

PLEASURABLE PEDAGOGICAL POSSIBILITIES: POPULAR MEDIA AND SEX  
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*“Sex sells, but sex education does not.”*

—*Shan Boodram, Instagram Influencer, Intimacy Expert, and Sex Educator*

## **Introduction**

“Never Have I Ever,” that classic high school game during which everyone raises five fingers, and each person says something they have *never* done. If you have done “the thing,” you put a finger down, and the first person with all fingers down loses. Instead of saying something raunchy, as is often expected, I always say, “I have never had a sex education class.” That statement usually eliminates a few people but never elicits too much shock. Rather, common responses include, “Did you at least get the puberty talk where teachers give you a bag of tampons and deodorant?” or “Yeah, my sex education didn’t even count because it was so bad!” or “My sex ed teacher told us that abstinence is the only form of birth control that actually works!” or “I learned more about sex from porn than from any sex ed class I had.” This discourse, which happens with friends, peers, colleagues, and family feels nonchalant and commonplace, like we are numb to the inequalities related to sex education.

This is why I was thrilled when the Netflix robot informed me I would like a new show entitled *Sex Education*, which premiered in January 2019. I was 18 years old, in my first year of college, and emerging into adulthood without any comprehensive sex education. As you do with any good Netflix series, I binged the first season in 3 days. However, unlike other great Netflix shows, *Sex Education* reflected my academic passions, my professional aspirations, and my personal interests in its topics, its characters, and their relationships. I could especially relate to the characters’ confusion about sex and sexuality. *Sex Education* gives voice to the messy, complex experiences of teenagers and adults, illustrating the ways sex education is a life-long

journey that continually shapes our lives (Healy). And every episode felt like the most engaging, raw, genuine lesson plan within my imaginary sex education course.

### ***Sex Education***

*Sex Education* is set in a rural British town and follows the lives of teenagers at Mooredale Secondary School, as well as their parents and Mooredale staff. This, as *The Cornell Daily Sun* notes, allows the show to “showcase how obstacles evolve with age, but remain rooted in the basic issues of insecurity, behavioral patterns, and societal pressure” (Salamon). Otis, the main character and son of a sex therapist, realizes his mother’s gift for sex therapy may be genetic and begins giving advice to students struggling with their sexuality, sexual desires, their ability to communicate, and so on. Soon enough, Otis teams up with another student, Maeve, to create an underground sex therapy clinic for their classmates.

When they are not running the clinic, Otis and Maeve are not afraid to speak out against Mooredale’s sex education programs. For instance, in Season 3, Mooredale’s new headteacher is introduced – Hope. Hope seems refreshing, relatable, and cool at first, but soon after her arrival, she implements sex education courses that cater only to heterosexual relationships and that “demonize sex and focus on scaring teenagers into being abstinent rather than teaching them how to have sex safely” (Redman). Take the scene in episode 4 in which a traditional sex education course that focuses on fear, abstinence, and risk-reduction takes place. More specifically, it’s “complete with inappropriate gender segregation, heteronormative and actively homophobic educational videos, and pro-abstinence lectures from a teen mom. The effects, disturbingly, are immediate: Students seize upon and internalize the nightmare stories and worst-case scenarios” (Rosenstock). As a result, Otis and Maeve speak out to Hope and the health educators. Maeve interrupts a guest speaker, the aforementioned teen mom, and says, “You make sex sound

terrifying, but it doesn't have to be. It can be fun and beautiful and teach you things about yourself and your body. And you should be telling us how to do it safely, not telling us to refrain from being sexually active because it doesn't work.” Maeve is told to leave the room and her peers are stunned except for her best friend who starts a slow clap.

In another classroom, Otis adds to some of his peers' critical questions while watching an “informative video” that features graphics of penises flying all over the screen, saying, “They’re making valid points about this video, which isn’t very informative. It’s just preaching abstinence and homophobia, which is dangerous, and we’re a bit old for flying penises.” The educator responds, “Stop saying penis to me and get out.” Otis’s best friend Eric is baffled and exclaims, “He can’t say penis in sex ed, sir?” This scene is one of many that highlights crucial discourse around sex education and youth’s absorption of it, providing evidence for why a risk-reduction framework that promotes abstinence and fear is not an effective approach. Further, like many other *Sex Education* scenes, this one is not only educational about approaches to sex education, but also has the potential to encourage students to speak in class, to peers, or to family members if a conversation about sex feels shameful or fear-provoking.

It's not surprising, then, why I wasn't the only viewer entertained – the show and its actors have won Emmy Awards and British Academy Television Awards and have been nominated for several MTV Movie Awards. Michael Blackmon writes, “The series as a whole has been acclaimed by critics for its cringingly honest approach to a subject that is difficult for most people to talk about.” Similarly, Sonia Rao of *The Washington Post* claims, “Teen shows often aim to shock or lecture. ‘Sex Education’ tries to empathize” (Rao). Along these lines, Polly Smythe of *The Guardian* recognizes the ways the show tackles taboos from abortion to anal sex in a head-on, educational way, claiming, “Most of the teaching on-screen happens between

peers. This opens up the conversation, so advice can be delivered in a frank way rather than seeming clinical and removed” (Smythe). As Kells McPhillips writes,

It's quirky, raw, and above all, it hits on the nuances of sex and real life scenarios that just aren't as cut and dry as "you slide the condom over the banana." A few examples: Otis struggles to finish while masturbating; Maeve's best friend Aimee ... also masturbates to find out what she likes; a couple has trouble syncing up their libidos because one partner has been cheating; Otis' best friend Eric... experiments with expressing sexuality through his wardrobe.

For these and other reasons, *Sex Education* has remained popular since its debut, with over 40 million views during the first four weeks of its premiere. Hence, my use of *Sex Education* within a teaching curriculum aims to take young people seriously and make sex education more accessible while broadening our understanding of the forms sex education can take.

### **Sex Education in the U.S.**

This is particularly significant because in the United States, sex education is still most often framed as a risk-reduction tool for young people to learn how to avoid sexually transmitted infections (STIs) and unintended pregnancies. While this framework is crucial for sexual safety, it leaves gaps regarding communication, consent, and pleasure. It also ignores the emotional validation young people need throughout their sex education journey and misses opportunities to examine the contours of healthy and respectful relationships. These are essential aspects of sex education, because they help students “develop skills such as critical thinking, communication and decision-making that empower students to take responsibility for and control of their actions and help them become healthy, responsible, productive citizens” (UNESCO 1). Further, while

abstinence-based sex education may be seen as preventative, it often is not<sup>1</sup>. Laura Lindberg, a research scientist at the Guttmacher Institute highlights a helpful analogy along these lines when she writes, “We tell people not to drink and drive. We don't teach them not to drive [...] We would never withhold information about seat belts because they wouldn't know how to protect themselves” (McCammon). Further, abstinence-based sex education is more likely to emotionally harm marginalized students and underprepare them regarding how to avoid adverse sexual health outcomes.<sup>2</sup> Additionally, risk-reduction sex education frameworks are often heteronormative, situating anything other than heterosexuality as abnormal. As Marisa Ragonese, Christin Bowman, and Deborah Tolman write, “These risk narratives socialize students to adopt narrow constructions of heterosexuality and to abstain from sex, rather than appreciating both the risks and pleasures of sexuality, and learning to critique and rework the world around them” (304). Students of all sexual identities and orientations should feel validated and acknowledged in their sex education process, and referencing the act of sex as *only* vaginal-penetrative intercourse can evoke feelings of shame and fear, often leading to apprehension and discomfort regarding sex education and sexual experience.<sup>3</sup> Because of this, the Sexuality Information and Education Council of the United States notes it is crucial for sex

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<sup>1</sup> According to the *Washington Post*, “The CDC examined scientific evaluations from 66 comprehensive risk reduction programs and 23 abstinence-only programs. The CDC found inconclusive evidence that abstinence-only programs helped young people delay sexual initiation; nor did they change other behaviors. In contrast, CDC found comprehensive programs had favorable effects on multiple adolescent behaviors, including sexual initiation, number of sex partners, frequency of sexual activity, use of protection (condoms, oral contraceptives, or both), frequency of unprotected sexual activity, sexually transmitted infections and pregnancy.”

