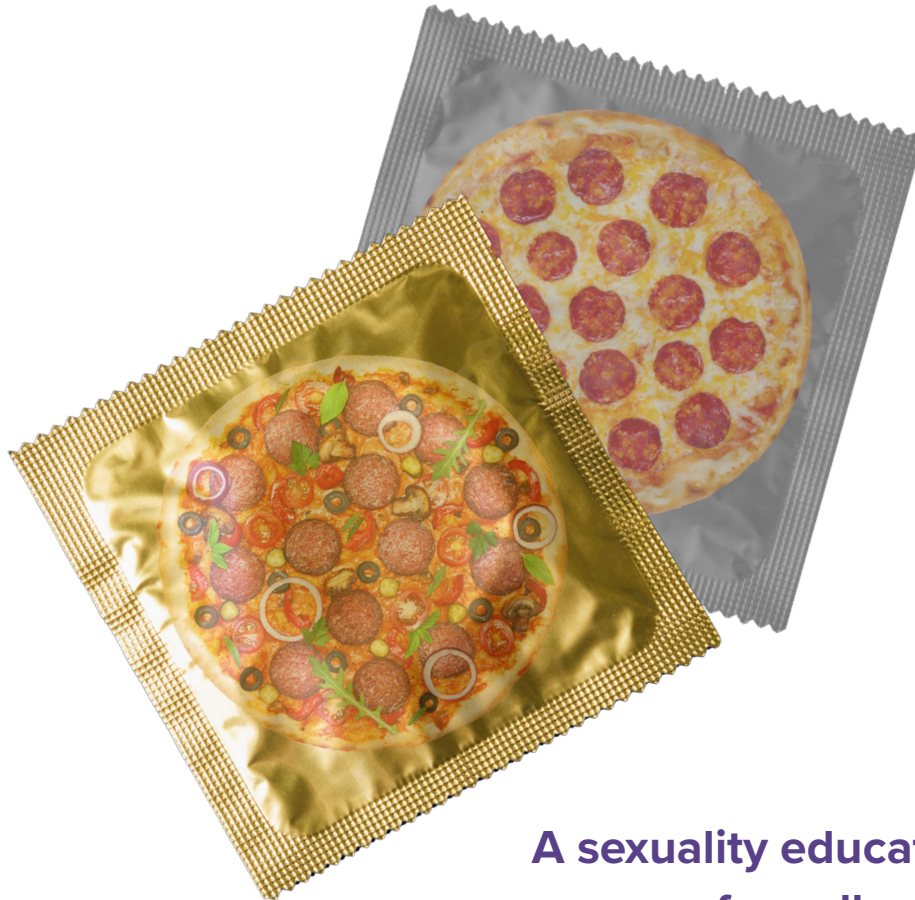


CAP

(condoms and pizza)



A sexuality education program for college fraternities

Fraternities, like other student organizations, can vary widely in terms of their activities and programming. Some fraternities may choose to offer seminars or workshops on sex education or related topics as part of their commitment to promoting healthy behaviors and well-being among their members. However, whether a particular fraternity offers sex education seminars or not depends on the specific fraternity chapter and its priorities. This project is an opportunity to discuss and teach important topics about sex and sexuality with college fraternity members. It takes place over two voluntary sessions which are conducted based on the fraternity chapter president's recommendation, ideally during a regularly scheduled fraternity meeting to maximize attendance. A trained leader engages the students over the course of 30 minutes for each session, while bringing refreshments. Sessions are voluntary, are not recorded, and are conducted for the benefit of attendees.



The Partnership for Male Youth
promoting health for adolescent
and young adult males

CAP Session 1:

COMMUNICATION AND CONTRACEPTION CURRICULUM

Materials

Samples of contraception (multiple condoms), a banana/phallic object for external condom demonstration, pizza, list of local health resources

Location

Somewhere comfortable, ideally with couches – informal setting that promotes conversation

Learning objectives:

1. Recognize the diversity of sexual anatomy
2. Examine the complexity and necessity of consent
3. Better understand methods of contraception

Introduction

Welcome! This is the first of two sessions which will include conversation, condoms, pizza, and dialogue around reproductive health. This is not a lecture. This is not a class. We are here to talk and learn from each other about important topics that we deal with on a daily basis. Some of this is fact based and we'll all have a better understanding of anatomy, contraception, and infections at the end. Part of this will require talking out difficult topics and learn how to navigate topics such as harassment and consent.

