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 provide students with factual information on sexuality and anatomy.
- To stimulate discussion among students and with their teacher.

Curriculum Expectations

7p2 - Describe age-appropriate matters related to sexuality.

7p8 - Explain the male and female reproductive systems as they relate to fertilization.

8p2 - Identify the physical aspects of healthy sexuality.

4MAT Quadrant Codes

1R: Brainstorming; Student-Generated Questions; Question Box
1L: Teacher-Led Discussions; Small Group Work and Discussions; Analyzing; Listening, Speaking and Sharing
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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 anatomically correct 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.
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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.
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**Activity Three: 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, “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 “Sexual Terminology - Teacher Guide”. 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, “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”.

![Diagram of male and female symbols]
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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” and 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.).
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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 review and research the questions, if necessary, and organise when and if the topic will be covered in class. If a question or topic arises that the teacher does not plan on covering, let the students know that this specific inquiry/topic is beyond the scope of what will be covered and be sure to provide resources (books, websites, etcetera) where students can get their queries answered.

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.
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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 comfort level 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 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, accepting 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.
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Tips For Teaching Sexual Education continued...

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.
- If you do not have an answer to a question, be sure to research it and get back to your students with the correct information at a later date.
- Avoid criticizing students’ opinions.
- Share positive feedback with students whenever possible.
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References


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, if they so choose.

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 female’s reproductive system is made up of the vulva, vagina, cervix, uterus, fallopian tubes and ovaries.
Anatomy Review

Vagina
The vagina is a muscular, hollow tube that is about 3 to 5 inches long in a grown female. 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; some females do not have a hymen, which is completely normal. Many women find their hymens have stretched or torn during physical activity (for example, riding a horse), wearing a tampon or after their first sexual experience. Some women who have had sexual intercourse 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 cannot 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.

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 urethra (pronounced: you-ree-thruh) 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 female. During childbirth, the cervix can expand in order to allow a baby to pass.
Anatomy Review

Student Handout

Uterus
The uterus (pronounced: you-tuh-rus) has thick muscular walls and looks like an upside-down pear. Normally, the size of a female’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 female’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 as the inner lining, known as the endometrium (pronounced: en-doe-mee-tree-um), is built with extra blood and tissue, anticipating that an egg might be fertilized by sperm entering the female’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 exits 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.

Ovaries
The ovaries (pronounced: oh-vur-eez) are located about 4 or 5 inches down from a female’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 female. The ovaries sit on either side of the uterus, and special tissue keeps them connected to the fallopian tubes. Each female’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 female reaches puberty, one ovum (or egg) will be released from an ovary each month until she begins menopause. An egg is released out of an ovary and enters the fallopian tube, where it makes its journey to the uterus. The ovum has a lifespan of 12 - 24 hours. If the egg joins with sperm in the fallopian tube and is fertilized, it will continue down the fallopian tube and upon reaching the uterus attach to the inner lining (endometrium) of the uterus. If the egg is not fertilized it dissolves, and the blood and tissue of the endometrium that is growing on the inside walls of the uterus each month is expelled: This is a menstrual period. The ovaries are also responsible for making hormones, mainly estrogens and progesterone and a small amount of testosterone. Estrogens are a major part of puberty in girls - they are responsible for the development of breasts, body shape, and other changes that girls experience during puberty.
Anatomy Review

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 male’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 males are born with a foreskin, a fold of skin that covers the glans. Some boys are circumcised (usually done within a few days after birth), which means that a doctor or a clergy member cuts away the foreskin. Whether circumcision occurs depends 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.

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 sperm-producing testicles. The scrotum is designed to keep the testicles on the outside of the body at a low temperature (at 92 or 93 degrees Fahrenheit or 33 or 34 Celsius which is about 6 degrees lower than normal body temperature) which allows the testicles to make healthy sperm.
Anatomy Review

The scrotum even changes size to maintain the correct 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 male’s brain and nervous system give the scrotum the cue. The male never even has to think about this temperature regulating process.

