Secondary School Teachers with the Peel District School Board,

In the year 2000, The Healthy Sexuality Program at the Region of Peel partnered with the Peel District School Board (PDSB) in order to improve the health of schools in our communities. Superintendents and administrators were asked to identify health issues that were most important in their schools. Their thoughts were published in the Survey Report entitled, “Creating a Comprehensive School Health Partnership” (2001). Healthy Sexuality was established as a key issue: Administrators in over half the surveyed schools identified Healthy Sexuality and Relationships as one of their top three concerns.

Since the new Ontario Curriculum Guidelines have been implemented, Healthy Sexuality has become a mandatory part of the Physical and Health Education Program. Classroom teachers who are expected to impart information on sexual health, expressed frustration with the lack of quality educational resources available to them. In response to these concerns, Peel Health, in collaboration with PDSB, agreed to develop several units of study related to healthy sexuality.
Since its conception, two units of study have been developed for Peel District School Board teachers. The first, entitled *Changes In Me*, assists teachers of students in grades four, five and six to educate them on the subject of puberty and adolescent development. The second, entitled *Hepatitis B: A Resource For Educators*, is designed for use with grade seven students. It helps link the curriculum guidelines regarding sexuality to the grade seven hepatitis B immunization program.

This third unit of study, *Helping Teens To Make Healthy Decisions About Sex and Relationships*, has been created for use by grade nine health and physical education teachers. Education Specialists with Peel Health, have tried to bring a balanced approach to this curriculum. Keeping in mind the time limitations facing teachers, the *HelpingTeens* resource is designed to simplify the task of teaching students about sexuality. Since this subject can be a sensitive one, teacher guides have been provided to better prepare you for the challenge. Research on adolescent sexuality has been completed for you. The unit includes detailed lesson plans, handouts, visual aids, student-centred activities, evaluation tools, a video, overheads and further resources.

In planning the activities for this teaching unit, consideration was given to pedagogical and methodological issues in learning. Thirty years of educational research confirms that children have different learning styles. Thus, any comprehensive teaching unit must include activities that appeal to a variety of learners. This allows each student the opportunity to engage in learning activities that are best suited to his/her learning style.
The educational research of Bernice McCarthy, David Kolb, Kathleen Butler and David Hunt, has become the basis for the development of the 4MAT model. This curriculum development model accommodates each type of learner, as identified in academic literature. Theories of right and left-brained learning indicate that there are four main types of learners and that each will have either a right or a left-brained partiality. This means that an inclusive unit must include at least eight learning activities that correspond to these different learning styles.

By using the 4MAT model for unit creation, teachers are able to best serve their students; allowing them to demonstrate skills that are already strong and to develop those that require enrichment. This is the theoretical basis of differentiated teaching and learning – a concept that has been adopted by the Peel District School Board. The 4MAT curriculum development model was employed in the creation of this teaching unit to ensure that the resource accommodates all students and that it will complement initiatives on differentiated learning.

The 4MAT model consists of teaching strategies that address the ranges of learning modes including concrete experience, reflective observation, abstract conceptualisation and active experimentation. Each of these learning modes is found in all individuals to varying degrees. By combining a balanced mix of these teaching strategies, Peel Health’s teaching units on sexuality, such as Helping Teens, will nurture an active learning environment that encourages positive outcomes for both students and teachers. An example of the 4MAT unit-planning model is included for your reference. It is also worth mentioning that this educational resource includes the specific curriculum guidelines and expectations mandated by the Ontario Ministry of Education.
The *Helping Teens* educational unit offers an integrated approach to sexuality; one that places priority on accurate information, encourages students to form healthy relationships and allows them to hone their decision-making skills. Two main objectives are sought; that educators will become more confident when teaching sexuality education and that students will become empowered to make sound decisions regarding their own sexual health.

As teens navigate through adolescence, they come to understand themselves as sexual beings. There are things you can do to make this transition easier. Teachers are extremely important sexuality educators of children. When young people know more about healthy sexuality, they can start to make wise choices for themselves. When you provide them with knowledge, you empower your students. By facilitating activities that are both fun and informative for your students, you will help them grow into confident and sexually healthy adults.

Should you wish to provide feedback about your experiences in using this teaching unit, or if you require further information, please feel free to contact the Peel Health, Sexuality Education Specialist. Any suggestions that would assist in future unit creation would be greatly appreciated.

Sincerely,
Peel Health,
Healthy Sexuality Program

Sexuality Education Specialist
Healthy Sexuality Program
Peel Health, Region of Peel
Tel: 905-799-7700
“Sex” and “sexuality”: What's the difference?

When many people hear the word “sexuality”, they often hear only the first syllable. However, sexuality is not the same as sex. Sexuality includes everything that defines us as girls and boys, women and men. Teaching your students about sexuality requires more than simply explaining anatomy and reproduction. It means talking to them about relationships, families, parenthood and good decision-making. Sexuality encompasses our physical development, sexual knowledge, attitudes, values and behaviours. It is shaped not solely by our biology and psychology, but also by our culture, family history, education and experiences. When you teach your students about sexuality, and not just about sex, you are giving them the skills they need to develop good relationships throughout their lives.

Why should I talk to my students about sexuality?

Teens learn about sex and sexuality every day. Yet, the information they receive from the media and from their peers may be incorrect or ineffective. When young people are given honest and accurate information from their teachers and parents, they can learn to make responsible decisions. Talking to your students about sexuality enables them to grow into sexually healthy adults.

Another key reason to discuss sexuality is that there is clear evidence that Canadian youth are misinformed when it comes to sexual health. Recent Canadian research in this area has revealed some alarming facts. The Canadian Council of Ministers of Education coordinated the Canadian Youth, Sexual Health and HIV/AIDS...
Sexuality Information For Teachers

Study (Boyce et al. 2003). Researchers from Queen's University, Acadia University, Laval University and the University of Alberta surveyed more than eleven thousand teenagers in grades seven, nine and eleven throughout Canada. The study provides a current picture of the sexual behaviour and knowledge of Canadian adolescents. The following findings give cause for concern.

- **Knowledge:** Canadian teenagers know less about sexually transmitted infections and sexual health than Canadian teenagers did over a decade ago. This is not surprising as the amount of time schools spend educating youth about sexuality has dropped significantly since the late 1980’s. This finding is significant as students continue to report school as their main source for sexuality education.

- **Sexual Activity:** Approximately 20% of grade nine and 45% of grade eleven students reported having had sexual intercourse at least once. Close to two-thirds (62%) of sexually-active students were 15 years of age or younger when they first had sex.

- **Sexually Transmitted Infection (STI) Protection:** By grade eleven, there is a decrease in students’ use of condoms during sexual intercourse.

- **HIV/AIDS:** Canadian youth are not aware of the risks associated with HIV/AIDS. In fact, 76% of seventh graders and 50% of grade nine students believe there is a cure or vaccine for the virus.

- **Visits to Physicians:** Fewer than 3% of youth reported visiting doctors for testing and treatment of sexually transmitted infections.

Resources:


Student Health 2005: *Gauging the Health of Peel's Youth*. School Health Assessment Survey, supporting data. The Region of Peel, Public Health.

Sexuality Information For Teachers

But I don’t know much about teen sexuality. How do I get started?

Teachers often feel nervous before they talk with high school students about sexuality. Part of this apprehension may stem from a basic lack of knowledge. One of the best ways to increase your comfort level with the subject matter is to consult various resources. This teacher guide is designed to provide you with valuable background information concerning adolescent sexuality. Additionally, should you wish to conduct further research, you will find a comprehensive list of resources at the end of this guide.

What changes will young people experience during adolescence?

By the time students reach grade nine, they will be in various stages of puberty: Many teens have begun changing physically and all will be experiencing emotional and social changes. The following information includes some of the most prevalent changes experienced throughout adolescence.

Physical Changes:

<table>
<thead>
<tr>
<th>GIRLS</th>
<th>BOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in the production of estrogens</td>
<td>Production of testosterone</td>
</tr>
<tr>
<td>May develop acne</td>
<td>May develop acne</td>
</tr>
<tr>
<td>Perspiration will increase which may cause body odour</td>
<td>Perspiration will increase which may cause body odour</td>
</tr>
<tr>
<td>Hair will grow on the body</td>
<td>Hair will grow on the body</td>
</tr>
<tr>
<td>Hips broaden</td>
<td>Shoulders and chest broaden</td>
</tr>
<tr>
<td>Breasts develop</td>
<td>Testes and scrotal sac develop</td>
</tr>
<tr>
<td>Pubic hair develops</td>
<td>Pubic hair develops</td>
</tr>
<tr>
<td>Voice changes and get deeper (Larynx grows)</td>
<td>Voice changes and gets deeper (Larynx grows)</td>
</tr>
<tr>
<td>Underarm and leg hair grows</td>
<td>Underarm, leg hair and facial hair grows</td>
</tr>
<tr>
<td>Menstruation begins</td>
<td>Penis grows</td>
</tr>
<tr>
<td>Wet dreams can occur</td>
<td>Wet dreams can occur</td>
</tr>
</tbody>
</table>
Sexuality Information For Teachers

The following is a review of the physical changes associated with adolescent development.

The Pituitary Gland And Hormones

In both boys and girls, puberty starts with the release of hormones from the pituitary gland – a pea shaped gland located in the brain. Hormones are chemical messengers that allow different parts of the body to communicate with each other. In girls, the pituitary gland sends a message to the ovaries to start releasing hormones called estrogens. In boys, the pituitary gland sends a message to the testicles to start producing the hormone called testosterone. These hormones are responsible for many of the changes associated with puberty.

Ovulation And Menstruation

In girls, hormones released from the pituitary gland send a message to the ovaries – two grape-sized organs located in the lower pelvic region of the woman. The ovaries then begin to release estrogens, which in turn leads to the release of ova or eggs – female reproductive cells. This process is called ovulation and it occurs about once every month. Baby girls are born with all the eggs they will need over their lifetime. However, it is not until puberty that these eggs become mature and are released from the ovaries.

Once ovulation occurs, the egg is caught by the fallopian tube that helps to move the egg down to the uterus. The uterus or womb is a pear-shaped muscular organ where a fertilized egg can develop into a fetus. A mother’s uterus is where a fetus grows.
During the month, the endometrium lining inside the uterus thickens. If an egg cell is fertilized by a man’s sperm cell, it implants itself in this nourishing lining in the uterus. A fertilized egg would take about 40 weeks to develop into a baby. However, most of the time the egg will not be fertilized, the thick lining will not be needed, and the lining will slough off the sides of the uterus and out of the body through the cervix – the mouth of the uterus leading to the vagina - and then through the vagina. This process is called menstruation. The average age of menstruation onset is between age 10 – 14. Although, some females may begin menstruation earlier or later than this average.

Menstruation lasts somewhere between three and seven days. The blood that is lost during menstruation is normally caught with a tampon or a sanitary napkin. As the facilitator of the class, you may want to share samples of these items with your students. (For your convenience, samples of tampons and sanitary napkins are included with this kit.) It is also important to explain how these items work.

Some girls and women may experience P.M.S. or pre-menstrual syndrome. Some of the symptoms of P.M.S. include cramping, backache and bloating. These symptoms can be relieved by limiting salt intake, drinking plenty of water, light exercise (stretching or walking), applying heat through a hot water bottle or heating pad or taking a pain reliever. Remind your students that they should always ask their parents before taking any medication.
Sexuality Information For Teachers

**Ejaculation**

In boys, the pituitary gland sends a message to the testicles to start releasing more **testosterone**. In turn, the testicles begin to produce **sperm** – male reproductive cells. This process, in which the males produce functional sperm, is called **spermatogenesis**.

The **testicles** - two walnut-sized glands - are protected by a sac called the scrotum. The **scrotum** helps to regulate the temperature of the testicles. Testicles need to be kept slightly cooler than the rest of the body. Sperm from the testicles move to the **epididymis** where they mature. In an **ejaculation**, sperm from the epididymis move through the **vas deferens** – a slim duct of the testicle - to collect semen. **Semen** - a whitish-yellow fluid that nourishes the sperm - is a combination of fluid produced from three glands: the **prostate**, the **seminal vesicles** and the **Cowper’s glands**. Sperm make up about 1% of the ejaculatory fluid; the rest of the fluid is semen. In each ejaculation, there are about two hundred and fifty million sperm.

For ejaculation to occur, the **penis** must be erect. A penis can become erect in reaction to cold, the urge to urinate, during sleep cycles, or from sexually arousing thoughts. During puberty, erections can occur for no particular reason and without warning. Inside the penis are three large vesicles that engorge with blood during sexual excitement. The penis becomes hard or erect because of the rush of blood that fills the penis. The semen is ejaculated through the **urethra** – the same tube that allows for **urination**. A male cannot ejaculate and urinate at the same time. Nature devised a special valve that prevents the possibility of urination during ejaculation. During puberty, it is not unusual for a boy to experience a **wet dream** – an involuntary release of semen that occurs while a boy is sleeping.
Wet Dreams

Most people are aware that during adolescence many boys have wet dreams. However, few people realise that girls experience wet dreams as well. Since girls produce vaginal lubrication inside their bodies, they may or may not find vaginal secretions in their underwear, but they will not normally need to wash their bed sheets after experiencing a wet dream. Parents may never be aware of their daughter’s wet dreams. In contrast, when boys experience wet dreams, they ejaculate outside their bodies and the semen frequently wets their bedding. Boys can be encouraged to change and wash their own sheets, should they wish. Both boys and girls need to be told that wet dreams are very common and a natural part of puberty as young people develop sexual thoughts and feelings.

Emotional Changes

The hormones that begin the physical changes during puberty also affect the way children and teens feel. Some teenagers experience swift changes in their moods, some become increasingly nervous or withdrawn, and others may feel terrific about the changes in themselves. Many young people become increasingly interested in their appearance and in their bodies. Teens often develop romantic feelings towards their peers. Every person is different. However, it is common for all young people to experience intense emotions including: happiness, love, anger, frustration, sadness and sexual attraction. It is important to affirm these emotions in your students. Let them know that what they are feeling is perfectly natural.
Social Changes

During adolescence, most young people desire increased independence. There is a period of gradual maturation and separation from their families. During this time, friends, peers and teachers play an increasingly important role in the lives of teens. It is crucial that lines of communication remain open between parents/caregivers and their children at this time. This way, teens can remain emotionally and socially connected to their families while also exploring their individual identities, friendships and relationships.

It is also important to be aware of the relationship between physical development and sexual development. At each stage of physical development, children explore their sexuality. This chart outlines the sexual changes that teens experience as they mature.

<table>
<thead>
<tr>
<th>During the ages of 13 to 18, teens:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete the physical, emotional and social changes of puberty</td>
</tr>
<tr>
<td>• Place great value on independence</td>
</tr>
<tr>
<td>• Experience increased sexual feelings</td>
</tr>
<tr>
<td>• Desire physical closeness with a partner</td>
</tr>
<tr>
<td>• May face peer pressure to be sexually active whether or not s/he feels ready</td>
</tr>
<tr>
<td>• May change close friendships in favour of romantic relationships</td>
</tr>
<tr>
<td>• May make choices which lead to pregnancy or sexually transmitted diseases</td>
</tr>
<tr>
<td>• May have to face violence in relationships (sexual harassment, acquaintance/date rape)</td>
</tr>
</tbody>
</table>

Resource:

# How Students Can Deal With Changes During Adolescence

During adolescence, young people can feel helpless – as if there is little they can do to control the physical, emotional or social transformations taking place within them and around them. However, there are many things young people can do to deal with these changes. The following chart outlines some of these strategies. Consider sharing them with your students.

<table>
<thead>
<tr>
<th>Change</th>
<th>What You Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>• Eat a well-balanced diet.</td>
</tr>
<tr>
<td></td>
<td>• Get some exercise every day.</td>
</tr>
<tr>
<td></td>
<td>• Drink plenty of water.</td>
</tr>
<tr>
<td></td>
<td>• Choose an over-the-counter acne soap or medication.</td>
</tr>
<tr>
<td></td>
<td>• See your doctor for advice.</td>
</tr>
<tr>
<td>Underarm Odour</td>
<td>• Shower or bathe regularly.</td>
</tr>
<tr>
<td></td>
<td>• Change your clothes every day.</td>
</tr>
<tr>
<td></td>
<td>• Choose an antiperspirant deodorant.</td>
</tr>
</tbody>
</table>
## Pre-Menstrual Syndrome or P.M.S.

- Do some gentle exercise like walking or stretching to help to relieve muscle cramps.
- Drink plenty of water and avoid eating salty foods (potato chips, etc.) and foods with caffeine (coffee or chocolate, etc.) right before you get your period.
- Use a hot water bottle or heating pad to help relieve muscle aches.
- Take a warm bath.
- Ask your parent or doctor for advice on taking a pain-reliever.

## Masturbation

- It is normal to masturbate; it’s also normal not to masturbate.
- Masturbation should be done in a private place.

## Increased Attention to Physical Appearance

- Eat well and exercise.
- Shower or bathe and wash your hair regularly.
- Buy clothes that you like – make sure they fit you well and are comfortable.
### Increased Need for Independence
- Gain the trust of your parents/caregivers by taking small steps towards independence.
- Demonstrate responsibility and honesty to establish trust with your parents. This way, they will be more likely to let you have further independence.

### Unpredictable Changes in Mood
- Unpredictable changes in moods are normal during adolescence.
- Talking about your feelings to a friend, older sibling, or parent may make you feel better.
- Do things that help you relax such as listening to music, spending some time alone, exercising, drawing, etc.

### Desire to be Accepted and Liked by Your Peer Group
- Self-respect and self-esteem come from being true to your values and beliefs.
- Use assertive communication to tell your peers what you are willing and not willing not to do.
- Ask your friends or parents for support.
Interest in Romantic Love

- Enjoy the feeling of being in love.
- Most of your peers are experiencing similar feelings.
- Talking with your friends, siblings or trusted adults about your feelings and your relationships is healthy and usually feels great.
- Romantic interest in the opposite or the same sex is natural. This interest often feels exciting, but can also feel confusing. This is all part of the process of growing into adulthood.

Resource:

Sexual Orientation

During childhood, it is quite common for kids to have many different kinds of sexual feelings and experiences. During adolescence and into adulthood, people are compelled to define themselves through their sexuality. Though academics generally agree that sexuality includes a spectrum of feelings and actions, teens report enormous pressure to characterize themselves as “straight”. No one is sure what percentage of the population is gay or lesbian, and there is considerable ongoing debate. Some studies suggest approximately ten percent of people are not heterosexual (Bass & Kaufman, 1996). This means that approximately ten percent or more of the students in your classes will define themselves, either now or in their lifetimes, as gay, lesbian, bisexual, trans-gendered, trans-sexual, queer, questioning, two-spirited or another sexual orientation other than heterosexual. These students deserve a safe environment in which to learn about sexuality.
Sexual Orientation
Definitions of Terms Related to Sexual Orientation

**Sexual Orientation:** The physical and emotional attraction of someone to persons of the opposite, same sex or both.

**Homophobia:** A fear and extreme dislike of gays, lesbians and bisexuals (homosexuals), often exhibited by prejudice, discrimination, harassment and acts of violence.

**Heterosexual:** Someone who is physically and emotionally attracted to people of the opposite sex.

**Homosexual:** Someone who is physically and emotionally attracted to people of the same sex.

**Gay:** A term for “homosexual”. This can refer to both males and females, but increasingly is used only to refer to men.

**Lesbian:** A female “homosexual”

**Bisexual:** Someone who is attracted physically and emotionally to persons of both the same sex and the opposite sex.

**Sexual Behaviour:** How someone expresses themselves sexually.

**Sexual Identity:** How an individual presents to the world i.e. heterosexual identity, gay/lesbian, and bisexual identity.

**Gender Identity:** Someone’s sense of being male or female.

**Transsexual/Transgendered:** Someone whose gender identity is different from her or his biological sex.

**Heterosexism:** The belief that heterosexuality is better than any other form of sexual orientation. The assumption that everyone is heterosexual unless otherwise indicated.
Sexual Orientation

Ten Suggestions for Reducing Homophobia in Your Environment

1. Make no assumption about sexuality. If a student has not used a pronoun when discussing a relationship, don't assume one. Use neutral language such as "Are you seeing anyone" instead of "Do you have a boyfriend". Additionally, do not assume that a female student who confides a "crush" on another girl is a lesbian, avoid labelling students.

2. Have something gay-related visible in your office. A sticker, a poster, a flyer, a brochure, a book, a button... This will identify you as a safe person to talk to and will hopefully allow a gay, lesbian, bisexual or questioning youth to break his/her silence.

3. Support, normalize and validate students' feelings about their sexuality. Let them know that you are there for them. If need be work on your own biases by reading, learning and talking to people comfortable with this issue. And always remember, the problem is homophobia not homosexuality.

4. Do not advise youth to come out to parents, family and friends as they need to come out at their own safe pace. Studies show as many as 26% of gay youth are forced to leave their home after they tell their parents. IT IS THEIR DECISION and they have to live with the consequences. Help them figure out what makes sense for them.

5. Guarantee confidentiality with students. Students need to know their privacy will be respected or they will not be honest about this important issue. If you cannot maintain confidentiality for legal reasons, let students know this in advance.

6. Challenge homophobia. As a role model for your students, respond to homophobia immediately and sincerely. Encourage in-service trainings for staff and students on homophobia and its impact on gay and lesbian youth.

7. Combat heterosexism in your classroom. Include visibly gay and lesbian role models in your classroom.

8. Learn about and refer to community organizations. Familiarize yourself with resources and call them before you refer to make sure they are ongoing. Also, become aware of gay-themed bibliographies and refer to gay-positive books.

9. Encourage school administrators to adopt and enforce anti-discrimination policies for their schools or school systems which include sexual orientation. The language should be included in all written materials next to race, sex, religion, etc.

10. Provide role models. Gay and straight students benefit from having openly gay teachers, coaches and administration. Straight students are given an alternative to the inaccurate stereotypes they have received and gay students are provided with the opportunity to see healthy gay adults.
# Ontario Resources*

<table>
<thead>
<tr>
<th><strong>Sherbourne Health Centre</strong></th>
<th>Provides health care, counselling services, workshops, groups, and community activities. Located at 333 Sherbourne St.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>519 Community Counselling Programme</strong></td>
<td>This is a free service provided by trained counsellors who volunteer their time. Anyone wishing to speak with a counsellor may phone to book an appointment. Usually appointments are available within a week. To make an appointment, phone 416-392-6878 x 335 and leave a message. The Counselling Coordinator will call you back and set up an appointment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Peel Pride</strong></th>
<th>A weekly drop-in group that provides LGBTTQQ youth a safe place to feel accepted. Discussion/Support/Coming out group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Toronto Youth Services</strong></td>
<td>Counselling and referral regarding sexual orientation.</td>
</tr>
<tr>
<td><strong>Lesbian, Gay, Bi Youth Line (Peer Support)</strong></td>
<td>4:00 p.m. - 9:30 p.m. Mon - Fri. The Lesbian Gay Bi Trans Youth Line is a toll-free Ontario-wide peer-support phone line for LGBTTQQ and questioning young people.</td>
</tr>
<tr>
<td><strong>Toronto Area Gays and Lesbians (TAGL)</strong></td>
<td>Crisis and information phone line - 7 - 10p.m. Mon – Sat Peer Counselling</td>
</tr>
<tr>
<td><strong>Parents Friends of Lesbians &amp; Gays (PFLAG)</strong></td>
<td>PFLAG is a nation-wide organization that deals with sexual orientation and gender identity issues from a <strong>family perspective</strong>, providing support, education and resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Information</strong></th>
<th><strong>Contact Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>416-925-9872 (XTRA) ext.2142</td>
<td>1 - 800-268-9688</td>
</tr>
<tr>
<td>905-791-7800 ext. 2869</td>
<td>416-962- 9688</td>
</tr>
<tr>
<td><a href="http://www.region.peel.on.ca/health/">www.region.peel.on.ca/health/</a></td>
<td><a href="http://www.youthline.ca">www.youthline.ca</a></td>
</tr>
<tr>
<td><a href="http://www.positivespacepeel.org">www.positivespacepeel.org</a></td>
<td><a href="http://www.actoronto.org/home">www.actoronto.org/home</a></td>
</tr>
<tr>
<td><a href="http://www.ctys.org/ctys.htm">www.ctys.org/ctys.htm</a></td>
<td><a href="http://www.pflag.org">www.pflag.org</a></td>
</tr>
</tbody>
</table>

*All resource contact information listed within Helping Teens was current as of the printing date. (2005). This information may change, please verify links and phone numbers before distribution.*
Sexual Orientation

Resources:

Gay, Lesbian, Straight Educators Network (GLSEN)  http://www.glesen.org

Parents, Family & Friends of Lesbians and Gays
http://www.pflag.org/education/schools.html


http://members.tripod.com/~twood/oldguide.html#RESOURCE%20LIST.

Now that I know more, how do I prepare to teach my students?

Teachers are often apprehensive when they are asked to teach students about sexuality. In an effort to help educators increase their comfort-levels, this guide includes a description of the ways one might prepare to teach sexuality education. It involves a number of important tips for educators. When teachers take the time to prepare themselves for the task, they normally find their classes run very smoothly.

What can I do to make this experience easier and more enjoyable?

Talking with students about sexuality can be difficult for many teachers. Since sexuality is intimately connected to personal values, family backgrounds and spiritual beliefs, it can be a sensitive issue. Sexuality education specialists recommend the following advice to teachers who wish to teach sexuality education in a way that makes the experience more enjoyable for both teachers and students.

Increase Your Comfort Level

- Try to develop a healthy attitude towards your own sexuality.
- Identify your own values and possible reactions toward different subjects on sexuality.
- Read, think, plan and familiarize yourself with the topic. Read through the information provided on pages 5-12. The more you know, the more comfortable you will be with the topic of sexuality.
- Prepare yourself for students’ questions. Practice answering questions before you do so in front of your class.
- Spend some time thinking about your feelings, ideas and values regarding sexuality. Think about the messages you want to send to your students. Consider which of those are private and personal, and which are appropriate to share with your students. Basic principles of human rights and courtesy dictate that you must be respectful to your students. For further information regarding the appropriateness of certain topics for certain grade levels, you may wish to consult the Ontario Ministry Guidelines for grade nine physical and health education or the Canadian Guidelines for Sexual Health Education.
Preparing To Teach About Sexuality

Be An Open-Minded Facilitator

- Acquire a basic knowledge of sexuality so that your class may benefit from your expertise. Yet, remember that your knowledge is less important than your attitude towards sexuality. Creating a classroom in which students feel safe and free to ask questions is very important.

- Be student-centred and address different learning styles.

- Be sensitive to non-verbal communication and react positively to questions.

- Ask participants about what they would like to learn.

- Encourage self-confidence and decision-making skills.

- Use humour to ease embarrassment and create a comfortable environment.

Establish A Healthy Classroom Environment

- Create an atmosphere of trust in which all students can be themselves.

- Be sensitive towards the attitudes, values and feelings of others.

- Respect the values and beliefs of people from all cultural communities.

- Communicate with warmth and sincerity. Share positive feedback with students whenever possible.

- Be capable of discretion should students decide to confide in you.

- Do not be afraid to express discomfort.

- Listen carefully to your students’ questions, concerns, worries and thoughts.

- Value your students’ opinions and realise they may change over time. Avoid criticising students’ opinions.

- Answer questions honestly when you know the correct answer.

- When you do not possess accurate information regarding a topic, research the answer and report back to your students at a later date.
Preparation To Teach About Sexuality

**Be Prepared**

The best thing you can do before teaching your students about sexuality is to adequately prepare yourself for the task. As with most things, proper preparation makes a big difference. With it, you can make this experience much more enjoyable - for you and for the students. Focus on giving your students the information they need and want to know. Stress the interconnectedness of the physical, emotional and social components of adolescent development.

**Ask For Help, If You Need It**

There are tremendous resources available to you. For more information on sexuality, please feel free to visit our website at [www.peelregion.ca](http://www.peelregion.ca). Search for “Healthy Sexuality”. For further support, or to have your questions answered, please call Health Line Peel at 905-799-7700 and ask for Sexual Health. A Public Health Nurse will be happy to answer your questions between the hours of 8:30 a.m. and 4:30 p.m.

**Remember Your Important Role As A Sexuality Educator**

Teens are very curious about sexuality - and knowledge satisfies this curiosity. Young people will continue to ask questions as long as they feel they need answers. Teachers are extremely important sexuality educators. You can provide some of the most relevant and helpful information to your students – helping them to grow into confident and sexually healthy adults.
Preparing To Teach About Sexuality

Resources:


Information For Parents

Some of the material in *Helping Teens To Make Healthy Decisions About Sex and Relationships* will likely lead students to initiate conversations with parents, teachers, guardians or other trusted adults. This educational unit includes an important document for parents. By sending the document home, parents, caregivers and guardians will have the opportunity to contact you with any concerns they may have concerning the upcoming curriculum.

The document for parents is a letter that students may take home (optional). *The letter that follows is a template. It may be used as it is, or you may want to adapt it for use in your school or classroom.*

While The Ontario Ministry of Education’s curriculum guidelines include healthy sexuality and adolescent development as mandatory topics of study, they remain subjects that are fraught with controversy. In certain cultures, discussion about the human body and sexuality is considered inappropriate. Some students may not be able to discuss these issues with their parents or guardians. In certain instances, some parents may request that their child(ren) be withdrawn from classes during which sexuality are discussed.

*The letter for parents and the curriculum expectations are based on information found in the OPHEA curriculum support document entitled, *The Ontario Health and Physical Education Association Curriculum Support: Kindergarten to Grade Ten* (2000).*
The best way to ensure that your class runs smoothly, despite your discussion of sensitive topics, is to acquire parental support. One of the ways to achieve this support is to reassure parents, caregivers and guardians that the values presented in the Helping Teens unit are inclusive and that the unit is designed to assist their adolescent through a potentially difficult time. The philosophical belief behind the lessons is that all teens should have access to appropriate information about their bodies and their health. It is also important to note that every effort has been made to be respectful of students’ cultural differences. The unit is based on the principle that each student has equal dignity and worth, regardless of his/her gender, sexual orientation, social class, racial, cultural, ethnic or religious background. The activities encourage conversation and varying opinions must be respected. Students should be encouraged to discuss topics that are value-laden with their family members.

The Helping Teens educational unit emerges from the conviction that students benefit from talking openly about sexuality issues with their parents, as well as with their peers and trusted adults such as teachers. It also encompasses a number of expectations from the grade nine curriculum for Health and Physical Education. This is designed to assist classroom teachers with the responsibility of presenting parents, caregivers and guardians with comprehensive information prior to beginning the Helping Teens unit.
Dear Parents, Caregivers or Guardians,

Though parents, caregivers and guardians are often the primary sexuality educators of students, schools also play a role in this endeavour. The Ontario Ministry of Education’s curriculum guidelines include healthy sexuality and adolescent development as mandatory topics of study. Sexuality education in secondary school is designed to inform adolescents about the changes they may experiencing as well as inform them about responsible relationships, pregnancy prevention options, sexually transmitted infections, decision making and sexual health issues. Consequently, it helps to prepare students for their physical, emotional and social development. The Helping Teens curriculum goes beyond anatomy and reproduction. It assists students with decision-making, communication and assertiveness skills. This health unit gives students a chance to examine their own values and attitudes, and to hear what others think. School-based sexuality education is not a substitute for what you teach in your home, but it can play an important role in preparing your adolescent for the future.

It is our belief that you, as parents/caregivers/guardians, play the most significant role in the formation of your adolescent’s values and behaviours related to human growth and development. This unit offers you the chance to discuss the classroom lessons with your children and to consider them in view of your own familial and religious values.

In the next few weeks, we will begin a health unit on Healthy Growth and Sexuality. The purpose of this letter is to inform you of the topics that will be covered and to provide you with the opportunity to speak with me prior to commencing our studies.

The Helping Teens unit includes activities that:

- allow students to ask questions related to sexual development
- to provide students with factual information on sexuality and anatomy
- encourage students to talk with their family members
- ease student’s fears and apprehensions regarding sexuality by providing straight-forward information
- empower students as they learn decision-making skills for use in their relationships with family, friends and peers
- help students identify factors that enhance healthy relationships

It is our hope that you will discuss the topic of sexual health with your children and complete any activity that your child brings home to share with you.

If I can be of further assistance, please contact me at: __________________________.
In the introduction to this unit, a brief overview of the methodology behind its creation was included. In planning the activities for this teaching unit, consideration was give to important pedagogical and methodological issues in learning. Thirty years of educational research confirms that different children have different learning styles. Thus, any comprehensive teaching unit must include activities that appeal to a variety of learners. This allows each student the opportunity to engage in learning activities that are suited to his/her learning style.

The educational research of Bernice McCarthy, David Kolb, Kathleen Butler and David Hunt, has become the basis for the development of the 4MAT model. This curriculum development model accommodates the main types of learners identified in academic literature. Theories of right and left-brained learning indicate that there are four main types of learners and that each of them will have either a right or a left-brained partiality. This means that an inclusive unit must include at least eight learning activities that correspond to these different learning styles.

By using the 4MAT model for unit creation, teachers are able to best serve their students; allowing them to demonstrate skills that are already strong, and develop those that require enrichment. This is the theoretical basis of differentiated teaching and learning – a concept that has been adopted by the Peel District School Board. The 4MAT curriculum development model was employed in the creation of this teaching unit to ensure that the resource accommodates all students and will complement initiatives on differentiated learning.
Theoretical Foundations

The 4MAT model consists of teaching strategies that address the ranges of learning modes including concrete experience, reflective observation, abstract conceptualisation and active experimentation. Each of these learning modes is found in all individuals to varying degrees. By combining a balanced mix of these teaching strategies, Healthy Sexuality’s teaching units, such as “Changes In Me” and “Helping Teens”, will nurture an active learning environment that encourages positive outcomes for both students and teachers. An example of the 4MAT unit planning model follows for your reference.

Quadrant One

*Teacher as Motivator *Imaginative Learning *Making Connections
*Integrating Experience with the Self

1R - Guest speakers, skits, vignettes, videos, large group activities, games, questionnaires, simulations, field trips, brainstorming, student-generated questions, question boxes

1L - Journal writing, reflective writing, classifying, analysing, listening, teacher-led discussions, speaking, student-led discussions, sharing, summarising, small group work or discussions, rubrics, ordering, oral reports

Quadrant Two

*Teacher as Instructor *Analytic Learning *Formulating Ideas *Thinking Through Ideas

2R - Artistic projects including art, music, songs, poetry studies, poems, dance, drama, monologues, descriptive writing, guided imagery, stories, analogies, metaphors, collages, creation of collections, albums, media projects including television, radio, video, web page, internet

2L - Reading assignments, research, Socratic lectures, overheads, lectures by teacher or students, note-taking, demonstrations
Teacher Guide

Theoretical Foundations

Quadrant Three

*Teacher as Facilitator *Common Sense Learning *Applying Ideas
*Applying Skills and Knowledge

3L - Science or social science lab exercises, scientific inquiry, drills, worksheets, tests, quizzes, case studies, activity cards

3R - Student-generated questions, question boxes, jigsaw group work, student-generated tests or puzzles, diaries, journal entries, peer-coaching, tutoring or evaluation exercises, autobiographical writing, personal reflective writing

Quadrant Four

*Teacher as Colleague *Dynamic Learning *Creating Original Adaptations
*Creating Experiences *Taking Risks

4L - Group projects, individual projects, problem-solving, (situational) decision-making, preparation for group or individual oral presentations, organising, researching, conferencing

4R - Class presentations, fairs, displays, shows, exhibitions, plays, seminars, debates, panels, art exhibitions, music or dance recitals

If an educator teaches this unit in its entirety, all eight components will have been addressed. While each lesson has a specific focus, since there are often a number of activities and opportunities for evaluation, many lessons cover multiple criteria.