<sup>2</sup> UNESCO adds to this conversation and writes: “review of sexuality education policies and programmes in the United States showed that abstinence-only programmes withheld pertinent sexual health knowledge; provided medically inaccurate information; promoted negative gender stereotypes; stigmatized young people who were sexually active, pregnant or parenting; and marginalized lesbian, gay, bisexual, transgender and intersex adolescents” (3).

<sup>3</sup> According to numerous studies that research the perspectives of gender and sexual minority youth (GSMY) in sex education programs, “Supplying only heteronormative education contributed to poorer mental outcomes for GSMY. Non-heterosexual, non-binary, and gender-nonconforming individuals and their behavior were often pathologized in the education presented, leading to internalized homophobia, increased depression, increased anxiety, and self-loathing in GSMY” (Rabbitte).



education to “affirm and humanize sexual experiences” in order to “acknowledge that sex education is about the broader social implications of teaching young people to respect themselves, their bodies, the autonomy of their peers, and to be able to decide for themselves if, when, and how to make their own sexual and reproductive health decisions” (Vianna and Harley).

Conversely, comprehensive sex education has the ability to mitigate these stigmas and make youth feel vulnerable but valuable, supported, and called to action. As Leslie Kantor and Laura Lindberg note, comprehensive sex education does not overlook “key aspects of young people’s current and future sexual lives, including the ability to form and maintain healthy relationships; the right to decide whether, when, and with whom to engage in sexual behavior; and the fact that sex should be pleasurable, to name just a few” (145). Hence, a sex education program should not be limited to a narrow set of topics that only aim to protect youth from potential risks. According to Advocates for Youth, comprehensive sex education includes “information appropriate to students’ development and cultural background. It should include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, asexuality, gender identity, and sexual orientation” and “should treat sexual development as a normal, natural part of human development” (Bridges and Hauser). This creates a more accessible, pleasure-driven, empowering space.

### **Theoretical Frameworks**

Along these lines, attention to feminist theories of embodied knowledge would arguably help sex educators *affirm* and *humanize* youth. Embodied knowledge does not see the body only as an anatomical being, but, rather, as an archive of emotions, experiences, intimacy, and in turn,

challenges dominant Western thought, which authorizes, produces, and disseminates knowledge from a distance. For instance, Allison Jaggar discusses the feminist reclaiming of the *felt*, which challenges the “positivist claim that the intrusion of emotion only disrupts the process of seeking knowledge and distorts the results of that process” (Jaggar). As a result, I seek to revalue, reclaim, recenter, ask questions about, and celebrate embodied knowledge. More specifically, emotions are not obstacles in the process of seeking knowledge around sex and sexuality; rather, they are assets. Drawing on the work of Cindy Cruz, this project legitimizes the body itself as an archive of knowledge because, as she points out, “Too often theory is left without a body, without an acknowledgment of its origins” (668). Sex education cannot attempt to teach youth about their body without acknowledging the importance of embodied knowledge. Hence, a comprehensive, liberatory sex education curriculum carefully listens to and takes seriously the minds and bodies of youth.

Further, given my interest in media studies, I also take seriously the relationship between youth popular culture, resisting hierarchies that situate media literacy as subordinate. In this way, I heed Catherine Lumby’s call to “think about how scholars in the feminist media studies field might use popular culture not only as an object of study but equally as a tool for thinking” (97). Youth are engaged with popular media, and comprehensive sex education should meet them where they are in an effort to extend empathy, care, and serious consideration. Keren Eyan and Keli Finnerty support this notion when they write, “Considering the embarrassing nature of sexual topics, adolescents may often prefer the more discrete and confidential information that they can obtain from media over conversations with health professionals about this topic” (144). My project asks, what if a sex education course did both – provided students with media and conversations with health professionals? The use of popular media is additionally important

because students deserve pleasurable pedagogical possibilities. More specifically, Kath Albury observes “how teachers reject television in favour of reading books, in order to privilege ‘education’ over ‘entertainment.’ For the students, this delineation foreclosed any sense that pedagogy might be pleasurable” (34). Similarly, Ragonese, Bowman, and Tolman claim this approach “provides youth with tools to challenge the ubiquitous iterations of sexism in the media, and encourages young people to improve their media literacy so they can push back against these damaging messages” (316). Giving students skills to critically consume information from popular media, then, is an act of extending care, and students deserve to feel cared for as they vulnerably learn about sex and sexuality.

### **Methodologies**

My ultimate goal with this project, then, was to design a comprehensive sex education curriculum. Based on my research, this curriculum should be culturally, socially, and emotionally-informed. My commitment to a culturally and socially-informed curriculum manifests in my engagement with popular media. Similarly, my commitment to pleasurable pedagogical possibilities situates my lesson plans as emotionally-informed. As Emily Pingel et al. write, “Until sex education becomes officially acceptable to and inclusive of all its recipients, alternatives to learning about risks and protective practices are essential” (294). Taking seriously the pedagogical potential of popular media and successively equipping students with critical media skills is a critical alternative on which my project relies.

Further, each lesson plan relies on 2-3 guidelines from the *National Sexuality Education Standards* (NSES), published by the Future of Sex Education Initiative in 2011.<sup>4</sup> These standards

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<sup>4</sup> Other available standards include “*Guidelines for Comprehensive Sexuality Education, K-12*, which were first published by the Sexuality Information and Education Council of the United States (SIECUS) in 1991 and have been updated twice (most recently in 2004)” (Kantor and Lindberg 145). My lesson plans reference the *National Sexuality Education Standards* because they were published most recently.

“identify learning objectives in key areas that embrace a broad view of sexuality, including relationships, gender, skills for health and wellbeing, and sexuality and sexual behavior” (Kantor and Lindberg 145). Each plan aims to give students the skills to understand these standards, which are communicated through an array of engaging and intriguing activities that allow for different types of learning. For example, activities range from writing phrases or words from the scenes that depict healthy communication to students acting out relational situations to understand how to communicate boundaries to reviewing terminology handouts about the body and pleasure.

Additionally, students learn the importance of the NSES through discussing scenes from *Sex Education*. For instance, two scenes from season 3 illustrate different types of healthy communication and skill sets. One depicts communication between two people – one of which has a physical disability – about how to pleasure each other and build intimacy, knowing their bodies work in different ways. Another depicts communication between a male-identifying person and a non-binary person about how they honor their differing sexual identities while having romantic feelings for one another. Both feature tangible communication skills for students to learn how to navigate intimacy and pleasure with different bodies, how to tell a partner what is most pleasurable, and how to maturely and effectively communicate “expectations and boundaries for a romantic relationship” (Redman).

Woven throughout these activities and scenes, often at the end of each lesson, are journal prompts that support students’ independent learning and internal reflection. For some students, unpacking these scenes aloud with the class may feel uncomfortable, so providing a space for them to write about their thoughts is crucial. A recent survey of undergraduate students highlights many benefits of journaling in the classroom for students and educators. Findings

showed an increase in student preparation and engagement due to reflective journals; and for educators, researchers note, “It is difficult to know the level of engagement and introspection of some students, especially those who are more reserved, and [reflective journaling] offered another lens for assessing student participation” (Sage et al.).