Testicles
The testicles are two egg-shaped organs that are each about 2 inches in length in a grown male. 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 male 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 male’s life at the rate of hundreds of millions each day. The testicles are also responsible for making the hormone testosterone and a small amount of estrogens. Testosterone is a major part of puberty for males and as they grow, more and more testosterone is produced. Testosterone is the hormone that causes boys to develop deeper voices, larger muscles, and body and facial hair.

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.

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 male’s penis when he ejaculates. When this happens, sperm are pumped out through the vas deferens, mix with semen from the seminal vesicles and fluid from the prostate gland, and travel out through the urethra. Each time a male 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 preventing any urine from mixing with the semen.

Reference
Question Box

Sexuality

Relationships

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

**Student 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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<tr>
<td>Making Love</td>
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<tr>
<td>Sex</td>
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<td>Sexy</td>
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<td>Sexuality</td>
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<td>Sexual Acts or Sexual Activities</td>
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Using The Question Box

Sexuality education programs should 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 grades seven and eight 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.
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 okay for us to have different feelings about sexual issues...”.


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- **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 stir up visual images, and used words that are less evocative, but that remain honest and accurate.
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- **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 okay. 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.
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- **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 relate to 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”.

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• 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 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 prepare your answers.
Questions and Answers

Teachers in Peel Region have asked that this guide include a list of questions that grade seven and eight students might ask, accompanied by some sample answers. The answers presented are simply suggestions. Please use your own 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 provides strong evidence that when teens learn about sex, they become more confident to make responsible 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 discuss the issues. Once we overcome the feelings of embarrassment, and think of health topics just as we do history or science, learning about sexuality becomes easier.
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2. What is a virgin?

The term virginity is a complex one. Historically and according to medical dictionaries, a virgin is a man or a woman 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 (genital touching, oral sex, etc.); they are still “virgins” if they have not had penile – vaginal sexual intercourse.

Note to Teachers: The term virgin or virginity is often a loaded term that has more meaning for females than males. The term virgin is one of control and dichotomy as females are often defined by their sexuality ~ to be a virgin is good; to not be a virgin is bad. The reverse may be true for boys ~ to be a virgin is bad; to not be a virgin is good. Furthermore, the notion of virginity is rather heterosexist as “virgin” refers only to penile-vaginal intercourse, which discounts sex between individuals of the same-sex. Avoid using the term “losing virginity” ~ when one chooses to have sexual intercourse they are not losing anything. When sex is consensual it is an act that occurs with someone, not to someone. Using the phrase “losing virginity” makes sex appear to be a negative occurrence or a loss of virtue, mainly for females.
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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. Partners may express love and celebrate the closeness of their relationship through sex.

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

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.

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 and right for you.
Using The Question Box

Teacher Guide

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.
Using The Question Box

Teacher Guide

4. When is the right time to have sex?

There is no magical 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 why some young people might begin a sexual relationship before they are ready:

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

- 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.

- 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.
Using The Question Box

Teacher Guide

4. Continued...

- 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 one’s own 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 having experimented with this act.
5. Continued…
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.

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.
Using The Question Box

Teacher Guide

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 returns 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.

However, it is not okay, 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).

**Note to Teachers:** At the time of writing this manual there is much debate about changing Canada’s age of consent from 14 years to 16 years. It is advisable to be informed with the changes in legislation concerning the age of consent.
10. Why are some people gay, lesbian, bisexual or transgendered?

Sexual orientation is the emotional, physical, spiritual and sexual attraction to a person of the opposite sex, same sex, or both. When children are discovering their sexuality, some will find that they are developing sexual feelings towards people of the opposite sex or same sex and some may feel attractions towards both sexes. There is no cause for homosexuality/bisexuality, just as there is no cause for heterosexuality. These feelings just happen.