Lesson One: 1R and 3R, Lesson Two: 1R/1L, Lesson Three: 2L/2R and 4L/4R, Lesson Four: 3L and 4L, Lesson Five: 3L and 4L, Lesson Six: 2L/2R and 3R, Lesson Seven: 1R and 4L, Lesson Eight: 1R and 4R
## Unit Overview

<table>
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<tr>
<th>Lesson</th>
<th>Topic</th>
<th>Main Activities</th>
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<tbody>
<tr>
<td>One</td>
<td>Sexuality Information Review</td>
<td>• Anatomy Review</td>
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<td>• Question Box</td>
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<td>Two</td>
<td>Responsible Relationships</td>
<td>• Dating Stoplight</td>
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<td>Three</td>
<td>Pregnancy Prevention Information</td>
<td>• Birth Control Methods</td>
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<td>• Condom Game</td>
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<td>Four</td>
<td>Sexually Transmitted Infections</td>
<td>• STI Fact Sheets</td>
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<td>• Video</td>
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<tr>
<td>Five</td>
<td>Sexually Transmitted Infections: Decision-Making Activity</td>
<td>• Scenarios</td>
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<tr>
<td></td>
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<td>• STI Chart</td>
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<tr>
<td>Six</td>
<td>Sexual Health For Young Women And Men</td>
<td>• Self Exam Handouts</td>
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<td></td>
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<td>• Reproductive System Cards</td>
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<tr>
<td>Seven</td>
<td>Steps to Healthy Communication</td>
<td>• Role-Play Activity</td>
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<tr>
<td>Eight</td>
<td>Review of the Unit</td>
<td>• Sexual Q &amp; A Game</td>
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The expectations in health and physical education courses are organized into four distinct but related strands: physical activity, active living, healthy living, and living skills. This unit on healthy sexuality deals primarily with the following two strands.

**Healthy Living:** addresses the knowledge and skills that students need to make informed decisions related to healthy growth and sexuality, mental health, and personal safety and injury prevention. The topics included in this strand are “healthy growth and sexuality”, “substance use and abuse”, “personal safety and injury prevention”, and “healthy eating”.

**Living Skills:** helps students develop a positive “sense of self”, as well as effective decision-making, conflict resolution, communication, and interpersonal skills. This strand includes the topics of “decision making”, “conflict resolution”, and “social skills”. Expectations such as demonstrating active listening to de-escalate conflict, expressing feelings to help resolve problems, and demonstrating behaviour that is respectful and sensitive to others help students make the transition to adulthood. Through the expectations for living skills, students learn to develop and take responsibility for their decisions and behaviour, thereby enhancing their personal competence and well-being. The development of these abilities is particularly important during adolescence, a time of testing and risk taking, when students need to refine, practise, and apply their knowledge and skills to make healthy, safe, and wise choices. There are consistent and significant reductions in unhealthy behaviour when school-based health programs focus on living skills.
### Overall Expectations:

**Healthy Living**

- Identify the factors that contribute to positive relationships with others
  - 9p1

- Explain the consequences of sexual decisions on the individual, family, and community
  - 9p2

### Specific Expectations:

**Healthy Growth and Sexuality**

- Identify the developmental stages of sexuality throughout life
  - 9p5

- Describe the factors that lead to responsible sexual relationships
  - 9p6

- Describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted diseases (e.g., abstinence, condoms, oral contraceptives)
  - 9p7

- Demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality (e.g., healthy human relationships, avoiding unwanted pregnancies and STDs such as HIV/AIDS)
  - 9p8

- Demonstrate understanding of the pressures on teens to be sexually active
  - 9p9
## Curriculum Expectations

- Identify community support services related to sexual health concerns

<table>
<thead>
<tr>
<th>Overall Expectations: Living Skills</th>
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<tbody>
<tr>
<td>- Use appropriate decision-making skills to achieve goals related to personal health</td>
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<tr>
<td>- Explain the effectiveness of various conflict resolution processes in daily situations</td>
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<td>- Use appropriate social skills when working collaboratively with others</td>
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<tr>
<th>Specific Expectations: Decision Making</th>
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<tr>
<td>- Identify personal strengths and areas for growth</td>
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<tr>
<th>Specific Expectations: Conflict Resolution</th>
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<tr>
<td>- Demonstrate active listening skills (e.g., identifying non-verbal feelings expressed by others, paraphrasing the message, asking questions for clarification) when managing conflict</td>
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## Curriculum Expectations

<table>
<thead>
<tr>
<th>Specific Expectations: Social Skills</th>
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<tbody>
<tr>
<td>• Identify coping skills (e.g., involvement in physical activity, talking it out, participating in alternative activities or hobbies) to deal with the internal conflict and stress that often accompanies change</td>
<td>9p33</td>
</tr>
<tr>
<td>• Contribute to the success of the group verbally and non-verbally (e.g., by completing a fair share of the group task, by acknowledging others’ contributions to the task)</td>
<td>9p34</td>
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<tr>
<td>• Explain the benefits and disadvantages of working with others</td>
<td>9p35</td>
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Lesson One

Title: Learning About Sexuality

Theme: Introduction to Sexuality Education

Time: 120 minutes

Materials:
* Sexual Terminology-Student Handout
* Sexual Terminology-Teacher Guide
* Anatomy Review-Student Handout
* Anatomy Overheads
* Question Box-Student Handout
* Question Box-Teacher Guide,
* Question Box

Objectives

● to set ground rules for sexual education classes
● to establish clear boundaries for acceptable behaviour in the classroom
● to increase comfort level of students and teacher
● to assess the level of student understanding in the subject area
● to identify the students' areas of interest or curiosity
● to provide students with factual information on sexuality and anatomy
● to stimulate discussion among students and with their teacher
● to give students the opportunity to ask questions they might otherwise feel too embarrassed to ask

Curriculum Expectations

9p34 - Contribute to the success of the group verbally and non-verbally (e.g. by completing a fair share of the group task, by acknowledging others' contributions to the task).

4MAT Quadrant Code(s)

1R: brainstorming, student-generated questions, question box
1L: teacher-led discussions, small group work and discussions, analyzing, listening, speaking and sharing
Lesson One

Procedure

Talking with students about sex and sexuality can be difficult for many teachers. Since sexuality is intimately connected to personal values, family backgrounds and spiritual beliefs, it can be a sensitive issue. Before beginning this unit, you may want to consider the ideas presented in the document entitled, “Tips For Teaching Sexual Education”. It is included in Appendix One. Prior to this lesson, you will need to fabricate a question box for your classroom. You might cover a cardboard box with black construction paper and decorate it with yellow question marks. Remember the box must be large enough to hold approximately thirty 8½ x 11 folded sheets of paper at one time.

Activity One: Establishing Classroom Rules – 20 minutes

The first part of this lesson is designed to ensure that all students know and respect the classroom rules about sexual education. Before you begin this unit, spend some time thinking about the rules you feel are important. Here are a few suggestions to consider.

Classroom Rules for Students and Teacher

Everyone has the right to her/his own beliefs and opinions.

Everyone has the right to be heard.

Everyone will be treated with respect.

We will use only the proper terms for body parts and sexual activities.

We will not make fun of our peers.

We will not name-call or put people down.

We will not ask personal questions during our discussions.
Lesson One

After you have chosen your rules, introduce them to the class. Students may also suggest rules they would like put in place. Once all rules are complete, you could post them in the classroom. You might also create a contract. This way, each student can sign the contract agreeing to abide by the classroom rules. Students will now have a clear sense of what is expected of them during this unit.

Activity Two: Addressing Student and Teacher Apprehension – 25 minutes

The second part of this lesson confronts student and teacher apprehension in talking about sexuality. Begin by explaining that it is perfectly normal to feel embarrassed when it comes to the subject of sex. In an effort to reduce student anxiety, try initiating a discussion based on the following questions. If you like, write the questions on the chalkboard:

1) What does the word “sex” really mean? Are there different meanings for the word?

2) Why do we feel uncomfortable talking about sex?

3) Why do students laugh when they are asked to talk about sexuality?

Invite students to participate in a large group discussion. Conclude by explaining that most of the embarrassment may be attributed to the fact that sexuality remains a subject that is rarely broached among families or inside classrooms. Teens and adults do not often talk about issues involving sexuality. Essentially, our discomfort stems from the fact that we are not used to discussing sexuality openly. Even though sex and images of sexuality are prevalent in the media, honest discussions surrounding sexuality can be more difficult for some people. You might remind students that talking about sexuality is healthy because it will help them become informed and therefore prepare them for making informed decisions about their own sexuality.
Lesson One

**Activity Three: Complications in Sexual Terminology – 30 minutes**

Talking about sex is further complicated by the varying uses and misuses of sexual terminology. For this reason, it is wise to spend a few minutes clarifying the terms you will be using in the upcoming sexual education classes. Ask students to form groups of four or five. Distribute the student handout entitled, “Lesson One - Sexual Terminology”. Ask the students in each group to create a list of possible meanings for the terms by brainstorming. Have them share some of their ideas. Present the definitions with which you are most comfortable. For reference, you can use the Teacher Discussion Guide that accompanies the Sexual Terminology exercise. You might also ask the students to add your information to their charts.

**Activity Four: Anatomy Review – 30 minutes**

At this point, the teacher will provide the students with a review of human sexual anatomy. This is a good opportunity for students to revisit the proper terms for their sexual body parts. Please refer to the document entitled, “Lesson One – Anatomy Review”. You could photocopy this information for the students, put it on acetate sheets for the overhead projector, or simply share the information orally with the class. While describing body parts, demonstrate them by presenting the visual images on the overheads entitled, “Female Reproductive Anatomy” and “Male Reproductive Anatomy”.

![Gender Symbols](image-url)
Lesson One

Activity Five: Introduction to the Question Box – 15 minutes

Tell your class that it is very common for students to have a lot of questions during a sexual education unit. You will have already established that some people feel a little nervous when talking about sexuality. Briefly explain the concept of a question box to your students. Ask them to spend a few minutes thinking about some questions that came to mind during today’s class. Distribute the Question Box Handout for Lesson One. Request that students attempt to write at least one question under each heading.

Encourage them to write more questions if they wish. Tell the students that you will be reading their questions and preparing answers for the following class. Remind students not to write their names on the top of the page, so their questions can remain confidential. Ask them to fold up the handout and deposit it in the question box.

Possible Extensions

You might consider using the question box after each lesson. This way, students can ask difficult questions throughout the entire unit.

If you have space in your classroom, you might post diagrams of female and male anatomy for student reference.

Students could also spend some time in the library researching the history of love and sexuality in different countries (China, India, Africa, etc.) or in different societies in the past (The Middle Ages, The Protestant Reformation, etc.).
Lesson One

Possible Assessment

This lesson lends itself to diagnostic assessment. The teacher will be able to assess how much information, and misinformation, is possessed by students. The student handout will also assist teachers in developing relevant curriculum for students. Certain classes may express an interest in a particular sexuality-related issue. Many students may share common concerns. By collecting the questions from the question box, the teacher can look through them, collect answers if necessary, and organise when and if the topic will be covered in class.

Since the nature of the discussion may be difficult for some students, and because this is the first class of the unit, teachers may refrain from giving a mark for participating in the class discussion. Further assessment might best be left for future lessons.
Lesson One

Tips For Teaching Sexual Education

Talking with students about sex and sexuality can be difficult for many teachers. Since sexuality is intimately connected to personal values, family backgrounds and spiritual beliefs, it can be a sensitive issue. Sexual education specialists recommend the following advice to teachers who wish to increase their level of comfort in teaching sexuality education.

- Try to develop a healthy attitude towards your own sexuality.
- Identify your own values and possible reactions toward different subjects on sexuality.
- Read some current literature in the field of sexuality education. Acquire a basic knowledge of sexuality so that your class may benefit from your expertise. Remember that your knowledge is less important than your attitude towards sexuality. Students learn best about sexuality when they are taught by a kind, tolerant and respectful teacher. Creating a classroom in which students feel safe and free to ask questions is very important. You can accomplish this in a number of ways. Some ideas are as follows:

Beyond The Basics: A Sourcebook on Sexuality and Reproductive Health Education, suggest the following ideas:

- address different learning styles
- react positively to questions
- be sensitive to non-verbal communication
- use humour to ease embarrassment and create a comfortable environment
- be student-centred
- ask participants about what they would like to learn
- be patient
- encourage self-confidence and decision-making skills
Lesson One

Establishing A Healthy Classroom Environment

• Respect and care for others.
• Create an atmosphere of trust in which all students can be themselves.
• Be sensitive towards the attitudes, values and feelings of others.
• Respect the values and beliefs of people from all cultural communities.
• Communicate with warmth.
• Be capable of discretion should students decide to confide in you.
• Be sincere.
• Do not be afraid to express discomfort.
• Listen carefully to your students’ questions, concerns, worries and thoughts.
• Keep an open mind.
• Value your students’ opinions and realise they may change over time.
• Be flexible.
• Respect the privacy of others.
• Answer questions honestly when you know the correct answer.
• When you do not possess accurate information regarding a topic, research the answer and tell your students at a later date.
• Avoid criticizing students’ opinions.
• Share positive feedback with students whenever possible.
Lesson One

Resources


Toronto Public Health. (2000). What’s The Rush?: A Sexual Health Promotion Social Marketing Campaign for Young Teens age 15 and under, 4-7.

Lesson One - Sexual Terminology Handout

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Define each term. What are the possible meanings for this term?</th>
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<tbody>
<tr>
<td>Love</td>
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<td>Making Love</td>
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<td>Sex</td>
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<td>Sexuality</td>
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<td>Sexual Acts or Sexual Activities</td>
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## Terminology

<table>
<thead>
<tr>
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</table>
| **Love**         | ► loving non-sexual affection – the kind of emotion that binds children and parents  
                    ► emotions such as generosity, charity, kindness, respect, and trust all connote love  
                    ► romantic or passionate love, sexual desire and arousal play a part in the definition of love  
                    ► love can be lasting, mutual and reciprocal |
| **Making Love**  | ► though this term is often used to describe sexual intercourse, it may also depict other sexual acts or activities as listed below  
                    ► 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” |
| **Sex**          | ► 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  
                    ► the term may also refer to anatomic structures or sexual organs  
                    ► 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  
                    ► 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 |
Lesson One - Sexual Terminology Handout

| **Sexy** | ► usually used to denote the physical characteristics or elements of an individual’s personality that are found attractive by another person (i.e. interesting, sensually pleasing, physically attractive)

► our personal preferences vary with regard to what is “sexy” as demonstrated through media images, advertising, movies, etc.

► might be used to illustrate physical attributes (i.e. “looking sexy”), feelings (i.e. “feeling sexy”) or a state of mind / being (i.e. “being sexy”)

| **Sexuality** | ► the ways in which human beings experience and express ourselves as sexual beings – our “sexual-self-image”

► awareness of ourselves as female or male, the way one feels about him/herself as a man or as a woman and the way s/he communicates these feelings to the outside world

► our capacity for sexual experiences and responses including our own sexual feelings related to the emotional, physical, psychological and societal aspects of being women and men

| **Sexual Acts or Sexual Activities** | ► not limited to intercourse or reproductive acts

► also includes acts shared between partners such as hugging, cuddling, kissing, massage, masturbation, touching, petting, oral sex, anal sex, etc.

Definitions inspired by the work of:


Anatomy Review

Everybody has them, but not many people talk about them. Some people call them their "privates", and others just kind of blush and whisper, "down there". However, the truth is that your reproductive parts are not any more cause for embarrassment than your feet or your eyes - it's just that they are covered up most of the time. The reproductive system gets its name from the fact that its parts allow a person to reproduce or have a child.

To make things even more complicated, teens and adults often give slang names to these parts. This means that a lot of teens are confused. They wonder, "What is that part really called?, What does it do? Who has one of those?". These questions, and others, are answered in this guide.

**Females**

When a baby girl is born, she has all the parts of her reproductive system in place, but it is not until puberty that she is able to reproduce. A woman's reproductive system is made up of the vulva, vagina, cervix, uterus, fallopian tubes and ovaries.

**Vagina**

The vagina is a muscular, hollow tube that is about 3 to 5 inches long in a grown woman. Because it is made of muscle, it can expand and contract. Its ability to become wider or narrower allows the vagina to accommodate something as slim as a tampon or as wide as a baby. The opening of the vagina is completely or partially covered by the hymen, a thin piece of tissue that has one or more holes in it. Hymens are often different from person to person. Many women find their hymens have stretched or torn after their first sexual experience. Some women who have had sex do not have much of a change in their hymens. If the hymen is stretched or torn, it may bleed a little, but this usually causes little, if any, pain. Although many people use the word vagina to describe the part outside the body, the vagina is actually completely inside the body - you can not see it at all. The entire outside area that shields the vagina is called the vulva. The vulva is made up of the mons pubis, the labia, the clitoris, and the urinary and vaginal openings. The mons pubis (pronounced: monz pew-bis) is the mound just below the abdomen. This is the area of the vulva that becomes covered with pubic hair when a girl goes through puberty.
Anatomy Review

At the bottom of the mons pubis, there are two folds of skin on either side of the opening of the vagina. These are called labia (sometimes called lips). There are actually two sets of folds: the labia majora (or outer lips) and the labia minora (or inner lips). In the space where the labia minora (inner lips) meet at the bottom of the mons pubis, the lips cover a small sensitive bump called the clitoris. Below the clitoris is the urethral (pronounced: you-ree-thrul) or urinary opening, which is part of the urinary system. This is where urine leaves the body. Finally, below the urinary opening is the vaginal opening, the entryway to the vagina.

Cervix
The cervix (pronounced: sur-vix) is the narrow bottom part of the uterus that extends into the vagina. It has strong, thick walls. The opening of the cervix, which is very small - no wider than a straw - provides an entryway to the uterus. This is why a tampon can never get "lost" inside a girl. During childbirth, the cervix can expand in order to allow a baby to pass.

Uterus
The uterus (pronounced: you-tuh-rus) has thick muscular walls and looks like an upside-down pear. Normally, the size of a woman's uterus is about the same as her closed fist. The walls of the uterus touch one another. The uterus contains some of the strongest muscles in a woman's body. These powerful muscles are able to expand and contract in order to accommodate a growing baby and then to help push the baby out during labour. The uterus is also where menstruation begins each month - it builds up its inner lining, known as the endometrium (pronounced: en-doe-mee-tree-um), with extra blood and tissue, anticipating that an egg might be fertilized by sperm entering the woman's body. The fertilized egg can then attach to the endometrium and pregnancy occurs. If an egg is not fertilized, the uterus sheds this extra blood and tissue, which comes through the cervix and out of the vagina as a menstrual period.

Fallopian Tubes
The fallopian (pronounced: fah-loh-pee-un) tubes are attached on one end to either side of the uterus, and they extend out and back from the uterus. Each fallopian tube is about 4 inches long and is about as wide as a piece of spaghetti. Within each tube is a tiny passageway no wider than a sewing needle. At the other end of each fallopian tube is a fringed area that looks like a funnel. This fringed area wraps around the ovary, but is not completely attached to the ovary. When an egg leaves from the ovary, it enters the fallopian tube. Once the egg is in the fallopian tube, tiny hairs in the tube's lining help push the egg down the narrow passageway toward the uterus.
Anatomy Review

**Ovaries**
The ovaries (pronounced: oh-vur-eez) are located about 4 or 5 inches down from a girl's waist. Each one is about the size of an almond in its shell. They are shaped like eggs and measure about 1 ½ to 2 inches in length in a grown woman. The ovaries sit on either side of the uterus, and special tissue keeps them connected to the fallopian tubes. Each woman's ovaries contain about 1 million ova (eggs). A baby girl is born with all these eggs, but it isn't until puberty that the eggs begin to be released. Usually, after a girl reaches puberty, one ovum (or egg) will be released from an ovary each month until she begins menopause. An egg pops out of the ovary and enters the fallopian tube, where it makes its journey to the uterus. If the egg joins with sperm in the fallopian tube and is fertilized, it will attach to the inner lining (endometrium) of the uterus and begin to develop into a baby. If the egg is not fertilized, it is washed away along with the blood and tissue of the endometrium that grows on the inside walls of the uterus each month: This is a menstrual period. The ovaries are also responsible for making hormones, such as estrogen and progesterone. Estrogen is a major part of puberty in girls - it is responsible for the development of breasts, female body shape, and other changes that girls go through during puberty.

**Males**

When a baby boy is born, he has all the parts of his reproductive system in place, but it is not until puberty that he is able to reproduce. A man's reproductive system is made up of the penis, scrotum, testicles, vas deferens, epididymis, seminal vesicles and prostate gland. Some of these parts are visible, whereas others are hidden inside the body.

**Penis**
The penis is actually made of two parts: the shaft and the glans (pronounced: glanz). The shaft is the main part of the penis, and the glans is the tip (sometimes called the head). All boys are born with a foreskin, a fold of skin that covers the glans. Some boys have a circumcision (usually done within a few days after birth), which means that a doctor or a clergy member cuts away the foreskin. Whether a boy is circumcised can depend on the preference of the individual family, the part of the world he lives in, or his family's religion. Circumcised penises work just the same as penises with foreskin.
Anatomy Review

The inside of the penis is made of a spongy tissue that can expand and contract. When a boy is sexually aroused, or sometimes for no apparent reason, special tube-like passageways in the tissue fill up with blood and cause an erection. When this occurs, the penis becomes hard and straight and stands away from the body.

Inside the penis, there is also a urethra (pronounced: you-ree-thruh). The urethra is part of the urinary system. The urethra carries urine from the bladder, through the length of the penis, and out of the small opening in the glans.

**Scrotum**

The scrotum is a loose pouch of skin that hangs behind the penis. It is also sometimes called the scrotal sac. The scrotum holds and protects the testicles. The testicles make sperm, and to produce sperm the right way, their temperature must be lower than it is inside of the body. The scrotum is designed to keep the testicles on the outside of the body and therefore at a lower temperature (at 92 or 93 degrees Fahrenheit or 33 or 34 Celsius which is about 6 degrees lower than normal body temperature). The scrotum even changes size to maintain the right temperature. In cold weather, the scrotum shrinks and becomes tighter to hold in body heat. In warm weather, it becomes larger and more floppy to get rid of extra heat. This happens involuntarily – a boy’s brain and nervous system give the scrotum the cue. The boy never even has to think about it.

**Testicles**

The testicles are two egg-shaped organs that are each about 2 inches in length in a grown man. They are sometimes also called testes. The testicles are contained in a small bag of skin called the scrotum. When the testicles are about 6 degrees cooler than normal body temperature, they will successfully produce sperm. When a boy reaches puberty, special coiled tubes inside the testicles begin to make sperm cells. From this point on, the testicles continue producing sperm for the rest of a man’s life at the rate of hundreds of millions each day. The testicles are also responsible for making the hormone testosterone. Testosterone is a major part of puberty in boys. When a young man makes his way through puberty, his testicles produce more and more of it. Testosterone is the hormone that causes boys to develop deeper voices, larger muscles, and body and facial hair, among other things.

**Epididymis, Vas Deferens, Seminal Vesicles, and Prostate Gland**

The epididymis (pronounced: eh-puh-dih-duh-miss) is a long, coiled tube that sits on top of and behind each testicle. As the testicles produce sperm, the sperm are continuously being transported away from the testicles and through the epididymis. It takes sperm about 4 to 6 weeks to travel through the epididymis.
Anatomy Review

After traveling through the epididymis, the sperm then make their way out of the scrotal sac via the vas deferens (pronounced: vas deh-feh-rinz). Millions of sperm enter the vas deferens each day. The vas deferens extends from the epididymis to the urethra (the tube that carries semen and urine out of the penis) and connects the two parts. The vas deferens is also the reproductive system's storehouse for sperm. The seminal vesicles (pronounced: seh-mih-nuhl vess-ick-uls) and prostate (pronounced: prahs-tate) gland are responsible for producing fluids that mix with sperm to create semen.

Semen is the fluid that leaves a man's penis when he ejaculates. When this happens, sperm are pumped out through the vas deferens, mix with semen from the seminal vesicles and prostate gland, and travel out through the urethra. Each time a man ejaculates, the fluid released can contain up to 500 million sperm. During ejaculation, the valve to the urinary bladder is tightly sealed to make sure that the seminal fluid travels forward and to prevent any urine from mixing with the semen.

Using The Question Box

Most good sexuality education programs include a question box - an on-going tool that allows students to ask questions confidentially. This simple strategy enables youth to participate in defining the content of the curriculum. The goal of the question box exercise is to identify teens' genuine concerns about sexuality and to offer them responses to their inquiries. The responses should be factually correct, guide decision-making, encourage openness and promote sexually healthy attitudes and behaviours. It can be challenging to answer questions in an age-appropriate way while also conveying positive sexual health attitudes.

The first step in preparing to answer questions from students in grade nine, is to understand their mindset. Teens at this age often feel they know a lot about sexuality when in fact, research indicates that they frequently possess information that is inaccurate or incomplete (Boyce et al 2003). While using the question box, teachers may find that students ask questions that illustrate this lack of knowledge. Conversely, since young people are exposed to so much sexual information in the media, they may ask questions that seem surprisingly sophisticated or “adult”. The important thing to remember is that teens continue to name teachers as primary sexuality educators. Since their desire to learn about sexuality is paired with their interest in the topic, teachers often find teaching sexuality classes quite enjoyable: Students are willing participants who are eager to learn. The following section outlines information to assist you in using the question box in your classroom.
Using The Question Box

Asking questions has long been recognised as an important learning activity. In sexual education classes, this activity becomes complicated. Since communicating about sexuality can be difficult for both students and teachers, a sexual educator can create opportunities for confidential question-asking. By using the Question Box, teachers allow students to ask questions without risking embarrassment. This technique also allows teachers to prepare answers for the students rather than find themselves “caught off guard”. As well, when teachers use the question box, they capitalise on teachable moments – enriching the entire class experience. The following is a list of recommendations to consider.

- **Assess whether the question is related to information, feelings or values.** Each type of question requires a different type of answer.

  - **Information Questions:** Try to provide simple, straight-forward factual information to students. Consider both curriculum relevance and age-appropriateness.

  - **Feeling Questions:** Always attempt to give honest responses that reflect the feelings you wish to portray. If a topic is difficult for you, consider saying something like, “I’m a bit uncomfortable with this...” or “Everyone is embarrassed sometimes, but it is important to discuss this issue ...”. If the question is about the student’s feelings, try to validate them. Offer comments like, “this student seems to be expressing ‘x’ feeling ...” or “Each of us feels differently about this topic. Some people might feel comfortable, others might be nervous. It’s o.k. for us to have different feelings about sexual issues...”.

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Using The Question Box

- **Value Questions**: When the question is really more about values than facts, consider asking students to discuss this topic with someone they trust. You might offer varying opinions, or you might refer students to other sources of information including texts, internet sites, family members or spiritual mentors. Encourage students to listen to people they respect while they form their own opinions. When the question has no concrete answer (i.e. How old should a person be before s/he has sex?), tell the students that every individual will have to answer that question for her/himself.

- **Give simple, concrete answers that avoid technical jargon.** Choose language that you know your students can understand. If you are introducing a new or unfamiliar term, make sure you clearly define it. Offer illustrations from their current base of experience. For example, if you are trying to explain how the vagina can expand to allow a baby to be delivered, you might compare it to a balloon that can expand when filled with air but goes back to its normal size when the air is released.

- **Answer explicit questions honestly, but avoid giving explanations of sexual technique.** If youth know enough to ask a question, they deserve an age-appropriate answer. Suppose the question is, “What is a blow job?”. You might answer, “A blow job is a slang term. It usually means using the mouth on the penis during sex.” Notice the choice of the words - “using the mouth on the penis” - instead of “licking” or “sucking” the penis. You have avoided using terms that tend to evoke visual images, and used words that are less evocative, but that remain honest and accurate.
Using The Question Box

● **Redirect questions about “feelings” back to the students.** Questions such as, “How do you know if you are in love” can lead to an interesting dialogue, if they are managed correctly. Read the question and then ask the group what they think. Once the teens voice their perspectives, you might offer your point of view, if appropriate.

● **Handle value questions very carefully.** Try not to impose your personal values. Rather, support universal values such as it is always wrong to exploit or take advantage of another person. When value issues arise, as they inevitably will, you should discuss a range of values. You might say, “Some people believe that … while others think that …” This approach illustrates that people feel differently about these issues – and that is o.k. When a class member presents only a narrow view or opinion, introduce other points of view. Always encourage students to talk with an adult they trust about value issues around sexuality.

● **Read each question just as it appears on the card.** Should a slang term appear, restate the question using the correct terminology. For example, suppose a student asks, “Can you screw during a girl’s period?” You might respond by saying, “‘Screw’ is a slang term for sexual intercourse,” and restate the question, “Can a couple have sexual intercourse during a young woman’s period?” Then, provide an answer. Reading the question as it is written validates the question and gives you an opportunity to model appropriate language.
Using The Question Box

• **Be honest.** If you do not know the answer to a question, say so. Then, research the answer and report back to your students with the correct answer during a subsequent class. Young people are exposed to enough misinformation without the adults in their lives adding to the confusion. Likewise, if a question is embarrassing, do not try to pretend it's not. Acknowledge that this is a difficult question for you to answer and do your best to accurately answer it.

• **Avoid using sexist or heterosexist language.** Do not use stereotypes of women and men in your examples. Be sure to correct students should they present information that is sexist and/or demeaning. The most basic way to use inclusive language is to say, “she or he” when sharing gender-neutral information. It is also very important not to speak as if all youth are heterosexual. Approximately ten percent of the students in your classes are not heterosexual. When talking about relationships, use words like “partner” rather than “boyfriend” or “girlfriend”. Gay, lesbian, bisexual, trans-gendered and trans-sexual students, among others, need to ‘see themselves’ in the curriculum. They deserve a safe environment in which to learn about puberty and sexuality. Often, after you model appropriate language, your students will begin using the same terms.

• **Treat all questions in a respectful manner.** If possible, affirm the person who is asking the question. Use phrases such as, “This is a good question”, “I am glad someone asked this question” or “A lot of people have questions about this topic”.
Using The Question Box

● If a number of students asked similar questions, inform the class that you will address all of them in one answer. This helps you to save time and avoid repetition.

● Should you encounter questions that seem unrelated to the course content or that are difficult to understand, try to acknowledge them respectfully. You could tell students that there were some questions you did not understand or that some seemed to be “off topic”. You can request that students who don’t hear the answer to their question come to see you individually after class or that they resubmit the question.

● Defer questions that will be answered in the next few classes. For example, if you have a number of questions on contraception, try telling the students the following. “There were five questions about contraceptive choices in the question box. We will be discussing this topic next week in lessons four and five.” Let the students know that their questions will be answered shortly.

● If a student has written a question intended to shock you or the class, remind the class of the ground rules you established at the beginning of the unit. Sometimes the shock comes not from the content of the question, but from the language used. You can always reword the question in an effort to defuse it.

● When you are not sure of the answer to a question, please check for further information before talking with your students.

● Practice answering students’ questions. Since you will be collecting questions at the end of each class, you have time to look through them and develop rehearsed answers. Take advantage of this situation.
Questions and Answers

Teachers in Peel Region have asked that this guide include a list of questions that grade nine students might ask accompanied by some sample answers. The answers presented are simply suggestions. Please use your own good judgement when responding to your students’ questions.

1. Why is it hard to talk about sex?

Most people find it somewhat difficult to talk about sex. Sex is very personal, private and intimate. Some adults are nervous that they do not have all the answers to questions asked by their children or their students. Some adults think that talking about sex encourages children to have sex. However, research proves that when teens learn about sex, they become more confident to make their own good decisions to abstain, delay sex or engage in safer sex when the time comes.

Teenagers might find it hard to talk about sex as well. They might be nervous that their peers know more about sex than they do. Some parents have told their children not to talk about sex. For these reasons, and others, some of you may find it hard to talk about sex. It is important to remember that talking about sex gets easier the more we do it. Once we get over the feelings of embarrassment, and think of health topics just as we do history or science, learning about sexuality becomes easier.
Using The Question Box

2. What is a virgin?

Virginity is a complicated idea. According to medical dictionaries, a virgin is a woman or a man who has not had sexual intercourse. However, we know that people have many different definitions for the term “virgin”. Some people believe that virgins are people who have never had any sexual experience including kissing or sexual touching. Others believe that, even if people have experienced some form of sexual activity (masturbation, touching, oral sex, etc.), they are still “virgins” if they have not had sexual intercourse.

3. Why do people want to have sex?

There are a lot of different reasons why people want to have sex.

Many people feel that sexual activity between loving partners helps a person to feel intimately connected with another person. They express love and celebrate the closeness of their relationship through sex.

Sometimes people have sex in order to try to conceive a child.

Some people desire physical intimacy as a means to feel appreciated and accepted by their partner.

Sometimes people have sex simply because it feels good.

People might have sex if they are looking for love and affection from another person.
Using The Question Box

3. Continued…

Some people might have sex because they feel pressure from their partner, their friends or from the media. They may feel like “everyone is doing it”.

Some people have sex as an experiment to see what it feels like.

While there are a lot of reasons people have sex, some reasons are better than others. It is important to ask yourself why you want to have sex before you do. This way, you can consider if your decision is healthy or not.

Possible Extension:

You may want to discuss the idea of healthy and unhealthy reasons for having sex. For example, if someone is having sex in an attempt to gain or save a relationship, or if a person is having sex to please someone else, rather than to please him/herself. Please see question # 4 for further information.

4. When is the right time to have sex?

There is no magic age to start dating or having sex. You must each decide what is right for you. It is really important to think about the reasons why you want to have sex. There are healthy and unhealthy reasons for having sex. Here are some reasons that might make you begin a sexual relationship before you are ready:

- If you think that all your friends are having sex, you might feel pressured into having sex as well.
4. Continued…

- You might be trying to prove your femininity or your masculinity. You do not need to have sex to convince yourself or others that you are attractive and capable of having a relationship.

- Some people have sex in order to “get even” with their parents. Starting a sexual relationship because you are angry with your parents, or because you want to rebel by doing something you know would upset them, is not a good idea. These are not valid reasons for having sex.

- When your peers start talking about sex, you might get more curious about it. That’s perfectly normal. However, simple curiosity is not a great reason for having sex.

- Sexual activity between mature, responsible partners can be wonderful. But, when people do not feel ready for sex, they are often disappointed by it. You need to be sure that you are ready for the possible consequences of beginning a sexual relationship. Ask yourself if you could talk to your partner about sex, pregnancy, protection from STI’s (sexually transmitted infections) and about your feelings. If you cannot imagine talking with your partner about these issues, you are probably not ready for sex.

- Thinking and talking about these points may help clarify your feelings. Remember that should you decide that sexual intercourse is not going to be a part of your relationship, you may still enjoy hugging, kissing, holding hands and touching. Love, trust, caring, communication, respect and commitment are all important parts of a good relationship.
5. What is masturbation?

Masturbation is defined as touching or rubbing the genitals for sexual arousal and satisfaction. This can lead to orgasm. Slang expressions for masturbation include “jerking off” and “playing with yourself”.

In some cultures and within certain religious groups, masturbation is discouraged or forbidden. If a person from such a group tried masturbation, s/he might feel guilty about it.

While it is normal to masturbate, it is also normal not to masturbate. There are no physical side-effects to masturbation. Each person must choose if s/he wishes to masturbate.

When a young man masturbates, he usually holds the shaft of his penis with one hand or with both hands. Using saliva or petroleum jelly as lubrication, a boy or man slides his hand up and down his penis. He will likely become sexually aroused until he ejaculates. Many men experience an orgasm when this happens.

Young women also masturbate. Some girls and women touch their clitoris with their fingers. Some put gentle pressure on their clitoris with a blanket or pillow. Others may squeeze a pillow between their legs, or simply squeeze their legs together. Many women experience orgasms when they masturbate.
Using The Question Box

6. What is oral sex?

Oral sex involves a person using his/her mouth on another person's genitals – the penis or the clitoris and vulva. Slang terms for oral sex include “giving head”, “blow jobs”, or “going down on someone”. When oral sex is given to a young woman, it is called cunnilingus. When oral sex is given to a young man, it is called fellatio. Partners can take turns performing oral sex, or they may stimulate each other at the same time.