### **Analysis**

My first lesson plan resists a risk-reduction framework by giving students a toolkit for navigating decisions about sexual experiences and personal boundaries. Rather than telling students *not* to engage in sexual behaviors because of unwanted risks, this plan helps them understand and center their bodily autonomy. In order to teach students feasible, tangible skills relevant to both intimate or romantic and other relationships, this lesson converses with the following NSES objectives:

- Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
- Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.

These standards are foundational for students to develop healthy communication skills, which are substantiated through the activities, scenes, and journal prompts.

Activities one and two, which establish classroom rules and address apprehension, fear, and awkwardness, are not necessarily specific to *this* lesson and can be implemented to introduce a sex education course and engaged throughout. Activity five, in which students communicate with their peers about personal boundaries, helps them understand how to confront awkwardness and discomfort in service to developing mature, healthy communication skills. This is important, because if a sex education course educates students on risks, they should simultaneously be

introduced to various communication skills including, but not limited to, how to “say no.” For instance, Kantor and Lindberg note, “Indeed, a recent study found that school-based sex education that included instruction in refusal skills prior to college was protective against the likelihood of experiencing sexual assault once in college” (147). Along these lines, centering communication proves to be more effective in lowering unwanted births, abortion, and STI rates (Lehmiller). Lastly, the three journal prompts ask students to think about the tangible skills they are developing and to acknowledge the ways their emotions may have changed since the beginning of class – hopefully resulting in less apprehension and fear regarding learning about sex and communication.

The two scenes from *Sex Education* this lesson centers portray healthy communication in two different ways. The first scene depicts Maeve, who is interested in pursuing intimacy with Isaac, who is not sure how because he is physically disabled. Isaac can see Maeve is unsure how to navigate the situation and says, “If you put your hand on my chest, I’ll show you [what I can feel].” Maeve then asks if she can take his shirt off, and Isaac proceeds to ask Maeve where she likes to be touched. The scene illustrates the ways sexual experiences might be messy, confusing, and awkward but also sexy and mutually consensual. Rather than “the world-ending love narratives typical to Young-Adult media,” these scenes highlight more authentic relationships and how sex is not always the easiest, sexiest thing to navigate (Healy). As Millie Mae Healy claims, “Instead of drawing teenage melodrama or dismissing adolescent feelings, the show exists in a refreshing in-between that acknowledges that all the main characters are changing and confused but still treats their feelings with the respect they deserve.” For example, as Megan Barnett notes, so many films and television series often portray characters in a heterosexual interaction as immediately and effortlessly ready for penetration. However, this “can have a

damaging impact on people, whatever their age and level of sexual knowledge, as most people require some level of stimulation and lubrication in order to have intercourse” (Barnett). Writing about unrealistic portrayals that depict fantastical, perfect, and bodacious sexual interactions, Barnett argues this has the potential to invoke a sense of sexual inadequacy in youth if they do not climax simultaneously, let alone know how.

The second scene illustrates intimacy, maturity, and healthy communication between a non-binary person (Cal) and a cisgender man (Jackson). While they are kissing, Cal explains to Jackson that if their relationship progresses, they would be in a queer relationship and asks if he would be okay with that. Later on, Jackson says, “I just don’t think I’m queer.” This scene is refreshingly mature, as we see two characters clearly express their desires and personal boundaries. Cal makes it clear they do not want Jackson to view them as their girlfriend, and Jackson realizes he may have trouble with that. When they realize their expectations are disconnected, they continue to exhibit healthy, mature communication skills and continue their blossoming friendship instead.

Both scenes teach students that communicating boundaries is not limited to sexual desires; the ways a person wants their sexual orientation/identity to be validated in a certain way is an important boundary to understand and communicate. Emphasizing communication skills, rather than primarily focusing on sexual risks and dangers, lays the foundation for students to know how to communicate about their sexual desires, sexual orientation, and relationship boundaries. We can see the benefits of this by taking a closer look at Holland, where the predominant paradigm for sex education is comprehensive. More specifically, “the Dutch have [one of the lowest rates](#) of teen pregnancy, abortion, and STIs in the industrialized world. For

example, rates of chlamydia among Dutch teens are half of what they are in the U.S., while rates of HIV are just one-third the U.S. rate” (Lehmiller).

The second lesson plan focuses on pleasure, another essential topic often overlooked. As Planned Parenthood writes, “People worry that teaching children how to seek pleasure in their relationships will encourage them to have unprotected sex before they're ready.” However, “Not only are students who are given comprehensive sex education choosing to have sex at a later age, but they're also more likely to use birth control when they do have sex.” Although there are no NSES that directly reference pleasure, many connect, such as:

- Describe the human sexual response cycle, including the role hormones play.
- Describe a range of ways to express affection within healthy relationships.

To aid students in understanding and beginning to learn how to apply these skills, I begin with a terminology hand-out that defines words and phrases like love, making love, sex, orgasm, and masturbation, because educators should not assume students are instinctively knowledgeable along these lines.

The activities aim to support students in their endeavor to seek and comprehend pleasure in relationships and independently.<sup>5</sup> Activity two constructs a conversation about the role the brain plays in accessing pleasure, enabling students to think about pleasure organs in a unique way. This activity relies largely on theories of embodied knowledge by resisting the narrative that pleasure is only achievable through one's reproductive organs. Additionally, acknowledging the brain as the biggest pleasure organ is a great way to resist evoking feelings of shame. More specifically, this helps students resist thinking something is *wrong* with them if they do not feel pleasure effortlessly and immediately. Activity three educates students about the human sexual response cycle with diagrams and discussion; however, I intentionally put this activity last so

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<sup>5</sup> See Planned Parenthood quote above.



they are encouraged to learn about this cycle and simultaneously critique, add to, and question it. Therefore, students learn about the human sexual response cycle as *a* process to feel pleasure, not the *only* process. That way, if their own sexual response cycle does not correlate with the graphs provided, they don't feel "abnormal."

Following this activity, I chose three scenes from *Sex Education*, all from one episode that follows one character (Aimee) and her journey of finding pleasure with a partner by first finding it within herself. In these scenes, we see Aimee's partner call her out for acting performatively during sex. He asks, "Do you actually want me to do any of that stuff? Tell me what you want." Aimee is in shock and seeks out Otis for help, saying to him, "I don't know what I want. No one's ever asked me that before [...] I'm always fake." Otis encourages her to find out what she enjoys by herself, which Amy initially responds to with disgust. Otis then acknowledges there is more of a taboo and feelings of shame around women masturbating but that should not stop Aimee from learning what feels good for her body. This discourse is *crucial* for students, because sex is often considered an act that is instinctively pleasurable for both parties. Conversely, *Sex Education* sheds light on how seeking pleasure can be complex, awkward, and scary. Aimee faces her fears around masturbation in the next scene and quickly finds what feels good for her body, which she restates to her partner the next time they are intimate. Subsequently, they are able to have mutually pleasurable, penetrative sex without Aimee feeling pressure to fake anything. A woman learning how to prioritize her pleasure and take ownership of her body is an empowering lesson for high school students that would likely be overlooked in a risk-reduction or abstinence-based approach to sex education. Students of all genders deserve to learn "there are endless ways to give and receive pleasure, and it's completely

healthy to experiment with what works best for us personally,” because uncovering pleasure that is unequivocally *theirs* gives students a sense of internal power (Sarmiento).