- A **heterosexual** is a man or a woman who is emotionally, physically, spiritually and sexually attracted to a person of the opposite sex.
- A **lesbian** is a woman who is emotionally, physically, spiritually and sexually attracted to other women.
- A **gay** man is emotionally, physically, spiritually and sexually attracted to other men.
- Someone who is **bisexual** is emotionally, physically, spiritually and sexually attracted to both men and women.

The terms transgendered are not about sexual orientation, but rather about gender identity. Gender identity has to do with one’s feelings about being male or female. An individual who identifies as “trans” can be heterosexual, lesbian, gay or bisexual.

- A transgendered individual is someone who was born either male or female but feels their gender identity is more congruent with the opposite sex. For example, someone who is born a female feels like a male; someone who is born a male feels like a female.
Using The Question Box

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.
References


Canadian Federation for Sexual Health. *Self-pleasure, self-love, and masturbation…it’s all the same thing*. www.cfsh.ca/ppfc/content.asp?articleid=428

Canadian Federation for Sexual Health. *Why are some people gay, lesbian or bisexual? If I am, how can I find the support and services I need?* www.cfsh.ca/ppfc/content.asp?articleid=494


## Sexual Terminology

### Teacher Guide

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Define each term. What are the possible meanings for this term?</th>
</tr>
</thead>
</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 |
# Sexual Terminology

**Teacher Guide**

| **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”

▶ our gender identity – the awareness of ourselves as female or male, the way one feels about him/herself as a man or 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. |

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**Definitions inspired by the work of:**

External Female Anatomy

- mons pubis
- clitoris
- urethral opening
- labia majora
- labia minora
- vaginal opening
- anus
Female Reproductive Anatomy

- fallopian tube
- ovary
- uterus
- bladder
- cervix
- vagina
- clitoris
- vulva
- anus

*Note: colours do not represent actual colours of organs.*
The Menstrual Cycle

Ovulation may occur any day between 12 and 15 days after the first day of menstruation. Menstruation ("period") will last between one and seven days. The menstrual cycle can be between 28 and 35 days.

1. Lining of uterus thickens
2. Ovulation
3. Menstrual flow

Sample 28 and 35 day Menstrual Cycles

*Note: colours do not represent actual colours of organs*
Male Reproductive Organs

- bladder
- seminal vesicles
- prostate
- vas deferens
- penis
- urethra
- scrotum
- testicles

*Note: colours do not represent actual colours of organs*
Lesson Two

Title: Responsible and Healthy Relationships

Theme: Considering the Characteristics of Healthy Dating Relationships

Time: 125 minutes

Materials:
* Dating Stoplight-Laminated Game (3 lights, 15 scenario cards)
* Daisy Game (*Love's Me/Not centres, 20 relationship petals*)
* Magnets or Masking Tape
* Scissors and Blank Paper
* Solving Problems in Relationships Worksheet

Objectives

- To teach students about the concept of positive, healthy relationships.
- To allow students to think about their own criteria for healthy dating relationships.
- To identify healthy and unhealthy characteristics of student’s present, past and future relationships.
- To discuss the good signs, warning signs and bad signs in dating relationships.

Curriculum Expectations

7p2 - Describe age-appropriate matters related to sexuality (e.g., the need to develop good interpersonal skills, such as the ability to communicate effectively with the opposite sex).

7p11 - Use effective communication skills (e.g., refusal skills, active listening) to deal with various relationships and situations.

8p4 - Analyse situations that are potentially dangerous to personal safety and determine how to seek assistance.

8p13 – Apply living skills (e.g., decision-making assertiveness, and refusal skills) in making informed decisions, and analyse the consequences of engaging in sexual activities.
Lesson Two

4MAT Quadrant Codes

1L: Listening; Analyzing; Teacher-Led Discussions; Speaking and Sharing
1R: Making Connections and Integrating Experiences; Large Group Activities; Games

Background Information

This lesson focuses on the issues young people face surrounding dating relationships. The topic is important because these dating relationships gain increasing weight during adolescence and provide teens with the groundwork for relationship building into adulthood. As girlfriends and boyfriends become a more significant 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.