7. Is sex better with a big penis?

The simple answer is “no”. However, this is a common question. At some point in their lives, many young men are preoccupied with the size of their penis. Sometimes they are convinced that their penis is “too small”. Almost all males experience a growth spurt during puberty. By the age of seventeen or eighteen, a man’s penis will have reached its full adult size. The average size of a non-erect penis measures between two and four inches. When erect, a man’s penis normally measures from four to eight inches in length. Although many people talk about “bigger being better”, penis size is not important for the sexual satisfaction of males or of females.
8. What is an orgasm?

When a male or female becomes very aroused by masturbation, heavy petting, oral-genital stimulation (oral sex), touching or sexual intercourse, the pulse rate and breathing speed up and tension builds in the muscles throughout the body. With orgasm, there is an explosive feeling of release from this tension. An orgasm can be mild or intense. The sensation is most intense in the genitals, although the whole body is involved.

When a woman has an orgasm, she experiences a throbbing in her genital area. Her vagina becomes more lubricated with natural fluids. When a man has an orgasm, he experiences an ejaculation in which semen spurts out of the end of his penis. After an orgasm, a man will lose his erection and his penis goes back to its normal, soft state.

9. Is there anything wrong with having sex at a young age?

As a young person, you have to consider many important factors before you will be able to decide if there is anything “wrong” with having sex. The right time to have sex will be different for each person.

However, there are possible legal implications of sexual activity with young people. According to the Canadian Criminal Code, no one under the age of fourteen years can consent to engaging in sexual activity, unless the other person is within two years of his/her age. For example, if a fourteen-year-old has sexual intercourse with a thirteen-year-old, the thirteen-year-old can give his/her legal consent.
Using The Question Box

9. Continued…..

However, it is not o.k., in the eyes of the law, for a thirteen-year-old to have sexual contact with a sixteen-year-old. The age difference is what makes the sexual act legal or illegal.

When a person is over the age of fourteen, s/he can legally consent to sexual activity with another individual regardless of this person’s age, as long as this person is not in a position of trust or authority (i.e. a teacher, a counsellor, a coach or a babysitter), or in a relationship of dependency (i.e. a guardian).

10. Why are some people gay, lesbian or bisexual?

When children are discovering their sexuality, some will find that they are developing sexual feelings towards people of the same sex and some may feel attractions towards both genders. If these feelings continue through adolescence and into adulthood, this may mean that they are homosexual or bisexual. Homosexuality is when a person has feelings of affection and sexual attraction for people of the same sex. Someone who is bisexual has feelings of attraction for both men and women. There is no cause for homosexuality/bisexuality, just as there is no cause for heterosexuality – or when people of the opposite sexes develop romantic or sexual feelings for one another. These feelings just happen.

- A lesbian is a woman who has feelings of affection and attraction, both emotionally and physically, to other women.
- A gay man has feelings of affection and attraction, both emotionally and physically, for other men.
- Someone who is bisexual has feelings of attraction for both men and women.
Possible Extension:

In every school, approximately one in ten boys will be gay and about one in twenty girls will be lesbians. By age eighteen, most gay and lesbian teens are aware of their sexual orientation. However, because their families and peer groups may not be supportive of gays and lesbians, it may take years before these teenagers can accept, and act on, their sexual orientation. The major concern teens have about their homosexuality is that their family and friends will reject them if they were to know the truth. All students, regardless of their sexual orientation, deserve to be treated with respect.
Teacher Guide

Using The Question Box

Resources:


Lesson One – Question Box Handout

Please write a question in each of the following areas. The headings are meant only to guide you. If you have other questions, feel free to add them in the last section. Thank you. Also, remember NOT to write your name on this sheet!

Sexuality

Relationships

Other Topics
(anatomy, puberty, medical concerns, birth control, sexually transmitted infections, etc...)

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Male Reproductive Anatomy
Male Reproductive Anatomy – Front And Side Views
Female Reproductive Anatomy

- Fallopian tube or oviduct
- View inside ovary
- Fimbriae
- Corpus luteum (follicle after ovulation)
- Cervix
- Cervical canal
- Uterus
- Vagina
- Ovary
Female Reproductive Anatomy – Front And Side Views
Lesson Two

Title: Responsible and Healthy Relationships

Theme: Considering the characteristics of healthy dating relationships

Time: 125 minutes

Materials:
* Dating Stoplight-Laminated Game
* CD player & music
* Magnets or masking tape
* Solving Problems in Relationships Worksheet

Objectives
● to teach students about the concept of positive, healthy relationships
● to acknowledge the links between healthy relationships and positive self-esteem
● to consider the reasons it is important to have healthy relationships
● to allow students to think about their own criteria for healthy dating relationships
● to discuss the good signs, warning signs and bad signs in dating relationships
● to have students explore ways to deal with difficult situations in dating relationships

Curriculum Expectations

9p1 - identify the factors that contribute to positive relationships with others

9p6 - describe the factors that lead to responsible sexual relationships

9p8 - demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality (e.g., healthy human relationships)

9p23 - use appropriate social skills when working collaboratively with others

4MAT Quadrants

1L: Listening, Analyzing, Teacher-led Discussions, Speaking, Sharing
1R: Making Connections and Integrating Experiences, Large Group Activities, Game
Lesson Two

Background Information

This lesson focuses on the issues young people face surrounding dating relationships. The topic is important because these relationships gain increasing importance during adolescence and provide teens with the groundwork for relationship building into adulthood. As girlfriends and boyfriends become a more significant source of influence for teens, it is helpful for them to consider what qualities make a relationship healthy and successful. It is also constructive for students to examine those components of relationships that can be detrimental or even harmful. This lesson is designed to compel teens to think about their personal criteria for healthy dating relationships and to discuss ways to evaluate these relationships in a teacher-mediated group setting. Inevitably, the partners who young people choose to date, and the relationships that ensue, will shape their experiences and self-esteem in critical ways.

Procedure

**Activity One: Brainstorming Bubble – 20 minutes**

This first activity is to introduce the idea of relationships and to generate discussion, constructing a positive, safe classroom environment. Create a list of words related to the topic. For example, in health, ask students to give you words related to the word, "RELATIONSHIPS." Students may suggest: 'love,' 'friendship,' 'understanding,' 'family,' 'dating,' etc. Write all suggestions on the board, clustering by theme or common idea where possible. This is a good way to begin a group discussion. You can also use this opportunity to introduce or review new vocabulary and terms related to relationships.
Lesson Two

**Activity Two: Moving with Music – 20 minutes**

1. Pre-prepare for each student a slip of paper on which there are three or four numbered questions.

   *Example:*
   - *What makes a relationship healthy?*
   - *Discuss characteristics of an unhealthy relationship.*
   - *Share about a good relationship you have experienced (friend, family, significant other). Why was/is it a good relationship?*

2. Give the students their slips with the three topics and ask them to stand up.

3. Explain that when the music starts they are to begin milling around silently but greeting each other as they pass by (wave, smile, wink, head nod, etc...)

4. Explain that when the music stops (or when you give the hand signal), each student is to stop and discuss question #1 with the student standing close by for 1 minute. Explain that when the music begins again, they are to repeat the process until they have discussed all three questions.

**Suggested Reflection Questions:**

1. Did you have similar things to share? If so, and if you are comfortable sharing, what similarities did you find?

2. What skills did you have to use in this activity? (Suggest some: listening, speaking clearly, sharing opinions, respecting difference.)
Lesson Two

Activity Three: Dating Stoplight Game - 30 minutes

Tell your students that they will be thinking about and discussing characteristics of dating relationships. Ask them to participate frequently during the discussion, as their input on this topic is very important. Start the lesson by asking students to answer a few general questions about relationships. Consider the following ideas.

● Why is it important to have great girlfriends and boyfriends?

These people provide friendship, support and love. As we explore what we have in common and what makes us different, partners can help us learn about ourselves. Through the process of dating, we come to understand what qualities are important to us in a relationship. Dating relationships provide us with the groundwork for relationship building into adulthood.

● How do you think self-esteem is related to dating relationships?

When our self-esteem is high, and we have a positive self-concept, we are more likely to choose girlfriends and boyfriends who are good for us. There is a saying that, “we teach people how to treat us”. In other words, how we behave towards ourselves and other people gives them clues as to how they should behave towards us. So, when we feel good about ourselves, respect ourselves and treat others nicely, we are showing people how we would like to be treated.
Lesson Two

Here are the instructions for setting up the “Dating Stoplight Game”.

On the top left corner of your chalkboard, use tape or magnets to attach the red stoplight card that reads, “These are bad signs in a relationship”.

Place the corresponding yellow and green stoplights underneath, as you see here.

Shuffle the Stoplight scenario cards to ensure that they are not in order. The graphic shown on the right appears on each scenario card.

The object of this game is to decide which scenarios are most compatible with each of the following three statements: “these are bad signs in a relationship”, “these are warning signs in a relationship” and “these are good signs in a relationship”.

Attach the appropriate answers to the chalkboard beside the corresponding stoplight with tape or magnets.
Lesson Two

There are several ways that you can play this game. You can read the scenarios aloud and ask students where they think they best belong. You could give scenarios out to groups of students and they can come to a consensus. You can place the scenarios on overheads and ask volunteers to give suggestions. You might also consider placing the scenarios around the room and asking for volunteers to place them beside the matching stoplight on the chalkboard.

No matter what pedagogical strategy you use to play this game, be sure that you ask students for explanations regarding their choices. The most important part of this activity is the discussion around whether each scenario constitutes a good, a warning or a bad sign in a relationship. It is in this arena that students will be able to discuss their various points of view. Your role in this game is to facilitate and mediate the conversations of your students. When there is disagreement, you might choose not to place the scenario beside one statement, but rather choose to set it aside for further debate and discussion. If the scenario clearly represents a bad or warning sign, be sure to make this clear for your students.

There are fifteen scenario cards. Five scenarios correspond with each coloured stoplight: red, yellow and green.
Lesson Two

While there may be some discrepancies, the following is a list of suggested correct answers.

RED LIGHT: These are bad signs in a relationship.

1. You are afraid of this person’s temper.
2. The person you are dating threatens to hurt you.
3. Your girlfriend or boyfriend pressures you to do things you do not want to do.
4. Your boyfriend or girlfriend criticises you or people you care about.
5. Your boyfriend or girlfriend makes you feel nervous about sharing your ideas with him/her.

YELLOW LIGHT: These are warning signs in a relationship.

6. You are unsure about your feelings for this person.
7. The person you are dating tells you not to hang out with certain friends.
8. You rarely get to plan what the two of you will do together.
9. The person you are dating often asks where you are, who you are with and what you are doing.
10. You say that you agree with the person you are dating, even though you really disagree with him/her, because you are afraid that a fight might end the relationship.

GREEN LIGHT: These are good signs in a relationship.

11. You usually feel happy when you are with this person.
12. Your girlfriend or boyfriend respects your feelings and your opinions.
13. The person you are dating talks to you about his/her feelings.
14. Your boyfriend or girlfriend celebrates your successes and s/he is happy when good things happen to you.
15. You enjoy being with the person you are dating, but you also enjoy spending time apart.

Activity Four: “Solving Problems In Relationship” Homework Assignment – 5 min.

Distribute the homework assignment. Discuss expectations and evaluation strategies, allow a few minutes for questions.
Lesson Two

Possible Extensions

Once their homework assignments have been submitted, have a discussion with the students asking them to share some of their solutions to one of the relationship problems. Allow for a couple of students to offer their solutions to the same situation, as different approaches are valuable in problem solving.

Also think about having students role-play their way through some of the “relationship problems”. Consider having peer evaluations for their performances, offering alternative suggestions for solving the problems.

Possible Assessment

An opportunity for summative evaluation is present in this lesson; the “Solving Problems In Relationships” homework assignment allows teachers to evaluate students problem solving skills. Also if students are required to complete the role-play activity, teachers could evaluate group work, and communication skills. Students could evaluate themselves and/or their peers based on the final role play presentation.

Resources


Lesson Two

Homework Assignment

Solving Problems In Relationships

Everyone will have some difficult times in their relationships. Even in the closest of relationships, problems do arise. It is important that you be able to tell the difference between good relationships and not-so-good relationships. One way you can do this is to decide if the problems you face with your partner are “warning signs” or “bad signs” in your relationship. By now, you have played the Dating Stoplight Game with your class. Remember that “warning signs” make you feel a little worried about your relationship, while “bad signs” make you feel very uncomfortable.

Think of a time when you had a problem in a relationship. For this homework assignment, you will be writing a solution to a problem in a relationship. The solution can be something you actually did to solve a problem, or it can be something you might do if the problem came up again. If you can not think of a problem in your own life, please provide a solution to Pat’s, Faisal’s or Chris’ problem. They are listed on the following page.

On a lined piece of paper, complete all three tasks below.

**Task #1:** In one or two sentences, describe the problem you faced with your partner (girlfriend, boyfriend) OR write down that you will be trying to solve Pat’s, Faisal’s, or Chris’ problem.

**Task #2:** Explain why you think the problem is a “warning sign” or a “bad sign”.

**Task #3:** Write a solution that you used, or that a person could use, to solve the problem. If you are not sure how to solve the problem, try writing a few ideas that you think might work.

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### Evaluation

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1 Poor</th>
<th>2 Fair</th>
<th>3 Good</th>
<th>4 Very Good</th>
<th>5 Excellent</th>
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<tbody>
<tr>
<td>Student thoroughly completed all three tasks</td>
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<td>Quality of the solution(s) provided</td>
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Grade out of 10 ………………………………………………………………………………………………/10
Lesson Two

Homework Assignment

Solving Problems In Relationships

Jamie has been dating Pat for 10 months and they feel they are in love with each other. They have even talked about living together in the future. Pat has a very bad temper, and Jamie is concerned about that. Pat is extremely critical about Jamie’s hair, clothes, spending money, etc. which make Jamie feel hurt. Pat often says “You’re too sensitive”. Jamie has recently done things just to please Pat.

How can Pat help solve this relationship problem?

Faisal and his girlfriend have been together for over a year. Faisal has a very jealous personality. Every time his girlfriend does not answer her cell phone or when she is not at home he gets these thoughts that she is with someone else. His girlfriend is becoming frustrated with the continued questions and accusations. He really wants to make the relationship work but when he becomes jealous his stomach hurts, he can’t sleep and he feels angry and hurt.

What can Faisal do to help solve this problem in his relationship?

Chris and Sam have been dating for 3 months. They are at a pool party and everyone is drinking and seems to be having a good time. Sam wants to have sex with Chris and is hoping that tonight is the night. Sam says all his friends are having sex. Chris isn’t sure if she is ready for sex but is worried that Sam may be disappointed or mad at her if she keeps saying no, she really likes him and his friends. Sam has heard about sexually transmitted infections in health class last year but doesn’t think that he has to worry about it, after all, Chris is a virgin, and anyways he is too embarrassed to buy protection. Chris’ parents know that she has a boyfriend. She is afraid that her parents would be very disappointed in her if she had premarital sex.

How Can Chris help solve this problem in her relationship?
STOP! These are bad signs in a relationship!
CAUTION! These are warning signs in a relationship!
GO! These are good signs in a relationship!
You are afraid of this person’s temper.
The person you are dating threatens to hurt you.
Your girlfriend or boyfriend pressures you to do things you do not want to do.
You are unsure about your feelings for this person.
Your boyfriend or girlfriend makes you feel nervous about sharing your ideas with him/her.
The person you are dating often asks where you are, who you are with, and what you are doing.
You rarely get to plan what the two of you will do together.
You say that you agree with the person you are dating, even though you really disagree with him/her, because you are afraid that a fight might end the relationship.
You usually feel happy when you are with this person.
The person you are dating tells you not to hang out with certain friends.
Your boyfriend or girlfriend criticises you or people you care about.
Your girlfriend or boyfriend respects your feelings and your opinions.
The person you are dating talks to you about his/her feelings.
Your boyfriend or girlfriend celebrates your successes and s/he is happy when good things happen to you.
You enjoy being with the person you are dating, but you also enjoy spending time apart.
Lesson Three

Title: Pregnancy Prevention

Theme: Birth Control

Time: 120 minutes

Materials:
* Condoms
* Birth Control Kit
* Flyers and pamphlets regarding birth control methods
* Flipchart, markers and tape
* Fact Sheets (information on a variety of birth control methods)
* Condom Game Cards

Objectives:
• To provide students with factual information about birth control
• Identify and explain the use of contraception methods
• Students will describe various methods of pregnancy prevention.
• To explore the factors that influence effective condom usage
• To review the steps in proper condom usage

Curriculum Expectations:

9p7 – Describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted diseases (e.g. abstinence, condoms, oral contraceptives).

9p8 – Demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality (e.g. avoiding unwanted pregnancies and STIs such as HIV/AIDS)

9p23 – Use appropriate social skills when working collaboratively with others

9p34 – Contribute to the success of the group verbally and non-verbally (e.g. by completing a fair share of the group task, by acknowledging others’ contributions to the task.
Lesson Three

4MAT Quadrant Code(s):

2R – Artistic projects including art and drama.
2L – Lectures by teacher or students, note-taking, demonstrations
4L – Group work, decision-making, preparation for group or individual oral presentations.
4R – Class presentations, displays, plays/skits.

Background Information

Although the incidence of adolescent pregnancies in Canada have dropped, there is still a concern with the current rate of 27 per 1000 adolescents aged 15 to 17 years old becoming pregnant (CJP: 1994). A study done with a sample of adolescents in a large, urban Ontario area indicates that by age 16 approximately 50% of youth are sexually active (Thomas, DiCenso & Griffith, 1998). The implications of these stats are well worth some thought. Youth are having sexual intercourse by their mid-teens and at this time approximately 35% of males and 23% of females report using contraception rarely or never. Teenage pregnancy may be the outcome. At this age most young women are not ready to have children as their bodies have not fully matured enough to support the growth of a fetus. Adolescent pregnancy is often associated with poor outcomes such as low-birth-weight, pre-term infants, poor maternal weight gain, high blood pressure during pregnancy and sexually transmitted infections (Carter, Fleice, Rossoff, Zabin, Beilenson & Danenberg, 1994). Since pregnancy during adolescence can have a serious impact on the adolescent parents, the child and society, effective prevention strategies are needed. All students need information on contraception and safer sex in order to avoid unintended pregnancies and sexually transmitted infections.
Lesson Three

Activity One: Condom Game – 60 minutes

The objective of this activity is for students to become familiar with the proper way to use a condom. In order for condoms to be effective in preventing unintended pregnancy and STI including HIV, they must be used correctly and consistently. (Game Cards included at the end lesson three)

1. Write the following heading on the board or flipchart: REASONS WHY PEOPLE CHOOSE CONDOMS. Brainstorm a list of ideas, making sure to include concepts such as widespread availability, available without seeing MD or pharmacist, low cost, effectiveness, prevention for both pregnancy and sexually transmitted infections, male control over his own fertility, few side effects, and excellent protection for unanticipated intercourse…

2. Describe condoms and condom materials (latex, polyurethane and lambskin), various condom sizes (regular, large, snug), lubricant options (dry or un lubricated, plain lubricated, flavoured or spermicidally lubricated).

3. Discuss the need to practise using condoms before actually having intercourse so that participants know how to use them and experience how they feel.

4. Shuffle Condom Cards:

   - Get condoms
   - Erection
   - Loss of erection
   - Relax
   - Orgasm
   - Roll condom onto penis
   - Withdraw penis
   - Sexual arousal
   - Talk to partner about condoms
   - Intercourse
   - Hold onto rim of condom
   - Squeeze air from tip of condom
   - Mutual decision to have sex
   - Check condom package
   - Remove from penis
Lesson Three

5. Ask fifteen volunteers to come to the front of the room. Distribute one card to each student. Allow a few minutes for the students to arrange the cards in proper order illustrating effective condom use from start to finish. When the order is correct, post cards in front of the room and review the final ordering.

6. Teacher demonstration: Show students the proper use of a condom and discuss the steps as you complete the task. Display this on a wooden demonstrator or onto the index and middle finger of one hand, although it will be very loose.

7. Have condoms for participants to examine, however ensure that all condoms are returned before the end of the session, so they are not misused.

The CORRECT ORDER for condom cards: mutual decision to have sex, talk to partner about condoms, get condoms, sexual arousal, erection, check condom package, squeeze air from tip of condom, roll condom onto penis, intercourse, orgasm, hold onto rim of condom, withdraw penis, remove condom from penis, loss of erection, relax.

Assessment Opportunity:

Have students create their own condom game. Ask them to construct a chart with 16 boxes. Ask students to title the first box with the following, “How to Use a Condom”. Then instruct students to draw and/or describe the steps in correct condom usage which they observed during condom game activity. Have students cut out their game and ask a partner to correctly order the playing cards.
Lesson Three

**Activity Two: Flip Chart Questions for Methods of Pregnancy Prevention**

60 minutes

**Materials:**
- Flip chart paper
- Markers
- Tape
- Pregnancy Prevention FACT SHEETS
- Samples of various methods of contraception for participants to examine (included in the accompanying birth control kit)

1. Prepare 10 sheets of flip chart paper by listing a different method of pregnancy prevention at the top of each one.

**Methods to focus on:**

- Abstinence
- Birth Control Pill (oral contraceptives)
- Male condom
- Depo-Provera (the shot)
- Plan B (Emergency Contraceptive Pill)
- Sponge
- Patch
- Contraceptive Foam
- Female condom
- Vaginal Contraceptive Film (VCF)
- Diaphragm
- Nuva Ring

*Note: For Withdrawal and Rhythm methods please see note to teacher.*
Lesson Three

2. List the questions participants will be answering for each method on the charts:

- What is it?
- How effective is it?
- How is it used?
- What are some of the advantages of this method?
- What are the disadvantages (side effects)?

Be sure that the sheets can be read from a distance, and leave enough space for the participants to record their answers.

3. Tape the sheets of flip chart paper up at various points in the room. Place the appropriate sample method nearby for those who wish to get a closer look.

4. Divide the participants into groups of 2 or 3 and assign each group to a contraceptive method. Ask the participants to record their answers on the flipchart paper. If participants are really having difficulty, you can give them some written information for guidance. See Fact Sheets included (at the end of this lesson), or call your local Health Department to get copies of brochures, pamphlets and fact sheets, or have participants search for answers at the library or on the internet (i.e. http://www.peelregion.ca/health/sexuality.htm).

5. Circulate between the groups to keep them on task and to assist them (e.g. leading questions or giving information).
Lesson Three

6. Once participants have completed the questions (to the best of their ability) ask each group to “report” their findings. Review each method, by following the answer key. Remember that the answer key will not provide all information about each method. The goal of this activity is to introduce participants to the different methods of pregnancy prevention available (particularly the methods that young people most commonly use). For more information about these methods, you can consult the fact sheets provided and/or visit peelsexualhealth.ca. You may also wish to make copies of this information for students, including community resources (e.g. youth friendly clinics, phone lines, etc…).

7. Ask participants to identify which method(s) they think would be most effective for young people and why?

*NOTE TO TEACHER: Once the students have discussed the contraceptive options listed on the chart paper, ask the students if there are methods they have heard about but have not yet been discussed. Make sure to conclude with information about the Withdrawal method, the Calendar/Rhythm method, and the risks and consequences of using no method (see fact sheets at end of lesson for more details).

Possible Extension:

Instruct participants in partners or individually to create a poster or a commercial advertising a method of pregnancy prevention.

Possible Assessment:

Another opportunity for a formal evaluation exists at the end of the pregnancy prevention lesson. A poster/presentation could be evaluated by the teacher, peers or self.

Resource:
Adapted with permission from materials produced by Planned Parenthood Federation of Canada
Lesson Three

Resource:


Condom Comfort by Carolyn Cooperman in “Teaching Safer Sex” by Peggy Brick et al.


Lesson Three

SUPPORT MATERIALS

Fact Sheets:
- Abstinence
- Birth Control Pill
- Contraceptive Foam
- Depo-Provera
- Diaphragm
- Evra (patch)
- Female Condom
- Fertility Awareness Methods
- Intrauterine Device (IUD)
- Male Condom
- Plan B – Emergency Contraceptive Pill
- Sponge
- Vaginal Contraceptive Film (VCF)
- Withdrawal

Condom Game:
- Mutual Decision to Have Sex
- Talk to Your Partner About Condoms
- Get Condoms
- Check Condom Package
- Sexual Arousal
- Erection
- Squeeze Air From Tip
- Roll Condom On To Penis
- Intercourse
- Orgasm
- Hold On To Rim Of Condom
- Withdraw Penis
- Loss Of Erection
- Remove Condom
- Relax
Abstinence

What is abstinence and how does it work?
Abstinence means not having sexual intercourse (vaginal, anal or oral sex). Abstinence means different things to different people. For some, kissing is the limit. For others, everything but vaginal or anal intercourse is the limit. Others have limits somewhere in between. If choosing abstinence, you and your partner will need to talk about setting your limits.

How effective is it?
Abstinence is 100% effective in preventing pregnancy. Abstinence is 100% effective in preventing sexually transmitted infections (STI’s) if there is no oral, anal or vaginal contact of any kind.

What do you need to do to use abstinence?
- Decide what your limits are before you are in a sexual situation
- Talk with your partner about your limits.
- You may wish to avoid situations where you feel pressured or unable to stick to your limits. For example, being at home alone with a partner, getting drunk or high or feeling pressured because “everyone is having sex” may alter your judgement.

Advantages to using Abstinence
Abstinence has many advantages that you may not have considered. These include:
- no worries about getting pregnant.
- some protection against STI’s (depending on your limits!)
- no cost
- no need to see a doctor
- allowing you to focus on other things such as sports, school, friends, and to spend time on your relationship without having intercourse
- no guilt about going against your religious beliefs or cultural practices.

Disadvantages to Abstinence
If you decide to use abstinence, you may feel:
- pressure from your friends and your partner
- like you do not fit in with the crowd
- an inability to express some of the physical aspects of sexuality

Feel good about what you do.
It’s your decision.

It’s a fact:
By grade 12, 50% of teens have not had sex. (Student Health 2005: A Peel Health Status Report)

If you do decide to have some sexual activity, use condoms to help prevent the spread of STI’s, HIV and Hepatitis B.

For more information, call Health Line Peel at 905-799-7700
and ask for Sexual Health Information
or visit our Web site
peelsexualhealth.ca

Adapted with permission from materials produced by Planned Parenthood Federation of Canada
Abstinenceaug05.doc
THE BIRTH CONTROL PILL (BCP)

What is it?
The BCP contains the hormones estrogen and progesterone and prevents pregnancy by stopping ovulation (release of an egg by the ovary). It is between 97 and 99% effective if taken exactly as prescribed. The pill must be taken at the same time every day.

There are 21 and 28 day pill packs.
- **21 day pill packs** contain 21 hormone pills. Take one pill every day for 21 days. Then take no pills for 7 days. (Your period will start during these pill-free days.) Then start a new pack of pills whether bleeding has stopped or not.
- **28 day pill packs** contain 21 hormone pills and 7 “fake” pills. Take one pill every day for 28 days. Then start a new pack of pills whether bleeding has stopped or not. (Your period will start during the last 7 “fake” pills.)

When should back-up methods be used with the pill?
As there is a chance of getting pregnant anytime when you don’t take 7 hormone pills in a row, you need to use a back-up method of birth control such as condoms or abstain from sex (no sex) These times include:

a) When starting your very first pack of pills.
   - Pills become effective after you have taken the first 7 pills as directed.

b) If any pills are missed:
   - See back of sheet for instructions on missed pills.

c) If taking prescribed or over-the-counter medications, or some street drugs:
   - Continue to take the pill as usual.
   - Abstain from intercourse or use a back-up method while taking your other medications and for 7 days after you have completed it.
   - If you are taking other medications into the 3rd week (day 15-21 of your pack), see “Missed Pills in 3rd Week” on the other side of this sheet.

d) If vomiting occurs within 1 hour of taking a pill:
   - Take another pill from a separate pack as soon as you feel better.
   - If you have severe diarrhea or vomiting for more than 24 hours, keep taking your pills as usual if you can.

- Abstain from intercourse or use back-up methods while you are ill and for 7 days after you feel better.
- If you are vomiting in the 3rd week (day 15-21) of your pack, see “Missed Pills in 3rd Week” on the other side of this sheet.

If you have made any mistakes taking your birth control pills, you may be able to take the Emergency Contraceptive Pill (Morning After Pill) to help prevent pregnancy.

Remember: Use condoms every time to help prevent the spread of sexually transmitted infections (STI), HIV, and Hepatitis B.

Possible side effects of the pill:
- bleeding between periods (break-through bleeding)
- stomach upset or nausea
- weight gain/bloating due to water retention
- headaches
- sore breasts
- mood swings
- lighter and/or shorter periods, or missed period
- getting drunk faster and staying drunk longer if you use alcohol (wine, beer, liquor)
- a decrease in some vitamin levels, so eat a well balanced diet and consider taking a multivitamin

If you take birth control pills, it is advised that you not smoke. Women who take the pill and smoke have a slightly higher chance of developing a blood clot; however, it is extremely rare.

Signs of a blood clot include:
- severe leg pain in calf or thigh
- severe chest pain, cough, shortness of breath
- severe headache, dizziness, weakness and numbness
- eye problems such as vision loss or blurring
- speech changes such as slurring
- severe abdominal pain

If you have any of these signs, go to a hospital right away.

If you have any questions, call
Health Line Peel-Sexual Health Information
905-799-7700
or visit our Web site at
peelsexualhealth.ca
CONTRACEPTIVE FOAM

What is it?

Contraceptive foam is a method of birth control you put into your vagina before you have sex. It contains a chemical called a spermicide. A spermicide helps to prevent pregnancy by killing sperm. The foam covers the vaginal folds and can help to form a barrier between the sperm and the egg. Non-oxynol 9 is the spermicide commonly found in contraceptive foam.

How effective is it?

The effectiveness of a spermicide depends on whether it is used correctly every time you have sex. It is 74-94% effective in preventing pregnancy depending on how well you use it. You need to feel comfortable with putting the applicator into your vagina to use this method. For a spermicide to be effective, it must be placed correctly in the vagina and intercourse must take place within 1 hour. The foam starts working immediately.

Advantages

- easily available at a pharmacy or sexual health clinic – no prescription needed
- you only use it when you need it
- convenient to carry with you
- relatively inexpensive
- provides extra lubrication during intercourse
- its effectiveness can be improved to 98% by using a condom
- women can make the decisions to use this method without their partner

Disadvantages

- should be used with another method of birth control (for example, condoms) to be more effective
- may cause burning or irritation of the vagina or penis which may result in pain with urination or with sex.
- irritation from the foam may increase the chances of becoming infected with HIV if you are exposed to the virus
- may have a bad taste (if you are also having oral sex)
- cannot be used if you or your partner(s) are allergic to spermicide
- may be messy
- does not protect against sexually transmitted infections

Additional Information

- be sure to follow the manufacturer’s directions
- if any side effects develop, see your health care professional
- douching within 6 hours of using spermicide can wash away the foam, making it ineffective (douching is not a recommended practice, as it increases the risk of both pelvic inflammatory disease (PID) and ectopic pregnancy).
HOW TO USE FOAM

Step One
- Buy spermicidal foam with an applicator
- Check expiry date

Step Two
- Shake can 20 times before each use
- Remove lid
- Set can on a level surface
- Put applicator on top of can and press down gently
- Foam will fill the applicator

Step Three
- Lie on your back with knees bent or stand with one foot on a chair
- Separate labia (lips) to find the opening of the vagina

Step Four
- Put a full applicator into vagina as far as it will go (the applicator needs to make contact with the cervix, which for many women is deep in the vagina)
- Push plunger all the way in
- Remove applicator and wash with soap and water

Remember…
You need another full applicator of foam if:
* more than 60 minutes goes by before intercourse
* you have intercourse more than once
* you are using a condom and foam and the condom breaks

Use condoms to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.
For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
DEPO-PROVERA
(The Injectable Method of Birth Control)

What is Depo-Provera?
Depo-Provera is the hormone (progesterone) given by injection (a needle) every 12 weeks to prevent pregnancy.

How does it work?
The hormone stops the ovary from releasing an egg each month. It also makes the mucus in your cervix thicker. This stops the sperm from reaching the egg. Depo-Provera, if given every 12 weeks, is 99.7% effective in preventing pregnancy. The first injection is effective immediately if given in the first 5 days of a normal period.

Who may want to use Depo-Provera?
This method of birth control is only recommended if there are no other methods of birth control right for you. Women may consider, in discussion with their doctor, if they want to use this form of birth control if they:
• can’t take the pill because of side effects
• have difficulty remembering to take birth control pills/using the patch
• are 35 and older and smoke
• want a birth control method that is private and effective.

Who should not use Depo-Provera?
Women should not use Depo-Provera if they:
• may be pregnant now
• may want to get pregnant within 1-2 years
• have a family history of breast cancer, stroke, blood clots, liver disease or depression
• will not be able to return for their injection every 12 weeks
• have any of the following medical problems: abnormal vaginal bleeding, breast cancer or other breast problems, liver problems, history of stroke, blood clots in your legs
• have not started their periods yet

The doctor will also ask about family history of cancer, high blood pressure, migraines, convulsions, diabetes, depression or any over-the-counter or prescription medications.

How do I start Depo-Provera?
Depo must be prescribed by a physician. Your health care provider will ask you about your health history including a breast, pelvic and Pap exam. You will be given information and have the opportunity to ask questions before deciding to have the injections. Because this medication stays in your body for many months, you must understand all the information before starting the injection.

If you decide to have the injection, the first needle is best given:
• day 1-5 of a normal period
• within the first 5 days after an abortion or miscarriage
• within the first 5 days after having a baby (if not breastfeeding) or six weeks after having a baby (if only breastfeeding.)

What is important to remember about Depo-Provera?
You need to get the injection every 12 weeks. If you wait longer than 13 weeks to get your next injection you can get pregnant. You will need to use another method of birth control such as condoms.

After stopping Depo, most women can get pregnant within an average of 10 months but it may take up to 2 years.

Risks of Using Depo-Provera
1. Depo-Provera may decrease the amount of calcium in your bones which may increase your risk of osteoporosis and broken bones, particularly after menopause. Calcium is added to your bones in your teenage years. This decrease of calcium in your bones is especially important if you are a teen or have the following risk factors:
• bone disease
• anorexia nervosa
• strong family history of osteoporosis
• use medications for epilepsy or steroids
• drink alcohol or smoke cigarettes regularly
Depo-Provera should not be used for more than 2 years. If you must use Depo for more than 2 years, you should be tested for bone density. Health Canada has issued warnings regarding Depo-Provera and its effect on bone density. You may be advised to take calcium and vitamin D supplements.

2. Irregular Menstrual Bleeding
The most common side effect of Depo-Provera is a change in the normal menstrual cycle. This can include: irregular or unpredictable bleeding or spotting, increase or decrease in menstrual bleeding, or no bleeding at all. Usually the amount of bleeding decreases with time but you may not know when to expect bleeding. After 12 months, over 50% of women have no periods and this is normal. With continued use of Depo, many women stop having periods completely. When you stop using Depo-Provera your period will usually, in time, return to its normal cycle.

Are there any side effects?
A pattern of gaining weight may continue as long as you have your injections. About two thirds of women in studies report a weight gain of about 5 pounds (2 kilograms) during the first year and about 8 pounds (3.6 kilograms) over 2 years.

Some women may have other side effects such as: depression/nervousness, weakness or fatigue, vaginal discharge or irritation, headaches, breast tenderness, bloating, less interest in sex, nausea, acne, hot flashes, aches and pains.

If you have an increase in thirst or increased frequency in urination (peeing), or if you are feeling depressed, report that to the doctor at your next visit.

Serious side effects are rare but if you have any of the following warning signs, see a doctor right away:
- sharp chest pain, coughing of blood or sudden shortness of breath
- sudden severe headaches or vomiting, dizziness, fainting, problems with eyesight, speech, weakness or numbness in arm or leg
- severe pain or swelling in the calf
- unusually heavy vaginal bleeding
- severe pain or tenderness in the lower abdominal area
- perisent pain, pus or bleeding at the injection site

Allergic reactions are rare. Symptoms include hives, itchiness, and/or difficulty breathing. This generally occurs within 15 minutes.