The following journal prompts are a space for students to internally reflect on the scenes and pleasure. For instance, some of the questions ask students about what Aimee calls “faking it,” if they think this term is gendered, and if they can think of a time that they pretended to enjoy something – like an event or gift. I also followed the journal prompts with a true or false activity to debunk some myths and verify truths that I wish I would have been taught. With porn as such a popular form of media for high school students, it’s important to acknowledge they may think of pornographic representations of pleasure as *reality*.<sup>6</sup> The concluding activity asks students to submit three sentences about something they learned, unlearned, and are still confused about, another way for them to reflect and for educators to think about what *resonated* with students and which topics may need more time.

The third lesson plan provides a comprehensive and positive education about the risk of STIs. Although my lesson plans resist a risk-reduction framework to sex education, they do not seek to *downplay* potential sexual risks. The following NSES seek to educate students about such risks, not scare them away:

- Describe common symptoms of and treatments for STDs, including HIV.
- Explain how to access local STD and HIV testing and treatment services.
- Demonstrate skills to communicate with a partner about STD and HIV prevention and testing.

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<sup>6</sup> According to a survey about youth’s exposure to internet pornography, 72.8% of participants (from a survey size of 563) said they had seen online pornography before the age of 18. They add that “most exposure began when youth were ages 14-17,” which is the exact age of high schoolers (Sabina and others). Critical media studies has a lot to offer on the discourse of pornography as a part of sex education, acknowledging its educational qualities. Kath Albury even writes that “porn literacy [is] being debated as a potential addition to the secondary state school curriculum in the United Kingdom and Australia.” While this discourse would add nuance to my project, due to the scope of my project, porn literacy and pornography’s pedagogical potentials will not be a main topic.

Resisting shame and fear, this lesson provides a well-rounded education about how to prevent, understand, treat, and communicate about STIs. Even though abstaining from any type of sexual contact is typically the only way to avoid *any* risk, this lesson does not focus on abstinence. Rather, it acknowledges the high percentage of sexually-active high school students and gives them a toolkit of resources so that STIs are not taboo.<sup>7</sup> Learning how to destigmatize STIs, then, necessitates conversations in which students unlearn stereotypes.

Starting conversations about STIs, especially with youth, can be challenging because of what they need to unlearn. Along these lines, Sara Bender and Carlie Hill note, “Misconceptions regarding the cause(s) of sexually transmitted infections have led to a number of prejudices against those with such diagnoses. A fear of being the object of prejudicial attitudes and behaviors leaves many individuals concerned about the social stigma of an STI diagnosis.” Therefore, the key to these conversations is to deconstruct the stigma of STIs with honesty and probably some discomfort.

Activity two lays out foundational, destigmatized facts about STIs, such as:

- Anyone – no matter gender, sex, race, socioeconomic status, sexuality, relationship status – can become infected with an STI.
- STIs are not a punishment for people who have been with many sexual partners.
- Many STIs present asymptotically, so getting tested regularly is a respectful duty.

Hearing the phrase “sexually transmitted disease (or infection)” can be scary and make students fearfully jump to inaccurate conclusions. Writing these facts on the whiteboard for students to refer to throughout the lesson is an effective way to debunk myths students may have learned from inaccurate media representations or uneducated conversations.<sup>8</sup> Figure 1 helps students

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<sup>7</sup> According to the CDC, over half of U.S. teens have had sexual intercourse by the age of 18.

<sup>8</sup> According to Alexandra Sifferlin, the average teenager in the U.S. sees around 15,000 references to sex on TV each year. This fact gives more reason to why sex and sexuality *should* have a place “in classroom settings, with

understand how common and burdening STIs are for youth, emphasizing the importance of testing and prevention methods. Figure 2 is a handout students can reference when they have questions about STIs, symptoms, and treatments. The list of STIs is lengthy, so for brevity's sake, I chose a handout that focuses on the most common.<sup>9</sup> After reviewing the handout, the educator should emphasize the difference between STIs that stay with you for life and are *treatable* versus ones that are *curable* to lessen students' stress about potential or confirmed STI diagnoses.

At this point, students will examine the next two scenes from *Sex Education* in which there is an outbreak of chlamydia at Moordale. These scenes show the panic, fear, and blame the presence of STIs can create when Moordale students stigmatize STIs and “slut-shame” their peers. A student named Fiona is being slut-shamed and blamed for the chlamydia outbreak because of the assumed amount of sexual experiences she's had. Two characters who contracted chlamydia flee to Otis for advice and exclaim Fiona “put her slutty mouth all over our shared pitch whistle, so that's how we caught it!” However, Otis responds, “Can we please stop slut-shaming Fiona? She has had a full sexual health check-up and is clear of STIs.” Otis then notes neither of them had sexual contact with Fiona, so even if she did have chlamydia, they can't contract it from casual contact. In the following scene, Otis speaks to Owen, who gave some of his peers chlamydia. Owen tells Otis he got tested and treated but did not tell his sexual partners because he was ashamed. Otis responds, “It is not shameful to have chlamydia, but it is wrong to lie about it.” This line is *key* for students to hear as they embark on their sexual

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highly qualified, credentialed teachers, who know how to have those conversations. Because a lot of parents don't know how to have that conversation when they're sitting next to their kids and it comes up in a TV show. Everyone is feeling a little awkward,” as the president of the Fremont school board says.

<sup>9</sup> According to the CDC, people ages 15-24 only make up 13% of the population but account for 22% of syphilis cases, 42% of gonorrhea cases, and 62% of chlamydia cases.

journeys, especially because, statistically, they are very likely to have some interaction with STIs.<sup>10</sup>

The following activities give students space to critique anything about these scenes and develop with more beneficial, respectful ways to communicate clearly about STIs. For instance, the educator can ask the students for their opinion on whether slut-shaming plays a role in the stigmatization of STIs and if they think the way in which Otis confronted Owen was beneficial. Still, the scenes do not address the prevention of STIs, so discussion should begin by asking the class to name safe sex measures of which they are aware with the educator intervening *if* the students can't think of additional measures. The educator should then open up a condom, internal condom, and dental dam in front of the class, show them how to use each one, and pass them around so students know what they feel and look like. After these demonstrations, students will watch a Planned Parenthood educational video describing what *safer sex* means in conversation with preventing STIs – this way, students have both real-life and media representations of prevention methods, allowing for and normalizing different types of knowledge production that can help students decide which prevention methods are effective and pleasurable (Reynolds 8). Similarly, the last activity requires students to research nearby STI testing and treatment centers so they learn how to take advantage of resources available in their communities. Each student, then, will be more equipped to destigmatize STIs and access tangible safer sex methods, including testing and treatment.

## **Conclusion**

While these lesson plans are more comprehensive and inclusive than those that primarily rely on risk-reduction and abstinence-only frameworks, they are not exhaustive. With more time

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<sup>10</sup> According to the CDC, “estimates indicate about 20 percent of the U.S. population – approximately one in five people in the U.S. – had an STI on any given day in 2018.”

and additional scope, I would address other comprehensive sex education topics identified by Advocates for Youth, namely “information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, gender identity, and sexual orientation.” More specifically, while my project *does* grapple with safer sex technologies, relationships, gender identity, sexual orientation, the limitations of abstinence-only education, and skills that help youth take “personal responsibility for their health and overall well-being,” it does not address puberty, reproduction, sexual violence, and body image, to name a few (Sexuality Education). Further, if I had more time, my project would also address sex education funding, especially states that fund comprehensive sex education initiatives.