Activity One: Daisy Game – 20 minutes

This game is designed to generate and support discussions about healthy and unhealthy relationships. (This activity might take more than 20 minutes.)

Give each student 2 sheets of blank paper (or pre-cut blank petals depending on resources available). Ask participants to draw a petal on each sheet of paper and then cut it out.
Lesson Two

Instruct students to write one healthy relationship characteristic on the first petal and one unhealthy relationship characteristic on the other.

Ask students to use tape/tack to add their petal to the Loves Me or Loves Me Not centre circle to help complete the flower.

Take up this activity by discussing where the participants placed their relationship characteristics. Use the laminated petals to add characteristics that may have been missed.

**Note to Teachers:** The petal that states “uses” can be construed in a number of ways, for example, someone might use someone else, someone might use drugs or alcohol, et cetera. Be certain to explore all of the alternatives.

**Activity Two: 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.
Lesson Two

• 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.

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.
Lesson Two

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.

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.
Lesson Two

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

**Activity Three:** “Solving Problems In Relationships” Homework Assignment – 5 minutes

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

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**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.

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**Possible Assessment**

An opportunity for summative evaluation is present in this lesson; the “Solving Problems In Relationships” homework assignment allows teachers to evaluate student’s 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.
Lesson Two

References

Everyone will have some difficult times in their relationships. Even in the closest of relationships, problems do arise. It is important that you are 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 cannot think of a problem in your own life, please provide a solution to one of the provided relationship problems. 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 a problem you faced with your partner (girlfriend, boyfriend) or friend OR write down that you will be trying to solve one of the provided relationship problems.

**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.

**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>
</tr>
</thead>
<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
Tyler and Lee, have been dating for 3 months. They are talking with some friends about a movie they’ve just seen. Lee thinks the main character was “HOT,” and Tyler says what a loser with horrible helmet hair.” Lee laughs and announces, “You should talk! Look at the top of your head.” Tyler felt badly after Lee made this comment.

What is the problem?
What can be done to help solve this problem in Tyler and Lee’s relationship?

Franny has fallen head over heels in love with Arnan. Arnan phones her every night and makes Franny feel special. He constantly tells Franny how much he cares for her and likes them to spend all their spare time together. Arnan also likes Franny to watch him play football on the weekends. Franny sees a lot less of her friends than she used to but Arnan insists that their relationship is the most important thing. Franny has also stopped her swimming sessions as it clashes with Arnan’s football games and he gets grumpy if she doesn’t come with him. He insists he plays better when she is there. Franny sometimes misses her friends and activities but she is flattered by Arnan’s attention.

What is the problem?
What can be done to help solve this problem in Franny and Arnan’s relationship?

Chris and Sam have been dating for 3 months. They are at a 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 let’s Chris know that “all my friends are having sex”. Chris isn’t sure if sex is something s/he is ready for but is worried that Sam may be disappointed or mad at if s/he keeps saying no. Chris really likes Sam and their group of friends. Sam has heard about sexually transmitted infections in health class last year but doesn’t think there is anything to worry about, after all, Chris is a virgin, and anyways Sam is too embarrassed to buy condoms for protection. Chris’ parents know that Chris and Sam are dating. Chris is afraid that his/her parents would be very disappointed if s/he had premarital sex.

What is the problem?
What can be done to help solve this problem in Chris and Sam’s relationship?
LOVES ME
Fear

Abusive
Uses

Lying
Control  Respect
Safe

Trust
Communication

Affection
Encouragement

Acceptance
Patience

Intimidation
Humiliation

Isolation
Pressure

Jealousy
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: Violence Prevention in Relationships

Theme: Increasing Awareness and Building Prevention Skills

Time: 60 minutes

Materials: * Flip Chart  
* Markers  
* Copies of Student Self Evaluation Form  
* Copies of T.V. Guide/Schedule (available online), & Magazines

Objectives

- To introduce students to the concepts of gender stereotyping and its influence on interpersonal behaviour.
- To link gender roles to the incidence and tolerance of violence towards women.
- To examine media representation and influence on gender roles.
- Students will be able to recognize the disparity between stereotyped role expectations and the roles situations or relationships demand.