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**Depo-Provera does not protect you or your partner from sexually transmitted infections including HIV/AIDS or Hepatitis B. Use a condom every time you have sexual intercourse.**

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca

Additional information available at:
Health Canada: www.hc-sc.gc.ca
Pharmacia-Pfizer: www.pfizer.com/pfizer/download/ppi_depo_provera_contraceptive.pdf
THE DIAPHRAGM

What is it?
The diaphragm is a barrier method of birth control, meaning it is used to prevent the sperm from meeting the egg. It is a soft, thin, domed-shaped rubber (latex) cup with a flexible rim. It is placed high in the vagina and covers the cervix. The fit is not tight enough to prevent all of the sperm from getting past the diaphragm, so it must be used with a spermicide (contraceptive gel). You must see a health-care professional to be measured for the proper sized diaphragm, and you will be given a prescription to buy it at a pharmacy.

How effective is it?
About 12-18% of women using the diaphragm will become pregnant within a year of use. This may change depending on how often you have intercourse and how well the diaphragm fits. Most diaphragms will last up to two years. Diaphragm size may need to be changed if you have had a pregnancy, abortion, lower pelvic surgery, lost or gained ten or more pounds. Using condoms with the diaphragm will increase your protection against pregnancies and sexually transmitted infections.

How is it used?
- Wash your hands.
- Put about one tablespoon of contraceptive gel in the diaphragm and around the rim.
- Squeeze the sides of the rim together with the dome side down.
- Squat or place one leg on a stool or toilet seat. Open the vagina as you would to use a tampon, and insert the diaphragm. Push it along the floor of the vagina as far as it will go. Tuck the front rim of the diaphragm up along the roof of your vagina behind the public bone. The contraceptive gel should be against your cervix.
- You may request a plastic inserter to help put the diaphragm in place.

When the diaphragm is in the right place, neither you nor your partner should feel any discomfort. The diaphragm can be inserted up to six hours before intercourse, but if it has been in place for more than two hours, you must insert an extra application of spermicidal gel or foam. If you have sex more than once, you must also use more of the spermicide.

The diaphragm must remain in place for six to eight hours after intercourse (but no longer than twenty-four hours in place in total).

To remove it:
- Wash your hands.
- Hook a finger or the inserter under the rim and pull it out.
- Wash it with mild soap and water.
- Inspect it for any breaks and tears.
- Store it in a cool, dry place.

If at any time, you feel that the diaphragm may have not been in position, or you forgot to apply additional spermicidal gel, you can speak to a health-care professional about taking the emergency contraceptive pill.

Possible side effects and complications
- Some people are sensitive or allergic to the latex (in the diaphragm) or the spermicidal product.
- Some women have more bladder infections or yeast infections with the diaphragm.
- Certain positions during sex may cause the diaphragm to be moved out of place.
- Toxic Shock Syndrome (if diaphragm left in place too long or used during your period).

Who should not use a diaphragm?
Women should not use a diaphragm if:
- the vagina/uterus prevents a proper fit of the diaphragm.
- there is a history of toxic shock syndrome.
- they have recurrent or persistent urinary tract or vaginal infections.
- they are not comfortable inserting or removing the diaphragm.

Condom use is necessary to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.
For more information, call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
What is it?
Evra is a beige polyester patch, about 4 cm square which contains the hormones estrogen and progesterone. The hormones are slowly absorbed through the skin, into the bloodstream. The patch is latex free and is worn on the skin of the buttock, abdomen, upper body (not on the breasts) or the outside of the upper arm. The patch is only available by a prescription from a doctor.

How does the patch work?
The patch works the same as birth control pills. It stops an egg from being released each month (ovulation) and changes the cervical mucous making it harder for sperm to enter the uterus.

The patch is 99% effective in preventing pregnancy when used correctly. This is the same as the pill. The patch may be less effective for women who weigh over 90kg (198 lbs).

How do you use the Patch?
To start the patch for the first time, put it on the first day of your period. One patch is put on the skin for one week and then replaced with a new patch on the same day of the week for 3 weeks in a row. For example, if you started your first patch on Monday, then you will change your patch every Monday for 3 weeks. On week 4 no patch is used and your period should start during this “patch-free” week. Remember then to apply the first patch from a new package at the beginning of your next 4 week cycle on your normal patch change day, no matter when your period begins or ends.

If you want to start your patch on a Sunday, but this was not the first day of your period, you must use a back up method such as condoms for the next 7 days.

- Put the patch on a different place (buttock, abdomen, upper body, upper arm) each week.

You can wear it on the same location but not in the exact same spot.
- Do not put it on a cut, red or irritated skin.
- Do not put it on areas of skin where oil, creams, lotions or powders are or will be applied.
- Press the patch firmly with the palm of the hand to be sure edges are sticking well.
- The patch will stay attached and be effective while bathing, swimming, and exercising or when it is very humid.

Read and follow the instructions that come with the patch package.

If you have made any mistakes using the patch, you may be able to take the emergency contraceptive pill (morning after pill) to help prevent pregnancy.

Are there Side Effects?
Some women may experience:
- nausea
- headache
- breast tenderness
- break-through bleeding
- skin irritation

If you use the patch, it is advised that you do not smoke. Women who use the patch and smoke have a slightly higher chance of developing a blood clot; however, it is extremely rare.

Signs of a blood clot include:
- severe leg pain in calf or thigh
- severe chest pain, cough, shortness of breath
- severe headache, dizziness, weakness and numbness
- eye problems such as vision loss or blurring
- speech changes such as slurring
- severe abdominal pain

If you have any of these signs, go to a hospital right away.
Things to Remember:
• Keep a supply of extra patches in case you need to replace one if it falls off or becomes loose. (remember to take extra ones on your vacation)
• Store patches at room temperature.
• Do not write on the patch or change it in any way.
• Do not move the patch once it is applied.
• It may be easier to remove the patch while bathing.
• If switching from Depo to Evra, start the patch on day the next injection is due.
• If changing from birth control pills to Evra, start the patch the first day of your bleeding, not on pill start day.

Forgot to Apply or Change your Patch?

During Week 1
• Apply patch as soon as you remember
• This is now your new patch change day
• Use back-up method for 7 days.

During Week 2 or 3
If less than 2 days (48 hours) from usual change day:
• remove your “old” patch
• apply a new patch immediately
• apply your next patch on your usual day
• no back-up needed.

If more than 2 days (48 hours) from usual change day:
• remove your “old “patch
• apply a new patch immediately
• this is now your new patch change day and you now start a new 4 week cycle
• you may or may not have a period this cycle.
• use back-up for 7 days
• apply next patch in 7 days

During Week 4 (patch-free week)
• Remove patch when you remember
• Your period may start late
• Apply new patch on usual patch change day
• No back-up method needed
• You should never have patch off for more than 7 days.

When Else Should I Use Back Up?
You should also use a back up method such as condoms for 7 days if:
a) you start the patch on a Sunday and this is not the first day of your period.
b) you start the patch more than 24 hours after your period starts.
c) you are changing from the pill to the patch and it is not the first day of your period.
d) switching from Depo injection to the patch and you are more than the 13th week from your last injection.
e) you are taking certain other drugs as they can make the patch not work as well. Check with your health care provider.

What if the Patch Becomes Loose, Partially Lifts Off or Falls Off?
If it is loose or off for less than 1 day (24 hours)
• try to restick the patch or put new patch on immediately
• no back-up needed
• your patch change day stays the same.

If it is loose or off for more than 1 day (24 hours)
• put a new patch on immediately-this starts a new 4 week cycle
• you now have a new “patch change day”
• use back-up method for next 7 days

Remember: Use condoms every time to help prevent the spread of sexually transmitted infections (STI), HIV and Hepatitis B.

If you have any questions, call
Health Line Peel-Sexual Health Information
905-799-7700
or visit our Web site at peelsexualhealth.ca
FEMALE CONDOM

What Is It?
The female condom is a thin, soft plastic condom that is placed inside the vagina. It is the only female-controlled method that helps prevent both sexually transmitted infections and pregnancy.

How Effective Is It?
The effectiveness rate of the female condom is similar to the male condom, about 80-95% effective depending on use.

Advantages of the Female Condom
- latex free, reducing risk of allergy
- reduces “friction” and irritation of vaginal lining (helpful for women post partum, breast-feeding or at menopause when dryness is a problem)
- 40% stronger than latex
- has no smell
- any lubricant can be used
- heat conductive so warms up as soon as inserted
- less disruptive to love-making (can be inserted up to 8 hours before sex)
- sold in stores – no prescription needed
- better for men who lose an erection while/after putting on a latex condom
- reports of increased sensitivity and pleasure for the male
- soft flexible ring at the open-end covers a larger surface area offering greater protection for each partner
- some women find the outer ring stimulates the clitoris and increases their pleasure

Disadvantages of the Female Condom
- the outer ring hangs about 2.5cm outside the vagina., therefore it is difficult to hide the use of the female condom
- during sex there may be noises caused by the friction. Extra lubrication may minimize this.
- practice may be necessary to learn how to use the female condom
- it is possible for the penis to enter the vagina beside the condom.
- the cost is approximately $3.50 - $5.00 each.

Remember:
As with latex condoms used by men, the female condom helps protect against pregnancy and sexually transmitted infections (STIs), including HIV.

Read instructions carefully. Each package of female condoms includes detailed instructions for use.

Do not reuse condoms. Throw used condoms in the garbage as condoms may clog the toilet.

Having safer sex means protecting yourself (and your partner) from unintended pregnancies as well as sexually transmitted infections.

For more information, call Health Line Peel and ask for:

Sexual Health Information
905-799-7700

or visit our Web site at peelsexualhealth.ca
Fertility Awareness Methods
(Rhythm Method, Natural Family Planning)

What is fertility awareness and how does it work?
Fertility awareness methods are a way of pinpointing when you will ovulate and can become pregnant therefore avoiding intercourse at that time. Some methods include:
1. Keeping track of your menstrual cycle by taking your temperature with a special thermometer and charting it everyday.
2. Taking note of changes in your cervical mucus to help figure out when you will ovulate (release an egg from the ovary).

Some women take special classes to learn how to use these methods correctly. Partners also need to be involved.

How effective is it?
About eight out of ten women who use this method properly over a year find it is effective. This is lower than many other birth control methods. It can be difficult for young women to predict ovulation because they may have irregular periods.

Advantages
There are advantages to fertility awareness methods including:
• using this to plan or prevent a pregnancy.
• helping women learn about their body
• low cost
• no side effects
• a woman’s control over this method.

Disadvantages
Fertility awareness also has some disadvantages including:
• requiring a lot of time and commitment to do properly
• no protection from sexually transmitted infections (STI), including HIV
• requiring abstinence or condom use during the time in your cycle when you are most fertile and therefore likely to become pregnant
• if you are ill or feeling stressed, your menstrual cycle may change. You may not be able to rely on these methods.
• requiring a great deal of commitment, and self-control by both the woman and her partner.
• higher failure rate than many other methods

Additional Information
Prior to relying on fertility awareness, practice using this method for 6 months while using a back-up method such as condoms. This is necessary to identify ovulation patterns and to know if this method will work for you. You and your partner will need to avoid having vaginal intercourse for several days before, during, and after you ovulate, because sperm can live up to seven day inside a women’s body, and an ovum (egg) lives for one to two days. Therefore, sperm might still be present in the fallopian tubes several days after having vaginal intercourse.

Further Resources
Planned Parenthood [www.ppfc.ca](http://www.ppfc.ca)
Natural Family Planning Association [www.naturalfamilyplanning.ca](http://www.naturalfamilyplanning.ca)

For more information, call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site peelsexualhealth.ca

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INTRAUTERINE DEVICE (IUD)
(non hormonal IUD)

What is it?
An IUD is a small plastic and copper device that fits inside the uterus. The most commonly used one is T-shaped. The IUD has thin plastic strings attached to it, which hang through the cervix into the vagina. The strings are approximately 2.5-5 centimeters long. All IUDs must be inserted and removed by a doctor. IUDs medicated with the hormone progesterone are also available. The IUD is 94-97% effective. However, the IUD may slip out of the uterus and this is a major reason for failure (2-10% of IUD users found that the IUD had slipped out of their uterus within the 1st year of use).

How does it work?
The exact way it works is not completely understood. The IUD may work by slowing the sperm as they move toward the egg, thus preventing fertilization. The IUD may also alter the lining of the uterus so that the fertilized egg does not attach to the uterine wall. The IUD can remain in the uterus on average from 1-5 years.

Who should not use an IUD?
Women with the following should not use an IUD:
- pelvic inflammatory disease (PID) or recent PID (within last 3 months)
- recent (within last 3 months) or recurrent sexually transmitted infections
- pregnancy or suspected pregnancy
- undiagnosed or irregular uterine bleeding
- abnormal pap or possibility of uterine cancer
- anemia or bleeding disorders
- HIV or AIDS

What are the side effects and complications?
- longer and heavier periods with more cramps (this may decrease with time)
- expulsion or displacement (moving) of the IUD
- spotting or bleeding between periods
- a slightly increased risk of PID during the first 3 weeks after IUD insertion. The chance of PID increases if you or your partner has other partners.
- perforation of the uterus at the time of insertion (rare)
- slight increased risk of a tubal pregnancy

Before having an IUD inserted:
- get tested for sexually transmitted infections
- ask the doctor about taking an over-the-counter medication such as ibuprofen 1/2 half hour before having the IUD inserted to lessen any discomfort

Instructions following insertion:
- no sexual intercourse or use of tampons for 3 days after insertion of IUD
- be aware of missed periods or extreme bleeding
- eat iron rich food
- do not try to remove the IUD yourself
- learn and pay attention to the signs of infection
- check the strings

Checking for IUD strings:
The IUD strings should be checked:
- once a week during the 1st month after insertion
- after every menstrual period
- after noticing any problems (see below)

If the IUD has been displaced, you may notice:
- unusual vaginal discharge
- cramping or pain
- spotting between periods or after intercourse
- painful sex for male or female (can feel the IUD in the vagina)
- strings are either missing, shorter or longer
A missed period may be the first sign of pregnancy because the IUD has been displaced or come out.

Signs of infection:
- abnormal spotting or bleeding
- pain with intercourse
- unusual discharge or odour
- fever, dizziness, and chills

If you notice any of the above signs see your doctor.

Call Health Line Peel and ask for Sexual Health Information 905-799-7700 or visit our Web site at peelsexualhealth.ca
MALE CONDOM

What is it?
The male condom is a protective barrier that fits over the penis during oral, vaginal or anal intercourse. The condom collects ejaculate, or pre-ejaculate (cum/semen) and protects both partners from body fluids during intercourse. Therefore, condoms are useful for both preventing pregnancy (they are rated between 86.2% and 97.4% effective in preventing pregnancy) and protection against transmission of sexually transmitted infections. Some sexually transmitted infections (herpes, HPV or Human Papilloma Virus or warts) are passed through skin to skin contact so a condom may not provide protection.

Condoms are available in a variety of sizes, colours, and textures. Flavoured condoms are available for oral sex. They can be made of latex, polyurethane or lambskin. Condoms made of animal tissue (e.g. lambskin) do not protect against sexually transmitted infections. Polyurethane condoms can be used if you or your partner has an allergy to latex. Condoms are available with:
- no lubricant
- a water-based or silicone lubricant
- a spermicidal lubricant.

Benefits of condoms
Condoms have many benefits including:
- preventing pregnancy
- preventing many sexually transmitted diseases
- may help in maintaining erection
- being easily available in many locations without a doctor’s prescription
- low price – samples are available free at some clinics
- cut lengthwise, a latex condom can be used as a barrier during oral sex with a female partner or oral-anal contact with a partner.

Possible Side Effects
- Skin irritation
- Possible allergic reaction to latex and/or spermicide
- Vaginitis due to the additives in some flavoured condoms
- Decreased sensation – sensation may be increased with the use of a drop of water-based lubricant inside the tip of the condom

Important Points to Remember
- Oil-based lubricants (e.g. petroleum jelly/Vaseline, mineral oil, baby oil, vegetable oil, massage oil, etc.) can break down latex condoms
- Condoms have an expiry date (by law this must be printed on each condom package).
- Extra-strength condoms with additional extra water-based lubricant are recommended for anal sex.
- Novelty condoms may not prevent pregnancy or sexually transmitted infections.

It is important to talk with your partner(s) about safer sex practices. If you or your partner(s) have had previous partner(s), consider testing for sexually transmitted infections.

See OVER for instructions on how to use condoms...
How to Use the Male Condom

- Check the expiry date on the condom package.
- Store condoms in a cool, dry place away from heat, UV light and high humidity. Don’t keep condoms in a wallet next to the body for a long period of time.
- Do not have any genital to genital contact without a condom on the penis.
- Open wrapper carefully so the condom is not torn by jewelry or fingernails.
- Do not unroll or stretch a condom before use. This may weaken the condom.
- Pinch the air from the tip of the condom and keep it pinched while the condom is put on.
- Place condom on the end of the hard penis.
- Unroll condom all the way down penis.
- If not circumcised, pull foreskin back before putting the condom on.
- If you want more wetness during intercourse, use water-based lubricants such as Astroglide, K-Y Jelly, Muko, etc.
- After ejaculating (cumming), hold onto the condom at the base of the penis and pull out before the penis gets soft. This will help to prevent the condom from slipping off the penis.
- After ejaculation do not use the condom again.
- Throw condom in the garbage. Condoms will clog the toilet.

Use condoms to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
PLAN B Emergency Contraceptive Pill
(Morning After Pill)

What is Plan B?

Plan B is an emergency method of contraception which contains a hormone called progestin. Generally, women who can safely take the birth control pill may use Plan B. Plan B must be prescribed by a health professional.

To prevent pregnancy, Plan B must be started within 72 hours after unprotected intercourse has occurred. Plan B can be used if:

- a condom broke or slipped
- you used withdrawal or no contraception at all
- you missed some birth control pills and didn’t use a condom
- you were late getting your Depo injection
- your diaphragm slipped
- you were sexually assaulted

Plan B works by preventing the release of an egg from the ovary, by preventing sperm and egg from meeting or by preventing a fertilized egg from attaching to the wall of the uterus. Plan B is 95% effective if taken properly within 24 hours of unprotected sexual intercourse, 85% if taken within 25-48 hours and 58% if taken with 49-72 hours. Plan B does not protect against sexually transmitted infections and HIV.

If you are already pregnant Plan B will not cause an abortion and is not known to harm the fetus.

How to use Plan B

You will receive 2 pills in a package. Read the enclosed information carefully.

- Eat something and take the first pill as soon as possible.
- 12 hours later, eat again and take the second pill. (Time it so you don’t have to wake up in the middle of the night!) If you felt sick with the first pill, you may want to take an anti-nausea pill such as dimenhydrinate (or Gravol) before you take the second pill.
- The most common side effect is nausea. Very few women (6%) who take Plan B will vomit. Taking Plan B with food will help with the nausea. If you vomit within one hour of taking either the first or second pill, call the clinic/walk-in/doctor to see if you need another dose. If you vomited due to an upset stomach and you can see the pill in the vomit, a replacement dose is necessary. If you can’t see the pill or if it is more than one hour, a replacement dose is not needed.
- Other possible side effects are mild abdominal pain, fatigue, headache and spotting or bleeding from the vagina. These symptoms are temporary, usually lasting only a few days.
- See a doctor immediately if you have itching all over your body or cramping/severe abdominal (stomach) pain before your next period.
- Your next menstrual period should begin at its expected time. If it is more than 1 week late, or if it is very different from normal, call the clinic for an appointment and pregnancy test.

Can I have Plan B to use in the Future?

In certain situations you may be offered Plan B to use at a later date. Remember to:

- store Plan B in a safe place, away from children.
- make sure of the reasons why you need to use it.
- check the expiry date before using it.
- follow the instructions carefully for taking it.

If you have any questions when you are taking it, call a health professional.

What about ongoing birth control?

Plan B will not protect you from pregnancy during the rest of this menstrual cycle. Another method of birth control, such as condoms, MUST be used until your next period. Plan B is not recommended as a regular method of birth control. Speak to a health professional about an ongoing method. Plan B will not affect your ability to get pregnant in the future.
If you are taking Plan B because you missed some birth control pills, and you missed:

- 1, 2 or 3 pills: Do not take any of the missed pills. Take the Plan B and then continue on your pack on the day after you take the second Plan B. Use condoms for at least the next 7 days.
- 4 or more birth control pills: Speak with a health professional for advice on restarting the birth control pills.

Remember: Since you have had unprotected sex, you should consider being tested for sexually transmitted infections (STIs).

For more information, call Health Line Peel 905-799-7700 and ask for SEXUAL HEALTH INFORMATION or visit our Web site at peelsexualhealth.ca
THE SPONGE

What is the Sponge?

The sponge is a small round sponge made of polyurethane foam. It is latex and hormone free.

How does it work?

Before vaginal sex or genital contact, the sponge is placed in the vagina to cover the cervix. It contains spermicides, which kill and trap sperm.

How effective is it?

The sponge is 90% effective in preventing a pregnancy if used alone. It is 98% effective in preventing pregnancy if used with a condom.

Who should not use the sponge?

The sponge should not be used in women who have a history of Toxic Shock Syndrome (TSS). It should not be used during menstruation.

How do I insert the sponge?

Read and follow the package instructions carefully.

Things to know:

- It is available without a prescription and can be bought at a drug store/pharmacy. The approximate cost is $9 per box.
- The sponge must be left in the vagina 6-8 hours after intercourse. It can be left in the vagina for up to 12 hours.
- The sponge should never be re-used.
- It is easier to remove while sitting on the toilet. This shortens the vaginal depth. You may need to push down with your muscles to push the sponge closer to the vaginal opening. Removal takes practice.
- Remember- the sponge cannot get lost!
- You may notice an odour when you remove the sponge. Any material placed in the vagina will produce an odour when exposed to normal vaginal fluids and semen. If the sponge is discoloured or a foul smell persists in the vaginal area, call the clinic. It may mean you have a vaginal infection.

Use condoms to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
Vaginal Contraceptive Film (VCF)

What is Vaginal Contraceptive Film (VCF)?

Vaginal Contraceptive Film (VCF) is a square piece of very thin material that dissolves quickly in the vagina and releases a spermicide that kills sperm. No applicator is needed. VCF is washed away with the natural vaginal fluids.

How do you use VCF?

It is important that there is no contact between the vagina and penis before VCF is inserted. Sperm may be present in the pre-cum or pre-ejaculate.

Remove one film from the package with dry fingers. Fold it in half and place over fingertip. Slide your finger, covered with the VCF film, into the vagina as far as you can go so the film rests on or near the cervix (at the top end of your vagina).

Insert VCF no less than 15 minutes and no more than 3 hours before intercourse. If more than 3 hours pass since the VCF was inserted, insert another film. Use one VCF for each act of intercourse. Several VCFs may be used in a day.

VCF can be inserted by a woman or her partner. (Placing the film on the tip of the penis is not recommended because the film will not have enough time to dissolve, and because the film may not end up covering the cervical opening.)

How effective is VCF?

VCF is approximately 80% effective in preventing pregnancy which is about the same as other spermicides. If VCF is used with another contraceptive method such as condoms, there will be better protection against pregnancy. Condoms also help in preventing sexually transmitted infections.

Does VCF cause any side effects?

The vaginal contraceptive film seldom causes vaginal or penile irritation. Rare side effects may include itching, burning on urination, slight inflammation of the vagina, pain, and increased white discharge. If discomfort does occur at a time when you are using VCF, discontinue use. Should the irritation continue, consult your physician.

It is important to follow the instructions that come in the package. It may take some practice to use this method and you need to feel comfortable with your body to insert it properly.

VCF can be purchased at a drug store without a prescription and is found with other contraceptive/birth control products.

Use condoms/latex barriers to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
Withdrawal

What is Withdrawal?
During vaginal sex, withdrawal (or “pulling out”) means pulling the penis out of the vagina and away from the vaginal area before ejaculation, so the sperm and egg will not meet. This birth control method requires trust and communication between partners. You need to talk to your partner before hand and agree that you will both interrupt or stop sexual intercourse before ejaculation.

How effective is it?
Using the withdrawal method, about three out of ten women become pregnant when using it for one year. However it is not reliable because:
- males cannot always control when they are going to come (ejaculate)
- judgement may be impaired due to drugs or alcohol, which can effect self control
- some males may wish to get a partner pregnant without her consent
- there may be a small number of sperm in the pre-cum (pre-ejaculate)

Withdrawal is more effective if you use it with another kind of birth control such as a condom, spermicidal foam or vaginal contraceptive film.

Advantages
Using withdrawal does have some advantages including:
- it is better than using no birth control at all.
- it is free
- no prescription is needed so you don’t need to see a medical person to use it
- there are no chemicals or hormones
- it can be used at anytime.

Disadvantages
The disadvantages of using withdrawal include:
- there is no protection against sexually transmitted infections (STIs), including HIV
- you might get pregnant.
- you will have to stop sexual intercourse suddenly
- the female does not have any control.

If you have used withdrawal and are concerned about pregnancy, you can take the Emergency Contraceptive Pill (ECP) as soon as possible or up to 72 hours after unprotected intercourse. The ECP is available at Healthy Sexuality Clinics, some doctors and walk-in clinics and from the pharmacist at a drug store.

For more information, call Health Line Peel at 905-799-7700
and ask for Sexual Health Information
or visit our Web site
peelsexualhealth.ca
Mutual Decision To Have Sex
Talk To Your Partner About Condoms
Get

Condoms

Helping Teens To Make Healthy Decisions About Sex And Relationships - Peel Health Department: Healthy Sexuality Program
Check Condom Package
Erection
Squeeze Air From Tip
Roll Condom On To Penis
Intercourse
Hold On To Rim Of Condom
Withdraw
Penis
Loss Of Erection
Remove Condom
Relax
Lesson Four

Title: Sexually Transmitted Infections

Theme: How STIs including HIV/AIDS are prevented, transmitted, detected, and treated.

Time: 125 minutes

Materials:
* STI Fact Sheets
  * STI Chart # 1 (Student Handout)
    o STI Chart #1 (Answer Key)
  * STI Chart # 2 (Student Handout)
    o STI Chart # 2 (Answer Key)
  * STI – QUIZ
    o STI Quiz (Answer Key)
* Video Handout
* Homework Detective

Objectives:
- For students to assess their own knowledge of STIs including HIV/AIDS pre and post instruction.
- For the educator to use a pre and post test to measure student knowledge of STIs including HIV/AIDS.
- To be able to define what a sexually transmitted infection is.
- To help students learn basic information about STIs.
- For students to describe the symptoms, consequence, treatments and prevention options for sexually transmitted infections.
- To explain how quickly a virus can spread within a population.

Curriculum Expectations:

9p7 – Describe the relative effectiveness of methods of preventing sexually transmitted diseases (e.g. abstinence, condoms).

9p8 – Demonstrate understanding of how to use decision-making skills effectively to promote healthy sexuality (e.g. avoiding unwanted STIs such as HIV/AIDS).

9p10 – Identify community support services related to sexual health concerns.

9p23 – Use appropriate social skills when working collaboratively with others.
Lesson Four

4MAT Quadrant Code(s):

3L – Teacher as Facilitator, applying ideas, skills and knowledge: Worksheets, tests, and quizzes.

4L – Teacher as colleague, dynamic learning, risk taking: Group work, preparation for group presentation, organizing information and researching.

Background Information:

Sexually transmitted infections (STIs) are infections which are transmitted through sexual contact, including sexual intercourse and/or intimate contact with the genitals, mouth and/or rectum. Some STIs are also transmitted through blood. STIs are caused by either viruses or bacteria. Some STIs are treatable and curable while others are not. Accurate and factual information will dispel myths and give students the chance to make informed decisions about how to protect themselves.

Activity One: GROUND RULES: 5 - 10 minutes

Ensure ground rules are established before beginning this lesson. For classes that have already established ground rules (lesson one p. 36), quickly reviewing them can promote a successful lesson.

Suggestions for Classroom Rules

- Everyone is responsible for his/her own learning.
- Everyone has the right to his/her own beliefs and opinions.
- Everyone will be treated with respect.
- Everyone has the right to be heard.
- We will use only the proper terms for body parts and sexual activities.
- We will not make fun of our peers.
- We will not name-call or put people down.
- We will not ask personal questions during our discussions.
Lesson Four

Pre-Test QUIZ – 10 minutes
The focus of this lesson will be on sexually transmitted infections (STI). Start the lesson off with a short true/false pre-test. This will illustrate the students’ current STI knowledge (See Student Handout – STI Quiz). Allow students 10 minutes to complete the quiz. Once students have completed the quiz make sure to collect all copies, do not hand quizzes back until the conclusion of lesson 4. At the end of this lesson, give this identical quiz to the students as a post-test. You can then use the data collected to measure student knowledge gained of STI and HIV/AIDS.

Activity Two: Defining STIs including HIV/AIDS Class discussion – 20 minutes
These discussion questions aim to help students define STIs including HIV/AIDS and provide a rationale for learning about STIs including HIV/AIDS through class discussion. With the class, discuss answers to the following questions. Discussion notes are provided.

1. Why is it important to learn about STI including HIV/AIDS?
   - It helps one be able to take care of one’s own body
   - Untreated STI including HIV/AIDS can jeopardize a person’s health and future ability to have children.
   - It helps a person to discuss STI including HIV/AIDS with a partner.
   - It helps us recognize myths like “It’s easy to tell if a person has a STI including HIV/AIDS because he/she will look sick” that could prevent a person from using effective prevention methods or seeking needed treatments.

2. When you hear the words STI or HIV, what do you think of?
   - Encourage students to share feelings and reactions.
   - Identify common themes throughout the discussion.
Lesson Four

3. What is the definition for STI, or sexually transmitted infection?
   • STIs are infections spread primarily by close sexual contact and sexual intercourse.

4. What are some STIs you have heard of?
   • List student suggestions on the board.

5. STI can be viral, or bacterial/parasitic. What do those words mean?
   • **Viral**: If a virus causes an infection, it is possible for it to remain “asymptomatic” for periods of time (meaning there are no symptoms). It is possible to have the virus and not know it, and it is possible to pass it to another person without either person knowing it. Viral STIs can be treated with medications, but not cured. A person with a viral STI will have that virus for life. STIs that are viral include genital warts (HPV), HIV, hepatitis B, hepatitis c and genital herpes.
   
   • **Bacterial/Parasitic**: If bacteria or a parasite causes an infection, it needs to be treated with antibiotic or antimicrobial medication. It is important to note that bacterial infections can be “asymptomatic” for periods of time (meaning there are no symptoms) as well. It is possible to have the bacteria and not know it, and it is possible to pass it to another person without either person knowing it. STI that are bacterial/parasitic include gonorrhea, chlamydia, syphilis, pubic lice, scabies and vaginitis.
Lesson Four

6. Can all STIs be treated? Where can you go for help?
   - Some STIs can be cured with antibiotics (chlamydia, gonorrhea, syphilis).
   - STIs caused by viruses cannot be cured. For some viruses there are medications available that will help control the symptoms.
   - A vaccine against Hepatitis B is available. The vaccine can protect you from getting Hep B if you are exposed in the future.
   - There are a number of people you can go to for help and information. You can visit your family physician, local Sexual Health Clinic, Community Health Centres, Sexual Health Information Line. {e.g. Health Line Peel 905-799-7700}

7. How do HIV/AIDS and Hepatitis B differ from other STIs?
   - Unlike other STIs, they are blood borne diseases. Therefore, HIV/AIDS and Hep B can be spread not only through sexual intercourse (vaginal/anal) but these infections can also be transmitted by other means such as blood transfusions (prior to mandatory blood screening in Canada. 1985), sharing needles, or unsterile body piercing or tattooing equipment.

8. If you want to find out about STIs, where can you go to get accurate information?
   - Doctor or public health clinics (such as Peel Health – Healthy Sexuality Clinic)
   - Teachers, counsellors, or school nurse (if available)
   - Internet – make sure sources are reliable, for example:
     - http://www.peelsexualhealth.ca
   - Fact sheets from a reliable source (e.g. Region of Peel Public Health)
   - Call Health Line Peel 905-799-7700
Lesson Four

Activity Three: STI Chart – 30-35 minutes
During this activity students will attain a better understanding of the facts about STIs. For example: the ways in which they are spread, their common symptoms, and how they can be treated. This knowledge is the first step toward prevention. Through discussion, prior knowledge and research, students will describe symptoms, consequences, treatments and prevention for common STIs.

1. Distribute the handout “STI Chart # 1&2” (p. 98,99).

2. Divide the class into small groups. Assign each group a specific STI by giving each group a different STI Fact Sheet.

3. Ask each group to complete the appropriate section in the STI Chart using the information from the STI Fact Sheet.

4. Have groups share their findings with other groups, while students fill in all sections of the chart. This can be accomplished by asking groups to present their findings to the entire class.

5. Debrief this activity using the following questions and the answer key for the STI Chart.

- What are some symptoms of the STI?
- How would you know if you had an STI?
- What does a person with an STI look like?
  → Stress that anyone can get an STI. You can’t tell by looking at someone if they have an STI.
- What are the best ways to prevent STIs?
  → Abstinence
  → Limiting number of sexual partners
  → Use condoms correctly and consistently
  → Communication with partner e.g. sexual history, STI testing, etc…
  → Not having sex if you see a sore, etc…
  → Regular STI testing (annually or as recommended by a doctor)

6. Hand out a copy of the STI answer key to each student for future reference.
Lesson Four

Activity Four: Don’t Pass it Along – 20 minutes

Don’t Pass It Along

This is an excellent activity to be used as a means to discuss STIs (types, transmission, testing, treatment options, etc...). It is a graphic strategy for showing the spread of STIs.

1. Prepare enough (3” x 5”) cards so that there is one for each participant.

2. The back of each card should be pre-marked with one of the following letters A, C, S CB, and O – The letters should be distributed evenly depending on the number of participants.

3. Hand out one card to each participant.

4. Ask participants to move around the room and ask 5 different people one of the following questions:

STI Questions

**QUESTION 1: What are the names of some STIs (Sexually Transmitted Infections)?**

- Chlamydia
- Gonorrhea
- HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome)
- Human Papilloma Virus (HPV) causes genital warts
- Herpes (one strain of this virus causes cold sores on and around the mouth)
- Hepatitis B
- Syphilis
Lesson Four

**QUESTION 2: How are STIs transmitted/spread?**

- Through sexual contact: vaginal intercourse, anal intercourse, oral sex
- Some transmitted through blood-to-blood contact (needle sharing, piercing or tattooing equipment that is not properly sterilized)
- Many can be passed from a pregnant woman to her unborn baby (before or during birth, HIV can also be passed from an infected mother to her baby through breast milk)
- Close skin to skin contact (e.g. herpes, and HPV)

**QUESTION 3: How do you know if you have an STI?**

- Get tested
- People can have STIs without any symptoms!!!!
- People may also have symptoms such as:
  - Burning during urination
  - Clear, white or yellowish discharge from the male’s urethra
  - A change in the usual vaginal discharge that a woman experiences (different colour, increased amount, unusual odour)
  - Pain in testicles
  - Lower abdominal pain (for women), pain during intercourse
  - Sores or “bumps” on the genitals
  - Unexpected bleeding from the vagina (not a period)

**QUESTION 4: Can all STIs be treated? Where can you go for help?**

- Some STIs can be cured with antibiotics (Chlamydia, gonorrhea, syphilis).
- STIs caused by viruses cannot be cured: Although there is often medication that can slow the virus down and improve symptoms. A vaccine against Hepatitis B is available.
- For help: Family physician, Sexual Health Clinic, Community Health Centres, AIDS and Sexual Health Information Line. {e.g. Health Line Peel 905-799-7700}

**QUESTION 5: How can you protect yourself?**

- Choose not to have sex (the only choice that is 100% effective in preventing STIs)
- Engaging in lower-risk sexual activities (e.g. kissing, petting, etc...)
- Using condoms **EVERY TIME** you have sex (condoms can be used with water based lubricant and must be used correctly)
Lesson Four

5. Have a time limit for discussing each question (1 -2 mins).

6. Have students sign each other’s cards at the end of each discussion.

7. After all five rotations, ask the person(s) with an ‘S’ stand up.

8. Explain that the person(s) with the “S” has an STI. Ask those with the “S” to read the names on their papers; they are the sexual contacts and should also stand.

