareness and self-management
- Social awareness and relationship skills
- Cultural and civic competence

When you teach pregnancy and HIV prevention well, you're developing every single one of these competencies. But the language gap between sex education and school administration means this connection often goes unspoken.

When a sex educator talks about "values clarification," an administrator should hear "developing self-awareness and building capacity for responsible decision-making." When you guide a discussion about negotiating safer sex, you're teaching communication skills and relationship skills. When you help students think through the barriers to protection, you're building critical thinking and problem-solving. When you acknowledge different cultural perspectives on sexuality, you're developing cultural competence and civic engagement.

The competencies are the same. The language is just different.

This handbook uses both languages intentionally. It's written for sex educators, health teachers, counselors, and community health workers who might not think of themselves as competency-builders. But it's also written in a way that makes it clear to school administrators and other educators: sex education is embedded within 21st century competency development.

When you finish this handbook and someone asks you what you teach, you can answer accurately: "I teach communication skills, critical thinking, and responsible decision-making in the context of pregnancy and HIV prevention." That's true, and it's also the language that matters in your school.

What You're Actually Teaching (And Why It Matters)

Teen pregnancy and HIV prevention might sound clinical, but what you're really teaching is decision-making under pressure.

Your students are young. Their brains are changing in ways that make this moment in time uniquely important and uniquely vulnerable.

The Adolescent Brain Is (Literally) Under Construction

The prefrontal cortex (the part that handles planning, impulse control, and thinking through consequences) is still being built. It won't be fully developed until the mid-20s.

At the same time, the part of the brain that processes emotion and feels social reward (the limbic system) is fully online and revved up. This means teenagers feel things intensely, care deeply about what peers think, and are wired to take social risks. It's not a character flaw; it's development.

The practical upshot: a teenager can intellectually understand that condoms prevent pregnancy and HIV. But in the moment with someone they like, in a situation where they feel pressure, or where they fear losing social status, that knowledge doesn't automatically translate to action. They need more than facts. They need practice thinking through decisions, managing pressure, and building confidence in their own judgment.

That's where you come in.

Pregnancy and HIV Prevention Aren't Just Health Issues

When a young person decides whether to use a condom or what contraceptive method might work for them, they're not just making a single health decision. They're navigating:

Power dynamics in relationships (Can I ask my partner to use protection? What if they say no?)

Gender and gender roles (How is this decision different for me because of my gender?)

Peer pressure and social belonging (What will my friends think?)

Family and cultural values (What does my family believe about sex and relationships?)

Access and trust (Where do I get these things? Can I trust the information I'm getting?)

Identity and self-worth (Do I deserve to protect myself?)

Teaching pregnancy and HIV prevention well means teaching all of that, not just the biological facts.

What This Handbook Is (And Isn't)

This is not a curriculum. You still need your curriculum whether it's MPC, FLASH, or another program. This handbook assumes you have content and learning objectives.

This is a facilitation guide. It's about the skills you need to teach that curriculum well: how to handle questions that blindside you, how to manage a room full of teenagers who are uncomfortable or distracted or acting out, how to connect with students who don't know you yet, how to talk about safer sex in a way that lands, and how to make it okay for someone to ask something vulnerable.

It's designed for people who aren't sex educators. If you're a health teacher, school counselor, nurse, PE teacher, youth worker, or community health educator who's been asked to teach pregnancy and HIV prevention, you have expertise, just maybe not in this specific area. This handbook gives you the skills to teach this content with confidence.

It's also useful if you are a sex educator. If you teach sexuality education, you'll find concrete strategies here for this particular content area. If you're training other educators, you can use these frameworks to help them develop facilitation skills.

It's organized by skill, not curriculum. You'll notice examples from Making Proud Choices! throughout, but they're woven in naturally. If you're teaching a different curriculum, the skills and strategies work just the same. The framework is what matters.

How This Handbook Is Organized

Part 1: Creating Safe Learning Spaces Everything starts here. Before students will engage with pregnancy and HIV prevention content, they need to trust that the space is safe, that their questions will be respected, and that you're leading with intention. These chapters cover how to build that foundation.

Part 2: Guiding Conversations You need frameworks for the conversations that happen in your classroom. How do you guide a large group discussion so everyone participates? How do you answer sensitive questions in the moment? These chapters give you the tools.

Part 3: Teaching About Pregnancy & HIV Prevention This is the content-specific work. How do you teach about condoms and contraception in a way that's not preachy? How do you talk about STIs and HIV without triggering shame? How do you address relationships and power? Here's how.

Part 4: Classroom Skills Managing the logistics and dynamics of a room full of teenagers takes skill. How do you use body language and non-verbal cues to keep a room focused? How do you run a small group discussion? What do you do when a student discloses something personal? These chapters cover the practical moves.

Part 5: Teaching for Equity Pregnancy and HIV prevention aren't neutral topics. They're shaped by race, gender, class, and identity. Teaching this work well means acknowledging that and building an approach that's fair and respectful to all students. These chapters show you how.

Back Matter Quick reference guides, resource lists, and an index that maps strategies to specific curricula (with a focus on Making Proud Choices, but applicable to others).

Part 1: Creating Safe Learning Spaces

Before you teach anything about condoms or contraception or how to talk to a partner about safer sex, you have to create an environment where it feels safe to talk about those things.

This sounds obvious. It's not.

Creating a safe learning space means more than just saying "this is a judgment-free zone" on the first day. It means building trust, setting clear expectations, connecting with each student, and showing (not just saying) that you care about them. It means creating a place where a shy kid feels brave enough to ask a question, where someone can admit they're scared, and where everyone believes that the facilitator actually wants them to be healthy and safe.

Dr. Loretta Sweet Jemmott, one of the creators of Making Proud Choices, has spent over 30 years developing and refining evidence-based pregnancy and HIV prevention programs. When asked what she wishes educators understood about facilitating these programs, her answer was direct:

"The programs need to be implemented in a way that the children or the students feel like the facilitator really cares about them and really wants them to be safe and really sees their future in mind and really believes in them."

That's not just nice to have. It's foundational. Everything else builds on it.

The two chapters in this part show you how to create that foundation. The first is about setting group agreements and creating a learning community. The second is about truly engaging students, which means knowing them and connecting them to the content.

Together, they're your starting point.

Chapter 1: Set Group Agreements and Create a Learning Community

The first session of any pregnancy and HIV prevention program often includes an activity around setting group agreements. In *Making Proud Choices*, it's part of the very first module: "My Goals and Dreams." In other curricula, it might look different. But the principle is the same: before you do the work together, you establish how you're going to be together.

When done well, setting group agreements isn't busywork or a formality. It's a statement of intent with student buy-in. It's the educator saying: we're going to talk about sensitive topics, and that requires us to agree on how we'll respect each other. It's the students saying: yes, I understand, and I'm committed to figuring out how to do that.

But there's a catch. If you set agreements and then don't uphold them, they're useless. If one student breaks an agreement and nothing happens, every other student learns that the agreements don't matter. If you set agreements but never reference them again, they become background noise and you've lost their trust.

Why This Matters Right Now

Adolescents are acutely aware of hypocrisy. They can spot inconsistencies between what adults say and what adults do. If you say "this is a safe space where we respect each other" but then allow someone to laugh at another person's question, you've just told every student that your words don't mean anything.

More than that, adolescents are figuring out who they are and where they belong. They're evaluating whether spaces are actually safe for them specifically. A student who is LGBTQ+, a student who's already sexually active, a student who's pregnant or parenting, a student from a family with cultural or religious values that differ from their own, a student of color in a majority-white space - they're all thinking: is this actually safe for me?

Setting and maintaining group agreements is how you answer that question with action, not just words.

How to Think About This

Group agreements in a pregnancy and HIV prevention context typically include things like:

- Confidentiality (what's shared here stays here)

- Respect for different values and beliefs

- Listening without judgment

- Asking permission before sharing someone else's personal information

- Using inclusive language

But the actual agreements depend on your group. Some classrooms will add agreements about phones, or about not recording, or about specific ways to raise concerns. The content matters less than the process and the commitment.

Dr. Jemmott emphasizes the importance of this first connection: “If you can remember who you are and what you guys was doing, then you can say, OK, I can get this a little bit better. Let me now talk to them where they’re at.” That starts in that first conversation when you set group agreements. You’re not talking at them. You’re creating space for them to participate in setting the terms of how you’ll work together. Meet them where they are at rather than setting yourself up as the expert.

In Making Proud Choices!, this happens in Module 1 when students discuss their goals and dreams. You’re not just asking about their future aspirations (though that’s part of it). You’re also asking them what kind of space they need to talk about the big decisions they’ll face. You’re inviting them to have a voice in creating that space.

The Process for Setting Group Agreements

The typical flow looks something like this:

Introduce the idea of group agreements. Explain what a group agreement is and why you’re setting them. Give an example of when group agreements have been important (maybe from your own life: “When my friend group talked about something sensitive, we all knew that what was said in that conversation stayed in that conversation”).

Ask students what agreements matter to them. This is not you lecturing about confidentiality. This is you asking: “If we’re going to talk about some pretty personal stuff in this class, what do you need from each other? What would make you feel safe sharing?”

Listen for the big ones. Students often surface confidentiality, respect, and listening. But they might also surface things you didn’t think of. A student might say “I need people not to assume things about me based on what I say.” Another might say “I need to know it’s okay if I don’t want to share.” Write these down. These are their agreements.

Name the values underneath. Once you’ve collected agreements, name what you hear: “I’m hearing that you value respect and that you want to be heard. I’m hearing that you want confidentiality. I’m hearing that you want freedom to participate or not participate without judgment.” This helps students see that the agreements reflect their values, not arbitrary rules you’re imposing.

Commit together. This is the piece that gets skipped sometimes, and it’s crucial. You don’t just ask students to agree. You agree too. You say, explicitly: “I’m committing to confidentiality. I’m committing to listening without judgment. I’m committing to creating a space where it’s okay not to share.” When students see you modeling the commitment, it means something different.

Post them and reference them. Actually write the agreements down. Post them somewhere visible. When a situation arises (and it will), reference the agreement. “Remember we agreed to listen without judgment? Let’s practice that right now.”

When someone violates an agreement, you address it: “Hey, we said what’s shared here stays here. Let’s remember that.” When someone honors an agreement in a hard moment, you acknowledge it: “I noticed you asked permission before sharing someone else’s experience. That’s exactly what we agreed to do.” Praise the behavior you want to see.

Revisit them. At the start of each session, take 30 seconds to remember the agreements. This isn’t tedious; it’s a reset. “We’re about to talk about condoms and contraception today. Let’s remember that we’re respecting each other and keeping things confidential.”

A Case Study: When Agreements Save the Day

Imagine this: You’re facilitating the Tanisha and Shay activity, which includes a video about negotiating condom use. The video shows a young person asking their partner to use a condom, and the partner saying no. After students watch it, you ask the class: “What do you notice? What’s happening here?”

One student raises their hand. “I mean, if my boyfriend said he wouldn’t use a condom, I’d just be like whatever and let him do it.”

The room gets quiet. Some students look uncomfortable. Another student rolls their eyes slightly.

Without group agreements, this moment becomes a mess. Either you shut down the conversation (“That’s not the right answer”), which tells every student that you don’t actually want honest thinking. Or you let it hang there, which tells other students that they’re not protected if they admit something hard.

With group agreements, you have a tool. You acknowledge the agreement: “We agreed that we’re not going to judge each other in this space. And we also said we’re here to learn and think together. So I appreciate you being real about what you might do, and that gives us something to work with. Let’s think about what’s happening in that moment. What’s making it hard for that person to ask for what they need?”

You’ve honored the student’s honesty. You’ve protected the space for thinking. You’ve moved the conversation forward without shaming anyone.

Making This Real in MPC: VISTA

In Making Proud Choices!, setting group agreements is part of the Group Agreements activity where students talk about their goals and dreams, then discuss what they need from each other and from you to feel safe in the space.

When you’re preparing to teach this activity, MPC: VISTA’s Learn It component covers the knowledge behind creating safe spaces. The See It shows you experienced educators setting and maintaining agreements. The Do It simulations let you practice responding when a student tests a boundary or when an agreement is broken. The Process It is where

you reflect on what you learned and think about how you'll actually implement group agreements in your own classroom.

This isn't a one-time thing. The best facilitators come back to these agreements. When you're facilitating activities about protection and attitudes, you reference the agreements. When you're running role-play scenarios, you remind students of the confidentiality agreement before anyone performs in front of the class.

The educators who get the best results aren't the ones who set brilliant agreements. They're the ones who honor the agreements, consistently, across all activities and classroom interactions.

Chapter 2: Effectively Engaging Students

Setting group agreements creates a container for safety. Engaging students fills that container with actual connection and learning.

Engagement means something specific in the context of pregnancy and HIV prevention education. It doesn't mean entertainment or keeping kids busy. It means students feel known, they see the relevance of the content to their lives, they trust you enough to participate, and they believe that what they're learning matters.

Dr. Loretta Jemmott puts it plainly: "Kids respond to people that care about them. If you want somebody to change their behavior, people will do what you want them to do if they believe you care about them." This isn't about being their friend. It's about consistently showing, through your actions, that you see them, hear them, and you want them to be safe.

Why Engagement Is Different for Pregnancy and HIV Prevention

Teaching a standard health class is one thing. Teaching about contraception, condoms, HIV transmission, relationship power, and safer sex decision-making is different. The stakes feel higher for students (and honestly, they are). Students are more likely to have personal experiences with or proximity to the topics (a friend who's pregnant, a family member living with HIV, a confusing relationship situation). They're more likely to have shame or misinformation embedded in their thinking.

If you're just delivering information, students can check out. If you need them to actually change their attitudes, beliefs, and intentions around sexual decision-making, they need to feel like you're invested in them specifically, not just in covering the curriculum.

This happens through small, repeated actions: remembering a student's name and saying it correctly. Asking about their interests. Knowing what matters to them. Connecting the lesson to their lives. Showing enthusiasm for the content. Being present and available.

Know Your Community

You can't connect with students you don't understand. Understanding comes from knowing the community they come from.

Before you teach, do your homework:

- Ask your school or organization about your students' demographics: racial and ethnic backgrounds, socioeconomic status, family structures, LGBTQ+ representation, disability status.
- Ask about the community's values and what matters to people there.
- Ask why this organization chose to teach pregnancy and HIV prevention.
- Spend time in the neighborhood. Go to a local restaurant. Visit the park. Talk to people. Learn about the sports teams they root for. This sounds time-consuming, but even a few hours of just being present in the place where your students live changes how you understand them.
- Stay aware of local news and events.

Why does this matter for pregnancy and HIV prevention specifically? Because you can't talk about sexual decision-making without talking about context. If you're teaching in a community where many families have limited access to health care, you need to understand that when you talk about getting tested for HIV, you're not talking about something simple. If you're teaching in a community where there's a history of medical racism and mistrust of institutions, you need to understand why a student might be hesitant to go to a clinic. If you're teaching in a community where many young people are parenting siblings or working while going to school, you need to understand the real constraints on their lives.

When you attempt to understand the community, you can teach in a way that's respectful and relevant.

Connect With Students

How do you build connection with a group of teenagers you just met, especially when you're about to teach them about something intimate and sensitive?

Start with the basics:

- Show up early. Be there when students arrive. Use that time to talk with individual students, not just do administrative stuff.
- Learn and use their names correctly. Ask how to pronounce names you're unsure about. Getting someone's name right is a form of respect. Getting it wrong, repeatedly, is a form of disrespect.
- Ask about their interests. Not in a forced way, but naturally. "What did you do this weekend?" "Are you in any clubs or sports?" "What are you into?" These questions show you see them as whole people, not just students in your class.
- Find commonalities. You don't have to have had the same life experience as your students, but you can find common ground. You've been nervous about something. You've faced peer pressure. You've had to make a hard decision. That's the ground you stand on.
- Get students' input on activities. "How do you all want to do this?" gives them agency. It also tells them you value their ideas.
- Use icebreakers not as time-fillers but as actual opportunities to get to know people. A good icebreaker in a pregnancy and HIV prevention context might be: "Turn to someone next to you and share one goal you have for yourself. It can be anything. It could be for this year or for your whole life." When students share goals, you learn what matters to them. It's not invasive, but it's real.
- Show Your Own Enthusiasm

This matters more than you might think.