Additionally, while I admire *Sex Education* considerably, I share the sentiments of Saba Mahmood, who situates critique as a practice of care. More specifically, she argues critique can create space “to stay with a problem, to dwell on its multiple complexities, to push against one's own inadequacies of comprehension, and, moreover, to savor the slow process of discovery” (Fernando 15). Along these lines, while *Sex Education* gives voice to the messy and complex experiences of teenagers, it sometimes relies on classic-teen-melodrama stereotypes in which magical-simultaneous orgasms occur with little to no effort or in which hook-up sex is portrayed as “world-ending” love making. At times, the show also struggles to illustrate healthy, mature communication. For instance, as Tess Redman notes, “One of the worst examples of unhealthy communication being Isaac’s failure to tell Maeve about [Otis’ voicemail he deleted] until after she kissed him.” Further, some critics write about how Headteacher Hope’s storyline is unconvincing, unoriginal, and generally does a disservice to IVF storylines. *Sex Education* tries to give viewers an understanding of Hope’s educational malpractices, such as the aforementioned traditional, demonizing sex education class, by shedding light on her difficulties getting

pregnant. However, her IVF storyline was left dangling in Season 3 and may seem “more like a device used to generate sympathy with Hope and the darker aspects of her character, rather than an authentic attempt to unpack her trauma” (Robinson). With more time, I would create more space for students to learn how to more saliently discuss and critique *Sex Education* and this curriculum. That way, students would have more space and time to decide whether *Sex Education* supports, comforts, or undermines their educational journeys. Still, this project – in which my imaginary sex education lessons have come to life – has challenged me to question my assumptions and analyses, allowing me to “savor the slow process of discovery.”

## **Lesson Plan 1**

**Title: The Backbone of Relationships and Intimacy: Healthy Communication**

**Theme: Introduction to Sex Education**

**Audience: High School (ages 14-18)**

**Materials: The Netflix Series *Sex Education* and Index Cards**

### **Objectives (from the National Sexuality Education Standards):**

1. PR.12.IC.1 Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors
2. HR.12.IC.2 Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.

### **Activity One: Classroom Rules**

Before getting to the bulk of any curriculum material, it's important to establish expectations to which students and teachers should be held accountable. This is a great way to loosen up the students, because they might be feeling awkward, uncomfortable, ashamed, etc. Grab a big sheet of paper or dedicate a space on the whiteboard (or chalkboard) to not be erased. Then divide the students into small groups to develop two crucial classroom rules for themselves, their peers, and their teacher. After a few minutes, ask each group to write their rules. Open the space up to critiques, questions, additions, etc.

Some examples include:

- Every person has the right to be heard and given the space to speak.



- We will treat others with respect whether we agree or disagree with what they have to say.
- Speaking over each other will not be tolerated.

### **Activity Two: Addressing Apprehension, Fear, & Awkwardness**

Sex education is stigmatized unlike any other school subject. Some of this is rooted in our discomfort and apprehension to speak openly about sex, sexuality, and relationships. So, let's face the awkward head-on starting with an awkward scene from *Sex Education* in which Otis's mom, Jean, who is a sex therapist, visits Moordale to talk about their sex education curriculum.

[Season 2, Episode 2. Start at 9:43, and end at 12:03]

After watching this scene ask questions such as:

- Was that scene awkward? Did you feel awkward watching it? Why?
- Do certain words about sex, sexuality, and relationships provoke a feeling of discomfort? Can we make a list of them and say them aloud so we get used to this course's vocabulary?
- Why do you think students feel uncomfortable when talking about sex and sexuality? Consequently, why do students commonly laugh when sex is discussed?
- How might we validate feelings of curiosity and confidence alongside discomfort?
- What does the word sex mean to you? Do you think there is one objective definition or are there multiple, subjective definitions?

### Activity Three: Communication Scene #1

Watch in class [Season 3, Episode 4. Start 35:41, end 38:41]

→ After watching the scene, unpack what the scene portrayed with prompts, such as:

- ◆ Tell me what's going on in this scene.
- ◆ What types of emotions did you feel as you watched this? Awkward?  
Uncomfortable? Content? Confused?
- ◆ Are you used to seeing this type of communication before intimacy in movies/shows you watch?

→ Rewatch the scene *again* and ask students to take notes about how Isaac and Maeve communicate.

◆ List types of communication skills that can be used in an intimate setting:

- Verbal Communication
- Non-Verbal Communication
- Intentional Listening
- Regular Check-Ins

◆ Tell students to write notes about Isaac and Maeve's communication on a sticky note then place it under one of the above communication skills.

◆ Communicate to students that each sticky note may not fit perfectly with one communication skill – encourage them to put those off to the side or to develop a more appropriate communication skill.

◆ Have a conversation about how this scene debunks the following myths about the intersection between *disability* and *sexuality*:

- **Myth:** People with disabilities are sexually inadequate.

- **Myth:** People with disabilities lack a sex drive.
- **Myth:** People with disabilities are hypersexual and have uncontrollable urges.

**Journal Prompt:**

Choose from the following prompts. Feel free to respond to one or all:

- Can you think of a time when you either communicated well with another person about something? (Does not have to be intimate.) What communication skills did you use that Maeve and Isaac either did or did not?
- Communication can be sexy, right? If you find yourself in an intimate situation, how would you communicate with another person about personal boundaries? Would you employ different communication skills when talking to a friend about personal boundaries?

**Activity Four: Communication Scene #2**

Watch in class:

1. [Season 3, Episode 7. Start 34:50, end 37:40]

2. [Season 3, Episode 8. Start 25:20, end 26:53]

→ Afterwards, unpack what the scene portrayed.

- ◆ Tell me what's going on in these two scenes.
- ◆ What types of emotions did you feel as you watched? Awkward? Uncomfortable? Content? Confused?

- ◆ Are you used to seeing this type of communication during and after intimacy in movies/shows that you watch?

→ Watch the second scene again and ask students to write down words/phrases/actions that illustrate healthy and mature communication.

- ◆ Examples:

- Cal making sure Jackson understands he would be in a queer relationship because Cal is non-binary. Asking if Jackson would be okay with that → \*\*consent is important within and outside of sexual behaviors and relationships\*\* → make sure to make this known to the students.
- The follow-up between Jackson and Cal after an awkward interaction; asking to talk about it.
- Jackson clearly saying, “I just don’t think I’m queer.”
- Assuring each other they both like one another but have different identities.

### **Activity Five: Partner Up!**

→ The teacher should write on pieces of paper:

1. You are interested in pursuing a romantic relationship with this person.
2. You are interested in pursuing a friendship with this person.

→ Tell students they will be given a piece of paper with a relational motive that is different from the other person’s motive.

→ Give students 5 minutes to have a conversation with each other (with the hope they will know more about how to effectively communicate their boundaries).

→ Come back together as a group.

→ Unpack the activity!

- ◆ How did that feel? Were you uncomfortable? Did it feel realistic? Why or why not?
- ◆ Were you able to communicate your boundaries effectively? How so?
- ◆ Were you able to listen intentionally while communicating your boundaries as they relate to intimacy and sexual behavior? How so?

### **Journal Prompt:**

Choose from the following prompts. Feel free to respond to one or all.

1. If you had to, how would you draw what healthy communication looks like?
2. Are you leaving this lesson with tangible skills?
3. How are you feeling now in comparison to the beginning of the course? Less apprehensive and fearful? More? Why?

→ After 10 minutes, create space for students to share if they want to. This way, we are intentionally listening, learning from each other, developing a sense of relatability between peers, and respecting different take-aways.

### **Suggested Homework:**

→ Homework:

- ◆ Watch any *Sex Education* episode that intrigues you and write about scenes that portray healthy (or not so healthy) communication.

→ Websites/Resources:

◆ [How to set relationship boundaries | love is respect](#)

- Love is Respect is a project of the National Domestic Violence Hotline and offers 24/7 support (through free and confidential live chat/text services), advocacy, and support for young people who are curious or concerned about relationships.