9. The people with C, O or A on their cards may sit down. Condoms, outercourse and abstaining all decreased the risk and those individuals do not have an STI.

10. Explain that this shows how easily STIs can be spread through sexual intercourse.

11. Bring the activity to a close with a follow-up discussion, suggestions for discussion below.

Discussion Questions

Q: Why did the people with a C, O, or A on their card sit down?

Condoms, outercourse and abstaining all decreased the risk and those individuals do not have an STI.

Q: How would you feel if you found out you had a STI?

Student’s reactions might include feeling:

- Fear
- Confusion
- Guilt
- Shame
- Angry
- Embarrassed
- Worried
- Frustrated

Conclude by pointing out how an infection can rapidly spread throughout a community. The best ways for people to protect themselves from STIs and HIV is to abstain from intercourse, engage in lower risk sexual activities, or if having intercourse, use condoms each and every time.
Lesson Four

Activity Five: Screen the Video – 35 minutes - The Truth About Sex

In this video, teens are presented with the facts and the realities of having sex at an early age, with a special focus on unwanted pregnancies and sexually transmitted infections.

Viewers meet several sexually active teens, many of whom are having unprotected sex. A teen father and a teen mother talk about their struggles of being a teen parent. A young couple facing the prospect of being pregnant is also introduced to viewers.

A group of teenagers tour a microbiology lab, where hundreds of cases of sexually transmitted infections are diagnosed each year. There, they participate in a mock HIV/AIDS test and meet Lisa, a 33-year-old heterosexual woman who has full-blown AIDS.

Introduce the video to your class. Tell your students that they have already learned about a number of the topics that the film will be covering, so some of the material will be a review.

Just before you begin, distribute the Video Handout so students may write down their questions and thoughts throughout viewing of the film. Tell the students they should deposit their sheets into the Question Box at the end of the film and that you will address these questions at a later time.
Lesson Four

Activity Six: Health Service Detective – HOMEWORK / RESEARCH ASSIGNMENT
(5 minute in-class explanation – 30 minutes at home – 5 minute take up)

This activity encourages students to identify community-based organizations where they could go to get testing and information about STI including HIV/AIDS.

1. Distribute the handout: Health Service Detective. Review it with students.
2. Invite students to complete this assignment at home with a parent or guardian*.
3. Be sure to debrief this activity next class.

* Keep in mind that all students do not live in a “traditional” family nor do they have equal opportunities for open discussion within their “family”. Although it is best for students to complete this assignment with a supportive parent or guardian, it may not be possible. Be sensitive to the needs of your students.

Activity Seven: Post Test

Distribute the post test to each student (quiz/answers). Collect the completed quizzes and evaluate. Hand back both the pre/post quiz together. Once the quizzes have been returned, review the correct answers together as a group. Were students surprised at how they answered the questions the first time compared to the second time? Why or why not?
Lesson Four

Possible Extensions:

1. Many teachers will be familiar with the very popular Egg Babies assignment. Here, children are required to “parent” an egg for a short period of time (a week or so). The assignment is designed to teach students a powerful lesson about the responsibilities of parenthood. Since there have been numerous problems with Egg Babies breaking, teachers have come up with some alternatives. They are as follows: Flour Babies (bags of flour), Sugar Babies (bags of sugar), Potato Babies, and Sock Babies (stuffed socks sewn into baby-shapes).

The Baby Think It Over® Program, which is designed to help young people understand the full-time commitment and responsibility of parenting. This program is made up of two parts, a comprehensive parenting education curriculum and a computerized infant simulator. The RealCare® Baby, the most current infant simulator, requires feeding using a bottle or breastfeeding device, changing diapers, rocking and burping. The schedules of RealCare® Baby are based on those of real infants. Teachers can electronically track how well a student has done with the parenting simulation. Samples of The Baby Think It Over® Program curriculum can be found at www.realityworksinc.com.

Possible Assessment:

This lesson lends itself to multiple forms of assessment, for example the Pre-test and Post-test quiz. This data collected can be used to measure student knowledge of STIs and HIV/AIDS. Should you decide to evaluate participation during the STI chart group-work time and presentations, group members could evaluate themselves and/or each other in terms of their presentations. Finally, the homework assignment includes a mark breakdown for a total of 10 marks.
Lesson Four

Resources:


The College of Family Physicians of Canada. (2002). STIs (Sexually Transmitted Infections) – Common STIs and Tips on Prevention. Patient education information was developed by The College of Family Physicians of Canada in cooperation with the American Academy of Family Physicians.
Lesson Four

STI/HIV Homework Assignment

Student Name: _____________________
Parent/Guardian Support: ____________

Be a Health Service Detective

Suppose your best friend believed he/she has an STI. Your friend decided to get treatment and counselling. Where would you suggest your friend go for help? Fill out the handout with information from a clinic in your community. If possible, ask your parent or guardian for advice as to where to go.

1. Name of Clinic: (1 mark)

2. Address and phone number of clinic: (2 marks)

3. Clinic hours: (1 mark)

4. The following services are available at this clinic: (2 marks)

5. What is the clinic’s policy on confidentiality? (1 mark)

6. Would you visit this clinic for an examination or consultation about protection? Write 2-4 sentences telling why or why not. (3 marks)

Total Marks: _____ / 10

Adapted from: Planned Parenthood Federation of Canada (2001). Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education. Available online at: www.ppfc.ca
Lesson Four

STI Quiz

Student Handout

Name: ____________________

Mark the Following Statements TRUE (t) or FALSE.

1. _____ STI stands for sexually transmitted infection.
2. _____ All STIs are caused by viruses.
3. _____ AIDS is the most common STI in Ontario.
4. _____ All STIs can be cured easily.
5. _____ Some STI have no symptoms.
6. _____ You can’t get an STI the first time you have sex.
7. _____ Most people infected with HIV know they are infected.
8. _____ Using a condom provides 100% protection against STIs.
9. _____ The 24 to 39 year old age group are most commonly affected by STIs.
10. _____ STI are passed through sexual intercourse.
11. _____ You can get more than one STI at a time.
12. _____ If you had an STI, you are immune to it and cannot get it again.
13. _____ Some STIs can cause infertility.
14. _____ HIV is most commonly passed from one person to another sexually.

Adapted with permission of Alberta Health and Wellness
Lesson Four

STI Quiz  - Answer Key

Purpose:
- For students to assess their own knowledge of STI/HIV prior to and after the instruction
- For the educator to use as a pre and post test to measure student knowledge of STI/HIV.

15. __T___ STI stands for sexually transmitted infection.
16. __F___ All STIs are caused by viruses.
17. __F___ AIDS is the most common STI in Ontario.
18. __F___ All STIs can be cured easily.
19. __T___ Some STIs have no symptoms.
20. __F___ You can’t get an STI the first time you have sex.
21. __F___ Most people infected with HIV know they are infected.
22. __F___ Using a condom provides 100% protection against STIs.
23. __F___ The 24 to 39 year old age group are most commonly affected by STIs.
24. __T___ STIs are passed through sexual intercourse.
25. __T___ You can get more than one STI at a time.
26. __F___ If you had an STI, you are immune to it and cannot get it again.
27. __T___ Some STIs can cause infertility.
28. __T___ HIV is most commonly passed from one person to another sexually.

Adapted with permission of Alberta Health and Wellness
Lesson Four

Video Handout

As you view the video, “The Truth About Sex” please write down any questions that you may have. Here are some possible topics to guide you. If you have other questions, feel free to include them. Also remember NOT to write your name on this sheet!

- Sexually transmitted infections (STIs)
- Contraception, protection, safer sex
- Pregnancy
- The importance of making good decisions about sexual activity
- HIV/AIDS (contraction, transmission, disease, symptoms, testing)

Are there topics that you have heard about but do not understand?

________________________________________
________________________________________
________________________________________
________________________________________

What do you want to know more about?

________________________________________
________________________________________
________________________________________
________________________________________

Is there something you are concerned or worried about?

________________________________________
________________________________________
________________________________________
________________________________________

Any other questions?

________________________________________
________________________________________
________________________________________
________________________________________
# STI Chart #1

Using the information provided on the STI fact sheets, fill in the following chart (both pages).

<table>
<thead>
<tr>
<th>Disease</th>
<th>Bacteria/Parasite or Virus?</th>
<th>Transmission</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Herpes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Warts (HPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molluscum</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Lesson Four
Student Handout STI Chart #1

<table>
<thead>
<tr>
<th>Disease</th>
<th>Bacteria/Parasite or Virus?</th>
<th>Transmission</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomonas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic Lice (crabs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginitis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adapted with permission from Calgary Health Region (2002) - [www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca)*
**STI Chart (#2)**

Using the information provided on the STI fact sheets, fill in the following chart (both pages).

<table>
<thead>
<tr>
<th>Disease</th>
<th>Testing</th>
<th>Treatments/Management</th>
<th>Effects</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Herpes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Warts (HPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Lesson Four

Student Handout STI Chart #2

<table>
<thead>
<tr>
<th>Disease</th>
<th>Testing</th>
<th>Treatments/Management</th>
<th>Effects</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molluscum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic Lice</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(crabs)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vaginitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted with permission from Calgary Health Region (2002) - [www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca)
### Lesson Four
Answer Key STI Chart #1

**STI Chart #1: Answer Key**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Bacterial/Parasite or Virus?</th>
<th>Transmission</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chlamydia</strong></td>
<td>Bacteria</td>
<td>Unprotected vaginal, anal or oral sex with a person who has chlamydia</td>
<td>- Watery or milky discharge from penis</td>
<td>- Unusual discharge from the vagina</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Burning when urinating</td>
<td>- Bleeding/spotting between periods</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Pain or swelling of the testicles</td>
<td>- Bleeding or pain during or after sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Can be asymptomatic</td>
<td>- Lower abdominal pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Burning when urinating</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Can be asymptomatic</td>
</tr>
<tr>
<td><strong>Genital Herpes</strong></td>
<td>Virus</td>
<td>By direct contact with the sores or blisters of an infect person. For example:</td>
<td>- Same for males and females</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tingling or itching of the skin around the genitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- One or a group of painful, watery blisters in or around the genitals, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>wherever there is skin to skin contact (hips, nipples, anus)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- These blisters break and form open sores that scab lasting 7-21 days</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Burning when you urinate (pee)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Flu-like symptoms (usually during the outbreak)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Tender, swollen glands in the groin</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Symptoms that start 2-21 days after contact with an infected person,</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>but may take weeks or months to appear</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Outbreaks of herpes can vary and can return as often as every month,</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>or as rarely as once a year or longer</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Stress, illness, diet, fever, sun exposure, your period, pregnancy or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>vigorous sex may cause outbreaks</td>
<td></td>
</tr>
<tr>
<td><strong>Genital Warts</strong></td>
<td>Virus</td>
<td>Through direct skin to skin contact or unprotected vaginal, oral or anal sex</td>
<td>- Warts may be round, flat or raised small cauliflower-like bumps that are flesh/grey coloured</td>
<td>- Same as male symptoms</td>
</tr>
<tr>
<td>(HPV)</td>
<td></td>
<td></td>
<td>- Warts can be single or in clusters</td>
<td>- They can also appear on the vaginal walls and cervix (opening of the uterus)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Warts can be found in and around the genital area.</td>
<td>- Some serious strains of the virus can lead to cervical cancer.</td>
</tr>
<tr>
<td><strong>Gonorrhea</strong></td>
<td>Bacteria</td>
<td>By having unprotected vaginal, oral or anal sex with a person who has gonorrhea</td>
<td>- Yellow/green pus for the penis</td>
<td>- Same as male symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Burning/pain when urinating</td>
<td>- Thick yellowish vaginal discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Rectal discharge from anal sex</td>
<td>- Abnormal vaginal bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Blood in the stool</td>
<td>- Can be asymptomatic</td>
</tr>
</tbody>
</table>
## Lesson Four

### Answer Key STI Chart #1

<table>
<thead>
<tr>
<th>Disease</th>
<th>Bacteria / Parasite or Virus</th>
<th>Transmission</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molluscum</td>
<td>Virus</td>
<td>Through direct skin to skin contact (both sexual and non-sexual) with a person who has molluscum</td>
<td>- Same for males and females - Painless, smooth, firm, shiny flesh-coloured, white, clear or yellow bumps/sores with a little dimple in the middle - Occasionally bumps/sores may be itchy - Bumps/sores on adults are usually on lower abdomen, genitals or inner thighs - Bumps/sores usually appear 1 to 2 months after contact with infected person (may be as long as six months)</td>
<td>- Same for males and females - Painless, smooth, firm, shiny flesh-coloured, white, clear or yellow bumps/sores with a little dimple in the middle - Occasionally bumps/sores may be itchy - Bumps/sores on adults are usually on lower abdomen, genitals or inner thighs - Bumps/sores usually appear 1 to 2 months after contact with infected person (may be as long as six months)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Virus</td>
<td>- Contact with blood, semen, vaginal secretions or breast milk - Sex – including vaginal, anal, oral sex and sharing sex toys etc… - Pregnancy – from an infected mother to an unborn baby - Use or re-use of needles or syringes with traces of the blood of an infected person (e.g. tattooing, sharing needles, piercing)</td>
<td>- HIV – infected people often have no symptoms and look and feel fine. Some people with HIV will have symptoms like fatigue, loss of appetite, night sweats etc. - AIDS – (occurs after the virus has damaged the immune system) People may have symptoms like extreme weight loss, unusual skin infections, pneumonias or cancers.</td>
<td>- HIV – infected people often have no symptoms and look and feel fine. Some people with HIV will have symptoms like fatigue, loss of appetite, night sweats etc. - AIDS – (occurs after the virus has damaged the immune system) People may have symptoms like extreme weight loss, unusual skin infections, pneumonias or cancers.</td>
</tr>
<tr>
<td>Pubic Lice (crabs)</td>
<td>Insect/Parasite</td>
<td>- From sexual skin to skin contact - By sharing clothes, towels, soap, bedding or sleeping bags - Pubic lice can live off the body 24-48 hours</td>
<td>- Same for males and females - Itchiness and redness around the genitals. Itching is often worse at night.</td>
<td>- Same for males and females - Itchiness and redness around the genitals. Itching is often worse at night.</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Bacteria</td>
<td>- By having direct contact with a syphilis sore during vaginal, oral or anal sex.</td>
<td>- Same for both males and females. However many people have no symptoms - Painless sore(s) from pinpoint size to as large as a quarter - Flu-like symptoms, fever, fatigue, pain in the joints and muscles - Painless rash on hands, feet or whole body - Swollen lymph nodes</td>
<td>- Same for both males and females. However many people have no symptoms - Painless sore(s) from pinpoint size to as large as a quarter - Flu-like symptoms, fever, fatigue, pain in the joints and muscles - Painless rash on hands, feet or whole body - Swollen lymph nodes</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>Yeast</td>
<td>- Not always cause by sexual intercourse Yeast – most often caused by antibiotics, birth control pills, perfumed products, vaginal contraceptives, foams or jellies Bacterial Vaginosis – is caused by increased growth of the bacteria that normally lives in and around the vagina Trichomoniasis – is an organism that is sexually transmitted</td>
<td>Yeast – Genital itching or a mild rash on the penis Trichomoniasis – Usually no symptoms but may have burning during urination</td>
<td>Yeast – Clumpy white discharge from the vagina and/or itching and redness around the vagina Bacterial Vaginosis – “Fishy” smelling, thin watery, greyish or yellowish discharge and/or burning or irritation around the vagina. Trichomoniasis – Foamy yellowish or green discharge, foul or musty smelling discharge and/or burning or itching around the vagina</td>
</tr>
</tbody>
</table>

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Helping Teens To Make Healthy Decisions About Sex And Relationships: A Resource For Educators

Peel Health Department: Healthy Sexuality Program – Contact Health Line Peel @ 905-799-7700
### STI Chart (#2) ANSWER KEY

<table>
<thead>
<tr>
<th>Disease</th>
<th>Testing</th>
<th>Treatments/Management</th>
<th>Effects</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>- Urine</td>
<td>Antibiotic</td>
<td>- Women may develop Pelvic Inflammatory Disease which can lead to infertility if left untreated.</td>
<td>- Abstinence</td>
</tr>
<tr>
<td></td>
<td>- Swab of penis</td>
<td></td>
<td>- Mothers can pass Chlamydia to their babies during childbirth which may lead to pneumonia</td>
<td>- Practice safer sex (e.g., condoms, barrier methods)</td>
</tr>
<tr>
<td></td>
<td>- Urine</td>
<td></td>
<td>- Men can get serious infections in the prostate gland and testicles which may lead to infertility</td>
<td>- Limit the number of sexual partners</td>
</tr>
<tr>
<td></td>
<td>- Swab of cervix</td>
<td></td>
<td></td>
<td>- If you think you have been infected with an STI, get tested</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Ask your partner about his/her sexual history</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Avoid having sex with an infected person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Tell your partner if you have an infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>Swab of sores</td>
<td>No cure, although</td>
<td>- Effects are mainly emotional due to the ongoing nature of the infection and the unpredictable</td>
<td>- See Chlamydia prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>medicine may help</td>
<td>occurrence of outbreaks.</td>
<td>- Do not have sexual intercourse with someone who has sores on their genitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>shorten or prevent</td>
<td></td>
<td>- Consider condom use even when no sores are present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>outbreaks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Warts</td>
<td>Physical exam</td>
<td>Medication can be</td>
<td>- There is a link between genital warts and cancer of the cervix</td>
<td>- See Chlamydia prevention</td>
</tr>
<tr>
<td>(HPV)</td>
<td></td>
<td>applied to the wart</td>
<td>- Warts spread easily and may become infected</td>
<td>- Have no sexual intercourse until warts are treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Warts may be</td>
<td>- The virus can cause cancer of the penis or anus</td>
<td>- If warts return, see your doctor and do not have sexual contact until warts are treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>removed by surgery or</td>
<td>- Genital warts can be passed from a pregnant woman to her unborn baby and cause problems in the baby's vocal cords</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>laser</td>
<td></td>
<td>- Consider condom use even when no warts are present</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Swab of penis</td>
<td>Antibiotic</td>
<td>- Sterility, joint and heart problems can occur</td>
<td>- See Chlamydia prevention</td>
</tr>
<tr>
<td></td>
<td>Swab of cervix</td>
<td></td>
<td>- In women, Pelvic Inflammatory Disease can occur</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Gonorrhea can be passed from mother to her unborn baby and cause blindness</td>
<td></td>
</tr>
</tbody>
</table>

Adapted with permission from Calgary Health Region (2002) - [www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca)
<table>
<thead>
<tr>
<th>Disease</th>
<th>Testing</th>
<th>Treatments/Management</th>
<th>Effects</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molluscum</td>
<td>Skin is examined for bumps and sores - Swab from the bumps or sores may be taken to confirm diagnosis</td>
<td>Medication can be applied to the bump - Bumps may be removed by surgery - Often bumps disappear on their own</td>
<td>Itchy bumps - Scratching bumps/sores can introduce bacteria into skin and result in a more serious infection.</td>
<td>See Chlamydia prevention - Avoid direct skin to skin contact with infected persons</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Blood Test</td>
<td>There are many treatments available, including experimental. - Treatment can help slow the progression of the disease but there is no cure or vaccine. - Seek Doctor's advice</td>
<td>Effects are emotional and physical. Because there is no cure, patients will live with the disease for life. - Over time the immune system is compromised which can lead to other infections, cancers and pneumonias.</td>
<td>See Chlamydia prevention - Avoid sex practices that cause injury to body tissues - Never share IV needles or equipment - Be sure that instruments to be used on you for tattoos and body piercing have been sterilized</td>
</tr>
<tr>
<td>Pubic Lice</td>
<td>Visualization of the parasites or parasites eggs</td>
<td>Special medicated shampoos and lotions</td>
<td>May cause sever itching - Harmless but irritating</td>
<td>Avoid genital skin to skin contact with a person who has pubic lice</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Blood Test</td>
<td>Antibiotic</td>
<td>Syphilis may cause blindness, paralysis, deafness, brain and heart disease</td>
<td>See Chlamydia prevention</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>N/A</td>
<td>Vaginal Swab</td>
<td>Itching - There are no long-term effects, although the occurrence of these diseases can cause frustration or embarrassment.</td>
<td>See Chlamydia prevention</td>
</tr>
</tbody>
</table>

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Lesson Four

SUPPORT MATERIALS

- Black Line Masters - STI Chart # 1 & 2
- Answer Key - STI Chart # 1 & 2

Fact Sheets:

- Bacterial Vaginosis (BV)
- Chlamydia
- Genital Herpes
- Gonorrhea
- Hepatitis A
- Hepatitis A – Vaccine
- Human Papilloma Virus (HPV)
- LGV (Lymphogranuloma Venereum)
- Molluscum Contagiosum
- Pubic Lice (Crabs)
- Syphilis
- Trichomonas Vaginalis
Bacterial Vaginosis (BV)
(BV; Non Specific Vaginitis; Bacterial Vaginitis; Gardnerella)

What is it?
Bacterial Vaginosis (BV) is the most common vaginal infection. It is an imbalance of the normal bacteria in the vagina that allows a large overgrowth of several other types of germs. One of these is gardnerella. The presence of gardnerella germs alone (with no symptoms) does not mean one has BV and does not mean treatment is needed. The normal balance of the vagina can be affected by stress, frequent intercourse, antibiotics, and some forms of birth control. (See other causes of infections on the back of this sheet-Vaginal Health.)

BV tends to occur in sexually active young women. It is not known for sure if it is sexually transmitted or not.

What are the symptoms?
- 50% of women have no symptoms even though BV may show up on a test
- fishy odour – sometimes more noticeable after sex without a condom
- white or grayish thin vaginal discharge (sometimes large amounts)
- pain, burning or itching in the vagina – may occur but is not common

How is it diagnosed?
BV is diagnosed by having swabs taken from the vagina. This is important because there are other vaginal infections with similar symptoms.

How is it treated?
Women with symptoms or those having pelvic surgery should be treated. The doctor will prescribe pills such as metronidazole (flagyl), or a special vaginal cream. Medication (creams) that you can buy in the drugstore for yeast infections do not work for BV.

Do not drink alcohol (wine, beer, liquor) while taking flagyl. Flagyl may cause a dry metallic taste in the mouth and a dry vagina.

Treating the male partner hasn’t been found to be effective in preventing recurrences.

If your infection keeps recurring and is hard to treat you might want to keep a diary of your symptoms and your activities. This allows you to:
- evaluate the amount of discharge and other symptoms
- see if there are patterns to recurrences
- associate symptoms with activities

Long term complications:
Bacterial vaginosis has been linked, in studies, to pelvic inflammatory disease (PID) and infections, especially following pelvic surgery. BV may also be associated with premature delivery. If you have BV and will be having surgery, you must be treated.

Points to remember:
1. Douching may make BV worse by washing away the “good” bacteria in the vagina.

See the other side of the page for “Things you can try to help prevent vaginal infections or irritations”

Use condoms to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
CHLAMYDIA
(Cla-mid-ee-uh)

What is chlamydia?
Chlamydia is one of the most common sexually transmitted infections (STIs). Chlamydia is not the same as gonorrhea and it needs to be treated with different medications. It is caused by bacteria that lives inside the cells of the reproductive tract. One can have the bacteria for a long time before symptoms show up. Many people never have symptoms. Even if you have no symptoms, chlamydia can be spread to others during oral, vaginal or anal sexual intercourse. Untreated chlamydia is one of the main causes of infertility (unable to get pregnant) in women.

What are the symptoms?
Men:
- often no symptoms
- watery discharge from penis
- burning/itching around tip of penis
- frequent passing of urine
- burning pain when passing urine

Women:
- often no symptoms
- increased vaginal discharge
- vaginal itching
- burning pain when passing urine
- pain during sexual intercourse
- bleeding after intercourse
- bleeding between menstrual periods
- pain in the lower abdomen

Are there complications?
Men: Inflammation and spread of the infection to the testicles and prostate gland may cause a man to become sterile.

Women: Inflammation and spread of the infection to the fallopian tubes and ovaries may cause Pelvic Inflammatory Disease (PID). This may cause a tubal pregnancy or infertility. Babies born to women with untreated chlamydia often get severe eye and lung infections.

How is chlamydia diagnosed?
Chlamydia can be diagnosed by taking a swab from a woman’s cervix or the tip of a man’s penis. In some cases, urine testing will be done.

How is chlamydia treated?
Chlamydia is treated with specific antibiotics. To cure chlamydia, all prescribed pills must be taken.
*It is important that all sexual partner(s) be tested and treated, whether they have symptoms or not.
It is best to avoid all genital contact, especially sexual intercourse, even with a condom, for at least 7 days after treatment.

Is follow-up important?
Yes. Return to the clinic for a repeat test 3 to 4 weeks after treatment is finished. Women should have had a period before re-testing.

Remember: Condom use will help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.

For more information call Health Line Peel 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
GENITAL HERPES

What is it?
Genital herpes is one of the most common sexually transmitted infections, affecting about one in five adults. It is caused by the Herpes Simplex Virus (HSV). There are two types of herpes simplex viruses - type 1 generally causes sores on or near the mouth (cold sores). Type 2 usually causes sores on the genitals. These viruses are very similar and either type can cause genital sores or cold sores. Once infected a person becomes a carrier for life.

What are the symptoms?
Symptoms of genital herpes vary greatly from person to person. It is estimated that 60% of people don’t know that they have herpes because they have very mild or no symptoms. Symptoms may include:

- fluid-filled blisters in the genital area (vaginal lips, vagina, cervix, head/shaft/foreskin of penis, scrotum, in or at the urethra, buttocks, anus or thighs)
- pain in the genital or anal area
- pain with urination
- flu-like feelings (fever, aches in the joints/muscles)
- painful swelling in the lymph nodes of the groin
- genital itchiness with or without sores

Herpes symptoms usually appear 2 to 20 days after contact with an infected person. Sometimes it may take weeks, months or years. The first outbreak of herpes is usually the worst. It may take 2 to 3 weeks for symptoms to go away. Genital herpes tends to be less severe when it is caused by HSV type 1.

After symptoms are gone, the herpes virus remains in the body in nerve cells near the spine. Symptoms can reoccur. The number of outbreaks someone has varies from person to person averaging 4 to 5 per year. Many people find that over time outbreaks tend to be less severe and happen less often.

How is herpes spread from one person to another?
Herpes is spread from one person to another by:

- direct skin to skin contact
- vaginal sex (penis in vagina)
- anal sex (penis in rectum)
- oral sex (mouth to penis or vagina)
- mouth to mouth
- mother to child during a vaginal delivery

Herpes is most easily passed when sores are present or during the period just before an outbreak. The time before an outbreak is called the prodrome and people may have genital itching, irritation or tingling. Herpes can be passed to another person even when no symptoms are present. The virus can come to the skin surface without causing any symptoms. This is called asymptomatic shedding. We don’t know what causes an outbreak, but they may occur:

- with stress (emotional and physical)
- with exposure to sunlight
- with hormonal changes (e.g. menstruation)
- because of poor nutrition
- after sexual intercourse
- with lack of sleep
- when your body’s immune system is low (e.g. following surgery, injury or when you have a fever or other illness)

You can help boost the immune system and reduce the number of outbreaks by:

- not smoking
- eating a healthy diet
- getting adequate rest
- getting adequate exercise
- trying a variety of ways to cope with stress

How to prevent spreading the virus?

- Do not have intercourse, including oral sex or skin to skin contact, when symptoms/sores are present or during the prodrome. Wait until the symptoms or sores are completely gone.
- Use condom/latex barriers all the time because:
  - in men, the penis is the main site of the virus
  - when sores are present you are more likely to get other STIs such as HIV if you come in contact with them
  - you may be shedding the virus even when you don’t have sores.

Remember, condoms will not give total protection because the virus can be on other genital parts and surrounding skin
How is it diagnosed?
Genital herpes can be diagnosed by a visual exam and a sexual history and/or previous symptoms. A swab of the fluid from a herpes sore can be taken to try to identify the virus. This test should be done within 48 hours after sores appear. If the sore/lesion is very small, or if it is healing, there may not be enough virus present for an accurate test. It is not detected during routine Pap and STI tests. Blood tests ordered by your doctor may detect the virus. You have to pay for this test.

Is there treatment for herpes?
There is no cure for herpes. There are antiviral drugs that can help speed healing during an outbreak, reduce the number of outbreaks and reduce the chance of spreading the virus to others during and between outbreaks. These medications, such as acyclovir (Zovirax), valacyclovir (Valtrex) and famciclovir (Famvir), must be prescribed by a doctor. These medications are expensive. There are also alternative therapies available. You may wish to consult a naturopath or homeopath. Research is ongoing into new treatments and a possible vaccine.

Herpes and pregnancy?
Neonatal herpes (herpes infection in the newborn) is rare. An estimated 20-25% of pregnant women have genital herpes, while less than 0.1% of babies get infected during birth. Genital herpes is more likely to seriously affect the baby if you become infected during pregnancy. Herpes cause health problems for a newborn. If you:

- have herpes and are pregnant, talk to your health care provider. A caesarean section may be needed if there are symptoms present at delivery.
- are a male with a history of genital herpes and your partner is pregnant:
  - abstain from sex when you have active outbreaks
  - use a condom/latex barrier for intercourse between outbreaks
  - possibly abstain from intercourse during the last trimester.
- have oral herpes, avoid oral sex when you have an outbreak - 20% of neonatal herpes is caused by herpes type 1.

Resources
It is not unusual to be emotionally stressed by a herpes diagnosis, especially in the first few months. Give yourself time to adjust.

Here are some resources you may find helpful:

Phone Lines:
- Health Line Peel 905-799-7700
  Ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
- Herpes HELPLine
  The Phoenix Association
  416-449-0876
- National U.S. Herpes Hotline
  1-919-361-8488

Books:
- The Truth About Herpes, 4th Edition
  by Stephen Sacks, Gordon Soules
  Book Publishers Ltd.
- “The Helper” newsletter
  - call National U.S. Herpes Hotline or write
    American Social Health Association (ASHA),
    Department T, P.O. Box 13827
    Research Triangle Park, NC 27709

Internet Web sites:
- www.ashastd.org
- www.cafeherpe.com
- www.herpesalliance.org
- www.herpesdiagnosis.com
- www.herpesweb.net
- www.torontoherpes.com

For more information call Health Line Peel at 905-799-7700
and ask for Sexual Health Information
or visit our Web site at peelsexualhealth.ca
GONORRHEA

Gonorrhea is a common sexually transmitted infection (STI). It is caused by the bacteria Neisseria gonorrhoeae, which is spread from one person to another through unprotected vaginal, anal and oral sex.

How is it spread?
Gonorrhea is spread through any kind of sexual contact with someone who has the infection EVEN if that person doesn’t have symptoms. It may take 1-14 days or even longer for a person to get symptoms after they have been exposed to the infection.

What are the symptoms?
Women: Women may have gonorrhea without any symptoms, and often the symptoms are so mild that they may be mistaken for something else. If she does develop symptoms, they may include:
- increased vaginal discharge
- pain or burning when passing urine
- pain or bleeding during intercourse
- bleeding between periods
- pain in the lower abdomen

Men: Men may also have the infection without symptoms. If he does develop symptoms, they may include:
- pain or burning when passing urine
- discharge from the penis
- urinating more often than usual
- burning or itching around the tip of the penis
- painful or swollen testicles

Are there complications?
If gonorrhea is left untreated, it may spread to other parts of the body. In a woman, the infection can spread to the fallopian tubes and ovaries and cause Pelvic Inflammatory Disease (PID). PID can lead to infertility or to ectopic (tubal) pregnancy.

If a pregnant woman gets the infection, it can be passed to the baby during delivery, and may lead to complications.

In men, gonorrhea can spread to the testicles and prostate gland and may cause infertility. It can also spread to the joints in both men and women and cause arthritis. Having any STI, including gonorrhea may increase your chances of becoming infected with HIV if you come in contact with it.

How do I find out if I have gonorrhea?
Getting tested is the only way to find out if you have an STI including gonorrhea. Gonorrhea is diagnosed by taking a swab from the cervix, penis, throat or the anus. It may also be detected by a special urine test.

How is it treated?
Certain antibiotics, that work for gonorrhea, will be prescribed by your health-care provider. Because it is possible to also have chlamydia (another STI) at the same time, you may be given two types of antibiotics. It is important that you take the medicine exactly as you are told. Your sexual partner(s) need to be tested and treated, even if they don’t have symptoms.

It is important that you do not get re-infected. You should not have sex until you have had a follow-up test to make sure that the infection is gone. (Remember, if you are taking birth control pills, then antibiotics may make the pill not work as well).

Is follow-up important?
Your health-care provider will tell when to return for a follow-up test to make sure that the infection is gone. Depending on what tests you require, you will be instructed to return 7 days to 1 month after completing the medication.

Condom use is necessary to help prevent the spread of sexually transmitted infections, HIV and Hepatitis B.

For more information, call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
HEPATITIS A

What is Hepatitis A?
Hepatitis A is a liver disease caused by the hepatitis A virus. Other viruses can also affect the liver.

What are the Symptoms?
The first symptoms of hepatitis A include:
- fever
- loss of appetite
- nausea, upset stomach, diarrhea
- stomach pain
- fatigue/tiredness

A few days later, the skin and whites of the eyes may turn yellow. This is called jaundice. Some people, especially young children, have no symptoms at all. Symptoms develop between 15 to 50 days after a person has been infected with the hepatitis A virus.

How is it Spread?
The virus is spread by eating or drinking food or water, which has been contaminated by the hepatitis A virus, even though it may look clean. Hepatitis A virus is found in the feces of those who are infected. This infected person can begin to spread the virus a week or two before any symptoms are noticed. Hepatitis A virus can also be spread by anal-oral sex.

What is the Treatment?
Since hepatitis A infection is caused by a virus, there is no medication to treat it. Your own immune system will fight the infection. Once a person has had hepatitis A they are protected (immune) and will not get it again.

How To Prevent Hepatitis A
You can protect yourself by
1. Practicing good hygiene.
   - wash your hands with soap and water for 10-15 seconds after using the toilet or changing diapers
2. Preparing food safely.
   - wash your hands for 10-15 seconds before preparing any food
   - wash fruits and vegetables well before eating
   - raw oysters, clams and shellfish should not be eaten if they come from an area that may be contaminated.
3. Getting the hepatitis A vaccine.
4. Using condoms for anal-oral sex to protect against Hepatitis A and other sexually transmitted infections.
5. Consulting a travel clinic or your family doctor before visiting countries with poor sewage and water cleaning systems.

Who Should Get the Vaccine?
The vaccine is recommended for people who have a higher risk of getting infected with hepatitis A or will have a severe complications if they get infected with hepatitis A virus. This includes:
- people with chronic liver disease
- men who have sex with men
- injection drug users
- people living in areas with very high rates of hepatitis A
- those travelling to countries with high rates hepatitis A
- people with blood clotting-factor disorders (such as haemophilia)
- laboratory workers who may have contact with hepatitis A virus

What Should I do if I have been exposed to a Person with Hepatitis A?
If you think you have been exposed to Hepatitis A, see a doctor immediately as there may be a medication to lessen the symptoms and provide protection. This should be given within 7 days of the exposure. Peel Health (905-799-7700) can offer information about protecting yourself after an exposure to hepatitis A.
HEPATITIS A VACCINE

What does the Hepatitis A Vaccine Do?
The vaccine gives immunity to hepatitis A virus. This means you are much less likely to get hepatitis A or if you do get hepatitis A your symptoms will be milder. Sometimes, a blood test will be done by your doctor to see if you are already immune to hepatitis A virus. The vaccine will not protect from liver infection due to other types of viruses such as Hepatitis B or C viruses.