If you walk into a lesson about condoms looking like you'd rather be anywhere else, students will sense it. If you say "today we're talking about safer sex" in a flat voice, you've just told them that you're uncomfortable or that this topic isn't worth your energy.

But if you take a breath, gather yourself, and come in with genuine warmth and interest, students respond to that.

Before you start teaching, pause. Take one deep breath. Ground yourself. Then share your enthusiasm for the specific topic: “Today we’re talking about how to negotiate condom use, and honestly, this is one of my favorite lessons because it’s about communication and self-respect. Let’s dig in.”

Your enthusiasm shouldn’t be performative. It just has to be real. You actually do believe that teaching young people about their right to ask for protection is important. You actually do think that discussing relationships and power is crucial. That’s enough.

Use warm body language. Use a tone that communicates care, not authority. When students feel your warmth, they’re more likely to take risks in the room.

Connect Content to Lived Experiences

This is where the actual learning shifts from passive to active.

It’s not enough to say “condoms prevent pregnancy and HIV.” You have to say “condoms prevent pregnancy and HIV. And if someone is in a situation where they want to use one but they’re worried about what their partner will think or say, here’s how they might handle that.” You’re connecting the fact to a lived experience that students might actually have.

Some concrete ways to do this:

Use students’ names when inviting them into the content. Instead of “some people might feel nervous about asking for protection,” say “if you were in this situation, how might you feel...” You’re acknowledging them as people who have lives and experiences and the expert of their own lives.

Reference the videos and role-plays in the curriculum as things that feel real. When you facilitate the Tanisha and Shay activity, you can say “Tanisha feels nervous about asking. Have any of you felt that way?” This connects the curriculum to their reality.

Invite reflection on relevance. “How might what we’re learning today matter in your life?” Not every student will have a partner right now, but many are thinking about relationships. Many are worried about pregnancy. Many have questions about STIs. By asking them to reflect on relevance, you’re saying: this isn’t just abstract information; it’s for you.

Demonstrate care about their social and emotional needs. “I know this topic might bring up feelings. That’s normal. It’s okay to feel uncomfortable. We’re going to work through it together.” This shows you’re not just interested in transmitting information; you care about how they’re doing.

Invite students to compare and contrast their experiences with those in videos or role-plays. “How is this like or different from what people your age might actually do?” This invites them to think critically and personally at the same time.

Set Up Classroom Jobs

This is a practical strategy that also serves engagement. When you assign a student a role in the class, they have a stake in the work.

In a small-group discussion activity, assign one student as the “reporter” (who will share the group’s ideas with the class). Assign another as the “time-watcher” (who keeps track of time). These aren’t just busy work. They keep students focused and give them meaningful responsibility.

Before you assign roles: - Explain what each role entails and what you expect. - Ask for volunteers, and watch for non-verbal cues that show who’s interested. - Assign roles and make clear expectations. - Let students trade roles throughout the unit so everyone gets to try different things. - Acknowledge when someone does their role well.

When students feel like they’re important to how the classroom runs, they engage differently.

Check in With Individual Students

There will be times when you notice a student is withdrawn, not participating, or seeming distressed. That’s the moment to check in privately.

Pull them aside. Ask if it’s a good time to talk. Don’t make assumptions (“You seem sad”—that’s not accurate). Instead, share what you observe: “I noticed you were quiet during the discussion about relationships. I want to make sure everything’s okay. Is there anything I can do to make this feel like a safer space for you?”

Listen. Don’t try to fix it or convince them. Just listen. Then let them know you see their strengths: “I’ve noticed you’re really thoughtful, and I appreciate that. I want you to feel comfortable participating.”

If something bigger is going on (a student discloses abuse, or you see signs of crisis), this is where you connect them to a school counselor or other resource and, depending on the situation, follow mandated reported guidelines. But often, just knowing that you noticed and care can shift how a student shows up.

Why This Matters for Your Teaching

When students feel genuinely cared for and known, their brains are literally in a better state for learning. The stress response goes down. Their ability to think critically and take in new information goes up. They’re more willing to challenge their own beliefs because they don’t feel attacked.

In pregnancy and HIV prevention specifically, engagement makes the difference between students hearing information and students internalizing it. The difference between students thinking “I should use condoms” and students believing “I deserve protection and I know how to ask for it.”

Dr. Jemmott says it clearly: “Instead of talking to young people at them, talk with them and try to understand why they’re doing what they’re doing versus judging them.” That’s engagement. That’s creating a space where learning can actually happen.

Making This Real in MPC: VISTA

Throughout Making Proud Choices, engagement is built into the structure. When you prepare to teach, MPC: VISTA’s See It component shows you experienced educators demonstrating connection and responsiveness. The Learn It helps you understand the adolescent development and evidence-based strategies that make engagement possible. The Do It lets you practice responding to real classroom dynamics. The Process It is where you reflect on these practices and think about how you’ll build engagement with your specific students.

But none of that works if you haven’t already done the work of connecting with students and showing them you care. That work happens before students walk into the first activity. It continues throughout all the activities they experience.

Bringing It Together

The two pieces in this section work together. Group agreements create the structure and expectation for how you’ll be together. Engagement creates the actual relationship where students feel seen and cared for.

When you combine them, something shifts. Students are more willing to ask questions. They’re more honest about their confusion or fear. They’re more open to thinking differently about condoms, contraception, relationships, and safer sex. They trust that you actually care about them being safe.

This is the prerequisite for everything that comes next.

Reflection Questions: Part 1

Take time with these questions. They’re meant to help you think about how these practices apply to your specific context.

On Creating Safe Spaces:

Think back to a time when you felt safe asking a question or admitting you didn’t know something. What made that space feel safe? What did the person leading it do? How can you recreate elements of that experience for your students?

Group agreements only work if you actually maintain them. What specific ways will you remind students of the agreements throughout the year? How will you handle it when someone breaks an agreement?

On Engagement:

Think about a student you taught before (or imagine a student). What's one thing you don't know about them? What's one interest or value or fear they might have? How could you ask about that in a way that feels natural?

When you teach about condoms, contraception, or safer sex, what feeling comes up for you? Nervousness? Excitement? Awkwardness? Defensiveness? Whatever it is, where does that come from? How might that show up in your body language, your tone, your word choice? What would it look like to move through that feeling?

Part 2: Guiding Conversations

You've created a safe space. Students know the agreements. They feel like you care. Now comes the harder part: actually facilitating the conversations that happen in that space.

Conversations about condoms, contraception, HIV, relationships, and safer sex decisions don't follow a script. A student might ask something unexpected. A discussion might veer off track. Someone might share something vulnerable. A question might have an emotional undertone you didn't anticipate.

This part gives you frameworks for those moments. One framework for guiding large group discussions so they stay focused and inclusive. Another for answering the questions that blindsides you, in real time, with confidence.

Both require one thing: the ability to pause, assess, and respond thoughtfully instead of reactively. Dr. Jemmott emphasizes this: "You really have to get to their attitudes and their beliefs that's deep inside of young people that makes them do what they do and get in touch with those feelings and then give them the skills and the confidence to do this new behavior."

You can't do that if you're just delivering information. You have to be responsive. That's what this section teaches you to do.

Chapter 3: Guiding a Group Discussion in the Sex Ed Classroom

Group discussions are the heart of a lot of pregnancy and HIV prevention education. When done well, they're where students actually think through what they believe, hear from peers, challenge their own assumptions, and build skills.

When done poorly, they're chaos. One person talks the whole time. The conversation gets derailed. Quiet students feel left out. Dominant students run the show. Time evaporates and you never get to your learning objective.

The difference between chaos and actual learning is facilitation skill. Specifically, knowing how to set expectations for the discussion, keep it on track, make space for different voices, and bring it to a close in a way that connects to what you were actually trying to teach.

Why Group Discussion Matters for This Work

Pregnancy and HIV prevention education isn't about transferring facts from your brain to theirs. It's about helping them think through decisions, challenges, and situations they'll actually face. A group discussion is where that critical thinking happens.

When you ask students "What would you do if your partner didn't want to use a condom?" you're not looking for a single right answer. You're creating space for them to think out loud, hear from peers, consider options, and build confidence in their own judgment. A good discussion lets them do all of that.

But if the discussion is chaotic or one-sided, that doesn't happen. Instead, you get a few vocal students talking while others check out. You lose time. You don't actually know if students are thinking through the decisions you're trying to help them with.

Guiding a discussion well means creating conditions where thinking can happen.

Before the Discussion Starts

Successful discussions don't just happen. They're set up.

Set expectations. Before you ask the first question, explain what a group discussion is and what you'll be doing. "We're going to talk about what gets in the way of asking for protection. I'll ask a question, and then you'll have time to think, then we'll hear from people. I want to hear different perspectives. There's not one right answer here."

Explain the format. Will people raise hands? Will you go around the room? Are you asking for volunteers? Be clear so people know how to participate.

Create think time. Never ask a question and immediately call on someone. Give people 30 to 60 seconds of quiet thinking time. You can tell them: "Think about this for a minute. I'm going to count to 60 and then we'll start hearing from people." This is how you create space for the person who doesn't think quickly on their feet, the person who needs processing time, the person who's anxious about being put on the spot. Sixty seconds of silence can feel like a very long time but sitting in that discomfort allows students the time they need.

Set a learning objective. Know what you're actually trying for. "Today we're thinking about the barriers people face when they want to ask for protection and how to move through those barriers." This keeps you focused when the conversation wanders.

Acknowledge the topic. For conversations about condoms or relationships or power dynamics, acknowledge that people might have feelings about it. "This is a sensitive topic. It's okay if it brings up feelings or if you're not sure what you think. We're thinking through this together."

During the Discussion

Use the "Avoid the Spotlight" technique. When you stand at the front of the room or sit in the center, every comment comes to you and goes back out through you. This makes you the center of the conversation. Instead, move to the side. Sit or stand where you can see everyone but aren't the focal point. This shifts the dynamic so students can talk to each other, not just to you.

Invite in the quiet voices. Pay attention to who's not talking. You might say, "I haven't heard from folks over here, what are you thinking?" Or notice non-verbal cues. If someone looks like they want to say something, you can say "I saw you nodding, what were you thinking?" This isn't forcing participation; it's inviting it.

Redirect when needed. A student might say something that's off-topic or that violates the group agreements. You acknowledge it without judgment and redirect. "I hear you, and that's interesting. Let's hold that thought and come back to it if we have time. Right now we're focusing on what gets in the way of asking for protection. What's one barrier you've thought of?"

Notice and name dynamics. If one person is dominating, you can gently name it: "We're hearing a lot from a few people. Let's see if we can hear from some other voices." This protects the space for everyone.

Stay curious about the reasons. When a student says something controversial or unexpected, you don't shut it down. You get curious. If a student says "If my boyfriend won't use a condom, I'd just go with it," you don't say that's wrong. You say "Tell me more about that. What's going on in that moment?" This opens up thinking instead of closing it down.

Manage your own reactions. This is hard and crucial. If a student says something that makes you uncomfortable, the student will see it. Pause. Breathe. Keep your face neutral and your body open. Your composure signals that it's safe to talk about this topic.

Track the time. Keep an eye on the clock so you're not scrambling at the end. If you see you're running short on time, you might say "We have about five minutes left, so let's hear from two more people and then we're going to wrap up."

Bringing It to a Close

The way you end a discussion matters as much as how you start it.

Check in with the learning objective. “We were thinking about barriers to asking for protection. What’s one barrier we talked about?” This reminds students what they were actually thinking about and helps you assess what landed.

Highlight key ideas. You don’t have to repeat everything, but do name the big thinking you heard. “I heard people talking about fear of judgment, fear of hurting the relationship, and not knowing how to start the conversation. Those are real barriers. And I also heard people talking about ways to move through those. Let’s hold onto that.”

Connect back to the curriculum. If you’re doing this discussion as part of a larger activity or curriculum, show how the discussion connects. “When you watch the video about negotiating condom use, you’re going to see those exact barriers show up. And you’ll see strategies for moving through them.”

Invite reflection. Before students leave, give them a moment to think about what they learned. “Think to yourself: what was one thing you heard today that stuck with you? Or what’s one thing you’re still wondering about?” They don’t have to share, but this plants the seed that they should reflect.

Thank them. Seriously. “Thank you for thinking out loud with me. This kind of conversation is how we actually learn about how to make decisions around safer sex.” This affirms that the discussion was worthwhile and valued.

Making This Real in MPC: VISTA

When you prepare to facilitate group discussions, the MPC: VISTA Learn It component provides knowledge about how adolescents think and the evidence behind discussion-based learning. The See It shows you experienced educators actually guiding discussions, handling redirects, inviting quiet voices, and closing discussions well. The Do It lets you practice responding to realistic discussion moments. The Process It is where you reflect on what you learned and think about the specific group management decisions you’ll make in your classroom.

But the real learning happens in the room. The first time you guide a discussion, you’ll make mistakes. A student will say something unexpected. Someone will dominate. The conversation will wander. You’ll forget to set a learning objective. That’s part of learning this skill.

What matters is that you keep trying and you get a little better each time.

Making This Relevant Across Curricula

Whether you’re using Making Proud Choices or another curriculum, group discussions are core. Any program focused on helping students think through decisions around safer sex, condoms, contraception, and relationships will include space for students to talk and think together.

The frameworks in this chapter work across all of them. The techniques for inviting quiet voices work. The way you redirect applies no matter what curriculum you're using. The skill of staying curious when a student says something unexpected is universal.

Chapter 4: Answering Sensitive Questions with STAR

You're facilitating an activity about safer sex. You've set group agreements. The discussion is going well. Then a student raises their hand and asks something that catches you completely off-guard.

"Can you get HIV from a toilet seat?"

"What if you're in love but you don't think you should have sex?"

"Do *you* use condoms?"

"Is it okay to pressure someone into sex if you've been together for a long time?"

In that moment, you have a few seconds to figure out what to do. If you get flustered, the student sees it. If you shut it down, every student learns not to ask real questions. If you answer without thinking, you might say something you regret or that's inaccurate.

The STAR method gives you a framework for those moments. It's a four-step sequence that works for any sensitive question. You pause. You identify what kind of question it is. You answer with the right move for that question type. You close and return to the lesson.

Loretta Jemmott designed this framework for Making Proud Choices because she learned something crucial: "Knowledge alone does not change behavior." When you answer a sensitive question, you're not just giving information. You're modeling for students how to think about these topics, how to navigate emotions around them, and how to value their own questions.

The STAR method is that model.

The STAR Method: An Overview

STAR stands for Stop, Type It, Answer with the Type's Move, Return.

You've already seen this framework if you've read the ASQ (Answering Sensitive Questions) guide. This chapter goes deeper into how to use it in the moment.

S: Stop. Pause. Take a breath. Relax your face and body. This first second is the most important one. Your reaction tells the student whether the question is safe to ask. If you flinch or laugh or look uncomfortable, the student learns something about whether this is actually a safe space.

T: Type It. Silently ask yourself: what kind of question is this? Is the student asking permission (seeking approval for a choice)? Asking for emotional validation (seeking reassurance that they're normal)? Asking for facts? Asking something shocking? Asking about values?

The six types are: Permission, Emotional, Normality, Informational, Shocking, and Values. (PENIS & V is the mnemonic, which you'll never forget.)

A: Answer with the Type's Move. Each question type has one signature move that opens up thinking instead of shutting it down. For a permission question, you open it up and don't rule on it. For an emotional question, you acknowledge feelings first, facts second. For a normality question, you normalize it. For an informational question, you give facts sized to the time. For a shocking question, you stay matter-of-fact. For a values question, you present multiple perspectives.