**Lesson Plan 2**

**Title: Possibilities of Pleasure**

**Theme: Introduction to Sex Education**

**Audience: High School (ages 14-18)**

**Materials: The Netflix Series *Sex Education* and Sexual Terminology Handouts**

**Objectives (from the National Sexuality Education Standards):**

1. AP.12.CC.1 Describe the human sexual response cycle, including the role hormones play.
2. HR.12.CC.2 Describe a range of ways to express affection within healthy relationships.

**Activity One: Sexual Terminology [Handout]<sup>11</sup>****Sexual Terminology****Teacher Guide**

<b>Terminology</b>	<b>Define each term. What are the possible meanings for this term?</b>
<b>Love</b>	<ul style="list-style-type: none"> <li>▶ loving non-sexual affection – the kind of emotion that binds children and parents</li> <li>▶ emotions such as generosity, charity, kindness, respect, and trust all connote love</li> <li>▶ romantic or passionate love, sexual desire and arousal play a part in the definition of love</li> <li>▶ love can be lasting, mutual and reciprocal</li> </ul>
<b>Making Love</b>	<ul style="list-style-type: none"> <li>▶ though this term is often used to describe sexual intercourse, it may also depict other sexual acts or activities as listed below</li> <li>▶ historically, the term “eros” (or love) was used to describe everything from feelings of affection to sexual intercourse – this is the origin of the term “making love”</li> </ul>
<b>Sex</b>	<ul style="list-style-type: none"> <li>▶ the word derives from Latin roots meaning “to cut or divide” signifying the divisions of organisms into male and female genders - the term “sex” often refers to a person’s gender – whether s/he is a female or a male</li> <li>▶ the term may also refer to anatomic structures or sexual organs</li> <li>▶ we may also speak of sex when referring to intimate activities that involve our sex organs, or other parts of our bodies, for purposes of reproduction or for pleasure</li> <li>▶ sex is also related to erotic feelings, experiences and desires such as sexual fantasies and thoughts, sexual urges, or feelings of sexual attraction towards another person</li> </ul>

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Orgasm/Climax	<p>“During arousal of any kind, the pulse rate and breathing speed up, and tension builds throughout the body. With an orgasm, there is an explosive feeling of release from this tension. This can be mild or intense. The sensation is most intense in the genitals, although the whole body is involved. For someone with a vulva, they experience a throbbing in the genital area and the vagina becomes more lubricated with natural fluids. When someone with a penis has an orgasm, they experience an ejaculation in which semen spurts out of the end of the penis. After an orgasm, the penis will return to a soft state.”</p>
Masturbation	<p>“Touching or rubbing one’s own genitals for sexual arousal and satisfaction.”</p>

<sup>11</sup> This handout is from a lesson plan published by the *Peel Public Health Department*. In the second handout, the first three definitions are also from the *Peel Public Health Department*, and the last is written by me.



Oral sex	“Involves a person using their mouth on another person’s genitals. Some slang terms include: giving head, going down on someone, blow jobs/eating out.”
Penetrative sex	In a setting with a person with a penis and a person with a vagina, penetrative sex entails putting the penis in and out of the vagina. For two people with penises, this may happen with the anus. Strap-on dildos may be used in other relationships, such as between two people with vaginas, to allow for penetrative sex.

→ Read the handouts aloud with students and ask if they have ever heard these types of definitions before.

- Do these definitions evoke any feelings for you?
- Are you unlearning any definitions as you read these?

### **Activity Two: The Biggest Pleasure Organ**

**Say:** When you hear the words *pleasure* and *organs*, what comes to mind? A penis?

Vagina/vulva? Clitoris? Anus? Absolutely, that makes sense. But what if I told you the largest sexual organ in your body is your brain?

#### **But how?**

The brain is responsible for our feelings of emotions, right? That includes pain and pleasure.

**Ask:** “Do you think you would be able to feel pleasure from sexual activities if every organ in your body was working except your brain?”

Possible responses to discuss further:

- Our brain regulates and controls our nervous, cardiovascular, and endocrine systems, which all allow us to feel pleasure or pain in some way.

- The brain is responsible for releasing hormones that influence sexual feelings and responses: oxytocin, vasopressin, serotonin, and dopamine.
- The brain is also in charge of other factors that impact sexual feelings like heart rate, body temperature, breathing, etc.

**So what?**

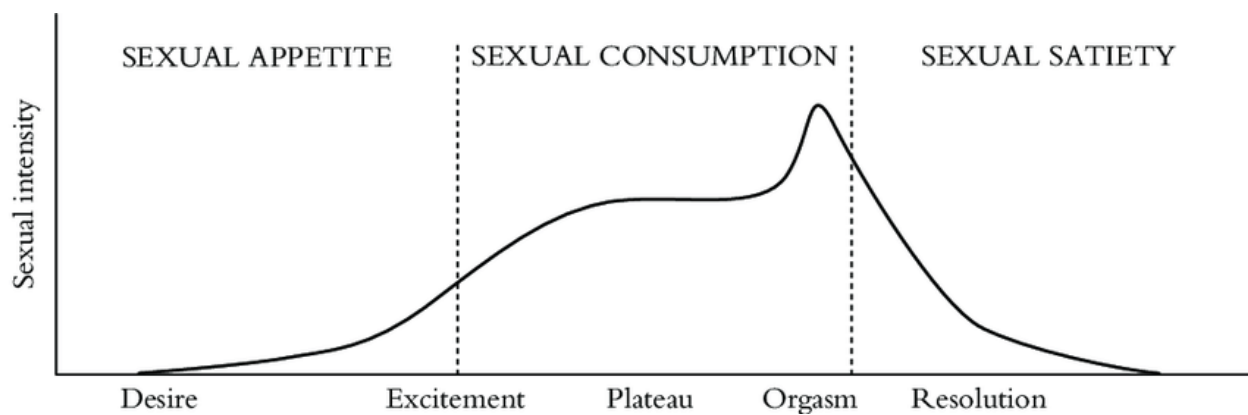
**Say The Following:**

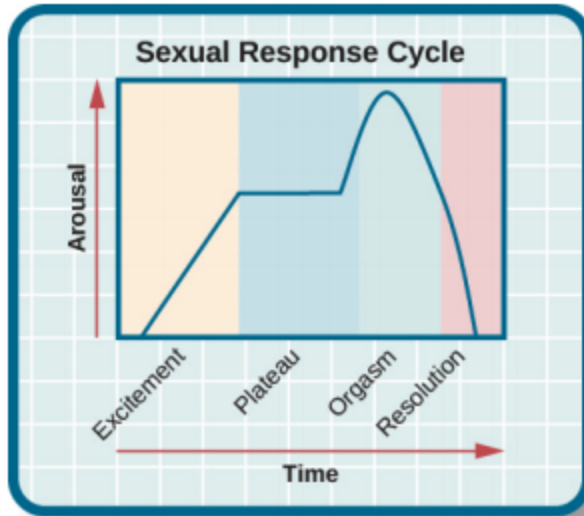
- It's important to understand that the ways people feel and desire pleasure are so different – even if their genitals look the same. **Pleasure is subjective, so there is no *normal* for how people feel and choose to experience pleasure.** With any given touch, sexual or not, no one experiences it the exact same.
- **According to the World Association of Sexual Health, sexual pleasure can be defined as “physical and/or psychological satisfaction and enjoyment derived from shared or solitary erotic experiences, including thoughts, fantasies, dreams, emotions, and feelings” (Barrett).**
  - ◆ **Feeling pleasure in an intimate way can look like so many things – list some different ways people may choose to feel pleasure such as:**
    - Intimacy with another person.
      - Kissing, touching, oral sex, penetrative sex, toys, massage, snuggling, mutual masturbation, etc.
    - Intimacy with yourself.
      - Masturbation, self-care, toys, watching/reading/listening to porn, looking at/exploring your body.