How often is the Vaccine Required?
Two doses of the vaccine, each given 6 months apart, are needed to give you protection from the hepatitis A virus. This protection will likely last for at least 20 years.

Are There Reasons Not to Receive the Vaccine?
The vaccine is not recommended if you:
- have a high fever, respiratory infection or contagious disease.
- are sensitive to any part of the vaccine.
- are already immune.

What Are The Side Effects?
No serious side effects have been reported from the hepatitis A vaccine. Minor side effects include:
- redness, soreness or swelling at the injection site.
- tiredness, headache.
- slight fever.

Serious reactions are very rare.

Where Can I Get The Vaccine?
You can get the hepatitis A vaccine at your family doctor but there may be a cost involved. Peel Health offers free vaccine through a family doctor, to those who are at a high risk of getting the virus. This includes:
- men who have sex with men
- injection drug users
- people with chronic liver disease including hepatitis C

Peel Health-Healthy Sexuality Clinics also offers the vaccine to those in the higher risk groups if they are clients at the clinics.

For more information call Health Line Peel at 905-799-7700 and ask for
Sexual Health Information or Communicable Disease Program
Visit our website at peelsexualhealth.ca

Feb05
HUMAN PAPILLOMA VIRUS (HPV)

What is it and how did I get it?

Human Papilloma Virus (HPV) is a very common sexually transmitted infection. It is also known as venereal warts, genital warts, or condyloma. There are over 100 strains of HPV and some are serious. HPV is spread by direct skin contact during oral, anal or vaginal sex. Warts (or other symptoms) may not show up for months or years after exposure to the virus. It may be impossible to know where and when it was picked up. Some people never get warts, even though they have the virus. HPV can cause growths in the throat of infants exposed to the virus during childbirth but this rarely happens.

What can happen when I have HPV?

Once the virus enters the cells, there are 3 possible outcomes:

1. **Latent Infection** means that a person has the virus but there are no warts or signs of infection. The virus can be spread to others during sexual contact even if there are no symptoms. The immune system works to clear the virus from the body, and it is believed this can take one to two years. In about two thirds of female cases, the virus eventually ‘shows’ itself in one of two ways:
   
i) the growth of warts (condyloma) in the genital area
   
   ii) by abnormal cells showing up on a Pap test.

2. **Warts** (condyloma) can grow anywhere in the genital or anal area of both men and women. For men, warts can appear anywhere on the genitals, including inside the urethra (tube that carries urine). Warts can show up months or years after the virus is picked up. Warts may occur alone or in groups and may be painless or itchy and uncomfortable. A very small number of all HPV infections progress to cancer if left untreated. Before cancer ever develops, abnormal cells usually show up on a woman’s cervix during a Pap test. There is no screening test for cancerous changes in men.

3. **Cancerous changes** can occur in men and women if they have one of the serious strains of HPV. The female cervix is the most common site but cancer can occur anywhere in the genital or anal area. Cancer usually takes 5-10 years to develop and pre-cancerous changes (abnormal cells) will show up on Pap tests long before cancer is seen. These pre-cancerous changes can be treated and cancer can be prevented. This is why it is important for all women to have regular Pap tests. Men with one of the more serious HPV strains are at greater risk for penile and anal cancers. HPV is not believed to cause prostate cancer.

HPV infection will be different for each person.

How can I prevent getting cancer if I have HPV?

To help prevent HPV from ever progressing to cancer you can:

- stop smoking
- use condoms to avoid getting other sexually transmitted infections (STIs)
- get tested regularly for STIs and get treated promptly if you have an infection
- get lots of rest, regular exercise and eat a healthy diet to help keep your immune system healthy.
How is HPV diagnosed and treated?

Latent Infection: At this stage most people will not know they have HPV. There is no test available and no treatment is given.

Warts: Warts on the genitals are diagnosed by their appearance. Warts inside the vagina may not be visible. In men, the warts may be hidden in the urethra and cannot be seen or felt. Tests such as urethroscopy (an instrument to open and magnify the urinary canal) or cystoscopy (an instrument to inspect the bladder) are available but of limited use. There is no approved DNA testing available for men. Warts that are visible can be removed with special medications (Trichloracetic Acid, Wartec, Condyline) applied directly to the wart on a weekly basis. This may take a few weeks. This removes only the wart and not the virus. If there are a lot of warts, a specialist’s referral may be needed for laser treatment or surgery. In some cases the warts may disappear on their own, as one’s immune system tries to clear the virus.

Pre-cancerous changes: Pap tests will show if there are cell changes on the cervix caused by HPV. If the Pap is abnormal, HPV DNA testing can confirm what strain of HPV is present. This DNA testing is available through some private labs and can be ordered by a family doctor. DNA testing is not covered by your health card in Ontario. For women with continuing abnormal Paps, a referral may be made to a specialist for a colposcopy. A special magnifying microscope is used to examine the cervix and a tissue sample is taken. Treatment can then be decided on. Treatment may include cryotherapy (freezing warts with liquid nitrogen), laser therapy or electrocautery which removes infected cells with a special instrument.

There is no screening test for males. Any changes of the skin in the genital area should be examined by a doctor.

What about sexual partners?

When HPV is detected, one’s sexual partner should be examined. This is especially important for women, as HPV is very contagious and can be spread even when no warts are visible.

Prevention

Condoms are recommended as they are effective in reducing transmission but do not prevent it completely. Condoms do not cover all the areas of skin that could be infected.

Vaccines to prevent HPV infection and vaccines to control the virus after you have it are in the trial stage now, but experts say it will be 10 years before they are available to the public.

Where Can I get More Information?

Here are some resources to help answer your questions:

- American Social Health Association (ASHA)
  P. O. Box13827, Research Triangle Park
  NC, USA  27709-3827
  www.ashastd.org
  (online HPV magazine available)

- Aldara Pregnancy Healthline
  (Aldara is a new treatment for genital warts)
  1-800-670-6126

Remember:
Condom use will help prevent the spread of sexually transmitted infections.

For more information call Health Line Peel at 905-799-7700
and ask for Sexual Health Information
or visit our Web site at  peelsexualhealth.ca
What is LGV?

LGV stands for lymphogranuloma venereum. It is a sexually transmitted infection (STI) caused by a certain type of chlamydia. Chlamydia is a STI which is very common and easily spread.

Although LGV occurs throughout the world, until recently has been very rare in Canada. However, since the beginning of 2004, more than 20 cases of LGV have been found in Canada.

How is LGV spread?

LGV can be spread through unprotected vaginal, anal or oral sex.

What are the possible symptoms of LGV?

- The first symptom may be a small, painless sore on the penis, vagina or rectum which may go away on its own. This may appear anywhere from 3 to 30 days after being infected.
- The next symptoms may be swollen, painful lymph nodes in the groin area, which may drain or bleed, as well as blood or mucous discharge from the anus. These symptoms may appear 2 to 6 weeks after infection.
- People will often have “flu-like” symptoms such as fever, chills, tiredness, aches and pains.

Is LGV treatable?

Yes, LGV can be treated with certain antibiotics. But if left untreated, LGV can spread to the lymph nodes and cause genital and/or anal scarring and destruction. In severe cases, LGV can lead to death.

Who is most at-risk for LGV?

Anyone who has unprotected sex is at risk for LGV. However, all of the cases that have been seen in Canada to date have been in men who have sex with men.

The risk of infection increases for high-risk sexual activities, such as:
- unprotected sex
- anal “fisting”
- anonymous sex
- use of the drug crystal meth anally before sex

What can be done to help prevent the spread of LGV?

- Use condoms and other barriers (i.e. dental dams) for all vaginal, anal and oral sex.
- Wash genitals after sexual contact.
- Limit the number of sexual partners.
- Get tested for other sexually transmitted infections such as HIV, hepatitis C, hepatitis B, gonorrhea, chlamydia, syphilis, and herpes because it may be easier to get LGV if you have another one of these infections. Having LGV also increases the risk of getting HIV, Hepatitis C and other STIs.

What should someone do if they think they have LGV?

If you think you may have LGV or have had sex with someone who has LGV, please see your health care provider for more information. Specialized testing and treatment is needed for LGV.

For more information, call Health Line Peel 905-799-7700 and ask for Sexual Health Information or Communicable Disease Peelsexualhealth.ca
MOLLUSCUM CONTAGIOSUM

What is it?
Molluscum contagiosum is a skin disease caused by a virus from the molluscipox virus group. It is spread by skin to skin contact and occurs in all age groups.

What are the symptoms?
The symptoms may include:
- painless, smooth, firm, shiny, flesh-coloured, white, clear or yellow bumps/sores with a little dimple in the middle
- itchiness
- bumps on adults that usually appear on the lower abdomen, genitals or inner thighs
- bumps on children that usually appear on the face, trunk, arms or legs
- bumps which usually appear 7 days to 2 months after contact with infected person (may be as long as 6 months)

How is it diagnosed?
The skin is examined for bumps and sores. A swab from the bumps or sores may be taken to confirm the diagnosis.

How is it spread?
Molluscum can be spread as long as the sores or bumps are present by:
- direct skin contact, both sexual and non-sexual
- scratching the bumps, which can spread the virus to other parts of the body
- sharing towels and clothing that has been in contact with the bumps

It has also been associated with swimming pools and sharing baths with an infected person.

How is it treated?
Without treatment bumps can last from 2 weeks to 4 years, with an average of 2 years. Treatment can help shorten the length of the infection and also help to prevent the spread of the virus to other parts of the body or to other people. Treatment can include:
- cantharone, podophyllin, liquid nitrogen or a peeling agent applied to the bump/sore
- surgical removal of bumps and sores

Are there complications?
Scratching bumps can allow bacteria into the skin and result in a more serious infection. Molluscum can reoccur but it is uncertain whether this is because of re-infection or reactivation of the infection.

People with a weak immune system may have a more severe outbreak with a larger number of bumps.

How is it prevented?
Molluscum can be prevented by:
- avoiding direct skin to skin contact with infected persons
- avoiding sexual contact when a partner has bumps or sores
- washing hands well after touching bumps/sores
- having sexual partners examined/treated to prevent re-infection.

REMEMBER: Condoms will not give total protection because the virus can be on other genital parts and surrounding skin.

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
“Crabs” are members of the lice family. They are flat-backed, wingless, and grayish-white or reddish-brown in colour.

Crabs are usually found in the pubic area where they attach to the short, coarse pubic hair. They may also be found in the underarms, mustaches, beards, eyebrows and eyelashes.

You can get crabs when you have sex with a person or by sharing bedding, towels or clothing with a person who has crabs.

What To Look For

The most common sign of crabs is itching in the genital area. Tiny specks of dark brown waste materials from the crab may be seen on underwear, bed sheets and body skin. The lice may be visible or you may see tiny red spots where the lice have bitten you.

What may appear like dandruff flakes at the base of pubic hair are actually crab nits (eggs).

Treatment

- Put lotion on every hairy part of your body except your head. Talk to a doctor if you have lice on your eyebrows, eyelashes or beard.
- Put on freshly washed, clean clothing after the treatment and again after showering the lotion off.
- On the same day that you use the medicated treatment, wash clothing, bedding and towels in hot water. Place in dryer on hottest cycle for 20 minutes. Dry clean anything that can not be washed or pack loosely in a sealed plastic bag for 2 weeks.
- Exposing articles to freezing temperatures by placing them in a non-food freezer for 24 hours will kill the lice
- Vacuum and spray mattresses and pillows with a household disinfectant.
- Vacuum rugs, bed and furniture.

You will probably only need one treatment. If you still have symptoms, you can use the treatment one more time in the same week. Do not treat yourself more than two times in one week.

Your sexual contact(s) or anyone who has shared your bed, towels or clothing should be treated at the same time.

For more information, call
Health Line Peel 905-799-7700
and ask for
Sexual Health Information or Communicable Disease
or visit our Web site at peelsexualhealth.ca
SYPHILIS
(Bad Blood, The Pox)

What is it?
Syphilis is the oldest known sexually transmitted infection. It is caused by an organism which enters the bloodstream through the mucous membranes or broken skin. It is then carried to all body organs and tissues.
It usually takes 10 days to 3 months for the symptoms to show up. Some people may not have any noticeable symptoms. People infected with syphilis can spread it to others during sexual intercourse, even if they have no signs or symptoms of the infection.

What are the symptoms?
Symptoms appear in 3 stages:
Primary: The first sign is a painless sore called a chancre. This can be on the penis, anus, labia, vagina, cervix, throat or lips. It is easy to miss this sign as it heals and goes away in 1-5 weeks. Swollen glands can also be present.
Secondary: About 6 weeks after the first signs, skin lesions or a rash can appear all over the body, including the palms of the hands and the soles of the feet. Sores may also be in the mouth and the genital area. There can also be fever, swollen glands, sore throat, fatigue, headaches and patchy hair loss. This rash is easy to confuse with other skin conditions. These symptoms also go away, even without treatment, but the infection is still present in the blood, organs, and other tissue. With no treatment, the rash may recur over the next 1-2 years. This is a very contagious time.
Latent: In untreated syphilis, the germs continue to spread to all parts of the body but there is no outward signs of the disease. A blood test will show it is still there. From 3-30 years after the primary infection, serious damage can show up in various body organs such as the heart, large blood vessels, bones, joints, or central nervous system.

How is it diagnosed?
In early syphilis, if a sore is present, a swab can be done. A blood test will show the disease about 1 month after the chancre appears. Blood tests also show whether a person is responding to the treatment. Once you have had syphilis, this will show in your blood test for the rest of your life.

How is syphilis treated?
Syphilis is best treated in its early stages to prevent serious complications and the spread of the disease to others. Penicillin injections are the first treatment choice. For those allergic to penicillin, certain other antibiotics can be given. Treatment will cure syphilis but cannot reverse any damage already done to internal organs. After treatment, blood tests will show that the disease has been cured and that there are no flare-ups or re-infection. Without treatment, about one third of those infected develop serious complications later in life.

Are there complications?
If syphilis is treated early there should be no complications. Without treatment or with late treatment, serious damage can occur to the heart, large blood vessels, liver and brain. If not treated, a pregnant woman can pass syphilis to her unborn child. This can cause serious damage to the baby. During pregnancy, all women are tested for syphilis.

How is syphilis prevented?
- Never have sexual contact with anyone who has a sore(s) in the genital area.
- Use condoms/latex barriers every time.
- Limit your number of sexual partners.
- Have all sexual partners treated as soon as possible. Avoid sexual contact, even with a condom/latex barrier until your doctor says all blood tests are satisfactory.

Use condoms/latex barriers to help prevent the spread of sexually transmitted infections, HIV and hepatitis B.
For more information call Health Line Peel at 905 799 7700
and ask for Sexual Health Information
or visit our Web site at peelsexualhealth.ca
TRICHOMONAS VAGINITIS
(Trich; Trichomoniasis; Trichomonas vaginalis)

What is it?
Trichomonas is a bacterial infection caused by a microscopic parasite called trichomonas vaginalis. Trichomonas is most often sexually transmitted.

What are the symptoms?
Women:
- Frothy, green vaginal discharge
- Unpleasant odour
- Intense vaginal itching
- Redness and pain in vaginal area
- Frequent passing of urine
- Sometimes no symptoms

Men:
- Usually no symptoms
- Discharge from penis
- Burning when passing urine
- Irritation around tip of penis

How is it diagnosed?
Women:
A swab of the vaginal discharge is usually necessary. Occasionally trichomonas will show up on a routine Pap test.

Men:
A swab is taken from the tip of the penis.

Regardless of test results, both partners should be treated when one partner has trichomonas.

How is it treated?
The most effective treatment for trichomonas is metronidazole, also called Flagyl. Your doctor may prescribe either pills or a cream. Trichomonas is almost always cured with Flagyl. If the symptoms do not go away, talk with your doctor.

Some people may feel sick to their stomach or have diarrhoea while taking Flagyl. Others have noticed a dry metallic taste in their mouth and a dry vagina.

Do not drink: alcohol (beer, wine, and liquor) while taking Flagyl and for 48 hours after finishing treatment as you will vomit.

Do not have intercourse during treatment.

Trichomonas, if not treated, can lead to pelvic inflammatory disease (PID) which can cause infertility.

Is follow-up important?
If you still have symptoms, return for testing and/or treatment.

Remember: Condom use will help prevent the spread of sexually transmitted infections, AIDS and Hepatitis B.

For more information call Health Line Peel 905-799-7700 and ask for Sexual Health Information or visit our Web site at peelsexualhealth.ca
Lesson Five

Title: Facing Challenging Situations During Adolescence

Theme: Decision-Making and Problem Solving

Time: 105 minutes

Materials:
* IDEAL Decision-Making Model Overhead
* IDEAL Decision-Making Handout
* IDEAL Decision-Making Homework Assignment
* Problem Solving Scenarios (Laminated Activity Cards)
* Situation Analysis Student Handout
* Problem Solving Scenarios Teachers Guide

Objectives:
• To reflect on STI information (chart) from previous lesson.
• To teach or refresh student knowledge of the IDEAL Decision-Making Model
• To provide students with an opportunity to put the ideal theoretical model into action.
• To allow students to demonstrate their decision-making skills in groups.
• To reinforce students’ skills through their completion of a group work and homework assignment.

Curriculum Expectations:
9p6 – Describe the factors that lead to responsible sexual relationships

9p8 – Demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality

9p9 – Demonstrate understanding of the pressures on teens to be sexually active

9p21 – Use appropriate decision-making skills to achieve goals related to personal health

9p23 – Use appropriate social skills when working collaboratively with others
Lesson Five

4MAT Quadrant Code(s):

3L: Worksheets, case studies, scenarios, and activity cards.
4L: Group projects, problem-solving (situational) decision-making, preparation for group presentation.

Procedure:

This lesson focuses on decision-making skills. During adolescence, individuals are faced with new relationships, challenges and difficult situations. In order to better cope with the responsibilities of good decision-making, students require opportunities to practice their skills. This lesson is designed to give students a chance to hone their decision making skills, both in a group setting and independently.

Activity One: The IDEAL Decision-Making Model - 20 minutes

Tell your students that you are going to begin some new activities that involve decision-making and problem solving. Introduce the IDEAL Decision-Making Model to your class using the overhead of the same name. Move step-by-step through the process of IDEAL Decision-Making. Ask your students why it is significant that the model is named “IDEAL”. Stress that good decisions can be hard to make and that practicing decision-making will help them improve their skills.

Activity Two: Model Application - 20 minutes

Give each student an IDEAL Decision-Making handout page. Choose one of the below situations to read to the class. You may wish to have this written on the board or chart paper. Allow students approximately 5 minutes of reflection time to document some ideas on their handout. Then work through the scenario(s) as a class by applying the ideal decision making model.
Lesson Five

1. “

Hessa and Ian have been dating for 8 months. Recently Ian has been pressuring Hessa to have sex. Hessa is reluctant while Ian is persistent.”

What could either Hessa or Ian do to make this situation better?

Teacher Notes:
Students might mention the following issues when working through the IDEAL model as a class:

• Peer Pressure
• Communication
• Abstinence
• Alternative activities to intercourse

2. “

Malcolm and Sophie have been dating for a few months and have decided to have intercourse. They are concerned about the risks involved. Both have had previous sexual partners.”

What could either Malcolm or Sophie do to make this situation better?

Teacher Notes:
Students might mention the following issues when working through the IDEAL model as a class:

• STI/HIV concerns (remember often STI's/HIV have no symptoms) - refer to STI chart from lesson 4
• Communication about being sexually active
• STI/HIV testing – refer to STI chart from lesson 4
• Pregnancy and pregnancy prevention options
• Safer sex options (condom usage)
Lesson Five

**Activity Three: The IDEAL Decision-Making Homework Assignment – 5 minutes**

For homework, each student will be asked to use the IDEAL Decision-Making Model to write a response to an advice column reader. Students will answer a letter written by a teen looking for help. Be sure to remind students to keep the IDEAL Decision-Making Model in mind when they are writing their answers. The basic guidelines to the IDEAL Decision-Making Model are included on the assignment, as are the evaluation criteria.

**Activity Four: Problem Solving Scenarios – 20 minutes**

Ask students to get into groups of four or five (this can vary depending on class size). Distribute one of the Problem Solving Scenarios (laminated activity cards) to each group, along with a Situation Analysis worksheet.

Have students number themselves; group member one, two, three, four, and five. Member number one will read the scenario aloud. Group member two will write down all ideas the group develops in their brainstorming session. This can be completed on scrap paper. Member three will record the final responses on the handout. Lastly, the fourth and fifth group members will present the group’s findings to the class.

Tell the students they will be reading about young people who are in challenging situations. They are to pretend they are a clinician or doctor at a healthy sexuality clinic. The characters in their scenarios have asked for advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Please encourage students to answer all the questions on the handout, and refer back to the STI chart from lesson 4.
Lesson Five

Activity Five: Continuation of Scenarios; PRESENTATIONS – 40 minutes

When all groups have completed the activity, begin the presentations. Have each group present their scenario and advice. Group members #1 can read their scenario aloud and members # 4 and 5 will present the information. Use the teacher guide located on pages 133-144 to direct your discussion.

Possible Extensions:

You might consider having students use role-play during the scenario presentation lesson. When using the laminated scenario cards, students could act out portions of the scenario or the clinic visit. This would allow for students to practice their communication skills.

When working through the IDEAL Decision Making Model you may want to work through both suggested situations, or have students write down examples of a situation. Often the interest in the topic increases when students provide an example situation.

Possible Assessment:

This lesson lends itself to multiple forms of assessment. Group members could evaluate themselves and/or each other in terms of their participation. You could develop a quiz that tests students’ rote memory of the IDEAL Decision-Making Model. Alternatively, the presentations could be evaluated on the merit of the group’s response and advice. Finally the homework assignment includes a rubric outlining the required criteria of the written response.
Lesson Five

Resources:


Developed with the assistance of:

The IDEAL Decision-Making Model

I – Identify the problem.

D – Describe how you might solve this problem.

E – Evaluate all the possible solutions.

A – Act on one of the solutions.

L – Learn from your choices.
Lesson Five

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**I** – Identify the problem faced by your character. The problem facing ___________ is:

**D** – Describe a number of ways s/he might solve this problem.

1.

2.

3.

4.

5.

**E** – Evaluate all the possible solutions. Ask yourself: “What would happen if the character chose this solution versus another one?” Choose the solution that you think is best. Be prepared to defend your choice.
Lesson Five

IDEAL Decision-Making

In your groups today, you completed a decision-making exercise using different scenarios. Your homework assignment is to answer a letter written by a teen looking for help. You will write a short response to one of the three letters printed below. Be sure to choose a scenario that you have not yet used in class. Also, make sure that you keep the IDEAL Decision-Making Model in mind when you are writing your answer. Here are the basic guidelines to the IDEAL Decision-Making Model.

IDEAL Decision-Making Model:

● **Identify** the problem faced by the person who wrote the letter.

● **Describe** one or two ways s/he might solve his/her problem or improve the situation.

● **Explain** why you gave this advice.

● Suggest that the person who wrote the letter **Act** on your advice.

● List one or two things your person could **Learn** from his/her experience.

**Step One: Choose ONE letter to answer.**

**Advice Column Letter One:**

Dear Doctor,
You have got to help me. I am a sixteen year old male and think I might have an STI. I do not want my parents to find out. I don’t know what to do. Please help.

From Daniel
Lesson Five

Advice Column Letter Two:

Dear Dr. Problem-Solver,
I’m seventeen years old and my name is Kristy. I do not have a steady boyfriend. Sometimes I have sex with casual dates. I am now worried about pregnancy. What do you think I should do?

Kristy

Advice Column Letter Three:

Dr. Know-It-All,
My name is Anton and I’m fifteen. I am concerned about HIV infection, and want to be tested. I want to make sure the test results will be confidential. I am worried. Please help.

Anton

Step Two: Pretend you are the doctor. Write a response to your letter.
Lesson Five

Evaluation

Student:____________________

Here’s how your written response will be evaluated. It is worth a total of 15 marks. Each criterion is graded out of a possible 5 marks.

- A poor performance will receive a grade of 1 out of 5.
- A fair performance will receive a grade of 2 out of 5.
- A good performance will receive a grade of 3 out of 5.
- A great performance will receive a grade of 4 out of 5.
- An excellent performance will receive a grade of 5 out of 5.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1 Poor</th>
<th>2 Fair</th>
<th>3 Good</th>
<th>4 Great</th>
<th>5 Excellent</th>
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<tr>
<td>The problem was identified and possible solutions were given.</td>
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<td>Quality of the advice and encouragement given in the written response.</td>
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<td>Use of proper style, tone, spelling and grammar.</td>
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Sub-totals

FINAL GRADE out of 15 ........................................................................................................................................ / 15

Comments:
Lesson Five

Student Worksheet

Situation Analysis *(Problem Solving Scenarios)*

Pretend you are a doctor or a clinician at a sexual health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.

1. If there is a female character in your scenario, is she at risk for pregnancy? If yes, explain why. Then give a description of the options available to her.

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2. Consult the STI Chart. Are the characters at risk for contracting sexually transmitted infections? For each character, explain why or why not. If they are at risk, list the infections to which each could have been exposed.

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Helping Teens To Make Healthy Decisions About Sex And Relationships: A Resource For Educators

Peel Health Department: Healthy Sexuality Program – Contact Health Line Peel @ 905-799-7700
3. Given what you know about their situation, what topics need to be discussed by these partners?

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4. What could these characters do to protect themselves in the future?

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Criteria

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<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Very Good</td>
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Group worked collaboratively to complete the answers.

Written response shows evidence of careful consideration.

Quality and accuracy of group’s written response.

Grade out of 15 ………………………………………………………………………...      / 15
The IDEAL Decision-Making Model

I — Identify the problem.

D — Describe how you might solve this problem.

E — Evaluate all the possible solutions.

A — Act on one of the solutions.

L — Learn from your choices.
This lesson contains information that can sometimes make both teachers and students feel embarrassed or uncomfortable. In order to diminish these feelings, some educators find it helpful to provide students with a brief “word of warning” prior to the lesson. You might consider making an announcement at the beginning of the class to remind students of a few key points.

First, that while talking about sexuality in a frank way may feel awkward, it is important to do so. People need accurate information in order to protect themselves from unplanned pregnancy and from contracting sexually transmitted infections. The consequences of not talking about the risks associated with sexual behaviour can lead teens to make poor decisions simply because they did not receive the necessary information to make smarter, healthier choices.

Second, that sexual health is part of the provincial curriculum. The Ontario Ministry’s curriculum guidelines suggest that grade nine students receive information regarding the methods of preventing pregnancies and sexually transmitted diseases. It also requires giving students opportunities to practice decision-making and assertiveness skills to promote healthy sexuality.

Third, it is probably worth reminding the group of your classroom rules regarding respect. Often telling your students that you expect them to conduct themselves in a mature and respectful way can go a long way in securing such behaviour.

As the scenarios depict sexual activity between both heterosexual and same-sex couples, it is also wise to consider the maturity of your class, the perspectives held by your school’s administration and local community standards. Consider choosing student groups carefully for this lesson. Most grade nine classrooms have students...
who are mature enough to handle this content. Remember that approximately ten percent of the students in your classes are not heterosexual. Gay, lesbian and bisexual students, among others, need to ‘see themselves’ in the curriculum. These teens, like all students, deserve a secure environment in which to learn about safer sexuality.

As students present their solutions to the class, use these ideas to guide your discussion. Supplement their work with these suggestions and/or with your own ideas.

Scenario #1: Cheyenne and Ravi

Cheyenne and Ravi are both fifteen years old and have never had any previous sexual contact. They have been exclusively dating one another for just over four months. They feel very much in love and have started to express their romantic and sexual feelings for each other by kissing and touching. One night while they are fooling around, Ravi gets an erection as he’s lying beside Cheyenne. He feels embarrassed and apologizes. Cheyenne says that it is o.k. She tells Ravi she’s ready to have sex, if he wants. They have vaginal intercourse that night without using any protection. The next day, Ravi starts to panic that Cheyenne could have become pregnant. He’s heard that women cannot get pregnant the first time, but he still feels very nervous about it. He decides to ask Cheyenne to go to a healthy sexuality clinic with him so they can find out. She agrees and makes an appointment for the following day.

Answers to Scenario #1: Cheyenne and Ravi

1. Yes, they had unprotected vaginal intercourse. If Cheyenne makes it to the clinic within seventy-two hours, the ECP is an option. (The ECP is most effective if taken within the first twelve hours, but it can still decrease the number of pregnancies if taken up to seventy-two hours after unprotected intercourse.) If she does not want to take the ECP, Cheyenne would have to wait to see if she gets her period because it is too soon to perform an accurate pregnancy test. If she misses her period, or if it’s shorter or lighter than usual, she could come back to the clinic for a pregnancy test. At this time, pregnancy options would be discussed.
2. No, because neither partner has any previous sexual experience.

3. • **Readiness for intercourse:**

   Was Ravi ready for sex?
   Is he ready for sex if he’s embarrassed about getting an erection?
   Did Ravi just have sex because Cheyenne said she was ready?
   Is Cheyenne ready for sex?

   • Will they continue having intercourse?

   • Was the experience sexually satisfying for both partners?

   • If they decide *not* to have sexual intercourse, they should discuss limit setting for the future.

   • If they decide to continue having vaginal intercourse, how would they protect themselves from pregnancy?

4. • Abstinence

   • Finding alternatives to vaginal sex

   • Birth control options including condoms
Scenario # 2: Mario and Al

Mario is fifteen years old. He has never had a sexual experience with either a guy or a girl - not even a kiss. However, whenever he imagined being with someone, it was always a guy. Al is seventeen and in his last year of high school. Mario has heard rumours that Al is gay. Mario has been wondering if he might be gay too. One evening, he helps load the team's equipment into Al's car after playing in a basketball tournament at their school. Al offers to drive Mario home. Mario feels a bit nervous but says, “yes”. When they pull up in front of Mario's house, Mario gets the feeling that Al is interested in him. Al tells Mario that he's been thinking about him, leans over and gives Mario a kiss. Since that night, they have gone out together a few times. They normally go to a secluded parking lot. Until yesterday, they have just been kissing. Last night, while they were fooling around, Mario ejaculated after Al rubbed him with his hand. It felt great. This morning, Mario begins to worry. He has learned that Al had two previous sexual partners. He wonders if there is any chance he could get AIDS or other diseases from what he and Al did. Mario also wonders if what they did means that he is gay. He makes an appointment with his family doctor to discuss these issues.

Answers to Scenario # 2: Mario and Al

1. No.

2. No. There is no risk of sexually transmitted infection being passed between these two partners.

   **AI:** Since Mario has never had sexual contact, he does not pose a risk to Al.
   
   **Mario:** Al might already have a sexually transmitted infection from his previous experiences, but he could not have infected Mario because they did not exchange body fluids (i.e. Al’s semen did not enter Mario’s body). Mario could not have contracted herpes or HPV through hand to genital contact.

3. **Questions about sexuality:**

   Since Mario is still questioning his sexuality, he may want to explore it further. He could call an anonymous help line, read information on websites or make an appointment to see a counsellor who works with LGBTTTQ youth. Stress to your students that it is common for teens to feel
confused. Some teens question their sexual orientation until they have sexual experiences. Others grow into adulthood before they realise or acknowledge their sexual orientation. It can be difficult for a young person to admit to him/herself that s/he could be gay/lesbian, etc. (Please see the Teacher Guide regarding Sexual Orientation for further information.)

- **Factual Information about HIV/AIDS:**

  Mario needs further information about HIV/AIDS and other sexually transmitted infections because he believes stereotypes that suggest only gay men contract HIV and that most gay men are infected. Gay men, like all people, vary in their behaviour: Some practice safer sex, some do not. Some use protection every time they engage in sexual activity, some do not.

- **Readiness for sexual activity:**

  Are they ready for sexual activity?
  Is Mario feeling pressured?
  Where is the relationship going?
  Will they continue being sexually active together?
  Will their sexual activity progress to other forms of sex?
  Was the experience sexually satisfying for both partners?

- If they decide *not* to engage in any sexual activity, they should discuss limit setting for the future.

- If they decide to continue their current sexual activity (kissing and hand-to-genital touching/stimulation), they do not need to worry about contracting sexually transmitted infections.

- If they decide to have oral or anal sex, Al needs to be tested for sexually transmitted infections and they need to use protection.

4. **Abstinence**

- Continue kissing and hand-to-genital touching/stimulation

- Oral and/or anal sex with barriers (condoms)
Activity – STI and Birth Control

Scenario # 3: Angela and Sal

Angela and Sal are both eighteen years old. They have been dating for the past nine months and having vaginal intercourse for six months. For the first few months, Angela and Sal used condoms, but they stopped using them when she went on the birth control pill. They are in a committed relationship and agree not to have sex with anyone else. Before they met, Angela had sex with one person, but used a condom. Sal had unprotected sex with two different partners. Sal found a bunch of pornographic movies under his dad’s bed. He’s been watching them secretly for the last two weeks. Sal has seen images of anal sex and he is interested in trying it with Angela. When he asked Angela how she felt about trying it, she said she wasn’t interested. Several weeks later at a friend’s party, Angela and Sal are making out in a locked bedroom after they both had a number of drinks. Sal asks Angela again if they could try anal sex. This time, Angela agrees and they try it. Sal finds it really arousing and ejaculates soon after penetration. Two weeks later, Angela experiences some vaginal discharge and pain when she urinates. She is really upset and wants to find out what’s going on. She makes an appointment to see a doctor in a walk-in clinic.

Answers to Scenario # 3: Angela and Sal

1. No, a woman cannot get pregnant by having anal sex.

2. Yes. There is a risk of sexually transmitted infection being passed between these two partners.

Angela: It is unlikely that Angela could have contracted a STI from her previous partner because the couple always used condoms during intercourse. It is possible that she could have been exposed to herpes or genital warts from skin-to-skin contact with this person. (Exposure could have occurred on body parts not covered by the condom such as the thigh, scrotum or vulva, etc.) Since Angela and Sal have had unprotected vaginal and anal sex, she could have been exposed to any of the sexually transmitted infections on the chart. However, her symptoms indicate she may have contracted gonorrhea, chlamydia and/or trichomonas. (Mention to your students that a person can contract more than one STI from any sexual partner.)
Sal: Sal could have been exposed to any of the sexually transmitted infections listed on the chart through unprotected sex with his previous partners. It is unlikely that Angela would have infected him.

Even if Angela receives a negative result on her STI tests, she needs to tell Sal to get tested before they continue to engage in sexual activity.

3. • **Questions about sexuality:**
   How did alcohol play a role in Angela’s decision-making?
   Would Angela have consented to anal sex had she not been drinking?
   What role did pornography play in this incident?
   *** Remind students that pornography is a business, made to make money, using actors who are selected for certain physical features that don’t represent “average” bodies. The time people “last”, amount and distance of ejaculation, pleasure expressed for certain activities etc. are all part of the acting and camera work. They don’t reflect the reality of most people’s sex lives. You could talk about a popular movie - does it reflect the lives of most people?) ***
   • **Factual Information:**
   Angela and Sal may need further information about the transmission of STIs. Being on the pill does not provide any protection against sexually transmitted infections and anal sex is a high-risk activity for transmission.

   • How did Angela feel about the experience after it happened?
   • How sexually fulfilling was this experience for Angela?
   • Will Angela and Sal continue having anal sex?
   • If they decide not to engage in anal sex, they should discuss limit-setting for the future.
   • If they decide to continue their current sexual activity (anal sex), they both must be tested for sexually transmitted infections and use condoms every time they have sex.