R: Return. You end the answer the same way every time. You post any new terms. You check that your answer landed. You point students toward resources if needed. You reconnect to where you were in the lesson and move forward.

The Six Types and How to Respond

Permission Questions: "Is it okay to have sex if we use condoms?" "Is it normal to not want to have sex yet?"

The student is asking you to approve or disapprove of a choice. Your job is not to judge. Your signature move is to open it up.

Acknowledge that it's a complex topic and that thoughtful people answer it differently.

Offer a range of perspectives or options rather than a verdict.

Where appropriate, invite group discussion so students hear more than one view.

Check whether the answer was helpful and point to trusted adults for the personal side.

Emotional Questions: "What if I really like my partner but I'm scared of having sex?" "What do I do if my family will disown me for being LGBTQ+?"

The student has feelings wrapped up in the question. If you answer with facts before acknowledging the emotion, they won't hear you.

Acknowledge the feeling first: "It sounds like that brings up some real fear."

Acknowledge the complexity: "This is one of those questions that doesn't have a simple answer."

Offer what content is needed, often briefly, and invite perspectives.

Check in afterward and offer a path to continue the conversation with you or a trusted adult.

Normality Questions: "Is it embarrassing to get tested?" "Do most people our age talk to their partner about this stuff?"

The student isn't asking for facts. They're asking: am I okay? Is what I'm feeling normal?

Thank them for the question and the curiosity behind it.

If it's true, say so directly: "A lot of people your age wonder exactly that."

Normalize the topic with your matter-of-fact tone as much as your words.

Encourage follow-up with a trusted adult or healthcare provider for the personal side.

Informational Questions: “Can you get HIV from a toilet seat?” “Is the pill 100% effective?” “What does ‘undetectable’ mean?” “But can’t condoms break?”

The student wants a fact or confirmation that a fact is true.

Address the facts directly using medically accurate information.

Notice if a value is hiding inside the question. If it is, name the fact and leave the value to the student.

Size your answer to the time available. If the topic comes up later in the curriculum, give a short accurate answer now and flag where it comes up again.

Post any new terms so students can see and review them.

Shocking Questions: “What birth control do you use?” “What if you use peanut butter for lube?” Personal questions designed to provoke or test you, or questions about situations that sound graphic.

Shocking questions might be real questions wrapped in a provocative package, or they might be genuine questions a student could only ask in a “shocking” way.

Pause. Breathe. Relax your face. Your composure is the answer to whether this is a safe space.

If it’s designed to provoke, treat it seriously anyway. Take it as a real question and answer it calmly.

Use correct terminology and post any new terms.

For personal questions, decline to share personal information but redirect to the general topic. “I keep my personal life private, but let’s talk about how someone decides whether to use condoms.”

Values Questions: “What’s the best age to start having sex?” “Don’t people who get STIs deserve it for being irresponsible?” “Is it wrong to have multiple partners?”

The student is asking what you believe is right or wrong.

Highlight a range of values with examples from multiple perspectives: “Some people believe... other people believe...”

Stay in third person and hypothetical language: “If someone decides...” rather than “When you decide...”

Promote universal values (health, safety, honesty, respect, freedom from pressure) without hesitation.

Ask the group for other perspectives and encourage students to talk to trusted adults about personal values.

The Return Step: How to Close It Out

Every answer ends the same way.

Post any new terms you used so students can see and remember them.

Check that your answer landed: “Does that answer what you were asking?”

Point students toward resources if the topic deserves more than class time allows.

Reconnect to where you were in the lesson: “We were talking about... let’s move back to that.”

Thank the student for the question and move forward.

The Return step is your time-management tool. Not every question gets a five-minute discussion. But a parked question—one you acknowledge and return to later—is not a dismissed question. It’s important enough to come back to.

A Case Study: One Question, Two Approaches

The scenario: You’re facilitating the Condom Line Up activity, which involves talking about condom use. A student raises their hand and asks: “But like, doesn’t using a condom make it feel less good?”

This is a real question that matters. It’s also a normality question wrapped in a permission question. The student is asking: is it normal to think this? And implicitly: is it okay to want sex to feel good?

Approach 1 (Without STAR): You feel a little flustered. You quickly say, “No, condoms are safe and effective and feel fine, so let’s move on.” The student sits back. You’ve answered the surface question but missed the real one. Every student learned that you don’t want to talk about pleasure. Some students also learned that you didn’t actually hear them.

Approach 2 (With STAR):

S: You pause. Breathe. You can feel that this is a real question and there’s something important underneath.

T: You identify this as both a normality question (is it normal to think this?) and an informational question (what’s the actual answer?).

A: You answer: “That’s a really common thing to think about or worry about. And I appreciate the question. Here’s what we know: condoms are effective at preventing pregnancy and HIV. And yes, some people feel like sensation is different with condoms. That’s real. There are also things that can help, like better-fitting condoms, lube, or different brands. And here’s the thing: using a condom is also about respect for yourself

and the other person and health, which a lot of people feel good about. So it's not just about physical sensation; it's about the whole picture."

R: You wrap it up: "Does that answer what you were wondering? We'll come back to this when we talk about different contraception options. Let's go back to the line up activity."

In Approach 2, you've validated the question and the underlying concern. You've given accurate information. You've named that pleasure matters and so does protection. And you've connected it to the bigger learning goal.

That student will keep asking questions. So will every other student who saw how you handled that moment.

Making This Real in MPC: VISTA

The ASQ guide included with Making Proud Choices gives you the STAR framework and the six signature moves. When you prepare to facilitate with MPC: VISTA, the Learn It covers why sensitive questions matter and how adolescents process information about sensitive topics. The See It shows experienced educators actually using STAR in response to student questions. The Do It simulations give you practice responding to realistic student moments. The Process It is where you reflect on the STAR framework and think about how you'll use it when unexpected questions arise in your classroom.

But here's the truth: you won't know everything that's going to come up. A student will ask something you didn't anticipate. What matters is that you have the STAR framework in your head. You pause. You type it. You answer with the right move. You return.

The first time you do this, it might feel clunky. By the tenth time, it's automatic. By the twentieth time, you're actually listening to the student instead of thinking about what type of question it is.

That's when the real magic happens.

Making This Relevant Across Curricula

Not every curriculum calls it STAR. But every good curriculum for pregnancy and HIV prevention needs a framework for answering the questions that come up. The STAR method is portable. You can use it with Making Proud Choices. You can use it with FLASH or Love Notes or any other program.

What matters is that you have a method. That you're not making it up in the moment. That you can pause instead of react. That you can respond in a way that honors the question, the student, and your learning goals.

Reflection Questions: Part 2

On Guiding Group Discussions:

Group discussions require you to “avoid the spotlight” and let students talk to each other. What gets in the way of this for you? Do you want to be the authority? Do you get nervous when students talk and you’re not talking? What would it feel like to practice stepping back?

On Answering Sensitive Questions:

Think of a sensitive question you’ve been asked (as a student, a parent, a teacher, a person). How did the person respond? How did that response affect whether you felt safe asking more questions? What would you do differently?

Practice the STAR pause. The next time something uncomfortable happens (doesn’t have to be in a classroom), pause and take one breath before responding. Notice what changes in your body, your mind, your reaction.

Part 3: Teaching About Pregnancy and HIV Prevention

By the time this section begins, the foundation is in place. Safety is established. Conversations can be guided. Sensitive questions can be answered. Now comes the content work: teaching students about condoms, contraception, STIs, HIV, and relationships in ways that actually build attitudes, beliefs, and decision-making skills.

This might feel straightforward: deliver the facts, move on. But Dr. Jemmott learned something crucial through decades of research: “Knowledge alone does not change behavior. You really have to get to their attitudes and their beliefs that’s deep inside of young people that makes them do what they do and get in touch with those feelings and then give them the skills and the confidence to do this new behavior.”

Someone can know that condoms prevent pregnancy and STIs and still not use one in a real moment. They can know that STIs are treatable and still feel shame. They can understand power dynamics conceptually and still struggle to recognize them in their own relationships.

Content teaching, done well, helps students move from knowing facts to building the attitudes, beliefs, and skills that shape actual decisions. This means teaching with both conceptual grounding—helping educators understand why they’re teaching something—and concrete actions—showing exactly what to do in the room.

This part offers three core content areas, each with that balance of understanding and action.

Chapter 5: Teaching About Condoms and Contraception

Condoms and contraception are practical topics, but they're never just practical. They're wrapped up in relationships, power, gender, ability, pleasure, access, trust, and identity. Teaching them well means helping students understand facts and connect those facts to their own lives and decisions. It means building critical thinking about what methods might work for them, and practicing the communication skills they'll need when the moment comes.

Why Tone and Framing Matter

The way condoms and contraception are discussed sets a fundamental tone. If the teaching carries embarrassment or clinical coldness, students receive the message that protection is awkward or unimportant. If shame or judgment come through, students learn that wanting to protect themselves is something to be ashamed of.

But if condoms and contraception are taught with respect and directness, as normal, accessible tools for health and agency, students develop a different understanding. They begin to see asking for protection not as a threat to a relationship, but as communication. They see contraception as a sign of respect and responsibility, not as something illicit.

This framing shift is profound. It moves students from "will my partner judge me?" to "am I communicating what I need?" or "am I showing the other person that I care about them and their health" That's the difference between shame and empowerment. It's also the difference between students having conversations about protection and students avoiding them.

Teaching How Condoms Work and How to Use One

When students watch a demonstration or practice using a condom model, they're building both knowledge and confidence. The goal is clarity without awkwardness.

Set the foundation for teaching.

Before the demonstration starts, place the model where everyone can see it comfortably. Have multiple condoms visible including different sizes, different brands. This matters because condom fit affects both effectiveness and user experience, and students need to know options exist. Take a breath. Composure is everything. If the facilitator is comfortable, students will be comfortable.

Start with purpose, not mechanics.

Begin by explaining why this matters: "Condoms are one of the most accessible ways to prevent both pregnancy and STIs. They don't require a prescription or a doctor's visit. They're inexpensive and accessible. That means individuals have control over their own protection." This frames condoms as a tool for empowerment, not a barrier.

Walk through the process, step by step.

Use specific language and imperative voice (without “you”). Avoid gendered pronouns where possible. Here’s what the demonstration covers:

Check the expiration date on the wrapper. Condoms expire just like food. Open the wrapper carefully. Don’t use teeth, as they can tear the condom. Inspect the condom to make sure it’s not damaged or dried out. Hold the reservoir tip (the small pouch at the end) to keep air out of it. Air pressure can cause breakage. Place the condom on the penis before any sexual contact. Roll it down smoothly to the base. After ejaculation, hold the base while withdrawing so the condom doesn’t slip off inside. Remove and dispose of it. Single use.

As each step is described, demonstrate it on the model. Use a calm, straightforward tone. Clinical language isn’t cold; it’s actually a gift to students because it removes awkwardness and makes learning possible.

Address what goes wrong.

Condom use isn’t always smooth, and pretending it is does students a disservice. Normalize the complications. “What if it breaks? What if it doesn’t feel right? What if someone puts it on incorrectly? These are real situations people encounter.” Then address each one:

If breakage happens: stop, remove the condom, put on a new one, and consider emergency contraception afterward. If the fit doesn’t feel right: try a different size or brand. Condoms come in different sizes and materials. Finding the right one matters for both effectiveness and sensation. If it was put on incorrectly: start over with a new condom. (Don’t flip it and use the other side.)

By naming these scenarios explicitly, the message becomes clear: using condoms involves problem-solving, and that’s completely normal and manageable.

A Case Study: When Condom Negotiation Matters

Imagine this scenario during a discussion: One student asks, “What if your partner says they don’t like condoms?”

This is the pivot point where condom knowledge becomes condom skill. Start by asking students: “What could someone say in that moment?” Take answers. Students might suggest: “Just say I won’t do it without one,” “Ask why they don’t like them,” “Suggest trying different brands,” “Leave the situation.”

Then invite students to think critically: “Notice what’s happening here. One person wants protection. One person prefers not to use it. That’s different. In a healthy relationship, when people want different things, they talk about it and figure it out together. It doesn’t mean one person gets their way and the other gives in. That would be an imbalance of power.”

This is where critical thinking, communication skills, and relationship skills all converge. Students are learning that condom negotiation is fundamentally about communication and mutual respect.

Teaching About Contraceptive Methods

Contraception extends far beyond condoms. Birth control pills, patches, rings, IUDs, implants, injections, barrier methods - the range of options is significant. Teaching contraception well means helping students understand that different methods serve different needs.

Start with the fundamental principle.

“There’s no perfect contraceptive. Every method has benefits and drawbacks. What works well for one person might not work for another. Part of making responsible decisions is thinking through what method might actually work for a particular person.”

This establishes that contraceptive decision-making requires critical thinking. It’s not about finding the “best” method in the abstract. It’s about the best method for each person’s life.

When teaching specific methods, teach four things in this order:

For each method, cover how it works biologically, how effective it is (and what it protects against), what it requires in terms of action or visits, and what it’s actually like to use in real life.

For example, with birth control pills: It releases hormones that prevent ovulation. With typical use (meaning real-world use with occasional missed pills or timing mistakes), it’s about 91% effective at preventing pregnancy. It doesn’t protect against STIs. It requires taking a pill every day at the same time, getting a prescription from a healthcare provider, and regular refills. In terms of lived experience: some people are excellent at taking a daily pill and some aren’t. Some experience side effects like nausea or mood changes. Others experience none. The reality is personal and varied.

Or with an IUD: A small device inserted into the uterus. Some release hormones, others use copper. Over 99% effective. Lasts 3 to 12 years depending on type. No daily action needed. Requires a provider for insertion and removal. In lived experience: insertion can be uncomfortable. Some experience cramping or bleeding changes afterward. Some adjust quickly. Some can feel the strings inside; others can’t. It’s essentially a “set it and forget it” method.

This approach acknowledges both the medical facts and the human reality of contraceptive use. It helps students think through not just whether something works, but whether it fits their life.

Address access as a material barrier.

“Getting contraception requires visiting a healthcare provider. That takes time and money. Not everyone can do that easily. These are real barriers. When thinking through what method might work, also think about what’s actually accessible.”

This teaches critical thinking about how healthcare decisions are shaped by material reality, not just individual preference.

Acknowledge pleasure, comfort, and emotion.

Dr. Jemmott emphasized understanding what's actually stopping people from protecting themselves. Some perceive that condoms decrease sensation and for some, that's a real concern in decision-making. Some feel self-conscious about going to get contraception. Some worry about side effects. Some feel uncomfortable with a device in their body. These aren't silly concerns; they're real factors that affect decisions.

When teaching contraception, name this: "All of this - how a method feels, whether it matches comfort with the body, whether someone can remember to use it, how someone feels about going to get it- all of this is part of choosing something that works."

Making This Real in MPC: VISTA

When preparing to teach condoms and contraception, the Learn It covers the science and effectiveness data. The See It shows experienced educators demonstrating a condom lineup with calm clarity, teaching contraception without bias or pressure, handling the topic with respect and directness. The Do It provides practice: facilitating a condom line up, responding when a student asks about pleasure, teaching different contraception options, practicing negotiation.

Process It is where reflection happens: How did my tone come across? Did students seem comfortable or uncomfortable? What would I do differently? What did I notice about students' attitudes toward different methods?

Competencies Developed in This Chapter

When teaching about condoms and contraception effectively, students develop:

Communication skills through learning how to talk to partners about protection, express needs, and listen to partners' concerns.

Critical thinking as they weigh options, consider barriers, examine their own assumptions about contraception, and problem-solve real situations.

Responsible decision-making through practicing how to think through complex scenarios, weigh tradeoffs, and recognize their own agency and choices.

Self-awareness as they consider what methods and approaches might fit their lives, values, and situations, and what barriers feel real to them.

Relationship skills through learning to negotiate, communicate needs, and recognize power dynamics in conversations about protection.

Chapter 6: Teaching About STIs, HIV, and Safer Sex

Teaching about STIs and HIV requires balancing facts with actively countering stigma and shame. The facts matter. The attitudes matter more.