- Ask students to think in groups/pairs about what else they would add to these lists.

### Activity Three: The Human Sexual Response Cycle

- Review the two charts below as a class.
- **Say:** Given your knowledge about the brain as a pleasure organ, explain how this chart *may or may not* translate to how every person experiences a sexual response.
- Ask students to name some factors that would make the human sexual response cycle look different than the ones below.





### **Activity Four: Pleasure Scenes**

Watch in Class 3 Scenes From Season 1, Episode 6.

1. [Start 14:00, end 15:53]
2. [Start 27:07, end 27:58]
3. [Start 45:58, end 46:15]

→ After watching the scene, unpack what the scene portrayed with prompts, such as:

- ◆ Tell me what's going on in this scene.
- ◆ What types of emotions did you feel as you watched this? Awkward?  
Uncomfortable? Content? Confused?
- ◆ What are we learning about pleasure from these scenes?
  - (Hopefully, a student will mention Aimee finding pleasure with another person by first finding it with herself). If not, the educator should bring light to this.

### **Journal Prompt:**

Choose from the following prompts. Feel free to respond to one or all.

1. In the scenes we just watched, Aimee talks about “faking it.” What does this mean and why would someone fake pleasure in an intimate setting?
2. Can you think of a time (in a non-intimate setting) when you pretended to enjoy something? What were your intentions when you did? Whose pleasure were you prioritizing and why?
3. Are certain gender norms tied to “faking it?” Why or why not?

### **Activity Five: Pleasure, Truth or Myth?**

Create a PowerPoint with the following statements and ask students to hold up either 1 (for true) or 2 fingers (for false).

1. 18% of cisgender women said they could orgasm from vaginal penetration alone.
  - a. TRUE
2. People of any gender can have multiple orgasms.
  - a. TRUE
3. You’re more likely to feel the most pleasure from penetrative sex than from other sexual acts.
  - a. FALSE
4. In a heterosexual setting, when the man climaxes, sex is finished.
  - a. FALSE
5. Something is wrong with you if you can’t reach a climax with a partner.
  - a. FALSE

### **Concluding Activity:**

Ask students to write and submit their answers to the following:

1. One thing I learned today was \_\_\_\_.
2. One thing I unlearned today was \_\_\_\_.
3. One thing I am still confused about is \_\_\_\_.

**Suggested Readings/Websites/Resources:**

→ Homework:

- ◆ Watch any *Sex Education* episode that intrigues you and write about scenes that portray pleasure. Think about who's pleasure is prioritized.

→ Websites/Resources

- ◆ [Scarlet Teen -- A Whole view of Sexual Anatomy for Every Body](#)
- ◆ [Scarlet Teen -- Yield for Pleasure](#)
  - Scarlet Teen is an educational website that provides advice, support, and information on sex, sexuality, sexual health, and relationships. They provide message boards in which anyone can post a question privately (so only staff and volunteers can answer) or publicly, so other users can answer and converse. The two links above are information, advice, and support for young adults seeking to better understand pleasure.

### **Lesson Plan 3**

**Title: Acknowledge the Risk: Sexually Transmitted Infections**

**Theme: Introduction to Sex Education**

**Audience: High School (ages 14-18)**

**Materials: The Netflix Series *Sex Education*, STI Informational Handouts, Condoms, Internal Condoms, and Dental Dams**

**Objectives (from the National Sexuality Education Standards):**

1. SH.12.CC.1 Describe common symptoms of and treatments for STDs, including HIV.
2. SH.12.AI.1 Explain how to access local STD and HIV testing and treatment services.
3. SH.12.IC.1 Demonstrate skills to communicate with a partner about STD and HIV prevention and testing.

#### **Activity One: Scene #1**

Begin class by watching [Season 3, Episode 4. Start 17:18, end 20:35]

- Ask students to speak with a neighboring partner about the feelings that students in *Sex Education* may be feeling.
  - Why would a sex education course seek to evoke these sorts of feelings?
  - Do you think this type of education would work if you were in that fictional classroom? Why?
- **Say:** I am showing you this scene so you understand some of the conversations we are about to have about STIs. They can be uncomfortable

and awkward to talk about, but we don't want to risk fostering fear and shame, as that class in *Sex Education* did.

### **Activity Two: Addressing Fears and Myths Around STIs**

Start by writing these statements on the whiteboard and saying them aloud:

- STI = Sexually transmitted infections (when bacteria, viruses, or parasites attack the body). STIs can then turn into STDs (sexually transmitted diseases). **Think of it this way:** An STD will always start out as an STI. But not all STIs become STDs.<sup>12</sup>
- STIs do NOT discriminate – no matter gender, sex, race, socioeconomic status, sexuality, or relationship status – can become infected with an STI.
  - ◆ However, some groups of people face disproportionately high rates of STIs due to structural barriers (such as racism and poverty) that can prevent them from receiving screening and high-quality treatment.
- STIs are *common* yet unfairly *stigmatized*. (Reference *Figure 1* – handout of a graphic that shows how common STIs are, especially for youth.)
- STIs are not a punishment.
- Many STIs present asymptotically, so getting tested regularly is a respectful duty.
- Getting tested for STIs should be *easy* and *accessible*.

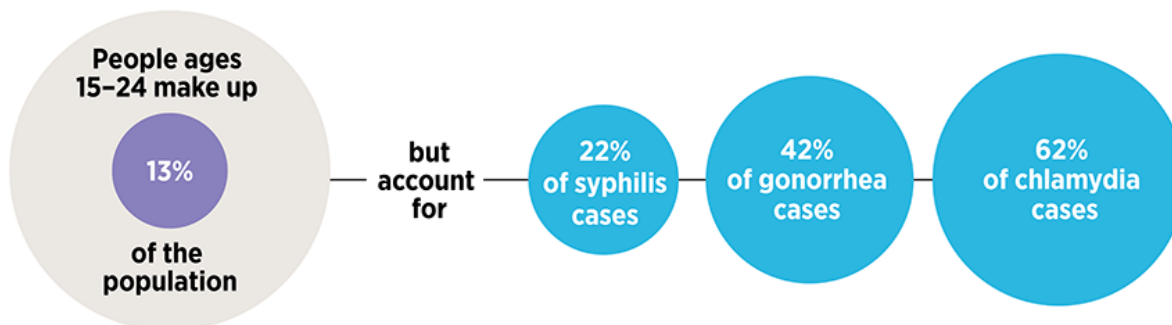
*Figure 1* (Keller).

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<sup>12</sup> See *Healthline*.



② **Young people are disproportionately burdened by STIs**










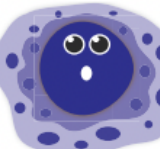
Sources: Centers for Disease Control and Prevention and U.S. Census Bureau.

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

**Activity Three: Understanding Common STIs**

→ Review *Figure 2* together, restating this handout is a list of *common* STIs and does not list them all.