Discussion

We will start by discussing sexual anatomy. Which body parts come to mind that fit this category?

Allow for multiple answers. Encourage participation and prod, "what else?"

Make sure to include the brain (where thoughts/desires formed), the mouth (where we talk, ask, and kiss), breasts/nipples, penis, testicles, vulva, vagina, uterus, rectum/anus, and skin

Which is most important?

Don't need answer, just try to get different examples from different people

The mouth – what you say is incredibly important, how you use your mouth, and where you put it, can matter

The anus/ rectum – lots of sensitive nerve endings (helpful so you can differentiate if you're passing gas or a bowel movement) so some people experience pleasure from here

The vulva – this is the external part of the genitals (vagina is the internal part). It is important to recognize the natural variation of what a normal vulva can look like, based on differences in sizes and shapes of labia

The clitoris – this is a 3D model which shows how much larger it is internally and its influence from internal manipulation. Just like a penis, engorges with blood when aroused

Penis and scrotum – also a natural variation in size, shape, direction

When bodies collide. So if different people's body parts connect, what do you want out of a hook up?

Can prompt answers – pleasure, status, experience, practice, relationship, bragging rights

What does your partner want? Is it always the same thing? How do you know?

Start to push and encourage dialogue – how can you know without talking about it/asking? Is consent a consideration? Permission? An agreement? Can include asking what the other person wants, what they like, how something feels.

What's the worst thing that can happen if you ask for consent? What's the worst thing that can happen if you don't?

There are some methods that can aid in preventing infections and / or pregnancy.

Quiz time – how well do you know birth control?

Try to encourage people to guess if no one knows the answers. If certain people know more answers, ask when/how they learned it.

Q. Which can you go to a store and buy right now?

A. External condoms and one type of emergency contraception (EC)

Ask about different types of EC (can explain there is an over the counter pill, usually called “Morning After Pill” or “Plan B” – these can even be bought online. There is also a prescription only pill which is more effective and then also the IUD. All of these methods PREVENT pregnancy and won’t terminate a pregnancy if there is one in place

Q. Which methods prevent pregnancy and sexually transmitted infections (STIs)?

A. External and internal condoms

Emphasize how powerful this makes condoms and how important they are. Can use as opportunity for demonstration for putting on and taking off external condom. Can challenge student to place one on banana/phallic object in room with blindfold. Emphasize steps to also take off correctly

Q. What are the differences between the IUDs?

A. Hormonal vs copper, some can decrease or stop monthly bleeding (in a safe way), can be left in for 3-12 years, depending on which one used. All must be placed in the uterus by a health care provider, fertility can return after removal, 99% effective

Q. How long can the implant stay in the arm?

A. Originally approved for 3 years, studies show that can be effective up to 5 years. Small matchstick shaped rod that goes under the skin, can change periods (for some people decreased bleeding, for others, more bleeding), must be inserted and removed by healthcare provider

Q. How long do the pill, patch, ring, and depo work for?

A. The pill lasts about 24 hours (which is why it needs to be taken around the same time everyday to work), the patch lasts 1 week, and the ring can last for 3 weeks (the ring can be removed during penetration, but it needs to be re-inserted), and the depo shot lasts for 3 months

Is it important to know about these methods? Would a partner care if you knew these things?

Goal is to emphasize the partnership in sex. Even if the method depends on someone else, for a pregnancy to happen, one needs a sperm, egg cell, and place for them grow, often a uterus. When two people decide to have sex, they aren’t necessarily considering all potential outcomes of this, but there are a lot of things in your control. What you bring to this moment matters, how you handle it during (the consent and conversations), and how you react afterwards, matters. You want to be as prepared as possible to make the best possible decisions to make it a worthwhile and pleasurable experience for everyone involved.