Why Stigma Matters

Students come to these lessons carrying messages. A student has heard that STIs are punishments for bad behavior. A student has absorbed the idea that HIV is a death sentence. A student has been taught that certain populations get these diseases because they're "riskier." These messages live in the room before teaching even begins.

Stigma is powerful. It stops people from getting tested. It stops people from seeking treatment. It keeps people isolated. It makes people feel like they deserve what's happening to them. The most compassionate, accurate teaching about STI and HIV transmission won't change behavior if shame is the underlying message.

This is why setting the tone before any facts come up is crucial. The tone says: getting an STI doesn't make someone bad. Getting tested is an act of responsibility and respect. Living with HIV is managing a medical condition, not a personal failure.

Setting the Tone

Before teaching any facts about transmission or treatment, set a baseline understanding.

On STIs generally:

"STIs are common. They're preventable. Most are treatable. If someone gets an STI, it doesn't mean they did something wrong. Part of being responsible is getting tested, knowing your status, and treating it if needed."

This is not clinical information. This is framing. The message is: normalcy, not shame. Responsibility, not punishment.

On HIV specifically:

"HIV is a virus that affects the immune system. It's serious and it requires medical care. Here's what matters to know: with treatment, people with HIV can live long, healthy lives. Undetectable equals untransmittable. That means if someone is taking their medication and the number of individual viruses is so low that it is undetectable on a test, they cannot transmit HIV sexually. That's something most people don't know, and it's important."

This reframes HIV from a death sentence to a manageable medical condition. It also teaches accurate information that counters catastrophic thinking.

On testing:

"Getting tested is responsible. It's not shameful. It's not something only 'certain people' do. If sexually active or thinking about becoming sexually active, getting tested is part of responsible self-care. Testing is available at clinics, health departments, some pharmacies, and even at home."

This normalizes testing as a regular health behavior.

Teaching Transmission and Addressing Myths

Students come in with misinformation. Teaching facts and explicitly addressing myths is how critical thinking builds.

Teach transmission routes with specificity.

Use exact language. Don't soften it. "HIV is transmitted through: unprotected sex, sharing injection drug equipment, and from a pregnant person to a baby. That's it. Those are the ways someone can get HIV."

Name and correct specific myths explicitly.

Don't just teach facts. Address what students might believe. Use this format: "Some people have heard [myth]. That's not true. Here's what's actually true."

Some people have heard you can get HIV from sharing a toothbrush. That's not true. HIV dies very quickly outside the body. Some people have heard you can tell if someone has HIV by looking at them. That's not true. People living with HIV look like anyone else. Some people have heard HIV only affects certain kinds of people. That's not true. HIV doesn't care about race, gender, sexual orientation, or religion. Some people have heard that if someone is living with HIV and is undetectable, they can still transmit it. That's not true.

Undetectable equals untransmittable.

By naming myths explicitly, students realize they've been believing something false. This is critical thinking in action.

Teach about other STI transmission.

Go through common STIs with specificity. For chlamydia and gonorrhea: These bacteria are transmitted through unprotected vaginal, anal, or oral sex. They're not transmitted through toilet seats or touching. They're treatable with antibiotics. For genital herpes: This virus is transmitted through skin-to-skin contact, usually during sex. It's lifelong but manageable with medication. Many people have it and manage it without major disruption. For HPV: This virus is transmitted through skin-to-skin contact during sex. About 80% of sexually active people will have HPV at some point. Most of the time the body clears it on its own. There's a vaccine that prevents the types that cause cancer.

Being specific helps students understand exactly how transmission works and counter myths.

Building Empathy and Countering Stigma

Stigma thrives on distance and "otherness." It's countered by bringing things closer and making them real.

Use statistics to normalize.

“About 90% of sexually active people will have HPV at some point. About 1 in 6 people have genital herpes. About 2 to 3% of the population has chlamydia or gonorrhea at any given time. These aren’t rare things that happen to ‘other people.’ These are common things that lots of people manage.”

This is factual and it normalizes. It tells students this is not something that happens to someone else. Share these stats, not to scare them, but to normalize the experience.

Teach about health disparities without blaming.

“HIV rates are higher in some communities. Black and Latino communities have higher HIV rates. Why? It’s not because those communities are ‘riskier.’ It’s because those communities have systemically been provided less access to healthcare, less access to prevention like PrEP, more barriers to getting tested, and less access to treatment. When we understand this, we stop blaming people and we start thinking about systems.”

This teaches critical thinking about how health outcomes are shaped by systems and access, not personal behavior or character.

Invite students to examine stigma itself.

Ask: “Why do people have such negative reactions to STIs or HIV? Where does that come from?” Listen to answers. Then: “These are social messages, not facts. The stigma exists because of how we talk about sexuality and judgment, not because of anything real about the disease.”

This teaches critical thinking about systems and helps students examine their own beliefs.

Making This Real in MPC: VISTA

When preparing to teach about STIs and HIV, the Learn It covers transmission, prevention, and treatment. The See It shows educators staying factual and matter-of-fact while actively countering stigma and myths. The Do It gives scenarios: a student makes a stigmatizing comment, a student asks a myth-based question, a student worries about their own status.

Process It is where reflection happens: Did I stay calm when stigma showed up? Did I explain things clearly? What myths did students bring? Did I address them? What would I do differently?

Competencies Developed in This Chapter

When teaching about STIs and HIV effectively, students develop:

Self-awareness as they think about their own risks and behaviors and the importance of knowing their status.

Critical thinking as they examine myths, understand how transmission actually works, think through prevention options, and understand systems that create health disparities.

Social awareness as they learn who is affected by STIs and HIV and develop empathy for people with these conditions, and understand how stigma works.

Responsible decision-making as they learn about prevention options, testing, and treatment, and think about how to care for themselves.

Civic competence and engagement as they understand stigma and health disparities as system-level issues and think about how to counter them.

Chapter 7: Teaching About Relationships and Power

Power in relationships affects who asks for protection, who agrees, who feels like they can say no. Teaching about relationships means explicitly teaching about power dynamics and how to recognize and navigate them.

Understanding Power in Relationships

Power isn't always obvious. It's not just "do this or I'll leave." It shows up more subtly. One person makes most decisions. One person is always accommodating. One person's needs matter more. One person has more experience or social status and uses that. These are all power dynamics.

When students can name power dynamics in relationships, they develop critical thinking about their own relationships and the relationships they'll have. They start to recognize what's healthy and what's not. They build capacity to ask themselves: do my needs matter? Can I say no? Do I feel respected?

Teaching Students to Recognize Power Dynamics

Power isn't theoretical. Make it concrete.

Ask about actual decision-making.

"In a relationship, who decides what to do? Who decides where to go? Who decides about sex?" These aren't abstract questions—ask them as real ones. Wait for answers. Then ask: "If one person always decides, what does that tell you about that relationship?"

Let students answer. They might say: "One person has more power." "It's not equal." "One person doesn't care." "One person is controlling." Yes. That's exactly right.

Name the specific signs of unequal power.

Go through these one at a time. Ask students if they've noticed them. Don't shame. Just help them recognize.

Does one person make most of the decisions? Does one person always give in, even when they don't want to? Does one person's needs matter more than the other's? Does one person have more experience or education and use that to make decisions for the other? Does one person control money or access to things? Do you have to hide things or can't be honest? Can you say no and have your partner listen? Does your partner get angry if you disagree?

"If you're nodding yes to some of these, that's a sign of unequal power. That's something worth thinking about."

Name what healthy relationships look like.

"In a healthy relationship: decisions are made together or people talk through disagreements. When people disagree, they negotiate and figure it out. Both people's needs

matter. People can be honest. People can say no and their partner respects that. People feel safe.”

Teaching About Consent

Consent is fundamentally about communication and power. Here’s how to teach it concretely.

Define consent clearly.

“Consent means saying yes. It’s not a maybe or going along with something. It’s a clear yes from both people. And consent can change. Someone can be okay with something one day and not okay with it another day. Someone can start doing something and change their mind. That has to be okay. That’s consent.”

Teach how to ask for and give consent.

“Asking for consent sounds like: ‘Is this okay?’ ‘Do you want to?’ ‘Can we try this?’ ‘Are you into this?’ ‘Would you like to...’

“Giving consent sounds like: ‘Yes.’ ‘I like that.’ ‘Yeah, let’s try it.’ It can also sound like: ‘I’m not sure’ or ‘Can we talk about it?’ or ‘No, I don’t want to.’”

Consent is communication. It’s straightforward. Ask. The other person answers. The answer is heard and respected.

Address pressure.

If someone is pressuring another person to say yes, that’s not consent. Pressure looks like: getting angry if they say no, saying ‘if you loved me you’d,’ giving them something in exchange for sex, ignoring when they say no, or pushing physical boundaries. If someone is pressuring another person, that’s not okay. That person can say no. Can leave. Can tell an adult.

Teaching About Gender and Relationships

Gender shapes expectations about who does what in relationships. Naming this is teaching critical thinking.

Name the stereotypes directly.

In our culture, there are messages about how boys and girls should be in relationships. Boys are supposed to lead, make decisions, be strong, not show feelings. Girls are supposed to be accommodating, put others first, be pretty, not be too ambitious. These are stereotypes. They’re not true about all boys or all girls. But they affect us because we all grow up hearing them.

Show how stereotypes affect sexual decision-making.

These stereotypes show up when thinking about asking for protection. If someone is a girl and asks for a condom, some people might say she's demanding or doesn't trust her partner. That's a gender stereotype saying girls shouldn't advocate for what they need. But they should. If someone is a boy and wants to use a condom, some people might pressure him not to, saying 'real men' don't use them. That's also a gender stereotype. It's saying he shouldn't protect himself. But he should.

Use curriculum activities to highlight gender and power.

When using activities like role-plays or the Tanisha and Shay scenario, explicitly notice gender. "Notice that Tanisha is asking for protection. That's her advocating for herself and her health. That's what healthy looks like. Notice what happens next. Does Shay listen or does he pressure her?"

Including LGBTQ+ Relationships

Teaching about relationships without including LGBTQ+ relationships tells LGBTQ+ students their relationships don't matter. Here's how to be inclusive.

Use examples that include LGBTQ+ relationships naturally.

When talking about power dynamics: "Two boys are dating. One wants to use a condom. The other doesn't. What's happening there? Does one person have more power? Is that healthy?"

When teaching about consent: "Two girls are together. One wants to go further sexually and the other isn't sure. How do they figure this out? What does consent look like?"

Power dynamics are power dynamics regardless of the genders or sexual orientations involved.

Acknowledge unique barriers LGBTQ+ young people face.

LGBTQ+ young people sometimes face barriers that straight young people don't. Some healthcare providers aren't supportive. Some LGBTQ+ young people don't have supportive families. Some face bullying because of who they are. Most sex ed information isn't written with them in mind. If that's the experience, there are resources and people who get it. There's support available.

Address homophobic or transphobic comments.

If a student makes such a comment, address it. Keep it brief and firm. "That's not how we talk about people in this classroom. All relationships matter. All people deserve respect." Move on.

Teaching About Negotiating Protection

This brings together power, communication, and decision-making.

Use a realistic scenario.

“One person wants to use a condom. Their partner says they don’t like how condoms feel. What happens next?”

Pause. Let students sit with it.

Brainstorm approaches.

Ask: “What are different ways this person could bring up the condom issue?” Take answers. They might suggest: “Just say it,” “Bring condoms to show seriousness,” “Suggest they get tested together,” “Ask why he doesn’t want one.”

Then ask: “What if the partner pushes back? What could happen?” Answers might include: “Say it won’t happen without one,” “Suggest getting tested first,” “Ask questions about why,” “Decide not to have sex if he won’t agree.”

Name the power dynamics explicitly.

“Notice what’s happening. One person wants protection. One person doesn’t. That’s different. In a healthy relationship, when people want different things, they talk and figure it out. It doesn’t mean one person gets their way and the other gives in. That would be an imbalance of power. It means negotiating.”

Discuss what happens if agreement can’t be reached.

Sometimes the conversation happens and the person agrees. Sometimes they don’t. What happens if someone wants to use a condom and their partner won’t? They have options. They can say ‘I won’t have sex without a condom.’ They can suggest getting tested first. They can suggest a different protection method. They can say no to sex. They always have options. They always have the right to protect themselves.

Competencies Developed in This Chapter

When teaching about relationships and power effectively, students develop:

Critical thinking as they examine power dynamics, gender stereotypes, and systems that shape relationships, and think about what they want in their own relationships.

Self-awareness as they think about their own values, boundaries, and what they want in relationships.

Social awareness as they understand how gender, power, and other systems affect relationships and develop empathy for people in different situations.

Relationship skills as they practice communication, negotiation, and boundary-setting.

Responsible decision-making as they think through what healthy relationships look like for them.

Civic competence and engagement as they understand gender and power as system-level issues and think about how to counter stereotypes.

Reflection Questions: Part 3

On Teaching Condoms and Contraception:

What tone did adults use when you first learned about condoms? What message did that tone send? What tone do you want to use when teaching?

Walk through a condom demonstration in your mind. Where do you feel most uncertain? What would help you feel more confident? Is it the language? The timing? Your own comfort?

Think about a time you had to ask for something important in a relationship. What made it hard? How can that experience inform how you teach condom negotiation?

On Teaching About STIs and HIV:

What messages about STIs or HIV did you absorb growing up? Write them down. Which ones are still affecting your thinking? What would help you counter those messages?

When teaching STI and HIV transmission, do you correct myths students bring, or do you sometimes let them slide? How important is it to explicitly address myths? What myths do you anticipate hearing?

Practice saying “Undetectable equals untransmittable” out loud five times. If it’s not part of your regular language yet, commit to adding it. It matters.

Part 4: Classroom Skills

By this point in the handbook, educators have built a solid foundation: safety, the ability to guide conversations and answer questions, and concrete content knowledge about condoms, contraception, STIs, HIV, and relationships. Now comes the practical work of managing the room itself.

Classroom management in pregnancy and HIV prevention education is different from classroom management in other subjects. Students are processing personal information. Emotions run higher. Disclosures happen. Dynamics shift quickly. The skills required are deeper than behavior management; they're about reading the room, responding to unspoken needs, and maintaining boundaries while staying responsive.

This part covers three core classroom skills. Each one is about presence—both the facilitator's presence in the room and the skills to manage what presence invokes.

Chapter 8: Managing Small Groups

Small group work is a staple of pregnancy and HIV prevention education. The Calling Koko activity uses small groups. Condom Line Up often breaks into small groups for discussion. Barrier Demonstrations happen in small groups. Small groups allow students to practice talking about sensitive topics in a lower-stakes environment than whole-class discussion. They also allow quieter voices to be heard.

But small groups only work if they're actually managed. Without clear structure and active facilitation, small groups become chaotic or dominated by one or two voices. The facilitator has to know what to do before groups start, how to listen while groups work, and how to bring groups back together meaningfully.

Why Small Groups Matter in This Work

Pregnancy and HIV prevention education requires students to talk. To think out loud. To hear from peers. To practice skills. Small groups create the conditions for this to happen more safely than a whole room.

When a student practices condom negotiation in a small group, they're taking a risk that's smaller than in front of the whole class. When a student shares what they think about STI testing in a small group of three, they're more likely to be honest than in front of twenty. When a student hears from a peer in a small group that they also felt nervous about asking for protection, they feel less alone.

Small groups also serve a critical equity function. In whole-group discussions, some students dominate. Students with different processing speeds can't keep up. Students who process internally don't get a chance to think before being put on the spot. In small groups, more students have air time. More voices get heard.

The trade-off is that the facilitator can't hear everything. The facilitator has to know what to listen for, when to intervene, and how to trust the process.

Setting Up Small Groups for Success

Small group work requires structure from the start.

Be explicit about the task and the time.