4. • Abstinence
   • Finding alternatives to vaginal and anal sex
   • After testing, continue having vaginal sex using the birth control pill AND condoms
Scenario # 4: Anda and Geeta

Anda is fifteen years old. She has never had any sexual contact. She’s pretty much always known that she’s a lesbian, but hasn’t revealed this to her friends or family as of yet. In the guidance counsellor’s office, she saw a poster for a LGBTTQQ support group for teens. She decides to go to a meeting so she can meet new people in an environment where she can be herself. At the meeting, she met Geeta who is sixteen years old. Over the past year, Geeta admitted to herself that she is a lesbian. She struggled for years with her feelings and now acknowledges that she is attracted to women. In the past, Geeta dated a few guys and had unprotected vaginal sex with one of them. Anda and Geeta have been dating for five months. They enjoy hugging, kissing and touching. Two months ago, they tried oral sex and both of them enjoy it. They did not use any protection. Last week, Anda started to feel some tingling and pain in her genital area. Anda makes an appointment at a local clinic because she is worried that there could be something wrong.

Answers to Scenario #4: Anda and Geeta

1. No.

2. **Anda**: Since Anda had no previous sexual contact, she would not have an STI. During this experience, Anda could have been exposed to a number of STI’s through oral sex including: Chlamydia, Gonorrhea, hepatitis B, HIV, Syphilis and Genital Herpes (oral herpes HSV-Type 2) or Genital Warts (HPV-Human Papilloma Virus). Contracting either genital herpes or HPV through oral sex is very rare.

   **Geeta**: Geeta could already have a STI from her previous sexual experience with her ex-boyfriend. If Anda has cold sores (oral herpes HSV-Type 1), then Geeta could be at risk for this STI.

   Anda and Geeta need to be tested for STI’s.

3. • If Anda contracted oral herpes HSV-Type 1, how does she feel about continuing to have oral sex with Geeta?
• Will they continue having oral sex?
• If they decide *not* to have oral sex, they should discuss limit-setting for the future.
• If they decide to continue having oral sex, how can they protect themselves from STIs?
Teacher Guide For Problem Solving Scenarios

Activity – STI and Birth Control

4. • Abstinence
   • Finding alternatives to oral sex
   • Continuing oral sex using barriers such as dental dams

Scenario # 5: Samir and Crystal

Samir is fifteen years old. Last year, he dated a young woman named Crystal. They had vaginal sexual intercourse only once, but the experience was really embarrassing because he had an orgasm very quickly. After that relationship ended, he started to date Govindi. Govindi is fourteen years old. She has never had a boyfriend and has no sexual experience. Govindi has clearly told Samir that she will not have sexual intercourse before she is married because her religious beliefs dictate that she remain a virgin until then. Samir is respectful of her wishes. Govindi and Samir have been enjoying kissing and touching one another for about six months.

One night while they are alone at his house, Samir asks Govindi if she would be comfortable performing oral sex on him. She tells Samir that she will have to think about it. While the kissing and touching have excited her, Govindi is not sure about oral sex. The idea doesn’t really turn her on, but she thinks that by giving Samir oral sex, he can have an orgasm and be sexually satisfied, while she can keep her virginity intact. When Govindi tells Samir that she is willing to perform oral sex, he is relieved. He is not feeling ready to have sexual intercourse because he feels his last attempt was a disaster.

Over the last month, Govindi has performed oral sex on Samir three times. One afternoon, while reading a teen magazine she comes across an article that discusses the risks of getting a sexually transmitted infection through oral sex. She had no idea this was possible. Govindi is worried that she could have caught something from her boyfriend. Since she shares her family doctor with her parents and brother, Govindi feels that she cannot talk to her about it. Instead, she calls the clinic on the far side of town and makes an appointment.
Answers to Scenario # 5: Samir and Crystal

1. No, Govindi and Samir engaged in oral sex. Women cannot get pregnant through oral sex.

2. **Samir:** Samir could already have a STI from his experiences with Crystal. If Govindi has a history of cold sores (oral herpes HSV-Type 1), then Samir could be at risk for this STI.

   **Govindi:** Govindi could have been exposed to a number of STI’s through oral sex including: Chlamydia, Gonorrhea, hepatitis B, HIV, Syphilis and Genital Herpes (oral herpes HSV-Type 2) or Genital Warts (HPV-Human Papilloma Virus). Contracting either genital herpes or HPV through oral sex is very rare. Samir and Govindi need to be tested for STI’s.

3. • **Readiness for sexual activity:**
   
   Are Samir and Govindi ready for sexual activity?
   Is Govindi feeling pressured?
   Govindi believes that performing oral sex on Samir means that he can be sexually satisfied, while she can keep her virginity intact. Are these good reasons for engaging in oral sex? If not, what does Govindi need to do?
   Will they continue having oral sex together?
   Will their sexual activity progress to other forms of sex?
   Was the experience sexually satisfying for Govindi? Would she enjoy having Samir perform oral sex on her?

   • If they decide not to have oral sex, they should discuss limit-setting for the future.

   • If they decide to continue having oral sex, how would they protect themselves from STIs?

4. • Abstinence
   • Finding alternatives to oral sex
   • Continuing oral sex using barriers such as condoms and dental dams
Scenario # 6: Melissa and Cody

Melissa and Cody are both sixteen years old. They have been dating for over a year now and have been having sexual intercourse for about five months. They use a condom every time. Cody had no sexual experience before he started dating Melissa. Melissa had sexual intercourse with her ex-boyfriend but always used a condom. Until now, the two have been using condoms without any problems. While away on a camping trip, they have sex. When Cody withdraws his penis after intercourse with Melissa and finds that the condom has slipped off. He helps her remove it from inside her vagina. They are both nervous because they know there could be a risk of pregnancy. When they return from their camping trip two days later, they go to a walk-in clinic near the high school to ask for help.

Answers to Scenario # 6: Melissa and Cody

1. Yes, there is a possibility of pregnancy because the condom slipped off. If Melissa makes it to the clinic within seventy-two hours, the Emergency Contraceptive Pill (ECP) is an option. (The ECP is most effective if taken within the first 12 hours, but it can still decrease the number of pregnancies if taken up to 72 hours after unprotected intercourse.)

   If she does not want to take the ECP, Melissa would have to wait to see if she gets her period because it is too soon to perform an accurate pregnancy test. If she misses her period, or if it's shorter or lighter than usual, Melissa could come back to the clinic for a pregnancy test. At this time, pregnancy options would be discussed.
2. Yes. There is a slight risk of sexually transmitted infection being passed between these two partners.

   **Melissa:** Since Cody has never had sexual contact, he does not pose a risk to Melissa.

   **Cody:** It is unlikely that Melissa could have contracted a STI from her previous partner because the couple always used condoms during intercourse. It is possible that she could have been exposed to herpes or genital warts from skin-to-skin contact with this person. (Exposure could have occurred on body parts not covered by the condom such as the thigh, scrotum or vulva, etc.)

3. • If they decide to continue having vaginal intercourse, what kind of birth control method could they use in addition to condoms?

4. • Abstinence

   • Birth control options including condoms
Scenario #1: Cheyenne and Ravi

Cheyenne and Ravi are both fifteen years old and have never had any previous sexual contact. They have been exclusively dating one another for just over four months. They feel very much in love and have started to express their romantic and sexual feelings for each other by kissing and touching. One night while they are fooling around, Ravi gets an erection as he’s lying beside Cheyenne. He feels embarrassed and apologizes. Cheyenne says that it is o.k. She tells Ravi she’s ready to have sex, if he wants. They have vaginal intercourse that night without using any protection. The next day, Ravi starts to panic that Cheyenne could have become pregnant. He’s heard that women cannot get pregnant the first time, but he still feels very nervous about it. He decides to ask Cheyenne to go to a healthy sexuality clinic with him so they can find out. She agrees and makes an appointment for the following day.

Pretend you are a doctor or a clinician at a Sexual Health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.
Scenario # 2: Mario and Al

Mario is fifteen years old. He has never had a sexual experience with either a guy or a girl - not even a kiss. However, whenever he imagined being with someone, it was always a guy. Al is seventeen and in his last year of high school. Mario has heard rumours that Al is gay. Mario has been wondering if he might be gay too. One evening, he helps load the team’s equipment into Al’s car after playing in a basketball tournament at their school. Al offers to drive Mario home. Mario feels a bit nervous but says, “yes”. When they pull up in front of Mario’s house, Mario gets the feeling that Al is interested in him. Al tells Mario that he’s been thinking about him, leans over and gives Mario a kiss. Since that night, they have gone out together a few times. They normally go to a secluded parking lot. Until yesterday, they have just been kissing. Last night, while they were fooling around, Mario ejaculated after Al rubbed him with his hand. It felt great. This morning, Mario begins to worry. He has learned that Al had two previous sexual partners. He wonders if there is any chance he could get AIDS or other diseases from what he and Al did. Mario also wonders if what they did means that he is gay. He makes an appointment with his family doctor to discuss these issues.

Pretend you are a doctor or a clinician at a Sexual Health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.
Scenario # 3: Angela and Sal

Angela and Sal are both eighteen years old. They have been dating for the past nine months and having vaginal intercourse for six months. For the first few months, Angela and Sal used condoms, but they stopped using them when she went on the birth control pill. They are in a committed relationship and agree not to have sex with anyone else. Before they met, Angela had sex with one person, but used a condom. Sal had unprotected sex with two different partners. Sal found a bunch of pornographic movies under his dad’s bed. He’s been watching them secretly for the last two weeks. Sal has seen images of anal sex and he is interested in trying it with Angela. When he asked Angela how she felt about trying it, she said she wasn’t interested. Several weeks later at a friend’s party, Angela and Sal are making out in a locked bedroom after they both had a number of drinks. Sal asks Angela again if they could try anal sex. This time, Angela agrees and they try it. Sal finds it really arousing and ejaculates soon after penetration. Two weeks later, Angela experiences some vaginal discharge and pain when she urinates. She is really upset and wants to find out what’s going on. She makes an appointment to see a doctor in a walk-in clinic.

Pretend you are a doctor or a clinician at a Sexual Health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.
Scenario # 4: Anda and Geeta

Anda is fifteen years old. She has never had any sexual contact. She’s pretty much always known that she’s a lesbian, but hasn’t revealed this to her friends or family as of yet. In the guidance counsellor’s office, she saw a poster for a LGBTTQ support group for teens. She decides to go to a meeting so she can meet new people in an environment where she can be herself. At the meeting, she met Geeta who is sixteen years old. Over the past year, Geeta admitted to herself that she is a lesbian. She struggled for years with her feelings and now acknowledges that she is attracted to women. In the past, Geeta dated a few guys and had unprotected vaginal sex with one of them. Anda and Geeta have been dating for five months. They enjoy hugging, kissing and touching. Two months ago, they tried oral sex and both of them enjoyed it. They did not use any protection. Last week, Anda started to feel some tingling and pain in her genital area. Anda makes an appointment at a local clinic because she is worried that there could be something wrong.

Pretend you are a doctor or a clinician at a Sexual Health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.
Scenario # 5: Samir and Crystal

Samir is fifteen years old. Last year, he dated a young woman named Crystal. They had vaginal sexual intercourse only once, but the experience was really embarrassing because he had an orgasm very quickly. After that relationship ended, he started to date Govindi. Govindi is fourteen years old. She has never had a boyfriend and has no sexual experience. Govindi has clearly told Samir that she will not have sexual intercourse before she is married because her religious beliefs dictate that she remain a virgin until then. Samir is respectful of her wishes. Govindi and Samir have been enjoying kissing and touching one another for about six months.

One night while they are alone at his house, Samir asks Govindi if she would be comfortable performing oral sex on him. She tells Samir that she will have to think about it. While the kissing and touching have excited her, Govindi is not sure about oral sex. The idea doesn’t really turn her on, but she thinks that by giving Samir oral sex, he can have an orgasm and be sexually satisfied, while she can keep her virginity intact. When Govindi tells Samir that she is willing to perform oral sex, he is relieved. He is not feeling ready to have sexual intercourse because he feels his last attempt was a disaster.

Over the last month, Govindi has performed oral sex on Samir three times. One afternoon, while reading a teen magazine she comes across an article that discusses the risks of getting a sexually transmitted infection through oral sex. She had no idea this was possible. Govindi is worried that she could have caught something from her boyfriend. Since she shares her family doctor with her parents and brother, Govindi feels that she cannot talk to her about it. Instead, she calls the clinic on the far side of town and makes an appointment.

Pretend you are a doctor or a clinician at a Sexual Health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.
Scenario # 6: Melissa and Cody

Melissa and Cody are both sixteen years old. They have been dating for over a year now and have been having sexual intercourse for about five months. They use a condom every time. Cody had no sexual experience before he started dating Melissa. Melissa had sexual intercourse with her ex-boyfriend but always used a condom. Until now, the two have been using condoms without any problems. While away on a camping trip, they have sex. When Cody withdraws his penis after intercourse with Melissa and finds that the condom has slipped off. He helps her remove it from inside her vagina. They are both nervous because they know there could be a risk of pregnancy. When they return from their camping trip two days later, they go to a walk-in clinic near the high school to ask for help.

Pretend you are a doctor or a clinician at a Sexual Health clinic. The characters in this scenario have asked for your advice regarding their risks of pregnancy and/or of contracting a sexually transmitted infection. Your job is to answer the characters’ questions on the worksheet provided.
Lesson Six

Title: Sexual Health

Theme: Sexual Health for Young Women and Men

Time: 200 minutes

Materials: * Reproductive anatomy overheads (see lesson one)  
* Testicular Self-Exam Handout  
* Breast Health Handout  
* Pap Test Handout  
* It's The Truth: Females.  
* It’s The Truth: Males.  
* Reproductive Health Issue Cards  
* Presentation Evaluation Form

Objectives:

- To examine aspects of healthy sexuality, sexual wellness and responsible sexual behaviour.
- To explain the ongoing responsibility for being sexually healthy.
- To identify and describe the reproductive health concerns of adolescents and develop their skills to talk about reproductive health issues.
- To expand student knowledge of reproductive health issues.
- To increase adolescents comfort when discussing reproductive/sexual health care.

Curriculum Expectations:

9p8 - Demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality

9p21 - Use appropriate decision making skills to achieve goals related to personal health

9p30 - Demonstrate active listening skills (e.g. identifying non-verbal feelings expressed by others, paraphrasing the message, asking questions for clarification)
Lesson Six

4MAT Quadrant Code(s):

2L/2R: Analytic learning, research, lectures by teacher, note-taking, overheads, presentations

3R: Student-generated questions, evaluation exercises, applying skills and knowledge

Procedure:

Comprehensive sexual health education recognizes the importance that young people receive accurate information about anatomy and reproductive health. This information is the foundation of sexual responsibility and self-care. The following lesson helps students to understand ways of taking care of their bodies sexually, as well as explores reproductive health issues.

Activity One: Group Discussion – 15 minutes

Tell the students that this session will address concerns that many teens have regarding their reproductive organs. You may wish to refer to the previous STIs lessons (4&5).

Discussion – General Sexual Health Concerns

1. Ask the students to give some reasons for going to the doctor. List their reasons on the board.

2. Highlight the reasons that are related to reproductive and sexual health concerns.

3. What are some of the reasons why teenagers do NOT go to the doctor?
   - Feel uncomfortable about discussing their reproductive anatomy
   - Worried that their doctor’s visit will be reported to their parents / guardians
   - Do not have access to OHIP or Health Card
   - Lack of doctors taking new patients
   - Afraid of physical exam
   - Uncomfortable with male / female doctors
Lesson Six

4. Where can teens go for sexual and reproductive health concerns, information and check-ups?

- Family doctor
- Walk-in clinic
- Healthy Sexuality Clinics
- Health Line Peel (905)-799-7700

5. What are some things that would make it easier to go to the doctor or clinic?

**Before the visit**

- Write down questions / concerns in advance
- Ask if a family member or friend can come with you

**During the visit**

- Take notes
- Ask questions using the notes you prepared
- If you don’t understand what the doctor is saying, say so
- Tell your doctor your physical symptoms
- Tell your doctor your thoughts and feelings too
- Repeat what the doctor has said in your own words

**After the visit**

- Review notes
- Get more information if you need it
- Get a second opinion if necessary
- Switch doctors if you and your doctor do not have a good rapport.

Teacher Note: Many teens have not had a doctor’s visit without a parent. Discuss the choices teens have. They may visit their family doctor on their own if they feel comfortable, make an appointment with a different doctor, or visit a medical walk-in clinic.
Lesson Six

Activity Two: John’s Story (a case study page. #155) – 10 minutes

1. Distribute a copy of John’s story to each student.

2. Ask students to read the story individually.

3. Ask for first reactions about the story.
   • What message is John trying to give?
   • How old do you think he is?
   • How does his story make you feel?

4. Explain that John was 15 when he discovered he had testicular cancer. He was still attending high school when he wrote this testimony. The following group discussion in regards to male reproductive health concerns will look at some of the issues John raises as he tries to encourage other teens to think about their health.

Activity Three: Testicular Self Exam – 5-10 minutes

It is important that boys and men learn how to do a testicular self-examination because it is the best way to find any changes, and to seek early treatment.

1. Distribute a copy of Testicular Self Exam (TSE) to each male student.

2. Tell students that the self exam only takes minutes and could save a life. The TSE should be done monthly starting at puberty. The best time for the TSE is after a shower or warm bath when the skin of the scrotum is relaxed. Remind students that knowing what is normal for them may help them recognize any changes early.

3. Read through the hand out together as a class.

4. Ask students if they have any questions. If there are none at that time or students would feel more comfortable writing them down, suggest using the question box.
Lesson Six

Activity Four: Discussion A & B = 30 minutes

Discussion A – Male Reproductive Health Concerns – 15 minutes

During the discussion of male and female reproductive health concerns you may find it useful to refer students to the overheads of male reproductive system and female reproductive system located in lesson one. If students are having difficulty suggesting concerns you may want to lead the discussion by introducing the topics below.

What are some male reproductive health concerns that you have heard about?

Circumcision

- The cutting away of the foreskin, the skin that covers the head of the penis. The surgery is usually performed when a baby is only a few days old and is elective which means the parents have made a choice to have their baby circumcised. The choice is usually based upon religious, cultural or traditional reasons. Uncircumcised males need to make sure to pull back the foreskin to clean the head of the penis.

Anabolic Steroids

- They temporarily add body weight and muscle, but they are dangerous. Use of steroids can cause atrophy (shrinking) of the male sex organs and can cause liver and heart problems.

Testicular Cancer

- Refer back to John’s story and ask students if they know of anyone in the media who has had testicular cancer. Tom Greene, the comic shared his story with the public and Lance Armstrong, the American cyclist, recovered from cancer to go on and win the Tour de France race several times.

Sexually Transmitted Infections

- Most infections can be tested for and treated easily by a doctor. Treatment of an infection early may prevent it from spreading and causing further health concerns.
Lesson Six

Discussion B – Female Reproductive Health Concerns – 15 minutes

What are some female reproductive health concerns that you have heard about?

Breast Cancer

- Breast Cancer can be caught and treated early if a woman performs a monthly breast exam.

Ovarian Cancers

- During a pap test, a doctor will also check the ovaries for any abnormalities.

Cervical Cancer

- The best way to detect abnormal changes in the cervix that may eventually change into cancer is by having a regular pap test.

Vaginal infections such as yeast infections

- These are a common problem for women. Some are caused by sexual activity with an infected partner, but many are not. Many are caused by an overgrowth of the natural bacteria in the vagina due to reasons such as douching, using scented tampons, perfumed soap, and non cotton underwear.

- Some discharge from the vagina is normal but a change in amount; colour or smell could indicate a problem. If this occurs, one should go to the doctor.

- Wearing cotton underwear, changing tampons every 4-6 hours, and avoiding highly perfumed cleaning products helps to reduce the risk of infection.

Sexually Transmitted Infections

- Most infections can be treated easily by a doctor. Treatment of an infection early may prevent it from spreading and causing such problems as pelvic inflammatory disease (P.I.D).

- P.I.D. is an infection that causes damage to the reproductive organs and is one of the most common causes of infertility (the inability to get pregnant) in women.
Lesson Six

Activity Five: Female Reproductive Health Preventative Measures – 15 minutes

Discuss the Breast Exams and Pap Tests with your students. Highlight that these test/exams are performed mostly for one to stay healthy and for early detection should something be amiss. Explain that females must go to a physician for a clinical breast exam and Pap test.

Breast Exam

- Breast cancers is more likely to be treated successfully if detected early. All females should perform a Breast Self Exam (see student handout) once a month, 7-10 days after the start of a menstrual period.

- All breasts have a certain amount of normal “lumpiness”. A woman’s awareness of her body and what feels normal will help her to recognize early changes that can be followed up with a doctor.

- The Breast Health – Student Handout information page should be given out to female students and reviewed as a class.

Pap Test

- A Pap test is a simple, painless test that identifies cell changes on the cervix. If cell changes are left untreated, they can lead to cancer. This is why it is important to have a Pap test done yearly.

- It can be done by your doctor or at a sexual health clinic.

- All women should have a Pap test regularly if they are sexually active or after the age of 18.

- Changes in the cells of the cervix are caused by human papilloma virus (HPV). This virus is spread through sexual contact. That is why any woman who ever has been sexually active should have regular Pap tests.

- A Pap test does not test for infections and is not an STI test. You should talk to your doctor or clinic if you would like to be tested for STIs.

- The Pap Test – Student Handout information page should be given out to female students as a review of this information.
Lesson Six

Activity Six: Reproductive Health Issues Cards – Q&A Match – 20 minutes *

Students will have the opportunity to find answers to common questions about reproductive and sexual health problems. This activity will provide a review of the topic with the opportunity to further discuss any outstanding issues (p.160-161).

Teacher Note: You may find it helpful to distribute and read collectively the student handouts; It’s The Truth: The Facts About Personal Reproductive Health Care For Adolescent Females, and It’s The Truth: The Facts About Personal Reproductive Health Care For Adolescent Males before carrying out this activity with your students.

1. Tell participants that they are going to have a chance to find answers to common questions about reproductive and sexual health problems.

2. Distribute one question or answer card to each participant. (Store question and answer cards in pairs until you know the number needed for your group. Shuffle the order of the question and answer cards before you begin the activity.)

3. Explain that they each have either a question card or an answer card. Their job is to find the person in the room holding the best match to their own card. Demonstrate by doing an example with one participant.

4. Tell participants they will have five minutes to find their match, and they should remain with their match until the activity is completed.

5. After everyone has found a match, ask each pair to read their question and answer to the group, one at a time. If the group believes that match is accurate, the pair sits down and the entire group adds information or asks questions about that issue. If someone questions the accuracy of the match, ask that pair to move to a specified section of the room until all the pairs have reported.

6. When all the pairs have read their cards, have participants with the questionable matches reread their cards, and others suggest the correct match for any that were paired incorrectly.

Conclude with the following questions:

- What did you learn from doing this activity?
- What feelings might people have when doing this activity?
- What other reproductive or sexual health issues would you like to know more about?

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Activity Seven: Reproductive Health Care Project*

Two class time slots or approx. 70 minutes

This activity offers an opportunity for summative assessment. The students will display the knowledge they have acquired thus far in their sexual reproductive health education by creating a final presentation.

1. Ask individuals or small groups to pick a topic related to reproductive health care. Some possible topics include the following:

- Breast self examination
- Testicular self examination
- Pelvic examinations
- Endometriosis
- Pelvic inflammatory disease
- Ovarian Cancer
- Neural tube defects
- Testicular Cancer
- Infertility
- Effects of drugs/alcohol/smoking on reproductive health

2. Once participants have chosen a topic, ask them to prepare a presentation. Information can be presented in a variety of ways, including role-plays, games, videos, etc. Encourage participants to visit services in the community (e.g. sexual health clinics, public health departments, etc.) to gather information and brochures for the group.

3. Hand out a copy of the presentation evaluation form to each group or student.

4. After each presentation, ensure there is enough time for questions and answers as well as discussion.

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Lesson Six

Possible Extensions:

Ask students to compile a list of community resources (sexual health clinics, STI/HIV testing sites, hotline phone numbers, public health departments, etc.) This list will be useful for future reference.

Possible Assessment:

Activity seven offers an opportunity for summative assessment. The students are required to display their knowledge regarding reproductive health education by creating a final presentation (see evaluation rubric for grading criteria).

Resources:

John’s story taken from a personal testimony of an Alberta Teenager. (2002)


Teachingsexualhealth.ca – Calgary Health Region of Peel
Case Study

John’s story – Student Handout

John’s Story*

This is a true story, of an adolescent written in his own words.

“Cancer”. The word itself means something evil or malignant that spreads destructively.

I was diagnosed with testicular cancer. I went to a walk-in clinic because I thought I had pulled my groin. Eight hours later I was in the hospital room, recovering from my operation of removing the giant tumour. They told me that they had gotten in just in time, and that I wouldn’t have to go through chemotherapy. It was great news. Until one month later when I was diagnosed with lung cancer. The x-ray showed that my lungs were covered with dozens of tumours and it was one of the most frightening things I’ve ever seen. I started that night on chemotherapy.

Later they wanted me to take a CT scan of my upper body to see exactly where the cancer had spread. I was told the cancer had spread to my brain. I felt so alone and accepted the fact I was going to die. I had to begin radiation therapy, 15 minutes of radiation every day, bolted to a table with my head in a mask. Because of the radiation my hair is irreversibly changed now. I see it and am reminded of it every day I look in the mirror. This has been one of the hardest things to accept throughout my experiences.

The happiness I felt when a few months later I was told that the tumours on my brain and in my lungs were shrinking was the most incredible feeling I’ve ever felt. I was actually getting better! This was indeed a more positive feeling than accepting death a little over a month before. A few more needle pokes and feeling like crap and I’d be done.

It’s been almost three years since I’ve been free of cancer, and I still have to go for the next two years for checkups, and I will voluntarily go once a year after that too. People still tell me they cannot believe how well I handled the whole ordeal. You gotta have faith is all I can say. People should be aware of things they can do to prevent cancer. One thing is to just live a healthy lifestyle, filled with regular exercise and balanced eating. You must be aware of some certain signs of cancer as well. Women should regularly check their breasts for unusual lumps that seem out of the ordinary, and men should check their testicles for lumps or anything that seems out of the ordinary. Never be afraid to ask a doctor for advice. Cancer is usually quite treatable if discovered in its early stages and you want it treated immediately; otherwise you’ll be facing a long and frightening road to health.

I’m a very different person now. I’ve never felt better, or so alive. Please everyone take a moment to enjoy all the good things in your life. Today is a great day to be alive.

*Reproduced with permission from teachingsexualhealth.ca – Calgary Health Region
Lesson Six

Testicular Self Exam
Student Handout

How to do a Testicular Self-Exam

1. Check for a noticeable change in the size and weight of your testicles. It is normal for one testicle to be larger and hang lower than the other.
2. Feel the soft tube at the back and top of each testicle. This is the epididymis, which stores sperm. It may feel tender.
3. Next, feel the firm, smooth tube of the vas deferens (the spermatic cord), which runs up from the epididymis.
4. Using the fingers and thumbs of both hands, roll each testicle back and forth to gently feel the surface of each testicle. The testicles should be smooth with no lumps or swellings.

Testicular Self-Exam
What to check

- Cancer rarely affects both testicles at the same time. If you're not sure if one testicle feels normal, compare it with the other.
Lesson Six

Testicular Self Exam
Student Handout

<table>
<thead>
<tr>
<th>What to do if you notice a change</th>
<th>• See your doctor if you notice lump, swelling, or hardening (usually on the front or side of the testicle) or dull ache or pain. Don't wait to see if the symptoms will go away. Your doctor will tell you if require any further tests.</th>
</tr>
</thead>
</table>
| Facts about testicular cancer | • Testicular cancer is rare but the rate has doubled in the last 20 years. It can affect males of any age. It occurs most often in men 20-34 years.  
  • Risk is higher in men who have a father or brother who have testicular cancer.  
  • It is more common in men whose testicles did not descend into the scrotum, or descended after age 6.  
  • It is one of the most curable cancers.  
  • As with most cancers, early detection is key to successful treatment. |
| Prevention | • As with most cancers, specific causes are not yet known. Young boys should be checked for undescended testicles to decrease risk of testicular cancer. Risk for cancer in general is known to decrease with healthy choices: eating well, tobacco reduction, coping with stress, keeping active. |
| If you want to know more | • Cancer Information Service - 1 888 939 3333  
  • www.ontario.cancer.ca  
  • www.cancercare.on.ca  
  • http://www.peelregion.ca/health/lifestyl/htmfiles/testic.htm |
Lesson Six

Breast Health – Student Handout

Your Personal BREAST HEALTH Program to Detect Changes Early

Breast Self-Exam (B.S.E.)

- Regular self-exam helps you know what is usual for you.
- Examine your own breasts once a month at the end of your menstrual period when your breasts are less likely to feel swollen and tender.
- If you do not have periods, check your breasts on the same day of every month such as the 1st.
- Mark the date of your next check on your calendar to make B.S.E. a regular part of your self-care routine.
- Start with a visual check in the mirror, with your arms raised and hands behind your head.
- With your hand flat and fingers together, use the pads (bottom surfaces) of your fingers to feel your breast and underarm area; (right hand examines left breast etc.). Use a pattern such as small overlapping circles and firm pressure to cover every area of your breast and under arm area.
- Then, while standing (for example, in the shower), and again, while lying down on a firm surface, raise one arm behind your head and examine each breast using the same thorough pattern. A lump may be felt in one position but not the other.

You are checking for…

- Change in the size or shape of the breast – dimples, creases or skin folds that are new.
- Change in the colour or feel of the skin of the breast areas that look red or feel like the skin of an orange.
- Changes to the areola or nipple – nipple is inverted, puckered, or scaly; rash itching or discharge from the nipple.
- A lump that feels like a pea, or an area that feels thinner or harder than the rest of your breast tissue.
- See your doctor about any unusual changes in your breasts, if you notice them during breast self-exam or at another time.

For more information:
Call your local unit of the Canadian Cancer Society or the Cancer Information Service at 1-888-939-3333
Lesson Six

Pap Test Information Sheet

What is a Pap Test?
A Pap test is an important screening test which shows changes in the cells of the cervix which could lead to cancer. The cervix is the opening to the uterus.

When a Pap test is done, some cells from the cervix are taken for examination. This is done during a routine pelvic exam.

What is a "Pelvic Exam"?
A pelvic exam is actually quite simple and brief, it involves...

- Undressing from the waist down
- Lying on an examining table in the doctors' office your feet or knees supported in "stirrups" located at the bottom end of the table.
- Your knees spread open so the genital area is easier to see

EXTERNAL EXAM
The vulva (external genitals) are inspected for redness, rashes or sores.

SPECULUM EXAM
A metal/plastic instrument (warmed up beforehand) is gently inserted into the vagina to spread its flexible walls so the cervix (the opening to the uterus) and the inside of the vagina can be viewed.

PAP TEST
Cells are gently taken from the surface of the cervix and "smeared" onto a glass slide that is then sent to a laboratory to be examined under a microscope for any precancerous changes.

BIANUAL EXAM
Wearing sterile rubber gloves and using a lubricating gel, the doctor puts two fingers inside the vagina to reach the cervix. The other hand gently presses on top of the abdomen. This checks the uterus, ovaries, and fallopian tubes for any lumps, pain or irregularities.

When and why you should get a pap test:
- At age 17 or 18 if not sexually active
- Once you are sexually active (at any age)
- If you are taking the birth control pill
- If you've noticed any unusual vaginal discharge, itching, odour, burning
- If you've experience painful intercourse
- If you've had unusual/heavy bleeding
- If you've been having any unusual pelvic pain/low back pain
- If you smoke
- A pap test is usually done every 12 to 18 months.
<table>
<thead>
<tr>
<th>Questions</th>
<th>11. If a man ejaculated near the vagina but not inside, is there a risk of pregnancy and/or STI transmission?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are some reasons a woman might get a pelvic exam?</td>
<td></td>
</tr>
<tr>
<td>2. How often should a man examine his testicles?</td>
<td>12. What factors increase a female’s risk of getting cervical cancer?</td>
</tr>
<tr>
<td>3. How often should a woman examine her breasts?</td>
<td>13. What health benefits, besides pregnancy prevention, can condoms provide?</td>
</tr>
<tr>
<td>4. What is the name of the special instrument health care providers use for a female pelvic exam?</td>
<td>14. Why is prenatal care important?</td>
</tr>
<tr>
<td>5. What percent of infected males know they have gonorrhea because of the symptoms?</td>
<td>15. What behaviours put a pregnant female and/or her fetus at risk?</td>
</tr>
<tr>
<td>6. What percent of infected females know they have chlamydia because they have symptoms?</td>
<td>16. What choices does a person have for dealing with an unintended pregnancy?</td>
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<td>7. What are some signs or symptoms people might have if they have a sexually transmitted infection?</td>
<td>17. When might a health care provider be forced to contact a minor’s parent or guardian or break confidentiality?</td>
</tr>
<tr>
<td>8. What are some early signs of pregnancy?</td>
<td>18. Who should take responsibility for talking about safer sex?</td>
</tr>
<tr>
<td>9. Who must give permission for someone under the age of 18 to have a sexual health exam or a test for a sexually transmitted infection?</td>
<td>19. What does it mean when medical information is “confidential”?</td>
</tr>
<tr>
<td>10. What are some ways that a health professional checks to find if a person has a sexually transmitted infection?</td>
<td>20. What are some reasons why some teens don’t go to a health care provider?</td>
</tr>
</tbody>
</table>

Lesson Six

Reproductive Health Question and Answer Cards*

<table>
<thead>
<tr>
<th>Answers</th>
</tr>
</thead>
</table>
| - She has a change in usual vaginal discharge  
- She’s 18 years or older  
- She’s sexually active  
- It’s been a year since she had one | Yes there is a risk for both.  
- For pregnancy, sperm can travel via body secretions, as can some infections. Also here are some infections that can be transmitted through close sexual contact (e.g. warts, herpes). |
| Once a month | - Smoking  
- Beginning intercourse before age 18  
- Infections with HPV (Human Papilloma Virus)  
- Infection with HIV |
| Once a month | - Reduced risk of acquiring a Sexually Transmitted Infection. |
| A speculum | - To protect the mother’s health and the health of the baby. |
| About 50% | - Smoking  
- Drinking  
- Using drugs  
- Poor diet  
- Not seeking early prenatal care |
| About 30% | - Adoption  
- Abortion  
- Single parenthood  
- Married or common-law parenthood |
| - Discharge from penis / vagina  
- Painful sore  
- Pain or burning with urination | Only in the event of a medical emergency when the patient needs additional specialized care. |
| - Missing a menstrual period (or period much lighter than usual)  
- Sore breasts  
- Nausea or upset stomach | Both of you! |
| The patient/client themselves can give their own consent. | - No one else will see the information without the person’s consent, unless required by law. |
| - Visual exam of genital area  
- Swab/culture lab test  
- Exam of cells under microscope  
- Blood Test  
- Urine Test | - Embarrassed  
- Partner doesn’t want them to go.  
- Afraid family will find out |

Reproductive Health Issues

Question/Answer Match

Answer Key

1. What are some reasons a woman might get a pelvic exam?
   - She has a change in usual vaginal discharge
   - She’s 18 years of age or older
   - She’s sexually active
   - It’s been a year since she’s had one

2. How often should a man examine his testicles?
   - Once a month

3. How often should a woman examine her breasts?
   - Once a month

4. What is the name of the special instrument health care providers’ use for female pelvic exam?
   - A speculum

5. What percent of infected males know they have gonorrhea because they have symptoms?
   - About 50 %

6. What percent of infected females know they have chlamydia because they have symptoms?
   - About 30 %

7. What are some signs or symptoms people might have if they have a sexually transmitted infection?
   - Discharge from penis/vagina
   - Painful sore
   - Pain or burning with urination
Lesson Six

8. What are some early signs of pregnancy?

- Missing a menstrual period (or period much lighter than usual)
- Sore breasts
- Nausea or upset stomach

9. Who has to give permission for someone under the age of 18 to have a sexual health exam or a test for a sexually transmitted infection?

- The patient/client themselves can give their own consent.

10. What are some ways that a health professional checks to find if a person has a sexually transmitted infection?

- Visual exam of genital area
- Swab/culture lab test
- Exam of cells under microscope
- Blood & Urine test

11. If a man ejaculated near the vagina but not inside is there a risk of pregnancy and/or STI transmission?

- YES – there is a risk for both
- Sperm can travel via body secretions, as can some infections. Also here are some infections that can be transmitted through close sexual contact without the transmission of any body fluids (e.g. warts, herpes).