Questions?

See everyone next time!

CAP Session 2:

OUTCOMES AND PREVENTION CURRICULUM

Materials

Samples of contraception, pizza, list of local health resources. Banana/phallic object for external condom demonstration

Location

Somewhere comfortable, ideally with couches – informal setting that promotes conversation

Learning objectives:

1. Learn how to differentiate and discuss sexually transmitted infections
2. Review elements of prevention regarding reproductive health
3. Discover what participants can do to improve their sexual health

Introduction

Welcome! This is the final of two sessions which will include conversation, condoms, pizza, and dialogue around reproductive health. This is not a lecture. This is not a class. We are here to talk and learn from each other about important topics that we deal with on a daily basis. Some of this is fact based and we'll all have a better understanding of anatomy, contraception, and infections at the end. Part of this will require talking out difficult topics and learn how to navigate topics such as harassment and consent.

Discussion

Today we are going to focus on sexually transmitted infections (STIs), talk about prevention, and figure out what you can do differently. Please ask questions if anything comes up! Can split people into teams to try to maximize engagement.

First, what is the difference between an STD and STI?

Call on people if no response. Can ask, which would you rather have? **What are the implications of having a disease? The goal of the switch in nomenclature from STD to STI was to show how many of these infections can be asymptomatic and 100% cured or managed without impacting someone's life.** Goal is to destigmatize STIs while learning, not shaming

According to the CDC, how many people in this room probably have an STI?

Okay to laugh and look around. No pointing fingers. **Divide the number of people in the room by 5 (20% of US population has an STI on any given day). And, the numbers are actually higher for those 15-24. It would be an anomaly if no one in here had or has an STI. Everyone has had infections in different places in their body – ear, throat, lungs. Today, we're focusing on ones in the genitals**

What is the most common symptom of an STI?

Nothing (being asymptomatic)! That means if you feel perfectly healthy and have ever had sex, you might have one.

Which is the most common STI?

Many think of chlamydia/gonorrhea, because that's what they/their friends may have been diagnosed with. It's actually HPV – the human papillomavirus. This virus has over 200 types, 40 of them love the genitals, and they can cause warts or cancers, including of the penis, anus, mouth, throat, vulva, vagina, and cervix

What's the best news about this cancer causing virus?

We have a vaccine! 2 or 3 doses, depending on if you start it before the age of 15 (only 2 doses if start it younger). This can be given as young as 9 and FDA supports it through age 45, if there will be potential exposures. This is one of the safest and most studied vaccines, prevents hundreds of thousands of cases of cancer.

Which infections can you diagnose from urine? From blood?

Encourage people to think if they've had tests, if they remember which ones test for what.

Urine samples can detect chlamydia or gonorrhea (both infections that can be 100% cured with the right antibiotics, as long as all relevant partners take the medicine and then wait 7 days). Blood tests can detect syphilis (this can come in stages, can be a painless lesion, and can pretend to go away on its own, even without treatment – it still does need to get treated so it doesn't come back later even worse) and HIV.

What's left aside from blood and urine? Swabs of specific areas (saliva or lesions) can detect HIV, HPV, and HSV – herpes. Throat and rectal swabs can detect gonorrhea and chlamydia, so oral and anal sex means possible exposure.

Bonus question – which one's the clap and why is it called that?

Many people think chlamydia, actually gonorrhea. 2 thoughts why – first is that “clapier” is old French for brothel, where many people think it was well spread. Second is that gonorrhea can produce mucus that can turn into a blockage in the urethra in the penis. People used to take hands (or books or other large objects) and “clap” the penis to dislodge the mucus. Allow groans to ensue.

What's the difference between HIV and AIDS?

Human Immunodeficiency Virus, when untreated, can cause Acquired Immune Deficiency Syndrome (can take ~10 years to develop AIDS). How can HIV be transmitted? Semen, vaginal fluids, blood, and breast milk (and through a placenta if you're pregnant)

How can HIV be prevented? Barrier methods and PrEP. Tell me about PrEP.