Before breaking into groups, be clear about what groups are doing and how long they have. "In a few minutes, break into groups of three. Take 5 minutes to talk about this question: What's something that makes it hard to ask a partner to use a condom? One person in each group should be ready to share one idea with everyone when we come back together. Any questions before we start?"

Being specific removes ambiguity. Students know what they're doing, how long they have, and what the output is.

Assign groups intentionally.

Randomly assigning groups can work, but intentional assignment often works better. Consider:

- Separating students who distract each other
- Mixing students with different levels of comfort with the topic
- Ensuring quieter students aren't left with dominant ones
- Creating groups where relationships already exist (friends can often work well together on sensitive topics because they already have trust)
- Assign groups by name or number: "Group 1 is Sarah, Marcus, and Jen. Group 2 is..." This prevents students from clustering with their best friends and avoids the awkward moment of "pick your own groups."

Give each group a role.

- Even in a small group of three, assign roles:
- One person is the timekeeper (watches the clock)
- One person is the scribe (writes down ideas or takes notes)
- One person is the reporter (shares with the whole group when we come back together)
- Rotate these roles each time groups work so everyone does each job. This keeps students focused and gives everyone a job that matters.

Provide sentence starters or discussion prompts on paper.

Don't just ask a question verbally. Write it down and give it to each group. "What's one barrier to using condoms? How might someone move through that barrier?" Having the prompt in writing helps groups stay on track, especially if the facilitator is checking in with other groups and can't hear what was asked. It's also a part of accessibility for learning differences and abilities.

Facilitating During Small Group Work

Once groups are working, the facilitator's job shifts from directing to monitoring and supporting.

Circulate and listen.

Move around the room while groups work. Don't hover or sit down. Standing and moving allows the facilitator to hear what different groups are discussing. Listen for:

- Whether groups understand the task
- Whether all voices are being heard or one person is dominating
- Whether the discussion is on track or has wandered
- Whether students are struggling with the content
- The tone and feeling of the group

Intervene when needed, but not constantly.

Some facilitators interrupt groups too much, jumping in to correct or redirect constantly. This stops the group from thinking and makes students dependent on the facilitator. Other facilitators disappear entirely and groups flounder.

The balance is: listen to what's happening, intervene when groups need help staying on track or when one person is monopolizing, but generally let groups do their work. Listen for themes to address when the large group reconvenes.

When intervening, use a light touch. A quiet word: "Great conversation. Remember, try to make sure everyone has a chance to talk." Or redirect gently: "That's an interesting point. Let's come back to the original question: what's one barrier to asking for protection?"

Notice when someone isn't contributing.

Sometimes in a small group, one person sits silent the whole time. This might be shyness. It might be not understanding the task. It might be checking out.

If noticing this, try: "Sarah, what do you think?" or "Have we heard from everyone?" This is a gentle invitation, not a demand. Some students will appreciate the invitation. Some won't contribute even when invited, and that's okay.

Pay attention to the energy and emotional tone.

Is the group laughing and engaged? Is the group tense or uncomfortable? Is someone getting upset? Are people finishing each other's sentences or are they withdrawn?

The facilitator doesn't need to fix every emotion, but awareness of the tone helps. If a group seems tense, check in: "How's it going in here?" If someone seems upset, make a mental note to check in with them after the activity.

Watch the time and give warnings.

As the time limit approaches, give groups warnings. "Two minutes left." "One minute." This helps groups wrap up their thinking and prepares the reporter to share.

Bringing Groups Back Together

How the facilitator brings groups back together determines what was actually learned.

Gather everyone's attention first.

Before taking reports, make sure everyone is back together and paying attention. "Let's come back together. I want to hear what each group talked about." Wait for side conversations to stop.

Take one idea from each group, not everything.

Don't ask every group for a full report of everything they discussed. This takes forever. Instead: "Each group, give me one barrier you talked about." Listen. Write on the board or

chart paper. Then: “Looking at this list, what do you notice? Are there patterns? Are there barriers that show up for everyone?”

This keeps the energy up and helps students see the big picture instead of getting lost in details.

Make connections to the curriculum.

After hearing from groups, connect back to what this means. “We just heard about all these barriers. In the Tanisha and Shay activity, Tanisha faces exactly these barriers. Watch how she moves through them.” Or: “These barriers are real. Part of being responsible is thinking through them and problem-solving, which is what we’re going to practice next.”

Thank groups for their thinking.

“Thank you for thinking through this. Conversations like this are how we actually learn about real decisions we face.”

A Case Study: When Small Group Work Gets Messy

Imagine this: A facilitator has broken students into groups to discuss values about pregnancy. One group includes a student who recently had an abortion (confidentially known to the facilitator), a student who is very religious and anti-abortion, and two other students. Within minutes, the conversation has escalated into an argument. Voices are getting louder. The student who had an abortion looks like they’re about to cry.

The facilitator notices. Immediate action: approach the group calmly. “I’m noticing this is getting pretty heated. Let’s take a breath. Remember our group agreements about respect. Can we come back to the original question without debating what each person thinks is right or wrong?”

This does several things. It names what’s happening (escalation). It references the group agreements without shaming. It redirects to the task. It doesn’t remove the student who might be upset, which would single them out and reveal their story.

Later, after the activity, the facilitator finds a moment to check in with the student who had the abortion: “That was a heated conversation. How are you doing?” This gives the student a chance to process and signals that the facilitator cares.

This is responsive facilitation. It honors the student who’s struggling while maintaining the group’s process.

Making This Real in MPC: VISTA

When preparing to facilitate small group work, the Learn It covers the theory and evidence behind small group learning. The See It shows experienced educators setting up groups clearly, monitoring while groups work, intervening when needed, and bringing groups back together meaningfully. The Do It provides scenarios: groups that have gone off-track, groups where one person dominates, groups where emotions are high.

Process It is where reflection happens: How did I set up the groups? Did the task make sense? Did all students participate? What would I do differently? What did I notice about the dynamics?

Competencies Developed in This Chapter

When managing small groups effectively, students develop:

Communication skills through having space to talk with peers, practice articulating ideas, and listen to different perspectives.

Collaboration skills through working together toward a shared task, hearing from teammates, and negotiating how to work together.

Critical thinking as they process ideas in conversation, hear from peers with different viewpoints, and think through complex questions together.

Self-awareness as they notice their own thinking in conversation and reflect on their ideas alongside others.

Social awareness as they hear from peers and develop understanding of different perspectives and experiences.

Chapter 9: Managing Personal Disclosures

Sometimes in pregnancy and HIV prevention education, a student discloses something personal. A student mentions they had an abortion. A student says a family member has HIV. A student admits they've been pressured sexually. A student breaks down crying during a discussion about relationships.

These disclosures are not interruptions to the lesson. They're signs that the lesson is working. Students feel safe enough to be honest. But disclosures require a response that honors the student, protects their privacy, maintains the group's safety, and doesn't derail the learning.

Why Disclosures Happen

Students disclose personal information in sex education because the content is personal. It's not abstract. It's about their bodies, their relationships, their families, their fears. When teaching is done well, when there's safety, when students feel known, when the content is relevant to their lives, disclosures happen.

This is not a problem to be prevented. It's a sign the teaching is landing. But it requires skill to respond.

Three Types of Disclosures

Low-stakes disclosures are things students share that don't require ongoing support: "My parents wouldn't let me go to a health clinic." "I didn't know condoms came in different sizes." These are informational. The response is often just to affirm the sharing and move on.

Medium-stakes disclosures are personal experiences that need acknowledgment: "My boyfriend tried to pressure me about sex." "My sister got pregnant." These require the facilitator to respond with empathy, validate the student, and possibly connect them to support. But they don't require an immediate crisis response.

High-stakes disclosures are things that suggest a student is in danger or in crisis: "My partner hit me," "I think I have an STI and I'm scared," "I'm thinking about ending my own life." "In order to help pay rent, I spend the night with my dad's friends." These require immediate, careful response and connection to professional support. Mandated reporting requirements may come into play. Learn what those are for your organization and consider how you will enact them while maintaining the trust of your student.

Responding to Low-Stakes Disclosures

When a student shares something informational or mildly personal, the response is simple and quick.

Affirm the sharing. "Thank you for sharing that." "That's a real thing people think about."

Don't over-explain or make a big deal. The disclosure doesn't need a long response. Keep it brief so the student doesn't feel singled out or embarrassed.

Move on. Quickly return to the lesson or activity. The student has shared something, it's been acknowledged, and everyone moves forward.

Example: A student says, "I didn't know condoms came in different sizes." Response: "Right, a lot of people don't know that. That's why we're talking about it." Move on.

Responding to Medium-Stakes Disclosures

When a student shares something personal that suggests they've experienced something difficult, the response requires more care.

Pause and acknowledge. Don't brush past it. The pause signals that what the student said matters. "That's a hard thing. Thank you for trusting us with that."

Don't probe for details. Don't ask questions like "What exactly happened?" or "How long has this been going on?" That turns a classroom into a therapy session and puts the student on the spot. Keep it simple.

Validate without judgment. "That sounds really difficult. That's not okay." Don't say things like "But did you try...?" or "Have you talked to your parents?" These suggest the student should have done something differently.

Offer support. Depending on the situation, offer to connect them to a counselor, a trusted adult, or resources. "I want to make sure you have support for this. Can we talk after class?" This signals that the facilitator cares and wants to help, without making the disclosure the focus of the whole class.

Return to the group. After acknowledging the student's disclosure, continue the lesson. Dwelling on it makes the student more self-conscious and uses class time ineffectively. The private conversation can happen later.

Example: A student says, "My boyfriend tried to pressure me about sex." Response: "That's not okay. I'm glad you told me. Can we talk after class? For now, let's keep going." Then continue.

Responding to High-Stakes Disclosures

When a student shares something that suggests immediate danger or crisis, the response is different.

Take it seriously. Don't minimize or dismiss. "I'm really glad you told me. That's serious and I want to help."

Don't handle it alone. Immediately involve a school counselor, social worker, or administrator. Know before these situations happen who the mandatory reporters are in the school and what the protocol is. "We need to talk to the counselor about this to make sure you get the right support."

Maintain confidentiality within appropriate channels. Don't announce to the class what happened. Do connect with the appropriate adults in the school who are trained to handle crisis situations.

Follow up. After connecting the student to support, follow up to check in. "I'm checking in to see how things are going. Do you have what you need?" This shows the student they matter to you and the situation isn't over once they've disclosed.

Know the local laws about mandatory reporting. Different states require reporting different things. Know before situations arise what requires reporting in the area.

Example: A student says, "My partner hit me." Response: "I'm really sorry that happened. That's not okay. I need to connect you with our counselor right now who can help. Come with me." Then get help. Don't continue the lesson as if nothing happened.

Creating Conditions for Healthy Disclosures

Some classrooms get lots of personal disclosures. Others get few. The difference is often safety. Students disclose when they feel safe.

Model vulnerability appropriately. Sharing something personal about yourself (not oversharing, but being real) signals that personal topics are okay to discuss. "When I was in high school, I was nervous about asking my partner to use protection. It felt risky. But it mattered to me." This shows students that the facilitator understands the topic isn't abstract.

Validate disclosures when they happen. When students disclose, respond with care and affirmation. Over time, students learn that sharing is safe in this classroom.

Set boundaries on disclosures. While disclosures are valuable, the classroom isn't a therapy setting. Sometimes a student wants to share their entire life story. Gently set a boundary: "I appreciate you sharing that. That sounds important. I want to make sure we have time to talk more privately after class, because this deserves more time than we have right now."

Know your own limits. It's okay to not be a therapist. The facilitator's job is to create safety and connect students to appropriate support, not to be their counselor. Unless you are trained as a therapist, do not take on that role.

Competencies Developed in This Chapter

When managing personal disclosures effectively, educators develop:

Self-awareness and self-management as they notice their own reactions to disclosures and respond thoughtfully rather than reactively.

Social awareness as they recognize what students are experiencing and respond with empathy.

Relationship skills as they build trust with students and know how to maintain appropriate boundaries while staying supportive.

Responsible decision-making as they figure out when to handle something privately versus when to connect to additional support.

Chapter 10: Nonverbal Classroom Management

Behavior management in pregnancy and HIV prevention education often doesn't require words. A look. A pause. Standing near a student who's getting off-task. A slight shake of the head. These nonverbal signals communicate boundaries without disrupting the lesson.

Nonverbal management is especially important in sex education because verbal redirection can sometimes feel shaming. If a facilitator has to say out loud "Stop making jokes about condoms," the student being redirected feels called out in front of peers. Everyone knows they're being corrected. Nonverbal management allows facilitators to redirect without public embarrassment.

How Nonverbal Communication Works

The facilitator's body, presence, and attention communicate constantly. Students read these signals. A facilitator who stands at the front of the room, arms crossed, sends a different message than a facilitator who moves around the room, stays open, and makes eye contact.

In pregnancy and HIV prevention education, the facilitator's nonverbal communication says: I'm comfortable with this topic. You're safe here. I notice what's happening and I'll handle disruptions calmly. I respect you.

Using Presence

Presence is the most powerful nonverbal management tool.

Be physically present in the room. Don't sit behind a desk while students do activities. Move around. Be where things are happening. When a facilitator is physically present and attentive, students behave differently. They focus more. They're less likely to get off-task.

Use proximity. When a student is getting distracted or off-task, move closer to them. Don't say anything. Just stand nearby. Often this is enough for the student to refocus. It's not punitive; it's just proximity that says "I notice you."

Make eye contact. Look at students. Really look at them. When students feel seen, they engage differently. When facilitating discussions, make eye contact with the person speaking. Make eye contact with the person who just said something controversial. The eye contact communicates: I heard you, I'm paying attention. Eye contact, along with other nonverbal communication, is cultural so respect the cultural norms that you inhabit and that your class inhabits.

Using Nonverbal Signals

The pause. When a student says something inappropriate or makes a joke, pause. Don't respond immediately. Just wait a beat. Look at the student calmly. The pause often stops the behavior without a word. The student realizes what they said, and the moment moves on.

The look. A calm, direct look that says “not now” is often enough. A student starts to make a comment during a sensitive discussion. The facilitator catches their eye and gives a slight headshake or raised eyebrow. The student gets it and stops.

The gesture. A raised hand means “everyone stop talking.” A hand gesture can redirect a student without using words. Point gently to where a student should be sitting. Gesture for a student to move closer if they’re sitting in the back.

Facial expression. Concern, interest, calm—these show on the facilitator’s face. If a student shares something vulnerable, the facilitator’s face should show: I’m listening and I care. If a student makes a joke at the wrong moment, the facilitator’s face should show: that’s not appropriate right now, but you’re not in trouble.

Positioning and Movement

Where the facilitator stands affects the room’s energy.

Don’t stand in the center. When teaching, standing in the center of the room makes the facilitator the focal point. Students look at the facilitator. To avoid this, teach from the side. Sit down during activities so students talk to each other, not to the facilitator.

Move deliberately, not frantically. Pacing back and forth makes students anxious. Moving with purpose (to check on a group, to stand near a student who’s distracted) is better.

Be near when needed. During sensitive discussions or activities where emotions might run high, position where students can see them and feel their presence without hovering.

Create sight lines. Make sure students can see the facilitator and the facilitator can see all students. This allows for nonverbal management and keeps the facilitator aware of what’s happening.

Managing Disruption Without Words

When a student is off-task or being disruptive, nonverbal management often works.

Step 1: Proximity. Move closer to the student. Often this alone stops the behavior.

Step 2: Eye contact. Make calm eye contact. Not angry, just present. The student usually realizes they’ve been noticed and adjusts.

Step 3: Gesture. A subtle gesture—a nod toward their work, a slight hand movement—communicates what’s needed.

Step 4: Verbal redirection (quiet). If nonverbal doesn’t work, use a quiet word. Don’t say it across the room. Move close and quietly: “I need your focus here.” Keep it simple and respectful.

Step 5: Private conversation. If behavior continues, deal with it privately after the activity, not in front of the group.