Curriculum Expectations

7p2 - Describe age-appropriate matters related to sexuality  
(e.g., the need to develop good interpersonal skills, such as the ability to communicate effectively with the opposite sex).

8p15 - Analyse situations (e.g. violence in relationships) that are potentially dangerous to personal safety.

4MAT Quadrant Codes

2L: Reading Assignment; Lectures by Teachers or Students; Demonstrations  
2R: Drama (role-play); Media Project Including Television, Movie, Magazine Analysis

Lesson Three

Background Information
Violence in North American societies is a large-scale problem. Findings from the (General Social Survey (GSS), 1999) a nationally representative Canadian survey reveals that 7.9% of adults in either marital or common law relationships reported having survived some violence (emotional, physical and/or sexual) in the 5 years preceding the survey and 1/5 adults report experiencing emotional abuse (Johnson, Pottie & Bunge, 2001). Violence rates in adult relationships are an indication of violence in adolescent dating relationships, as violence in adolescent relationships may be viewed as a precursor of violence in adult relationships.

A recent Canadian study examined grade 7, 9, and 11 students (324 males and 309 females) use of abusive behaviours in dating relationships. Almost half of all students surveyed (43% males and 51% females) reported using at least one form of abusive behaviour in their dating relationships (Sears, Byers & Price, 2007). Sears et al. (2007) linked abusive behaviours with adolescents’ adherence to gender roles, a means of control, peer pressure and defining masculinity (for males).

It is difficult for young people to understand that abuse can happen to them. If it does, youth are likely scared and may not know what to do; they may not want to disclose violence for fear of ruining their own or their partner’s reputation; or they may feel it is normal as violence is an occurrence in their family. Creating awareness and developing skills to handle emotions and stress are essential to preventing violence.

Lesson Three

When raising issues of violence with a group, it is crucial to remember that one or more of the youth may be victims – either by an abusive partner or by someone else. It is also very important to allow for opportunities where individuals can approach you privately. There may be students who come to you with their stories of victimization ~ respond with sensitivity and respect. It may be necessary to refer students to a school
guidance counsellor, social worker, or to an outside social service agency. Check with your principal or school social worker to determine the appropriate procedure for making such referrals.
Lesson Three

Activity One: “Bridging The Gap” – 30 minutes

Teaching Notes – Brainstorming:
Ask thought-provoking questions to generate student responses. List students’ answers on the board or flipchart and remember that all suggestions are valued, none are correct or incorrect but rather a starting place to illicit discussion. Be careful of responding to suggestions as if they are right or wrong. If you decide not to consider or accept a response, explain why (e.g., unrelated, not safe to do). Brainstorming about stereotypes works well to get students involved in discussion. It’s important for students to realize that stereotypes affect their behaviour.

1. Introduce the concept of a stereotype; ask for descriptors of certain groups of students (e.g. Sporty-jocks, B-boy & B-Girls, Popular/In-crowd, Nerds, etc…). Create a mind map on chart paper or the board with the descriptive words students are adding. Highlight that both positive and negative stereotypes are harmful and that any stereotype is a generalization that creates inaccurate preconceived notions.

2. In mixed gender groups have students brainstorm and record their responses on chart paper for the following statements “people think boys are more…” and “people think girls are more…” (Note: These are not lists of “what is” but rather “what people seem to think”.)
3. Once the lists have been created post them in an easy to read location in the classroom and discuss as groups. Encourage girls to talk about pressures to act more stereotypically feminine (e.g. dieting, being more interested in children and childcare, gender-related careers etc….). Encourage boys to talk about pressures to be more stereotypically masculine (e.g. being into sports, not showing feelings, being “responsible”). What happens to people who behave “out of character”?