Pill or injection that, when taken as prescribed, can make the virus undetectable and impossible to transmit to a partner.

PEP – post exposure prophylaxis – pill that must be taken for a month within 72 hours of possible HIV exposure

Last infection we're going to talk about – HSV or herpes. How many kinds are there?

HSV1 and HSV 2, Both can cause sores on vulva, vagina, cervix, anus, penis, scrotum, butt, inner thigh, lips, mouth throat, fingers, and eyes

It is talked about in a lot of awful ways and unfortunately joked around about too much – but these are just little red bumps that are annoying and painful, but we have medicine to make them go away and prevent recurrence. Best way to know if you have it is by having a lesion swabbed by a healthcare provider

That was a lot of information about infections, so we need to sum it up

Whose responsibility is it? Yours, your partner's, or your healthcare provider's?

Having sex

Acceptable answers: if you decide to have it, the responsibility is yours and your partner's. The healthcare provider is responsible for their own sex if they want to do it (just in a different location and time and not with you). And remember – you are talking to your partner about having sex beforehand (planning), during (making sure they're happy, content, and satisfied), and after (do they want to do it again? If so, what could be different or better next time?)

Getting the pill, patch, ring, depo shot, implant, or IUD

The person with the uterus. And if you remember from last time, the depo shot, implant, and IUD all get inserted/given in a healthcare provider's office

Getting condoms

The responsibility is yours and your partner's (if they want). *Use as an opportunity to throw condoms out to the crowd*

Knowing how to use the condom, even if it's dark

Everyone, but mainly you. *If there's time, can ask for two volunteers who race to put them on a phallic object/banana faster while blindfolded. Emphasize that crowd will make sure it's done correctly*

Getting vaccinated against HPV

Everyone, but especially you if you haven't already

Getting tested for STIs

Everyone who has had a possible exposure, in all possible places (urine, throat, rectum), but something you can and should do if you haven't recently. Healthcare provider can perform these tests. Urine and swabs for gonorrhea and chlamydia. Blood for HIV and syphilis. Swabs for HSV and HPV.

Starting PrEP (pre-exposure prophylaxis for HIV)

Everyone who might be exposed to HIV, maybe you. Your healthcare provider can prescribe it for you ASAP

Waking up in the morning after having had sex without a barrier method

Whose responsibility is it to do something? You can go buy emergency contraception if applicable, start PEP (post-exposure prophylaxis for HIV) if applicable, follow up with healthcare provider for STI testing, talk to partner about how to prevent this in the future

Helpful resources:

Behavioral health (include local behavioral health center here)

Physical health (include clinic/local centers for reproductive health here)

Information about birth control:

<https://www.reproductiveaccess.org/wp-content/uploads/2014/06/2020-09-contra-choices.pdf>

Information about PrEP (Pre-Exposure prophylaxis for HIV)

<https://www.cdc.gov/hiv/risk/prep/index.html>

Information about the HPV vaccine:

<https://www.cdc.gov/hpv/parents/vaccine/six-reasons.html>

STI Information:

<https://www.cdc.gov/std/default.htm>

General health information:

<https://youngmenshealthsite.org/>

<https://www.scarleteen.com/>

www.goaskalice.columbia.edu

www.sexetc.org

www.bedsider.org

Supported, in part, by unrestricted educational grants from
Gilead Sciences and Merck & Company



©2023
The Partnership for Male Youth
Washington, DC
www.partnershipformaleyouth.org
202-841-7475

The **Partnership for Male Youth** (PMY), a non-profit organization founded in 2013, is the only US national organization whose sole focus is on the health and wellbeing of adolescent and young adult (AYA) males, or those between the ages of 10 and 25. Its mission is “to work with and on behalf of AYA males to optimize their health and ensure that they thrive,” and its activities range from research to advocacy in the realm of AYA male health. Its board is composed of nationally known leaders in the field of adolescent health and medicine.

PMY is grateful for the contribution of Samuel Master, DO in developing this curriculum