A Case Study: Nonverbal Management in Action

Imagine this scenario: A facilitator is leading a discussion about asking for protection. A student in the back is making faces and subtle jokes to get laughs from nearby students. Other students are noticing. The energy is starting to shift from serious to dismissive.

The facilitator notices. Instead of stopping the discussion and calling the student out, the facilitator moves closer to where the student is sitting. Stands nearby. Makes eye contact. The subtle message: I see what's happening. The student meets the facilitator's eye, reads the message, and stops. No words. No public embarrassment. The discussion continues.

Later, if the behavior continues, the facilitator might pull the student aside: "I noticed you were making jokes during that discussion. What was going on?" This private conversation addresses the behavior without disrupting the lesson or shaming the student.

Nonverbal Communication When Disclosures Happen

When a student discloses something personal or gets emotional, nonverbal communication is especially important.

Stay calm and open. Don't look shocked or upset. Keep body language open and attentive. This communicates: what you're saying is okay, and I can handle this.

Don't look away. Maintain eye contact and presence. Looking away sends the message that the disclosure makes the facilitator uncomfortable.

Move toward the student if appropriate. Physical proximity communicates support. But be careful not to crowd or make the student feel trapped.

Use a calm tone. Nonverbal communication includes tone of voice. A calm, steady tone communicates safety and confidence.

Competencies Developed in This Chapter

When using nonverbal classroom management effectively, educators develop:

Self-awareness and self-management as they notice and control their own nonverbal communication.

Social awareness as they read students and understand what's happening in the room.

Relationship skills as they use presence and nonverbal communication to build connection and maintain boundaries.

Reflection Questions: Part 4

On Managing Small Groups:

Think about small group work you've facilitated before. What went well? What felt chaotic? What was the difference in how groups were set up or how students understood the task?

On Managing Personal Disclosures:

Write down a high-stakes disclosure (abuse, suicidality, etc.). How would you respond? Who would you connect the student with? Know this before it happens.

Think about a time someone trusted you with something difficult. What made you feel safe sharing? How does that inform how you want to respond when students disclose?

What are your own limits as a facilitator? Where do you end and where does a counselor or therapist begin? Getting clear on this helps you stay grounded.

On Nonverbal Classroom Management:

For a full class period, notice your own nonverbal communication. Where do you stand? Where do you look? What gestures do you use? What messages are you sending?

Try moving from the center of the room during an activity. Notice what happens to student behavior and engagement.

Part 5: Teaching for Equity

Pregnancy and HIV prevention education is inherently equity work. Teen pregnancy rates are not equal across racial and ethnic lines. HIV rates are not equal. Access to contraception, healthcare, and accurate information is not equal. Neither is the scrutiny young people face for their sexual choices.

When teaching about condoms and contraception and relationships and safer sex without addressing equity, educators are ignoring the context in which students actually live and make decisions. They're pretending that all students have the same resources, the same access, the same social expectations, and the same freedom to make choices. They don't.

This part offers two approaches to teaching for equity: explicitly addressing racial justice and the systems that create health disparities, and creating space for students to explore their own values rather than having values imposed on them. Both approaches develop the critical consciousness that real learning requires.

Chapter 11: Promoting Racial Justice

The data is stark. Black girls are twice as likely to experience a teen pregnancy as white girls. Latino teens have higher rates than white teens. In some communities, HPV infection rates are significantly higher. HIV rates are highest in communities of color, particularly among Black and trans youth.

These are not random differences. They're not because some communities are "riskier." They're because of systems. Because of unequal access to healthcare, education, and contraception. Because of historical medical racism that makes communities of color rightly distrustful of healthcare systems. Because of economic inequality that makes healthcare inaccessible. Because of policing and criminalization that affects some communities more than others. Because of racism.

Teaching pregnancy and HIV prevention without addressing this is incomplete. It's also perpetuating the problem. When educators teach as if all students have equal access and equal freedom, they're erasing the real barriers students of color face.

Understanding the Problem: Why This Matters

Racial justice in sex education means understanding that sexual health disparities don't exist because of behavior differences. They exist because of systems.

Loretta Jemmott, in her work across communities, learned early that "knowledge alone does not change behavior" because knowledge doesn't change access. A student can know how to prevent pregnancy and still get pregnant because they can't access contraception. A student can know about STI testing and still not get tested because they don't trust a healthcare system that has harmed their community. A student can know about condoms and still struggle with condom use because of relationship power dynamics shaped by gender and race.

This is critical to understand as an educator. If a facilitator teaches about contraception as if the only barrier is knowledge, they're missing the real barriers students face.

For more information about race  and sex ed, please read

Teaching About Health Disparities

Health disparities aren't abstract. Make them concrete and connect them to systems.

Start by naming the disparities.

Say something like: "Teen pregnancy rates are not the same across all communities. Black teens have higher rates than white teens. Latino teens have higher rates. Why? It's not because Black and Latino teens are making different choices. It's because they have less access to contraception, less access to healthcare, and more barriers to getting the education they need."

This is factual. It's also the opening move in teaching students to think critically about systems.

Name the systems that create disparities.

Go through each one:

Healthcare access: "Some communities don't have clinics nearby. Some clinics don't serve uninsured patients. Some people don't have time to go to a clinic because they're working multiple jobs. These are real barriers."

Historical medical racism: "Healthcare systems have a history of harming Black communities and communities of color. The Tuskegee Study, forced sterilization, being ignored in hospitals. This history is real and it's why some people don't trust healthcare systems. That harm isn't just historical, it's still happening today. Distrust is a reasonable response to that history."

Economic inequality: "Contraception costs money. So does going to a clinic. Not everyone has that money. That's a real barrier to access."

Education disparities: "Some schools teach comprehensive sexuality education. Some teach abstinence-only. Some teach almost nothing. These are mostly school funding issues, which are tied to housing segregation and economic inequality."

Criminalization: "In some places, police target young people of color. Having a criminal record affects access to housing, jobs, and healthcare. This stress and instability affects sexual health."

By naming these systems, students are learning to think critically about how systems shape outcomes, not just individual choices.

Invite students to think about their own communities.

“What barriers exist in your community? Where can people go to get contraception? How much does it cost? How far away is it? How many people have healthcare? What has happened in your community that would build or decrease trust in the medical system? These are the questions that matter.”

This grounds the learning in students’ real lives.

Teach the history.

“The eugenics movement in this country explicitly targeted Black women and women of color for sterilization. Forced sterilization programs existed into the 1970s. This is recent history. Understanding this history helps us understand why trust in healthcare is complicated for some communities.”

This is not guilt-inducing. It’s factual history that helps students understand the context they live in.

Addressing Racism When It Shows Up

Racism will show up in the classroom. It might be explicit: a student makes a racist joke. It might be implicit: a student assumes something about a peer based on race. When it shows up, address it. And maybe, your own biases might slip through.

For explicit racism:

Don’t let it slide. Address it calmly and directly. “That comment is based in racist understandings. We don’t use that language in this classroom. All people deserve respect.” Don’t make it a long lesson. Just set the boundary and move on.

If it’s a pattern with one student, address it privately. “I noticed you made a comment that might have been hurtful to certain people. What’s going on? Help me understand.” Listen. Set a boundary. “I need to trust that everyone in this classroom will be respectful. That includes not making racist comments.”

For implicit racism:

Sometimes students make assumptions based on race without even realizing it. A student might assume a peer of color has had sex or assume they’re not smart. When noticing this, address it gently but clearly.

If a student says something that reveals a stereotype, pause. “I want to notice something. That comment assumed something about [student’s group] that isn’t necessarily true. Let’s be careful about that.” Don’t shame the student who said it. Help everyone examine the assumption.

For racial dismissiveness:

Sometimes students (or adults) dismiss the importance of talking about race. “Why do we have to make it about race?” Address this directly.

“Because race affects sexual health. Because some communities face more barriers. Because if we don’t talk about it, we’re pretending it doesn’t exist. And it does. So we talk about it.”

Addressing Racism in Curriculum and Activities

Sometimes racism lives in the curriculum itself. A video shows mostly white people. An activity assumes all students have parents or families. A discussion centers straight, white experiences.

A note on MPC: the videos that are included in the MPC curriculum feature mostly Black people. Some people watching the videos may interpret that as racism at play – sending stereotypical messages about Black people and teen pregnancy. It is important to know that MPC was originally developed for Black youth. It has since been used with a huge range of teens around the world and research shows it is still effective at reducing teen pregnancy and HIV transmission. However, if your students will not relate to the videos in the curriculum, feel free to use other videos. There is a list of approved alternative videos included in the MPC VISTA program adaptation tool.

Notice what’s missing.

Who’s represented in the videos? In the case studies? In the role-plays? If representation is narrow, add to it.

Be intentional about representation.

Use examples that include people of color. “Two teens, one Black and one white, are in a relationship. One wants to use a condom. The other doesn’t...” Use examples that include LGBTQ+ people of color. Use examples that show different family structures.

Don’t tokenize.

Including one person of color or one LGBTQ+ person isn’t representation. It’s tokenism. Weave diverse examples throughout, naturally.

Acknowledge what students bring.

Students have lived experiences with racism. They have cultural values around sexuality. They have family stories. Make space for these to be named. “In some cultures, sex before marriage is not acceptable. In some families, that’s a strong value. How do people navigate the difference between their family’s values and what they want for themselves?”

This centers students’ real experiences without pretending culture is monolithic.

Competencies Developed in This Chapter

When teaching about racial justice effectively, students develop:

Critical thinking as they examine systems and understand that health disparities are not about individual choices, but about access and power.

Social awareness as they learn about communities different from their own and understand systemic racism.

Civic competence and engagement as they understand how systems create inequity and think about how to work for justice.

Self-awareness as students of color see their own experiences reflected and affirmed, and white students examine their own relationship to systems of privilege.

Chapter 12: Promoting Values Exploration

Sexuality is never value-neutral. Every decision about sex, relationships, and protection is wrapped up in values. What does sex mean? When is it appropriate? What does a relationship look like? What do people owe each other?

Students come to sex education with values already. Some learned at home. Some from religion. Some from peers. Some from media. Some students have thought carefully about their values. Some haven't. Some students' values are clear and consistent. Some students have conflicting values.

Teaching about contraception or condoms without helping students think through their own values misses the actual work. It also risks imposing the facilitator's values on students, which is not the job.

The job is to create space for students to explore their own values, think through conflicts when values clash, and make decisions that align with what actually matters to them, not what they think should matter.

Why Values Matter in Sexual Decisions

Values are often the real barriers to sexual health decisions. A student knows how to prevent pregnancy but doesn't use contraception because they value "trusting their partner." A student wants to ask for protection but doesn't because they value "not seeming uptight." A student knows about STI testing but doesn't get tested because they value "staying in denial" (a value, even if unexamined).

When facilitators help students examine their values, they're helping students understand their own decision-making. They're building self-awareness and responsible decision-making.

This is different from imposing values. A facilitator isn't saying "you should value this." A facilitator is asking "what do you value, and how does that affect your decisions?"

Creating Space for Values Exploration

Values exploration is different from values clarification activities. It's deeper. It's more personal. It requires creating real safety.

Make it clear that values are diverse.

"Different people have different values. Some people value waiting until marriage to have sex. Some value sexual experience as part of getting to know themselves. Some value a committed relationship as the context for sex. Some value spontaneity. None of these is wrong. They're different values."

This normalizes diversity and tells students that their values will be respected, even if different from peers or facilitators.

Create anonymity when possible.

If students are writing down values or beliefs, they can write anonymously. This allows for honesty without fear of judgment or social consequence.

Use open-ended prompts, not leading ones.

Don't ask "What's the right age to have sex?" Ask "What matters to you when thinking about when to have sex? Why does that matter to you?"

Don't ask "Shouldn't people get tested for STIs?" Ask "What makes it hard or easy to get tested? What values are at play when someone decides whether to get tested?"

These open-ended prompts invite exploration rather than right answers.

Exploring Values Without Imposing Them

This is the delicate balance. A facilitator has values. But the job is not to pass them on.

Name multiple perspectives without ranking them.

"Some people believe sex should only happen in marriage. Some believe sex is okay with commitment. Some believe sex is okay with consent between adults. Some believe sex is personal and individual. People in this room probably have different beliefs about this."

Notice: no judgment. No hierarchy. Just naming that multiple values exist.

When personal values come up, stay in third person.

If a student asks "Do you think it's okay to have sex before marriage?", don't answer with personal belief. Redirect: "That's a personal value question. Different people answer it differently based on their religion, their family, their own thinking. What matters is that you think through it for yourself."

Invite students to examine their own values.

“Where did your values about sex come from? Your family? Your religion? Your friends? Media? Your own thinking? Do your values feel like they’re really yours, or do they feel like something you’re supposed to believe?”

This is self-awareness work. Students are learning to examine where their values come from and whether they actually align with what they believe.

Help students navigate value conflicts.

Often students (and adults) have conflicting values. A student values waiting until marriage AND values sexual experience. A student values honesty AND values protecting their partner’s feelings. A student values independence AND values family approval.

When conflicts come up, don’t resolve them for the student. Help the student think through them: “Those seem like values in tension. How do you think about that? How might someone navigate that conflict?”

A Case Study: When Values Come Into Conflict

Imagine this scenario: A student shares that their family’s religion says sex before marriage is wrong, but they also value the freedom to make their own choices. They’re conflicted.

A bad response: “Your family is wrong. You should be free to make your own choices.” This dismisses the student’s family values and imposes the facilitator’s values.

A good response: “That’s a tension a lot of people face. On one hand, you have family values that are important to you. On the other hand, you value being able to decide for yourself. That’s hard. How do you think about that? What matters to you?”

This response honors both the family values and the student’s autonomy. It doesn’t resolve the conflict. It helps the student think through it.

Addressing Values Conflicts in Groups

Sometimes values discussions get heated because values conflict. A student who values waiting for marriage hears a peer talk about having sex casually and feels judged or worried. A student with progressive values hears a peer express homophobic beliefs and feels attacked.

When this happens:

Remind students of group agreements. “We said we would listen without judgment. That doesn’t mean we agree with each other. It means we listen and respect.”

Name the values in tension. “I notice we have different values here. Some of you value waiting. Some of you value freedom to choose. Both are values people hold. The question isn’t which is right. The question is: how do we respect each other even when we have different values?”

Redirect to common ground. “Even though we have different values about when to have sex, we can probably agree on something: whatever choices people make, they deserve respect and safety.”

This depolarizes the conversation and reminds students that they can hold different values and still care about each other.

Competencies Developed in This Chapter

When promoting values exploration effectively, students develop:

Self-awareness as they think through their own values, where they came from, and what matters to them.

Critical thinking as they examine their values, think through conflicts, and make decisions aligned with what matters to them.

Social awareness as they hear about different values peers hold and develop understanding of diverse perspectives.

Responsible decision-making as they learn to make choices based on their own values rather than external pressure.

Reflection Questions: Part 5

On Promoting Racial Justice:

What was your own education about racism and health disparities? What did you learn? What didn't you learn? What do you need to learn?

When you teach about contraception or STI prevention, do you currently address access barriers? Do you name the systems that create disparities? How can you add this?

Think about the materials and examples in your curriculum. Who's represented? Who's missing? What could you add to make representation more inclusive?

Imagine a student makes a racist comment in class. What would you say? Practice saying it out loud. How does it feel?

What's your own relationship to systems of privilege or oppression? (Based on race, class, gender, sexuality, ability, immigration status, or other dimensions.) How does that affect how you teach?

On Promoting Values Exploration:

What are your values about sex, relationships, and protection? Where did they come from? Do they feel like they're truly yours, or do they feel inherited?

When teaching about contraception, do you notice yourself implying that some choices are better than others? How can you present options more neutrally?

Think about a values conflict from your own life. How did you navigate it? What does that teach you about helping students navigate value conflicts?

Back Matter

Strategies Index: Mapping to MPC Activities

This index shows which teaching strategies from this handbook are used in each Making Proud Choices activity. Use this to prepare for specific lessons.