4. Have copies of the T.V. schedule/guide available or have students brainstorm types of T.V. programs they watch (these are often available online for print out). Divide up a number of programs (including, if possible teen soaps, reality T.V., Videos, sitcoms etc…) so that at least two students will watch each program. Have students note which characters act in ways consistent with their gender stereotypes, and examples of variation from the stereotype. Have students look for themes such as who makes the decisions, who rescues whom, who is dependent, and who acts aggressively and how often? Which emotions are taken by male characters when they feel angry, frustrated, etc…

   a. Generate discussion of the sex-role message students identified within the T.V. programs they observed. Move from specifics to themes such as:

   Passive ← ----- → Active
   Dependent ← ----- → Independent
   Being Hurt ← ----- → Being the one who hurts
   Sad ← ----- → Angry

   In the programs observed which gender fell into which category?
Lesson Three

Note to Teachers:
Boys, in particular, may see interpersonal violence as gender-neutral, and claim that
female-to-male violence and aggression are equally problematic. While violence is not
condoned between any individuals, it is important that the connection is made between
gender-role and violence, for male towards female violence is certainly more common
than the reverse. Women are almost 8 times more likely to be victimized by a partner
than are men (Fitzgerald, 1999).

Possible Extensions

Concluding activities could take a variety of forms, including group video analysis,
critiques of magazine images of men and women, or further work on assertiveness for
both males and females. Bridging the gap, rather than blaming, should be an ongoing
objective.

Activity Two: Reverse Role Play - 30 minutes

Can understanding the other’s viewpoint help men and women relate? This activity
requires two presenters or two students to do the role play, one male and one female.

Note to Teachers - Role Play:
Every student should have a choice about the level of her or his participation and should
only be a “player” if s/he wants to. If participation is mandatory, a student may be too
anxious about “performing” to relate to the issue.

Lesson Three
• **BEFORE:** Establish the topic, the roles, the environment; build trust; give clear, simple directions. The degree of success depends upon previous experience in performing role plays.

• **DURING:** “Side coach” to keep players on track; call “freeze” to add information or examine what has happened up to that point, perhaps have a new person enter the scene.

• **AFTER:** Ask questions which stimulate players and viewers to reflect on the role play and extend their understanding.

**Prepare actors as follows:**

- The **female** will play the part of a young woman on a date who is very interested in the young man she is dating. Even though she doesn't know him very well, she is very eager (and persistent) to get close to him. She behaves in a way which is stereotypically masculine and aggressive.

- The **male** will play the part of a young man on a date who feels he is just getting to know this young woman, and is very reserved and cautious. He behaves in a way which is stereotypically feminine and passive.

**Presenters introduce the role play as follows:**

(Do not reveal that roles will be reversed).

“Let’s look at how ‘roles’ affect the way women and men relate. We are going to role play a situation, and then we’ll discuss it. _______ and ________ are on a date. They have just been to the movies, and now they are at her house.

**Following the role play, ask students:**

- What is your reaction to this scene? How do you think she feels? He feels?

- Does it seem strange to see a girl being aggressive? To see a boy being passive? Does it seem natural? Why or why not?

**Lesson Three**

Encourage discussion, going around the room if necessary, asking for reactions. Be creative in stimulating cross-discussion among students regarding the pressure they
feel to play masculine and feminine roles, and how judgemental they are when someone deviates, as in the role play.

**State the main point:** Abuse is less likely if people communicate with one another and understand the warning signs of an unhealthy relationship. It is also less likely if people respect one another.

**Continue discussion about the role play - ask students:**

- How do you think this is related to violence within dating, marital or common law relationships? What is the connection?
- What can you do to be “yourself” without playing into stereotypes?
- How can you communicate with someone you care about?
- What does it mean to respect a woman? What does it mean to respect a man?
- What does it mean to respect people? Oneself?
- What can you do to change the way men and women relate to one another?