12. What factors increase a female’s risk of getting cervical cancer?

- Smoking
- Beginning intercourse before age 18
- Infection with HPV (Human Papilloma Virus)
- Infection with HIV

13. What health benefits besides pregnancy prevention can condoms provide?

- Reduced risk of acquiring a sexually transmitted infection

14. Why is prenatal care important?

- To increase the chance of having a healthy baby
- To protect the mother’s health
Lesson Six

15. What behaviours put a pregnant female and/or her fetus at risk?
   - Smoking
   - Drinking alcohol
   - Using drugs
   - Poor diet
   - Not seeking early prenatal care

16. What choices does a person have for dealing with an unintended pregnancy?
   - Adoption
   - Abortion
   - Married or common-law parenthood
   - Single parenthood

17. When might a health care provider be forced to contact a minor’s parent or guardian?
   - Only in the event of a medical emergency when the patient needs additional specialized care or if the minor is at risk of being harmed or harming others.

18. Who should take responsibility for talking about Safer Sex?
   - Both of you!

19. What does it mean when medical information is “confidential”?
   - No one else will see the information without the person’s consent, unless required by law.

20. What are some reasons why some teens don’t go to a health care provider?
   - Embarrassed
   - Partner doesn’t want them to go
   - Afraid family will find out

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NORMAL - It is common for adolescent FEMALES to:

- Be at a different stage of physical development from peers of the same age
- Have one breast of slightly different size and shape from the other
- Have breast swelling and tenderness just before their periods
- Have cramps before and/or during their periods
- Have nipples that turn in instead of sticking out or hair around the nipples
- Have some natural, healthy genital odour
- Have genital hair of a different colour from hair on other parts of their bodies
- Have a “regular” menstrual cycle length between 21 and 40 days
- Have irregular periods
- Have wetness in the vaginal area when sexually aroused
- Masturbate occasionally, frequently, or not at all (with no resulting physical harm)
- Have varying amounts of clear to cloudy discharge from the vagina, as part of their monthly cycle or with antibiotics, birth control pills, or pregnancy
- Have their hymens stretched during routine physical activities like gymnastics (therefore not related to virginity)
- Have labia, breast, nipples of various sizes, shapes, skin tones.
Lesson Six

**CONCERN** - *It is uncommon but possible* for adolescent FEMALES to get:

- Cysts in the breast
- Breast Cancer
- Cervical or uterine Cancer
- Ovarian cysts (sac or cavity of abnormal character containing fluid which may occur in the ovaries)
- Uterine fibroids (non-cancerous tumour of muscular and fibrous tissues which may develop in the wall of the uterus).

**PROBLEM** - *Signs of possible problems* for adolescent FEMALES include the following:

1. Pain
   - General pelvic pain
   - Pain, burning and/or itching while urinating
   - Pain during intercourse

2. Change in menstrual cycle:
   - Suddenly irregular periods
   - Unusually late period
   - Unusual cramps
   - Cramps with no period

3. Change in body:
   - More frequent urination
   - Lump, growth or a sore on genitals
   - Unusually heavy or smelly vaginal discharge
Lesson Six

- Changes in appearance of nipples
- A lump in the breast that wasn't there before
- Discharge from nipple or discharge with blood or pus in it

*Prevent problems by:*

- Getting a yearly Pap test if you are sexually active or age 18 year of age or older and haven’t had one before
- Doing a self breast exam at the same time each month
- Tracking your menstrual cycles
- Keeping the outside of the vagina clean and dry
- Avoiding perfumed or scented soaps, douches, tampons, sanitary napkins, sprays, or bath bubbles and oils
- Wearing cotton underpants and pantyhose with a cotton-lined crotch
- Not wearing clothes or pyjamas that are too tight in the crotch and thighs
- Sleeping without underwear
- If having intercourse, using condoms to prevent STIs, and use contraception to avoid unintended pregnancy.
- Getting tested for STIs if you’ve had intercourse without a condom

If you think you have a problem, get help right away. Health problems rarely go away by themselves and can often be treated quite easily.

- Visit a Doctor/Nurse.
- Make an appointment with your family doctor.
- Visit a walk-in clinic.
- Visit a Peel Health, Healthy Sexuality Clinic.

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Helping Teens To Make Healthy Decisions About Sex And Relationships: A Resource For Educators Peel Health Department: Healthy Sexuality Program – Contact Health Line Peel @ 905-799-7700
It’s The Truth: The Facts About Personal Reproductive Health Care For Adolescent Males

NORMAL - It is common for adolescent MALES to:

- Be at a different stage of physical development from peers of the same age
- Have one testicle larger and lower-hanging than the other
- Have their testicles hang closer to, or further from, the body, depending upon temperature changes, stress, or sexual arousal
- Be “normal” with either a circumcised or uncircumcised penis
- Have whitish, cheesy substance (smegma) under the foreskin, if uncircumcised.
- Have a pimple or hair on the penis
- Have genital hair of different colour from hair on other parts of their bodies
- Have some natural, healthy genital odour
- Have frequent erections, sometimes due to sexual arousal, stress or general excitement, and sometimes for no apparent reason
- Wake up in the morning with an erection
- Sometimes lose an erection during intercourse
- Masturbate occasionally, frequently, or not at all (with no resulting physical harm)
- Have erections without ejaculating
- Have wet dreams (nocturnal emissions)
- Have flaccid (limp) penis length of under 5”
- Believe, incorrectly, that penis size is crucial to proper sexual functioning
- Have an ache in the testicles (“blue balls”) after prolonged sexual arousal (which will go away by itself or can be relieved through masturbation)
- Have breast swelling during puberty which disappears after puberty ends
- Have some breast tenderness or sore spot under one or both nipples.
Lesson Six

CONCERN - It is uncommon but possible for adolescent MALES to:

- Get breast cancer
- Get testicular cancer
- Have hernias – *{A hernia (pronounced: hur-nee-uh) is an opening or weakness in the wall of a muscle, tissue, or membrane that normally holds an organ in place.}* 
- Have foreskin stick to the penis (uncircumcised male)

PROBLEM - Signs of possible problems for adolescent MALES include:

1. Pain:
   - Pain, burning and/or itching while urinating
   - Sharp pain in testicles that lasts more than a few minutes
   - Moderate pain in testicle or groin that lasts more than a day or two
   - Persistent itching around testicles, inside thighs, or in anal area

2. Change in body:
   - More frequent urinating
   - Coloured or smelly discharge from end of penis
   - Discharge from the nipple
   - Lump, growth, or sore in testicles or other part of genitals
Lesson Six

Prevent problems by:

- Having regular check-ups
- Doing a monthly testicle exam
- Examining genitals for sores, unusual lumps
- Keeping genitals clean and dry
- Not wearing tight jeans or pants
- If having intercourse, using condoms to prevent STIs and unintended pregnancy
- Getting tested for STIs if you’ve had intercourse without a condom
- Uncircumcised males need to make sure to pull back the foreskin to clean the head of the penis

If you think you have a problem get help right away. Health problems rarely go away by themselves and can often be treated quite easily.

- Visit a Doctor/Nurse.
- Make an appointment with your family doctor.
- Visit a walk-in clinic.
- Visit a Peel Health, Healthy Sexuality Clinic.

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# Reproductive Health Care Project - Evaluation Form

**Individual or Group Members:** _____________________________________________

**Topic Title:** _____________________________ **Date of Presentation:** __________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
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<tbody>
<tr>
<td><strong>Topic Announced</strong></td>
<td>Audience has no idea what the presentation is about.</td>
<td>Student briefly mentions topic.</td>
<td>Student clearly introduces the topic that will be presented.</td>
<td>Student explains with details what the presentation will be covering</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>Audience cannot understand presentation because there is no sequence of information.</td>
<td>Audience has difficulty following presentation.</td>
<td>Student presents information in logical sequence which audience can follow.</td>
<td>Student presents information in logical, interesting sequence which audience can follow.</td>
</tr>
<tr>
<td><strong>Subject Knowledge</strong></td>
<td>Student does not have a solid understanding of the information; student cannot answer questions about subject.</td>
<td>Student is uncomfortable with information and is able to answer only simple questions.</td>
<td>Student is at ease with expected answers to all questions, but fails to elaborate.</td>
<td>Student demonstrates full knowledge (more than required) by answering all class questions with explanations.</td>
</tr>
<tr>
<td><strong>resources</strong></td>
<td>No resources listed.</td>
<td>One or two text resources listed.</td>
<td>Numerous text and internet resources listed (e.g. CD-ROM encyclopaedia, website).</td>
<td>Used a variety of resources, Health Hotlines, Health Clinics, Public Health Dept., text, internet</td>
</tr>
</tbody>
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**Comments:**

Total: _________/ 16 = ________%
Lesson Seven

Title: Healthy Communication

Theme: Discussing sex and sexual activity with parents and partners.

Time: 95 minutes

Materials: * Copies of the article “Talking the Talk”
* Four slips of paper with scenarios
* Copies of Hothouse “The Talk” and “Got Condoms?”
* Pre/Post Sex and Communication test
* Sex and Communication test answer key

Objectives:
- To discuss ways of communicating about sex (with partners, and parents).
- To demonstrate assertive communication skills
- Discuss sexual decision-making
- To identify ways of expressing feelings directly
- To have students explore ways to deal with difficult situations

Curriculum Expectations:

9p1 - Identify the factors that contribute to positive relationships with others
9p6 - Describe the factors that lead to responsible sexual relationships
9p21 - Use appropriate decision-making skills to achieve goals related to personal health
9p34 - Contribute to the success of the group verbally and non-verbally

4MAT Quadrant Code(s):

1R: Skits, large group activities (discussions), questionnaires, and student-generated questions/scenarios
4L: Preparation for group or individual oral presentation, problem-solving, situational decision-making

Lesson Seven

Background Information

It is important to help teens develop skills that will encourage them to talk openly with their parents and partners about sex. Studies show that kids who feel they can talk with their parents about sex (because their parents speak openly and listen carefully to them) are less likely to engage in high-risk behaviour as teens than adolescents who do not feel they can talk with their parents about the subject. According to the National Campaign to Prevent Teen Pregnancy, “Teens who feel closely connect to their parents are more likely to abstain from sex, wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently.”

It is also essential that adolescents talk with their partners about safer sex and protection options. Research is showing that, “While the majority of adolescents and young adults report having discussions with their partners about birth control and their comfort level with specific types of sexual activity, fewer have engaged in dialogue about sexually transmitted infections.” (Kaiser, 2003). Therefore, the following activities are designed to help adolescents develop ways of communicating with their parents and partners about sex.
Lesson Seven

Activity One: Conversation Role-Play – 35 minutes

1. Separate teens into groups of 3 or 4, you may have two groups with the same scenario depending on your class size. Give each group a slip of paper with one of the following scenarios: (See “Talking the Talk” Scenarios)

   • Your parents walked in on you participating in a sexual activity. Later, you’re sitting in the living room with your parent(s), and you want to talk about what just happened.

   • You want to tell your parent(s) that you (or your girlfriend) are pregnant.

   • You want to tell your parent(s) that you are thinking about having sex for the first time.

   • You’re watching TV with your Parent(s), and one of the characters on the show has just tested positive for HIV. You decide that this is a good spark to start a conversation with your parent(s) about safer sex.

2. Ask each group to plan a role-play skit according to the scenario each was given. (Not all group members need to be the actors, but all members should help plan the skit.) Allow 10 to 15 minutes preparation time.

3. Bring groups back together, and have each group present its skit.

4. Allow participants to comment on the outcome of each performance or project by asking:

   • Was the scenario or dialogue realistic?

   • How could the outcome or scenario have been different?

   • If you could change any part of this depiction, what would you change, and why?

5. After every group has presented, ask teens what other scenarios they can think of where a parent and teen are discussing sex, and how the situation might unfold in those cases.

Lesson Seven

Activity Two: Talking “The Talk” – Discussion – 15 minutes

Distribute copies of Talking “The Talk” and have your students read the article aloud. Once the article has been read lead a discussion using the following questions and responses to guide you.

1. What are the benefits of discussing sex with your parents? What are the potential drawbacks of discussing sex with your parents? (You may want to list these on the board. For every potential drawback, you may want to prompt the group to come up with a potential benefit.)

   - When it comes to sex, your parents can answer questions and dispense great advice. Plus, sharing what you both know about sexuality can help strengthen trust and bring you closer together.

2. When is a good time to approach your parents to discuss sex?

   - It’s a good idea to talk about sex when you know your parents won’t be distracted. Bring up the subject in a way that demonstrates you’re responsible and you value what your parents have to say. If you feel a little nervous, it’s OK to say so – you and your parents could be in the same boat.

3. What are some ways you can break the ice? What are some ways you can bring up the topic?

   - Talk about something you heard
   - While watching, T.V. or a movie (perhaps after the program)
   - Tell them about things that are happening in your life
   - Share your feelings with your parents whenever you can
   - Ask your parents questions about their opinions and values


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4. How can you keep the conversation going once you get it started?
   - Let your parents know you’re listening to them by acknowledging what they’re saying. Try repeating back a little bit of what you just heard before you say something new.

5. What are some questions you can ask your parents about sex?
   - Answers may vary, encourage students to suggest a variety of questions.

7. What should you do if your parents discuss certain values that you don’t agree with?
   - Sometimes your parents might say things you don’t agree with. Even though you may not have the same values as your parents, it’s important to let them say their piece. Keep in mind that sometimes people just have to agree to disagree. If you keep the conversation mature and caring, it could be a good thing even if you’re not on the exact same wavelength.

8. Where could you turn if you felt that you can’t discuss sex with your parents?
   - In some cultures talking about sex is not appropriate. If you know your parents are not going to be receptive when it comes to talking about sex, it might be better to look for advice and information from another adult you can trust. Try talking to your aunt, grandfather, another relative, one of your friends’ parents, or a teacher or counsellor at school.
Lesson Seven

**Activity Three: Sex and Discussion Pre/Post Test – 10 minutes**

When conducting the pre- and post-test make two copies of this evaluation for each participant: one to be used before the activity as the pre-test, the second to be used after the participants have completed the activity as a post-test. For the pre-test, ask participants to write their initials and add “1” to identify the pre-test. When administering the post-test, ask participants to write their initials and add “2” to identify the post-tests. Using the answer key provided, determine if individual responses improved in the post-tests that were incorrect in the pre-test indicate that a change in knowledge or attitude has occurred and that the activity achieved its intended objective.

**Activity Four: Hothouse “Communication” – 25 minutes**

1. As the facilitator give a brief background of the Teenwire (www.teenwire.com) website and the Hothouse link. www.teenwire.com is an interactive website for teens regarding sexuality issues. Hothouse is a link on the Teenwire site that works like a message board where teens can share advice with each other. Explain that student will discuss two actual questions that teens submitted to the site. For each question, the groups will discuss the advice submitted by teens to teenwire.com.

2. Separate the teens into three-to-four groups of five to eight people each, and give each teen a copy of the “Communication” with responses.

3. The groups discuss each teen response, one at a time. (Do they agree/disagree with the advice? Why/why not? What is missing from some of the advice?). See the Potential Discussion Questions below, to help lead the group.

4. After all responses have been discussed, ask the group to decide whose advice was the best and why.

5. Ask the group to come up with their own advice, and write down their responses on a sheet of paper, and then share with the class.
Lesson Seven

Potential Discussion Questions:

- Why did you believe that ________ was the best advice?

- Are you more concerned with pregnancy or sexually transmitted infections as a risk of unprotected sex? Which of the two are you more likely to discuss with your partner? Why?

- Who do you think is more likely to initiate discussion about birth control, infections, and sexual history – girls or guys? Why?

- Do you think most teens are open with their partners about when they feel that sexual activity is moving faster than they want it to? Why might they feel uncomfortable being open about this?

- Does asking someone about his or her sexual past mean you’re suspicious or don’t trust the person? What about asking someone to use a condom?

- Would you ever have sex with someone who wasn’t willing to use a condom? Why or why not?

- Do you think it is it ever “okay” to have unprotected sex in a relationship? Why/why not?

- What do “communication” and “honesty” mean to you in a relationship? Why are these essential to any healthy relationship?

Activity Five: Post Test – 10 minutes

Conclude by distributing the post-test to each student. Collect the completed quizzes and evaluate. Hand back both the pre/post quiz together. Once the quizzes have been returned to the students, verbally take up the answers and have a brief discussion if time permits. Were students surprised at how they answered the questions the first time? Why or why not?
Lesson Seven

Possible Extensions:

After the “Talking the Talk” lesson students could role-play the different scenarios they have suggested for parent and teen discussions about sex. Consider having peer evaluations for their performances, offering alternative suggestions.

Once you and your students have gone through the “Communication” Teenwire advice and discussion, you could repeat the same process using the “Got Condoms?” Teenwire message.

Possible Assessment:

This lesson lends itself to a variety of forms of assessment. The pre/post tests data collection can be used to measure student knowledge. Also students are required to complete a role-play activity, teachers could evaluate group work, and communication skills. Students could evaluate themselves and/or their peers based on the final role play presentation. Lastly, the teacher could evaluate participation in class discussion.

Resource:


Platner, Jon (2004) Sex and Communication and “Talking the Talk”. New York: Planned Parenthood Federation of America. For more information , please contact: (212) 261-4661

### Parent SCENARIOS

<table>
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Lesson Seven

Talking “The Talk”

"Where did I come from?" You were probably asking that question before you were knee-high. But whether your parents gave you the straight facts or tried to sell you some crazy story, they probably had your best interests at heart.

Now that you're a little older and wiser — and you've figured out that sex doesn't have much to do with birds or bees — it's a good time to be chatting even more with your folks about the subject. Your parents can answer questions and dispense great advice. Plus, sharing what you both know about sexuality can help strengthen trust and get your parents involved in your life. But sometimes even the best conversation can hit some snags. Check out these tips whenever you're ready to start talking "the talk."

Getting Started

Let's begin with the hardest part: getting the conversation started. It's a good idea to talk about sex when you know your parents won't be distracted. If they're super-busy people, make an appointment with them for a night when you can "just hang out." Think about which parent you'd feel most comfortable talking to, and ask your mom, dad or both for some time to talk.

When you're ready, relax, take a deep breath, and start talking. Bring up the subject in a way that demonstrates you're responsible and you value what your parents have to say. If you feel a little nervous, it's OK to say so — you and your parents could be in the same boat. Here's an example: "This feels weird for me to talk about, and it may be for you, too, but I want to ask you about [whatever]."

Melanie, a 16-year-old, said she asks her mom questions about sex when they watch TV together. "My mom and I watch all the same shows. We talk about the characters, what happens to them, and what's going on in their sex lives," she said.

Keep it Going

Now that the conversation's rolling, keep "the talk" on track not only by telling your parents, "Here's what I want to know about sex," but by asking, "What do you think I should know?" Let your parents know you're listening to them by acknowledging what they're saying — try repeating back a little bit of what you just heard before you say something new. For example: "You're saying that age differences don't matter as much when you get older? Well, one of my friends is dating a guy in college. … "

Sometimes your parents might say things you don't agree with. Even though you may not have the same values as your parents, it's important to let them say their piece. If your mom and dad are much more conservative or liberal than you are, talking about hot issues could stir up a lively debate. But keep in mind that sometimes people just have to agree to disagree. If you keep the conversation mature and caring, it could be a good thing even if you're not on the exact same wavelength.

If "The Talk" Doesn't Work …

Not all parents are in the know when it comes to talking about sex. For example, Andrea, a 17-year-old from, said her mom won't have "the talk" at all. "She said I couldn't have sex until I was 18! There's not much to talk about, sex-wise, when you're told you can't have it," she said. If you know your parents are not going to be receptive when it comes to talking about sex, it might be better to look for advice and information from another adult you can trust. Try talking to your aunt, grandfather, another relative, one of your friends' parents, or your counsellor at school. Good luck!

**Lesson Seven**

**Sex and Discussion**

For each of the following statements, please place an “x” in the True or False box:

<table>
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<td></td>
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<tr>
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<td>3. You don't have to worry about sexually transmitted infections once a relationship becomes “serious”.</td>
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<td>5. If someone asks you to use a condom, it probably means that they don't trust you.</td>
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## Lesson Seven

### Sex and Discussion

**Answer Key**

**Pre- and Post – Test**

For each of the following statements, please place an “x” in the True or False box:

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Lesson Seven

Hothouse “Communication”

The following is an excerpt from an online message board where teens can share advice with each other.

I recently started to date somebody. I’m afraid to ask him about sex. I have done it before, I know he has too. I’m afraid to ask about his past relationships and ask about us being tested before we go any further. How should I bring about the topic to him?

Responses:

1. I think you should maybe rent a movie that has something to do with sex and problems that might come along with it and just start up the conversation from there. If he is a real good boyfriend he should do it just to make you happy!

   Signed – Booemie

2. Ok! In my opinion, you can just try your best to get on the subject. Then try to exchange information like tell him how many partners you’ve had, and ask him how many he’s had. Keep on going with the subject, and once he tells you, tell him how you’d rather be safe, rather than sorry. See what his opinion are about getting tested, and if he says he doesn’t like it, tell him you’re getting tested and how you’d like him to do the same, before you go any farther. It sounds really hard, but in the long run, it pays off. Good Luck.

   Signed – Babych04

3. Honestly, there is no right or wrong way to bring it up. All that matters is that you do bring it up, for your safety and his! Hope this helps.

   Signed – Kay3011

4. I think you should just approach him with it and tell him that you think you should both get tested because you both have done it before and just want to feel safe. Best advice I can give you.

   Signed – Koolaie16


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Lesson Seven

Hothouse “Got Condoms”

Student Handout

The following is an excerpt from an online message board where teens can share advice with each other.

My boyfriend and I are going to have sex and I know we have to use condoms but how do I bring up the topic with him? I don’t want him to think I don’t trust him or anything...

Responses:

1. I think that you should just be honest with yourself about the affects of him not wearing a condom. I say just bring up the subject because it’s important in the long run that both of you be safe, wearing a condom is not about trust it’s about being safe and comfortable with yourself at the end of the night. If he doesn’t like the feel of condoms on his genitals then you have another option, women condoms.

Signed – Porschca2G5

2. If you two are supposed to be in a serious relationship, using condoms shouldn’t be an issue at all. He should want to use protection just to be on the safe side. If he gets mad because you want to use condoms then he is not ready to take that next step in your relationship. You should not feel as though you have to compromise with him on the subject either. Tell him “no glove no love” plain and simple. Either he wants it to happen or he doesn’t.

Signed – Lil_lib

3. First of all, if you and your boyfriend are serious enough to have sex then the two of you are serious enough to talk about being safe. Secondly, asking him to use a condom doesn’t mean you don’t trust him, it only means you care. If he cares about you he will totally agree. Besides both of you should agree you don’t want a kid to come and put an end to free time you could be spending with each other.

Signed – Dreamer6
Lesson Eight

Title: Wrapping up the Sexual Health Unit

Theme: The Sexual Q & A Game

Time: 60 minutes

Materials:
* Sexuality Review-Quiz
* Sexuality Review-Answer Sheet
* Sexual Q & A -Laminated Game Cards
* Sexual Q & A -Answer Sheet
* Magnets or masking tape

Objectives

• To review the reproductive anatomy, contraceptive options, STI information and sexual health concerns.
• To assess student learning of the changes associated with sexuality and sexual decision making
• To stimulate discussion among students
• To allow students to work in teams towards a common goal
• To have fun with students as the sexual health unit draws to a close
• To address any outstanding questions students have about sexuality

Curriculum Expectations

9p1 – Identify the factors that contribute to positive relationships with others

9p6 – Describe the factors that lead to responsible sexual relationships

9p7 – Describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted infections (e.g. abstinence, condoms, oral contraceptives)

9p10 – Identify community support services related to sexual health concerns

9p23 – Use appropriate social skills when working collaboratively with others
Lesson Eight

4MAT Quadrants

4R: Dynamic Learning, Creating Original Adaptations / Experiences, Taking Risks
1R: Making Connections and Integrating Experiences

Background Information

As you reach the end of this unit on adolescent sexual development, you can take a fun approach to assessing what your students have learned. The Sexual Q & A game allows students to work together, in teams, towards a common goal. This lesson is designed to review the reproductive anatomy, contraceptive options, STI information and sexual health concerns. This lesson will also address any outstanding questions your students have about sexual health.

Activity One: Completion of the Sexual Health Review In Groups - 15 minutes

Explain to your students that they will be playing Sexual Q & A in today’s class. Divide the class into three groups. Ask them to name their new “team”. Tell the class that they will be completing a review in order to prepare them for playing the game. Distribute copies of the Sexual Health Review-Quiz to the groups. You might want to provide enough copies for every student or simply a few per group. Ask the students to work as a group to complete the thirty questions as quickly as they can.
Lesson Eight

**Activity Two: Using The Answer Sheet To Take Up The Sexual Health Review**

*5 minutes*

Once all the groups have completed the questions, give them the Sexual Health Review-Answer Sheet so they may check over their responses. Ask each group to select a team captain for the Sexual Q & A game. This person will be presenting the group’s answer to the class. Arrange the students in their groups ensuring the captains are nearest to the front.

**Activity Three: Sexual Q & A Game - 30 minutes**

Here are the instructions to set up the Sexual Q & A Game. On the top of your chalkboard, use tape or magnets to attach the card that read, Sexual Health, Birth Control and STI/HIV. Place the point cards underneath, as you see here.
Lesson Eight

There are eight cards to place under each heading: 5, 10, 15, 20, 25, 50, 75 and 100 points. On the back of each card, there is an answer. This is because while playing Sexual Q & A, the teams’ goal is to determine the correct question that corresponds to each answer. For example, on the back of the Sexual Health 5 point card the answer is: “Thick white vaginal discharge with itching”. To earn 5 points, the team would need to give their response in the form of a question such as, “What is a yeast infection?”.

The object of this game is to earn as many points as possible for your team. The correct questions are listed on the Sexual Q & A -Answer Sheet. If there is some disagreement, be sure that you ask students for explanations regarding their responses. Allow the team captain to describe why his/her group believes they are correct.

Total the points for each team and relate the final scores to the class. If possible, you might reward the winning team with a small prize.

Activity Four: Addressing Any Further Questions - 10 minutes

Since this is the final class of the unit, be sure to answer any outstanding questions that students have placed in your classroom question box. You might also consider asking what the students enjoyed most about the unit or what surprised them about the material. Provide a closing statement and, if they are comfortable doing so, encourage students to offer comments or ask any final questions.
Lesson Eight

Possible Extensions

Rather than doing the Sexual Health Review-Quiz as a group, you might choose to have students complete it individually.

Possible Assessment

This lesson lends itself to informal assessment. You can assess your students' learning and retention of information from earlier lessons. If you chose to have students complete the Sexual Health Review-Quiz independently, you might ask them to mark their own work and submit a grade out of thirty.
Lesson Eight

Answer Sheet

BIRTH CONTROL

5 Points:
Question: What is the birth control pill?

10 Points:
Question: What is withdrawal?

15 Points:
Question: What are some reasons condoms do not work?

20 Points:
Question: What are the potential side effects of the birth control pill?

25 Points:
Question: What are condoms?

50 Points:
Question: What is the emergency contraceptive pill (ECP)?

75 Points:
Question: What is the birth control pill, Depo-Provera or the Patch?
(Only one of these answers is required.)

Final Sexual Q & A Question

100 Points:
Question: What is Depo-Provera?
Lesson Eight

Answer Sheet

STI and HIV

5 Points:
Question: What are activities that do not result in the transmission of HIV?

10 Points:
Question: What is a symptom of Herpes Simplex Virus (HSV) or genital herpes?

15 Points:
Question: What is Gonorrhea, Chlamydia, Herpes, Genital Warts, Syphilis, HIV, Hepatitis A or Hepatitis B? (Only one of these answers is required.)

20 Points:
Question: What is Chlamydia?

25 Points:
Question: What is the HIV-testing window period?

50 Points:
Question: What are ways to reduce your chances of getting HIV?

75 Points:
Question: What is the Human Papilloma Virus (HPV)?

Final Sexual Q & A Question

100 Points:
Question: Who are women or teens? (Only one of these answers is required.)
Lesson Eight

Answer Sheet

SEXUAL HEALTH

5 Points:
Question: What is a yeast infection?

10 Points:
Question: What is ovulation?

15 Points:
Question: What is a testicular self-exam (TSE)?

20 Points:
Question: What is a Pap test?

25 Points:
Question: What is bacterial vaginosis (BV)?

50 Points:
Question: What are sexual orientations?

75 Points:
Question: What are symptoms of PID (Pelvic Inflammatory Disease)?

Final Sexual Q & A Question

100 Points:
Question: What is folic acid?
Lesson Eight

Sexual Q & A Game - Birth Control cards - From 5 to 100 Points

- This should be taken daily at the same time to prevent pregnancy
- Pulling the penis out of the vagina before ejaculation
- Not enough lubrication, improper storage or expired
- Water-retention, nausea or spotting during the first three months
- These are approximately 88% effective in preventing pregnancy
- Best taken within 72 hours of unprotected sexual intercourse
- Prevents an egg from being released from the ovaries
- These injections are given four times a year
Lesson Eight

Sexual Q & A Game - Sexual Health cards - From 5 to 100 Points

- **This infection causes itching and a thick, white vaginal discharge**
- **When a clear, sticky vaginal fluid is discharged monthly**
- **A male self-exam that should be done monthly**
- **A yearly exam for all sexually active women**
- **A grey-white vaginal discharge with a bad odour is one symptom of this infection**
- **Heterosexual, gay, lesbian, bisexual, transgendered, transsexual, queer or questioning...**
- **Lower abdominal pain, fever, bleeding or pain during sexual intercourse**
- **This vitamin should be taken daily by all women of childbearing age**

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195
Lesson Eight

Sexual Q & A Game - STI and HIV cards - From 5 to 100 Points

Hugging, kissing, sharing drinks or casual contact

Painful blisters near the genitals

An STI that can be passed through oral sex

The most common curable STI in youth

A time frame of 12 weeks

Practicing safer sex, not sharing needles and not having an STI

The STI linked to cervical cancer in women

People with the fastest growing rate of HIV infection
Sexual Health

Helping Teens To Make Healthy Decisions About Sex And Relationships: A Resource For Educators
Peel Health Department: Healthy Sexuality Program – Contact Health Line Peel @ 905-799-7700
5 POINTS

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Sexual Q & A Game

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50 POINTS
Sexual Q & A Game

75 POINTS

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This should be taken daily at the same time to prevent pregnancy.
Pulling the penis out of the vagina before ejaculation
Not enough lubrication, improper storage or expired
Water-retention, nausea or spotting during the first three months
These are approximately 88% effective in preventing pregnancy.
Best taken within 72 hours of unprotected sexual intercourse
Prevents an egg from being released from the ovaries
These injections are given four times a year.
Hugging, kissing, sharing drinks or casual contact
Painful blisters near the genitals
An STI that can be passed through oral sex

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The most common curable STI in youth
A time frame of 12 weeks
Practicing safer sex, not sharing needles and not having an STI.
The STI linked to cervical cancer in women
People with the fastest growing rate of HIV infection
Sexually Transmitted Infections & HIV

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This infection causes itching and a thick, white vaginal discharge.
When a clear, sticky vaginal fluid is discharged monthly
A male self-exam that should be done monthly
A yearly exam for all sexually active women

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A grey-white vaginal discharge with a bad odour is one symptom of this infection.
Heterosexual, gay, lesbian, bisexual, transgendered, transsexual, queer or questioning ...
Lower abdominal pain, fever, bleeding or pain during sexual intercourse.
This vitamin should be taken daily by all women of childbearing age.

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Clinic Tours

As a teacher, you know the benefits of experiential learning. Here at Peel Health, we offer tours of our Healthy Sexuality Clinics. Providing information to your students does not increase sexual activity or risk-taking behaviours. In fact, research shows that just the opposite is true: The more kids know, the better equipped they are to make smart decisions for themselves. You can provide young people with the opportunity to get accurate information and to have their questions answered.

This fun and interactive tour can include information about many topics including the following:

- Healthy Relationships
- Birth Control, Emergency Contraception, Pregnancy Testing and Counselling
- Sexually Transmitted Infections, Hepatitis B, Anonymous HIV (AIDS) Testing

Tours can be tailored to suit the needs, interests and age of your students.

Book your tour by calling Health Line Peel and asking for the clinic nearest you!

Region Of Peel Resources

Health Line Peel: Do your students have questions that you need help answering? Are some of their questions outside your area of comfort? In these cases, you can call, or encourage your students to call, Health Line Peel at 905-799-7700. A public health nurse is available to answer questions related to all sexuality and relationship issues.

Region Of Peel Website: You and your students may also want to explore the resources available on our website. Please visit us at www.peelsexualhealth.ca

Resources For Educators: If you are teacher within the Peel District School Board, you will have access to an educational kit entitled, “Changes In Me” a resource for educators on puberty. The kit includes detailed lesson plans, student handouts, visual aids, student-centred activities, evaluation tools, a video, overheads, and further resources. This resources is available at a select number of elementary schools in the Region of Peel, it is also available for sign-out from the Healthy Sexuality Clinics for more information call Health Line Peel 905-799-7700.
Text:


College of Family Physicians of Canada. (2002). *STIs (Sexually Transmitted Infections) – Common STIs and Tips on Prevention*. Patient education information was developed by the College of Family Physicians of Canada in cooperation with the American Academy of Family Physicians.

Resource List


Student Health 2005: *Gauging the Health of Peel’s Youth*. School Health Assessment Survey, supporting data.
Resource List


**Online:**


Canadian AIDS Society [www.cdnaids.ca](http://www.cdnaids.ca)


Resource List

Peel Region – Sexual Health
www.peelregion.ca/health/topics/sexual/sexuality


Other Online Resources

Women's Health Websites:

www.womenshealthmatters.ca/centres/sex/birthcontrol/reversible.html
www.womenshealthmatters.ca/centres/sex/birthcontrol/reversible.html
www.caringforkids.cps.ca/teenhealth/EmergencyContraception.htm
www.sexualityandyou.ca
www.contraceptive.net
Resource List

Health Checkups websites:

www.spiderbytes.ca/Health/Health_Checkups_AnsweringQuestions.shtml
• These sites offer good information regarding what you can expect at an MD appointment and if you find that your MD is judgemental, get a new one.

Sexual Decision Making and Abstinence websites:

Region of Peel Public Health
www.peelregion.ca/health/commhlth/decision/makde.htm
Planned Parenthood
www.ppfc.ca

Society of Obstetricians and Gynaecologists of Canada
www.sexualityandu.ca/eng/teens/WIS/goodnotgood_ready.cfm

Sexual Assault websites:

Peel Committee On Sexual Assault: www.sexualassault-peel.com

Peel Committee Against Woman Abuse: www.netrover.com/~pcawa/

Education Wife Assault:
http://www.womanabuseprevention.com/html/sexual_assault.html - talks about what is SA, dispelling the myths, the impact on health

Unplanned Pregnancy websites:

www.cbctrust.com/teens.html
• Abortion focus and does a good job answering all kinds of questions

www.ppfc.ca/ppfc/content.asp?articleid=254
• Discusses private vs. public adoption

www.region.peel.on.ca/health/hsexual/htmfiles/pchoices.htm#mother
• Peel site with lots of good questions and answers. Discussed post-TA check-up. Peel Services highlighted
Resource List

Gay/Lesbian/Bisexual/Transgendered websites:

[www.etr.org/recapp/column/column200006.htm](http://www.etr.org/recapp/column/column200006.htm)

[www.youthline.ca](http://www.youthline.ca)

[www.sherbourne.on.ca](http://www.sherbourne.on.ca)

[www.the519.org](http://www.the519.org)

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

Gay, Lesbian, Straight Educators Network (GLSEN) [http://www.glesen.org](http://www.glesen.org)

Parents, Family & Friends of Lesbians and Gays
[http://www.pflag.org/education/schools.html](http://www.pflag.org/education/schools.html)