Group Agreements Activity (Module varies by curriculum version) - Part 1, Chapter 1: Set Group Agreements and Create a Learning Community - Part 1, Chapter 2: Effectively Engaging Students (connecting goals to learning) - Part 4, Chapter 10: Nonverbal Classroom Management (establishing presence) - Part 5, Chapter 12: Promoting Values Exploration (student agency in creating agreements)

HIV Risk Continuum Activity (Module varies by curriculum version) - Part 2, Chapter 3: Guiding a Group Discussion (managing discussion, inviting voices) - Part 3, Chapter 6: Teaching About STIs, HIV, and Safer Sex (transmission and prevention) - Part 4, Chapter 8: Managing Small Groups (if used in small group format) - Part 5, Chapter 11: Promoting Racial Justice (understanding disparities)

Calling Koko Activity (Peer Support, Module varies by curriculum version) - Part 2, Chapter 3: Guiding a Group Discussion (facilitating discussion) - Part 3, Chapter 7: Teaching About Relationships and Power (recognizing power dynamics, negotiation) - Part 4, Chapter 8: Managing Small Groups (core to activity structure) - Part 5, Chapter 12: Promoting Values Exploration (different responses to peer pressure)

Stop Think Act Activity (Decision-Making, Module varies by curriculum version) - Part 2, Chapter 3: Guiding a Group Discussion (processing scenarios) - Part 3, Chapter 7: Teaching About Relationships and Power (pressure and agency) - Part 5, Chapter 12: Promoting Values Exploration (thinking through values-based decisions)

Values Exploration Activity (Attitudes, Module varies by curriculum version) - Part 2, Chapter 3: Guiding a Group Discussion (hearing diverse perspectives) - Part 3, Chapters 5-7: All content chapters (connecting to student values) - Part 5, Chapter 12: Promoting Values Exploration (core to activity) - Part 4, Chapter 9: Managing Personal Disclosures (students may disclose personal values)

Tanisha and Shay Activity (Video, Negotiation, Module varies by curriculum version) - Part 1, Chapter 2: Effectively Engaging Students (making content relevant) - Part 2, Chapter 4: Answering Sensitive Questions (questions often arise) - Part 3, Chapter 5: Teaching About Condoms and Contraception (negotiation practice) - Part 3, Chapter 7: Teaching About Relationships and Power (power dynamics, consent) - Part 4, Chapter 10: Nonverbal Classroom Management (managing emotional responses)

Condom Line Up Activity (Module varies by curriculum version) - Part 2, Chapter 3: Guiding a Group Discussion (processing statements and reasoning) - Part 3, Chapter 5: Teaching About Condoms and Contraception (condom facts, attitudes) - Part 3, Chapter 7: Teaching About Relationships and Power (LGBTQ+ inclusive scenarios) - Part 5, Chapter 11: Promoting Racial Justice (ensuring diverse representation in scenarios)

Barrier Demonstrations (How to Use Condoms, Module varies by curriculum version) - Part 1, Chapter 2: Effectively Engaging Students (showing enthusiasm, normalizing topic) - Part 3, Chapter 5: Teaching About Condoms and Contraception (step-by-step demonstration) - Part 4, Chapter 10: Nonverbal Classroom Management (facilitator presence and composure)

Role-Plays (Negotiation, Module varies by curriculum version) - Part 2, Chapter 3: Guiding a Group Discussion (if done in large group) - Part 2, Chapter 4: Answering Sensitive Questions (questions will come up) - Part 3, Chapter 5: Teaching About Condoms and Contraception (negotiation practice) - Part 3, Chapter 7: Teaching About Relationships and Power (consent, boundary-setting) - Part 4, Chapter 8: Managing Small Groups (if done in small groups) - Part 4, Chapter 10: Nonverbal Classroom Management (noticing emotions, supporting students)

Discussion Prompts

For Group Agreements

What do you need to feel safe sharing and learning in this room?

When have you felt respected in a classroom? What did that feel like?

What would make it hard for you to speak up in a group?

How can we make sure everyone feels included?

For Guiding Discussions on Pregnancy and HIV Prevention

What are the reasons young people might want to use condoms? (Prompt for: pregnancy prevention, STI prevention, safety, trust, health)

What makes condom negotiation hard? What makes it easier?

What do you think about when deciding whether to have sex?

How do you talk with a partner about protection?

What do you wish adults had told you about sex and safety?

For Discussions About Relationships and Power

What does a healthy relationship look like to you?

How do you know if someone respects your boundaries?

What does consent mean to you?

When has someone made you feel pressured? How did you handle it?

How are relationships affected by power differences (like age, money, or status)?

For Discussions About Values

Where do your values about sex and relationships come from? (Family? Friends? Religion? Media?)

How do your values affect the decisions you make?

What's something you value that's different from what your friends value?

How do you handle it when someone's values are different from yours?

For Discussions About Health Disparities

Why do you think teen pregnancy rates and HIV rates are different in different communities?

What barriers exist in your community to getting healthcare?

Who in your community has access to contraception? Who doesn't?

What would make it easier for young people to access the health services they need?

Reflection Questions for Educators and Students

For Educators (After Teaching)

What went well today? What was I most proud of?

Did I stay true to my group agreements? When did I have to redirect?

Which students participated today? Who was quiet? What do I want to do about that?

Did I facilitate or did I lecture? How could I invite more student thinking?

What surprised me today?

What do I need to prepare or think about before the next session?

For Educators (Processing Difficult Moments)

What made this moment hard for me?

What did the student seem to be experiencing?

How did I respond? Was that aligned with my values?

What would I do differently next time?

Do I need to follow up with this student? What would that look like?

For Students (After Learning About Pregnancy and HIV Prevention)

What was new to you today?

What do you feel confident about?

What questions do you still have?

How could this information be useful in your life?

What's one thing you'll take away from this?

For Students (Reflecting on Relationships and Values)

What matters to you in a relationship?

How did your thinking change today?

What would make it easier to live your values?

Who can you talk to about this stuff?

What's one step you could take to honor your values?

For Students (After Processing Difficult Topics)

What feelings came up for you today?

Was anything confusing? Do you want to ask a question?

Do you feel safe? Is there support you need?

What did you appreciate about this discussion?

Guide to Answering Sensitive Questions

Answering Sensitive Questions with STAR

Why One Method

When you teach Making Proud Choices!, sensitive questions are not a risk - they are a certainty. A student will ask something personal, provocative, emotional, or simply unexpected, often at the moment you can least afford to lose the room. You cannot script an answer to every possible question. What you can do is carry one reliable process into every one of those moments.

That process is STAR. It is a single four-step sequence that works for every sensitive question you will encounter. Only one step — the answer itself — changes depending on what kind of question you are hearing. Master the sequence once, learn one signature move for each of the six question types, and you are prepared for anything a student asks.

STAR also mirrors something your students are learning. The MPC curriculum teaches young people to **Stop, Think, Act** before making decisions. STAR gives you, the educator, the same rhythm: pause before reacting, think before answering, and return to the lesson with intention. When you use STAR, you are modeling the very skill you are teaching.

The STAR Method

S — Stop

Pause. Take a breath. Relax your face and body.

The first second after a sensitive question is the most dangerous one. A flinch, a laugh, a raised eyebrow, or a too-quick deflection tells the whole class how you really feel about the topic — and tells the student who asked whether it is safe to ask again. Stopping protects you from all of it.

- Breathe once before you speak. One breath is invisible to students and changes everything about your delivery.
- Use a filler phrase to buy a moment if you need one: *“That’s an important question.”* *“Let me think about the best way to answer that.”* *“I’m glad you asked.”*
- Check your face and posture. Calm and matter-of-fact is the goal — your nonverbal response is part of your answer.

Stop on every question, not just the hard ones. The pause costs nothing on an easy question and saves you on a difficult one. If you only pause for the tough questions, students will learn that your pause means trouble.

T — Type It

Silently ask yourself: what kind of question is this? MPC: VISTA uses six question types, and identifying the type tells you exactly which move to make in the next step.

- **Permission** — the student is asking you to approve a choice or behavior.
- **Emotional** — the question carries feelings that need acknowledgment first.
- **Normalcy** — the student wants to know they are normal.
- **Informational** — the student wants a fact.
- **Shocking** — the question is designed (or lands as designed) to provoke a reaction.
- **Values** — the student is asking what is right or wrong, or what you personally believe.

To remember all six, take them in this order — Permission, Emotional, Normalcy, Informational, Shocking, Values — and notice what the first letters spell: PENIS-V. In any other classroom that would be a liability; in a sexual health classroom it is the easiest mnemonic you will ever learn, and a reminder that frank, accurate language is part of the job.

Typing the question takes about two seconds with practice, and it is the step that makes everything else automatic. The key is to listen for what the student actually wants — not how the question sounds on the surface. “Is it weird that I felt sorry for him?” sounds like a request for information, but it is a normalcy question: the student is asking for validation, not facts. Answering the surface question instead of the real one is the most common mistake educators make.

A — Answer with the Type’s Move

This is the only step that changes. Each question type has one signature move — a short phrase that captures the right response. The six moves are described in detail in the next section.

R — Return

Every answer ends the same way: you bring the moment to a close and bring the class back to the lesson.

- Post any new terms you used so students can see and revisit them.
- Check that the answer landed: *“Does that answer what you were asking?”*
- Point students toward trusted adults, health care providers, or other reliable resources when the question deserves more than class time allows.
- Reconnect to where you were in the lesson — name the link if you can. If the question relates to material coming later, say so.

The Return step is also your time-management tool. MPC sessions are tightly timed, and not every question can get a full answer in the moment. It is always acceptable to give a short, accurate answer now and a better answer later: place the question in the parking lot,

invite the student to talk with you after class, or commit to returning to it in an upcoming session. A parked question is not a dismissed question — as long as you actually come back to it.

The Six Signature Moves

Permission Questions — Open it up, don't rule on it

"Is it okay to have sex if we use condoms?" "Is it okay to date someone older?"

The student is asking you to approve a personal choice. That permission is not yours to give — and granting or denying it puts you in a role that belongs to the student, their family, and their values. Your move is to open the question rather than close it.

- Acknowledge that the topic is complex and that thoughtful people answer it differently.
- Offer a range of perspectives or options rather than a verdict.
- Where appropriate, invite group discussion so students hear more than one view.
- Check whether the answer was helpful, and point to trusted adults for the personal decision itself.

Emotional Questions — Feelings first, facts second

Questions asked with visible worry, sadness, or anger — or questions about situations close to home: "What if someone's sister got pregnant and everyone treats her differently?"

When a question carries emotion, the emotion is part of the question. Content delivered before acknowledgment will not be heard.

- Acknowledge the feeling first: *"It sounds like that situation brings up some real feelings, and that makes sense."*
- Acknowledge the complexity of the topic — emotional questions are rarely simple ones.
- Then offer what content is needed, often briefly, and invite a range of perspectives or a group reflection if it fits the moment.
- Check in afterward, and offer a path to continue the conversation — with you after class or with a trusted adult.

Normalcy Questions — Normalize it

"Is it embarrassing to get tested?" "Do most people our age talk to their partner about this stuff?" "Is it normal to feel pressured?"

The student is not asking for information — they are asking for validation. The question underneath the question is almost always "am I okay?" Answer that one.

- Thank them for the question and the curiosity behind it.
- If it is true, say the issue is common: *“A lot of people your age wonder exactly that.”*
- Normalize the topic itself — your matter-of-fact tone does as much normalizing as your words.
- Encourage follow-up with a trusted adult or health care provider for the personal side of the question.

Informational Questions — Give the facts, sized to the time

“Can you get HIV from a toilet seat?” “Is it true you can get pregnant the first time?” “What does undetectable mean?”

The student wants a fact — they genuinely do not know something, want accuracy confirmed, or have encountered a misconception. Answer directly with medically accurate information.

- Address the facts — and notice whether a value is hiding inside the question. If so, name the fact and leave the value to the student.
- Match the amount of detail to the time available. If the topic is covered later in the curriculum, give a short accurate answer now and flag where it comes up again.
- Post new terms you use in your answer.
- Refer students to additional reliable resources so they can build knowledge on their own.

Shocking Questions — Take it seriously, stay matter-of-fact

Graphic scenarios, slang designed to fluster you, or personal questions like “Do you use condoms?”

Whatever the student’s motive — to test you, to get a laugh, or to ask a real question they could only ask in a provocative wrapper — the response is the same: treat it as a serious question and answer it calmly. Your composure is the answer. A shocking question answered matter-of-factly stops being shocking, and it tells every student in the room that no honest question will rattle you.

- This is where the Stop step earns its keep: breathe, relax your face, use a filler phrase while you collect yourself.
- Acknowledge any emotion in the room, and validate that a real question may be underneath.
- Answer the legitimate content seriously and accurately, using correct terms — and post any new ones.

- For personal questions, decline to share personal information without shaming the asker, and redirect to the general topic: “I keep my personal life private, but let’s talk about how someone decides whether to use condoms.”

Values Questions — Many views, third person, universal values

“What’s the best age to start having sex?” “Don’t people who get STIs deserve it for being irresponsible?”

The student wants to know what is right — or what you believe. Your role is to show that reasonable people hold different values, while holding firm on the values everyone shares.

- Highlight a range of values with examples from multiple perspectives: *“Some people believe... other people believe...”*
- Stay in third-person, hypothetical language. Say “if someone decides” rather than “when you decide.” This keeps you neutral and protects you professionally.
- Promote universal values — health, safety, honesty, respect, and freedom from pressure — which you can endorse without hesitation.
- Ask the group for other perspectives, and encourage students to talk through personal values with trusted adults.

Quick Reference

Question type	What the student really wants	Signature move (the A step)	Sample opener
Permission	To be told a choice or behavior is okay	Open it up, don’t rule on it	“People see that differently. Some believe... others believe...”
Emotional	Their feelings recognized before any content	Feelings first, facts second	“It sounds like that brings up some real feelings.”
Normalcy	Reassurance that they (or their feelings) are normal	Normalize it	“A lot of people wonder about that.”
Informational	A fact, or confirmation that a fact is true	Give the facts, sized to the time	“Great question. Here’s what we know...”
Shocking	A reaction — or sometimes a real answer behind a	Take it seriously, stay matter-of-fact	“Let’s take that seriously. Here’s the accurate information...”

	provocative wrapper		
Values	Your opinion on a right-or-wrong question	Many views, third person, universal values	"Some people believe... other people believe..."

Remember: The S, T, and R steps never change. Stop on every question. Type it before you answer it. Return to the lesson when you are done. The only thing you need to choose in the moment is one of six moves — and the question type chooses it for you.

A Few Guardrails for Every Question

- **Speak hypothetically and in third person.** "If someone decides..." rather than "When you..." This is good pedagogy and, in many settings, important professional protection.
- **Never share personal sexual history or behavior.** You can decline warmly and redirect to the general question — modeling a boundary is itself a lesson.
- **Don't guess.** If you do not know the answer, say so and commit to finding it. "I want to get that right — let me check and come back to you" builds more credibility than an improvised answer.
- **Know your referral points.** Have the school nurse, counselor, and local clinic in mind before class starts, so the Return step is concrete rather than vague.
- **Know your local policies.** Some topics carry legal or district-policy boundaries. STAR still applies. You can acknowledge a question respectfully, stay within policy, and refer the student to an appropriate adult, all without shutting the student down or shaming them.
- **Every question deserves respect.** There is no silly question. The student who asks a sensitive question, even clumsily, even provocatively — is doing exactly what we hope young people will do: seeking accurate information from a trusted adult. STAR exists to make sure they are glad they asked.

Resource List for Educators

Organizations & Websites

MPC: VISTA Program - MPC: VISTA (mpcvista.com) - Professional development for educators on teen pregnancy and HIV prevention - Making Proud Choices

(etr.org/store/curricula/making-proud-choices) - Evidence-based curriculum, available through ETR

SkillFlix for Sex Educators – skillflix.training. Professional development for educators modeling the skills needed to effectively facilitate sex education to youth.