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**Possible Extensions**

Have the students write a play or script about sexual harassment, sex role stereotypes, or another related topic and perform it before an audience (class). Start an action group for students who are frustrated with sexism in the school.

**Possible Assessment**

This lesson lends itself to a variety of assessments. Teachers could evaluate group work, and communication skills. Students could also evaluate themselves (see Student Self Evaluation Form). Teachers could evaluate participation in class discussion. Lastly, depending on how in-depth teachers investigate this topic, there could be more formal evaluation opportunities; for example T.V. or video analysis or a critique of a magazine ad.

**Lesson Three**

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**References**


Student Self Evaluation Form

**Group Skills / Performance**

Please circle the number which best represents your skills/performance in group activities.

<table>
<thead>
<tr>
<th>RATING SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Excellent</td>
</tr>
<tr>
<td>3 = Very Good</td>
</tr>
<tr>
<td>2 = Okay</td>
</tr>
<tr>
<td>1 = Needs improvement</td>
</tr>
<tr>
<td>0 = Frequently experienced difficulty</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have made it a point to listen as much as I speak.</td>
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<tr>
<td>2. I try to look others in the eye when speaking to them.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. I try not to interrupt when others are speaking.</td>
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<tr>
<td>4. I encourage others to participate in the discussion.</td>
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<tr>
<td>5. I stayed on topic during our discussion period.</td>
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</table>

Complete the following unfinished sentences.

A. My greatest strength from the above list is:

B. The skill I have to work on most from the list above is:
Lesson Four

Title: Scenarios During Adolescence

Theme: Decision-Making and Problem Solving

Time: 100 minutes

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

Objectives

- 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 group work.

Curriculum Expectations

7p2 - Describe age-appropriate matters related to sexuality.
7p11 - Use effective communication skills to deal with various situations.
7p14 - Describe harassment and identify ways of dealing with it.
8p4 - Analyse situations that are potentially dangerous to personal safety and determine how to seek assistance.
8p13 - Apply living skills (e.g., decision-making, assertiveness and refusal skills).

4MAT Quadrant Codes

3L: Worksheets; Case Studies; Scenarios and Activity Cards
4L: Group Projects; Problem-Solving (situational) Decision-Making; Preparation for Group Presentation
Lesson Four

Background Information

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 effective decision-making, students require opportunities to practice their skills. This lesson is designed to give students a chance to hone their decision making skills.

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 difficult to make and that practicing decision-making will help students to improve their skills.

Activity Two: Model Application - 20 minutes

Give each student the IDEAL Decision-Making handout page. Choose one of the attached situations to read to the class. You may wish to have the question written on the board or flip 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 Four

1. “Chris and Taylor have been dating for 8 months. Recently Chris has been pressuring Taylor to have sex. Taylor is reluctant while Chris is persistent.”

What could either Chris or Taylor do to make this situation better?

Teaching 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. “Sabina and Uzo have been seeing each other for a couple months. Uzo is upset because Sabina always tries to change things about him. He can’t understand if she likes him so much, why does she try to change everything about him and his personality?”

What could either Uzo or Sabina do to make this situation better?

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

- Communication about respecting differences
- Communication about relationship expectations
- Self-esteem
- Un/Healthy relationships
- Power and control
Lesson Four

Activity Three: Problem Solving Scenarios – 20 minutes

Ask students to get into groups of approximately four (this can vary depending on class size). Distribute one of the Problem Solving Scenarios (laminated activity cards) to each group, along with the “IDEAL Decision-Making” handout worksheet.

Have students number themselves; group member one, two, three, and four. Group member #1 will read the scenario aloud. Group member #2 will write down all ideas the group develops in their brainstorming session. This can be completed on scrap paper. Group member #3 will record the final responses on the handout. Lastly, group member #4 will present the group’s findings to the class.