Figure 2

STI	What's the story with these STIs?	TREATMENT
	<p><b>BACTERIAL VAGINOSIS</b></p> <p>Call me BV for short. Although my actual cause is still unknown, an imbalance of vaginal bacteria sometimes brought on by douching, not using condoms during sex, or new or multiple sexual partner(s) can increase your chances of getting me. You can expect me to cause an off-white vaginal discharge with a fishy smell or nothing at all. I increase your risk of getting some other STIs.</p>	 <p><b>TREATABLE W/ ANTIBIOTICS</b></p>
	<p><b>CHLAMYDIA</b></p> <p>I'm one of the most common STIs and affect people under age 25 at a high rate. Most women and men who catch me don't have symptoms so they don't know they have me and infect other people. I can cause serious problems like pelvic inflammatory disease (PID - read about PID on the next page), infertility and tubal pregnancy. Women under age 25 and men who have sex with men (MSM) should be tested at least yearly for me.</p>	 <p><b>TREATABLE W/ ANTIBIOTICS</b></p>
	<p><b>GENITAL WARTS</b></p> <p>I'm caused by certain strains of HPV (read about HPV on the next page). I look like small, flesh-colored bumps that cluster together at the opening of the vagina or anus or on the penis and sometimes itch. There is a vaccination available to help prevent me.</p>	<p><b>Treatable with prescription creams, surgery, laser or freezing procedures.</b></p>
	<p><b>GONORRHEA</b></p> <p>Does the CLAP sound familiar? That's my nickname. Men who have me may have burning when they pee and yellow discharge from their penis. Women usually don't know they have me. Men who have sex with men (MSM) are at high risk of catching me. Women under age 25 and MSM should be tested at least yearly for me. Like Chlamydia, I can cause serious problems, like PID, tubal pregnancy and infertility.</p>	 <p><b>TREATABLE W/ ANTIBIOTICS</b></p>
	<p><b>HERPES SIMPLEX VIRUS (HSV-1 &amp; HSV-2)</b></p> <p>I can be spread by touching another person who already has me, even if the person has no symptoms; this is called viral shedding. You can also become infected by touching one of my sores or the body fluids of an infected partner. After my first infection, I may come back from time to time in the form of small clusters of sores.</p>	<p><b>This infection persists for life, BUT antiviral medication is available to help decrease transmission to partner(s) and to treat outbreaks.</b></p>

**PROTECT YOURSELF!** These sexually transmitted infections are spread by unprotected oral, vaginal, &/or anal sex; OR contact with skin, bodily fluids, or sores of an infected person.

**STI**      **What's the story with these STIs?**      **TREATMENT**



**HIV**

I spread through blood or bodily fluids of infected individuals, through shared drug needles, and/or from mother-to-baby during pregnancy, delivery or breastfeeding. In my initial stages I can cause severe flu-like symptoms. Treatment is important! Without treatment, I am the virus that can lead to AIDS.



**ANTIRETROVIRAL THERAPY (ART) MEDICATION**



**HUMAN PAPILOMAVIRUS (HPV)**

I exist in 40 different strains that affect the anal and genital areas, some causing warts, the others causing pre-cancer and cancer. There are vaccinations for some strains and there are medications for removing warts caused by me.



**VACCINATION FOR SOME TYPES, MEDICATION FOR WARTS**



**PELVIC INFLAMMATORY DISEASE (PID)**

I am usually caused by untreated Chlamydia or Gonorrhea. I cause infection and inflammation of the uterus, fallopian tubes and/or the ovaries. STI screening and early treatment of infections can reduce the risk of developing me so get tested regularly.



**TREATABLE W/ ANTIBIOTICS**



**SYPHILIS**

I am spread by blood and bodily fluids of infected individuals and/or through shared drug needles. I show symptoms in 4 stages: 1) Primary: single, painless sore that lasts 3-6 weeks; 2) Secondary: up to 180 days after the first sore I cause skin rashes, lesions in the mouth, vagina or anus; 3) Hidden Stage: this is caused when someone does not seek treatment and shows no additional symptoms; 4) Late Stage: this stage is dangerous and can cause damage to internal organs, including the brain.



**TREATABLE W/ ANTIBIOTICS**



**TRICHOMONIASIS**

I go by "Trick" and most of the time people (especially males) don't know I have infected them. When my symptoms do show up it is usually in women and I can cause vaginal discharge that might be a yellow-green color. I am spread by unprotected sex, so the best way to prevent me is by using condoms during sex.



**TREATABLE W/ ANTIBIOTICS**

**YOUR HEALTH CARE PROVIDER WANTS YOU TO KNOW!** Preventive methods (like condoms, vaccinations & STI testing) keep you safe from getting and spreading STIs. Go see them, they can help!



FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, DHHS, or FPNTC member organizations.

Source: CDC. STD treatment guidelines. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. Available at <http://www.cdc.gov/std/treatment>.

→ Key Points:

- ◆ Some STIs stay with you for life and others do not.
  - **Say:** Most STIs are cured with antibiotics. Similar to when you got strep throat, you take antibiotics until the infection has gone away. Most STIs that are curable are bacterial. If they are viral, there are still ways to *prevent* and *treat* symptoms, but they can stay with you for life. For instance, Hepatitis B and Human Papillomavirus (HPV) are not curable, but there are vaccines to prevent them. There are no vaccines for other viral STIs like Herpes and HIV, but Pre-Exposure Prophylaxis (PrEP) is a pill you can get from your doctor that reduces the risk of getting HIV from sex by 99%.<sup>13</sup>
- ◆ STIs cannot be passed from casual contact (holding hands, breathing, sleeping next to someone, toilet seats, etc.).

### **Activity Five: Scene #2**

**Say:** Now that we all have some basic understanding of STIs, let's watch another scene from *Sex Education* in which there is an outbreak of chlamydia.

Watch in class:

1. [Season 2, Episode 1. Start 14:42, end 17:26]
2. [Start 39:51, end 40:52] ←
  - ◆ First, ask students to free-write about these scenes in their journals for 3 minutes without a particular prompt.
  - ◆ Then, encourage students to share a sentence, phrase, or word they wrote about and explain why.

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<sup>13</sup> See *Planned Parenthood*.

- ◆ Ask students to think about when Otis says, “Can we all stop slut-shaming Fiona?” Then ask how they think slut-shaming plays a role in the stigmatization of STIs.
- ◆ Ask students if they think the way Otis went about talking with Owen was beneficial or not.
- ◆ Ask students to write down their biggest take-away.

### **Activity Six: STI Prevention**

- Pass around condoms, internal condoms, and dental dams for students to keep.
- Ask students to name some safe sex measures before writing the following list:
  - ◆ Communication with sexual partners. Asking questions, such as:
    - When was the last time you got tested?
    - Do you know the STI status of your previous partners? How?
  - ◆ Condoms → display how to properly put on a condom.
  - ◆ Internal/“female” condoms → display how to properly insert an internal condom.
  - ◆ Dental dams → display how to properly use a dental dam.
  - ◆ Watch an informational Planned Parenthood video about what safer sex means:

[What Are STDs? | Sexually Transmitted Diseases Information.](#)

### **Activity Seven: Testing and Screening**

- Give an index card to each student.
- Tell them to research a place that provides STI testing near them on their phone/tablet/computer/or share with neighbors.

- Tell them to write down the name of the center, the phone number, address, and types of STI screening they do.
- **Say:** “You go to the doctor and dentist regularly, right? Getting STI tested should be just as regular if you are sexually active!”
- Encourage students to add the STI testing center to their contacts so they can get tested easily and efficiently!

**Suggested Homework/Readings/Websites/Resources:**

→ Homework:

- ◆ Watch any *Sex Education* episode that intrigues you and write about scenes that speak to or display diagnosis/treatment/testing for STIs. What is the tone of these conversations? Do you see any stereotypes?

→ Websites/Resources:

- ◆ [STDs/STIs: I Wanna Know](#)

- I Wanna Know is an informational website for teens published by the American Sexual Health Association. Here, students can find facts about STIs, and more specificities about each one.

- ◆ [Amaze.org](#)

- Amaze is an accessible website that offers free, animated, educational videos for young adults, parents, and educators regarding sex education topics.

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