Sexuality Education - American Sexual Health Association (americasexualhealth.org) - Evidence-based resources, fact sheets - Scarleteen (scarleteen.com) - Comprehensive, sex-positive resource for teens - The Trevor Project (thetrevorproject.org) - LGBTQ+ youth support and resources - Advocates for Youth (advocatesforyouth.org) - Youth-centered, rights-based approach to sexual health

Contraception & Reproductive Health - Bedsider (bedsider.org) - Easy-to-understand contraception information - Planned Parenthood (plannedparenthood.org) - Medical information, clinic locator, FAQ - The American College of Obstetricians and Gynecologists (acog.org) - Medical information on contraception

STI & HIV Prevention - CDC Sexual Health (cdc.gov/sti-awareness) - Transmission, prevention, testing, myths and facts - CDC Know the Facts (cdc.gov/sti-awareness/gyt/know-the-facts.html) - STI facts and accurate information - Prevention Access Campaign (preventionaccess.org) - Undetectable equals untransmittable (U=U) - PrEP Facts (prepfacts.org) - Information about PrEP for HIV prevention

Relationship Health & Power - Love is Respect (loveisrespect.org) - Teen relationship abuse resources - Futures Without Violence (futureswithoutviolence.org) - Dating abuse prevention

Racial Justice & Health - Centers for Disease Control & Prevention, Health Disparities (cdc.gov/healthdisparities) - Data and resources - Guttmacher Institute (guttmacher.org) - Research on sexual health and reproduction, including racial disparities

For Students & Families

SkillFlix for Parents and SkillFlix for Parents of Autistic Youth – Skills-based training for parents to learn how to talk about safer sex and healthy relationships with their youth. www.Skillflix.training

General Sexual Health - Scarleteen (scarleteen.com) - Comprehensive, nonjudgmental - It's Perfectly Normal (by Robie Harris, illustrated by Michael Emberley) - Book for teens - Sex and Sensibility (by Deborah Roffman) - For parents who want to talk with teens

Contraception - Bedsider.org - Information on every method, side-by-side comparison - Planned Parenthood and local health departments - Actual access to contraception

STI & HIV - CDC Sexual Health (cdc.gov/sexualhealth) - Information in multiple languages - I Want the Real Facts (iwanttherealfacts.com) - Facts vs. myths - Local health departments - Free or low-cost testing

Relationship Support - Love is Respect (loveisrespect.org, 1-866-331-9474, text START to 22020) - Confidential support for relationship abuse - Crisis Text Line (text HOME to 741741) - General crisis support - National Suicide Prevention Lifeline (988) - Suicide support

Support for Educators

FAQ: Common Challenges and How to Handle Them

“What if a student discloses something that makes me uncomfortable?”

This is one of the most common concerns educators have. Remember: your discomfort is data. It tells you this is important material and you’re creating a space where students feel safe enough to be vulnerable.

What to do: - Thank the student for their trust - Acknowledge what they shared without judgment - If it’s during class, you can pause: “I want to give you my full attention. Can we talk after class?” - Process your own feelings AFTER the student leaves - Debrief with a colleague or supervisor if you need support - Remember: you don’t have to fix their problem. You just have to create the conditions where they feel heard

“What if students are laughing during demonstrations or sensitive content?”

Students laugh when they’re nervous or uncomfortable. This is normal, not a sign you’re doing something wrong.

What to do: - Normalize the discomfort: “Some of you might feel a little awkward right now, and that’s totally normal” - Stay calm and matter-of-fact yourself - Don’t call out the giggling or make it a bigger thing - Keep moving forward with the content - Reframe: “This might feel silly, but condoms save lives”

“What if I don’t feel knowledgeable enough about sex education?”

Almost no educator feels confident teaching this content when they start. That’s not a failure—it’s where you are.

What to do: - This handbook exists to build your confidence - Know the content of MPC inside and out—your students don’t expect you to know everything beyond that - When you don’t know something, say so: “That’s a great question. Let me find out and get back to you” - Use the Resource List (in Back Matter) to direct students to accurate information - Remember: your job is to create a safe space and guide discussions, not to be an expert

“What if my administration questions this content?”

This is a real concern, especially in conservative communities.

What to do: - Know your policy: what does your district or organization require you to teach? - Know the evidence: MPC has strong research support, and you can reference studies - Know your curriculum: be able to explain what you're teaching and why - Have data on teen pregnancy and STI rates in your area - Connect to stated goals: how does pregnancy and HIV prevention align with your school's values and graduation standards? - Invite parents/administrators to see content or training - Use the Introduction section of this handbook to explain the competency framework

"What if a student makes a racist or homophobic comment?"

This will happen, especially when you're creating a safe space for real conversation.

What to do: - Address it in the moment, calmly and directly: "That language is disrespectful. We don't use it in this classroom" - Don't shame the student, but do set a boundary - If it's part of a pattern, talk with the student privately: "Help me understand what's going on" - Reinforce your group agreements - Continue forward

"What if I freeze when someone discloses abuse?"

Your freeze response is normal. What matters is what you do after you unfreeze.

What to do: - Know your mandated reporting requirements in advance - Know who to call and how to contact them - Practice saying: "Thank you for trusting me with this. I need to involve [school counselor/administrator] because my job is to keep you safe" - Know that telling is the right thing, even if the student is upset - Get support for yourself after

"What if I can't relate to my students' experiences?"

You don't have to have lived the same experiences to teach this content well.

What to do: - Know the community where your students live - Invite students to teach you: "I don't have experience with this. Help me understand" - Acknowledge differences without making them weird: "That wasn't my experience, and I'm glad you're talking about yours" - Use the Teaching for Equity section to address systems, not just individual stories - Seek out the perspectives of people from communities you serve

"What if I mess up? I say something wrong or make an assumption?"

You will mess up. Everyone does.

What to do: - Own it immediately: "I said something that wasn't accurate. Here's what I should have said" - Apologize if needed: "That comment reflected a bias I have, and I apologize" - Move forward—don't belabor the mistake or ask for excessive reassurance - Use it as a teaching moment: "This is why it's important to check our assumptions" - Model that mistakes are how we learn

Educator Self-Care and Wellbeing

Teaching about pregnancy, HIV, STIs, relationships, and power takes an emotional toll. This is real work with real weight, and educators deserve support.

Recognizing When This Work Is Affecting You

Teaching about sexuality, especially when students share their own experiences, can trigger your own stories, vulnerabilities, and unresolved experiences. Signs that you might need support include:

- Feeling drained or exhausted after teaching these topics

- Having trouble sleeping or intrusive thoughts about what students shared

- Finding yourself overly invested in a student's decisions

- Feeling anxious or defensive when discussing these topics

- Noticing judgment creeping into your facilitation

None of these are failures. They're signs that the work is real and that you need to tend to yourself.

Setting Boundaries

Boundaries are not coldness. They are the framework that allows you to care sustainably.

Create clear boundaries between your role as an educator and your role as a therapist or counselor. You can care about students' wellbeing without carrying their stories home with you. You can create safety without absorbing their trauma.

Some practical boundaries:

- End your workday with intention. Debrief with a colleague, journal, or just pause before you leave.

- Don't keep students' personal information in your head overnight. Write it down (securely) so you can set it aside.

- Refer students to counselors and therapists for ongoing support, not to you.

- Remember your role: you're a classroom educator, not a therapist.

- It's okay to say no to individual advising that exceeds your scope.

Building Community with Other Educators

The isolation of being the one person teaching this content can be draining. Find or build community.

Attend trainings together with colleagues

Start a professional learning community focused on sexuality education

Connect with educators in your network who teach similar content

Join online communities of sex educators

Debrief with colleagues after difficult days

You don't have to do this alone.

Taking Care of Yourself

This is important to say directly: your wellbeing matters. Not because it makes you a better educator (though it does), but because you matter.

Some practical approaches:

- Prioritize sleep and movement

- Seek therapy or counseling for yourself if you're carrying unresolved trauma

- Take breaks from this content when you need to

- Engage in activities that bring you joy and restoration

- Name what's hard and ask for support

Getting Support

If you're struggling with the emotional weight of this work, reach out to:

- A therapist or counselor (especially one trained in trauma or sexuality)

- Colleagues who teach similar content

- Your school's employee assistance program (EAP) if available

- Professional organizations like AASECT (American Association of Sexuality Educators, Counselors, and Therapists)

- Supervision or consultation through your organization

Remember

This work matters. The fact that it's affecting you means you're doing it with care. Taking care of yourself is not selfish—it's essential.

Reference Materials

Glossary of Key Terms

Affective domain: Learning that involves attitudes, values, and emotions—not just knowledge. Teaching for behavior change requires engaging the affective domain, not just cognitive knowledge.

Barrier methods: Methods of contraception or STI prevention that create a physical barrier between partners—includes condoms, dental dams, and internal condoms.

Boundary-setting: The process of clearly communicating one's limits, needs, and expectations in relationships.

Cognitive-behavioral approach: A teaching approach that combines knowledge building with skills practice and attitude change, based on the theory that cognition, behavior, and emotion are interconnected.

Competency: A skill, knowledge area, or capability that enables someone to perform effectively. In this handbook, we reference 21st century competencies like critical thinking, communication, collaboration, and responsible decision-making.

Confidentiality: The agreement that information shared in the classroom will not be repeated outside the classroom, with exceptions for mandatory reporting.

Condom negotiation: The communication and skills required for partners to discuss and agree to use condoms for safer sex.

Consent: Clear, enthusiastic, ongoing agreement to sexual activity. Consent requires communication, the ability to say no without coercion, and the freedom to change one's mind.

Deficit framing: Teaching that emphasizes what people lack or what they shouldn't do, often through fear-based messaging. This handbook advocates for asset-based framing instead.

Facilitation: Guiding a group or individual toward their own understanding and skills rather than imposing content or answers.

Fidelity: The degree to which a program is implemented as designed. Research shows that fidelity matters—the better educators implement a curriculum, the better the outcomes.

Gender identity: One's internal sense of gender, which may or may not align with sex assigned at birth.

Group agreements: Shared norms and expectations created by a group to foster safety and respect.

Health disparities: Differences in health outcomes between populations, often driven by social determinants and systems rather than individual behavior.

Inclusive language: Language that acknowledges and welcomes diverse identities, family structures, bodies, and relationships.

Mandated reporter: A person legally required by law to report suspected abuse or neglect to appropriate authorities.

Nonverbal communication: Communication that happens through body language, positioning, gestures, facial expressions, and tone—not through words.

Pedagogy: The science and art of teaching.

Positionality: The social, geographic, and demographic position someone holds, which shapes their perspective and experience.

STAR framework: Stop, Type It, Answer with the Type's Move, Return—a framework for responding to sensitive questions.

Systemic racism: Racism embedded in institutions, policies, and practices that advantage white people and disadvantage people of color—not just individual prejudice.

Trauma-informed: An approach that recognizes the widespread impact of trauma and understands potential paths for recovery; it emphasizes physical, psychological, and emotional safety.

Universality: The experience of recognizing that one's feelings, questions, or challenges are shared by others—"I'm not alone in this."

Values: Principles or qualities a person believes are important, such as honesty, safety, respect, autonomy, or health.

Suggested Reading List

About Teaching Sexuality Education

Roffman, Deborah M. *Sex and Sensibility: The Thinking Parent's Guide to Talking Sense About Sex*. Perseus Publishing, 2001.

Clear, thoughtful guidance for educators and parents on why comprehensive sex education matters and how to talk about it.

Harris, Robie H. *It's Perfectly Normal: A Book About Changing Bodies, Growing Up, Sex, and Sexual Health*. Candlewick Press, 1994.

The gold standard for age-appropriate, honest conversations about sexual health with young people.

Kirby, Douglas B., Laris, B.A., & Roller, L.A. *Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People throughout the World.* Journal of Adolescent Health, 40(3), 206-217, 2007.

A comprehensive research review showing what works in sexuality education.

About Adolescent Development

Siegel, Daniel J. *Brainstorm: The Power and Purpose of the Teenage Brain.* Bantam, 2013.

An accessible, research-based explanation of adolescent brain development and why teens act the way they do.

Yeager, David S., & Dweck, Carol S. *Mindsets and Inaccurate Self-Evaluations Undermine Students' Self-Regulation.* Learning and Individual Differences, 22(5), 611-616, 2012.

challenges and ability matters for student engagement and learning.

About Racial Justice and Equity

Kendi, Ibram X. *How to Be an Antiracist.* One World, 2019.

Clear, personal writing on recognizing racism and actively working against it.

Singleton, Glenn C. *Courageous Conversations About Race: A Field Guide for Achieving Equity in Schools.* Corwin Press, 2014.

Practical framework for educators having difficult but necessary conversations about race.

hooks, bell. *All About Love: New Visions.* William Morrow, 2000.

Profound reflections on love, community, and what it means to care for one another.

About Trauma-Informed Practice

Harris, Nadine Burke. *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity.* Houghton Mifflin Harcourt, 2018.

How adverse childhood experiences affect health and what educators can do about it.

About Group Facilitation and Communication

Brookfield, Stephen D., & Preskill, Stephen. *Discussion as a Way of Teaching: Tools and Techniques for Democratic Classrooms.* Jossey-Bass, 2005.

The definitive guide to facilitating powerful discussions.

Nonviolent Communication Center. *Nonviolent Communication: A Language of Life.* PuddleDancer Press, 2015.

Frameworks for communication that honors everyone's needs.

About Values and Decision-Making

Gilligan, Carol. *In a Different Voice: Psychological Theory and Women's Development.* Harvard University Press, 1982.

Foundational work on how people develop moral reasoning and make decisions.

Research on MPC and Related Programs

Sontag-Padilla, L., Ye, F., Firpo-Triplett, R., Lucas, B., Meyer, A., Lanna, S., Ohana, E., & Chinman, M. (2023). Testing a Proof of Concept of an Online Simulator-Based Training for Facilitators of Evidence-Based Sexual Health Education Interventions: A Small Randomized Trial Involving Making Proud Choices. *Journal of Prevention and Health Promotion*, 4(3-4), 381-403. <https://doi.org/10.1177/26320770231197350>

Jemmott, J.B., Jemmott, L.S., & Villarruel, A.M. *The Effectiveness of an HIV/STD Risk-Reduction Intervention for African American Adolescent Females.* JAMA, 2007.

Original efficacy trial of Making Proud Choices!

Coyle, K.K., Anderson, P., Laris, B.A., Barrett, M., et al. *A Group Randomized Trial Evaluating High School FLASH.* Journal of Adolescent Health, 69(3), 427-437, 2021.

Recent rigorous evaluation of comprehensive sex education in schools.

Contact Information and Ongoing Support

MPC: VISTA

Website: mpcvista.com

Email: mpcvista@dfusioninc.com

Research Study Participation:

If you're interested in participating in the MPC: VISTA research study and receiving the full training plus compensation, visit the screener link provided on the website or check the inside cover of this handbook for the survey link.

dfusion Inc.

Website: dfusioninc.com

Email: info@dfusioninc.com

dfusion Inc. is the organization developing MPC: VISTA. For questions about other projects or programs, reach out through their main website.

Making Proud Choices!

Website: etr.org/store/curricula/making-proud-choices/

Publisher: ETR (Education, Training, and Research)

Phone: (800) 321-4407

ETR is where you can order the full Making Proud Choices! curriculum, access trainer support, and find the latest research.

Professional Organizations

American Association of Sexuality Educators, Counselors, and Therapists (AASECT)

Website: aasect.org

AASECT offers professional development, certification, and community for sexuality educators. If you want ongoing training and connection with other educators doing this work, AASECT is the place.

Sex Education Community and Advocacy (SIECUS)

Website: siecus.org

SIECUS advocates for comprehensive sexuality education and offers resources, advocacy, and community connections.

Getting More Training

Participate in the MPC: VISTA research study (see above) for the full 8-hour training including video modeling, simulations, and live feedback.

Seek out local workshops, webinars, and trainings through AASECT, SIECUS, or your state's health education association.