Activity Four: 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 will present the information. Use the following Teacher Guide to direct your discussion.
IDEAL Decision-Making Scenarios

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 – Lee & Nari

- Lee and Nari have been going together for several months. They are attracted to each other and are very much “in love”. Lately, it seems that their friends are always talking about having sex. Lee and Nari have not discussed having sex, although they have been getting closer and closer. It is Friday night, and Lee is over at Nari’s home while Nari’s parents are out for the evening. They have gone pretty far and they both realize that they need to make some serious decisions.

Lee and Nari now have to make some important decisions and because they are now in the heat of the moment it makes communication a little more challenging. To make their situation better, Lee or Nari should stop the action by asking for a minute to cool off and talk. Once things have calmed down they could discuss comfort levels and intimacy boundaries that they both feel comfortable with.

However, if they both decide to become sexually active, they should continue the discussion to include the consequences of their actions. Topics of discussion might be pregnancy prevention methods, sexually transmitted infections, how will they feel after they have had sexual intercourse? Will things change? Do they feel ready for this step?, etc…. Ultimately, having this conversation before they are in an intimate moment would be preferable. There are many sources of information on sexually related topics such as the Peel Healthy Sexuality Clinics, Peel Public Health at 905-799-7770 and websites such as www.intheknowpeel.ca and www.peelsexualhealth.ca
Lesson Four

Teacher Guide

Scenario #2 - Talia

- Talia is in grade 7. Her older brother’s friend has approached her to go out to a movie. Mohammed is in Grade 10 and very popular. Talia is thrilled that Mohammed seems attracted to her. When he picks her up, he tells her that he is taking her out for pizza and they will go to a friend’s house to watch a video. Talia likes Mohammed a lot even though she does not know him very well. She knows he drinks and has been out with a number of girls. She feels uncomfortable about the plan he has for the night and is unsure about whether she should go along with Mohammed’s plans.

    Talia is feeling uncomfortable with the plan Mohammed has for the evening. To make her situation better she could express her concern to Mohammed and discuss what she would be comfortable doing, she may also want to use this opportunity to discuss a curfew or time by which she would like to be home.

    Another option for Talia is to suggest a slight variation to the plan, for example suggesting just going out for pizza and getting to know each other a little better, or going to a movie theatre to see a movie rather than at Mohammed’s friend’s house. It is important that Talia feels comfortable with the plan before she heads out for the evening. If Mohammed doesn’t like any of her suggestions or doesn’t value her concern Talia might decide that not going at all is her best choice.
Lesson Four

Scenario #3 - Lindsay, Kim & Jamie

- Kim and Jamie have been dating for some time. Lindsay is a good friend of Kim’s. Lindsay has heard that Jamie has been seeing someone else behind Kim’s back. Lindsay feels the need to talk to Kim about this.

   It is normal for Lindsay to want to share the information she has heard about Kim’s boyfriend dating someone else with Kim. Before she does tell Kim, Lindsay must remember that this information may be hurtful and upsetting to Kim. Gossip can spread quickly and unless Lindsay has first hand knowledge, she must stress to Kim this is only a rumour and thought Kim should be aware of what is being said. It is important that Lindsay is able to support Kim in the future, whether she wants to talk more about the issue or let it drop.

   An alternative that Lindsay might choose is to avoid or discount the rumour she has heard, because it is just that - a rumour. She may decide not to say anything to Kim unless she has more credible first hand information about the situation.

Scenario #4 – Paul

- Paul is in Grade 8. All of Paul’s friends have been calling one of their classmates a “faggot”. This name-calling makes Paul angry.

   Paul is uncomfortable and upset by the discrimination against one of his classmates. To make this situation better, Paul could intervene when others are calling his classmate a “faggot”. He could try to encourage his friends to stop that type of behaviour. Paul may also remove himself physically from the situation as to reduce the number of spectators and hopefully diffuse the situation.
Lesson Four

Teacher Guide

Paul should speak with a parent, teacher, principal, etc… about this harassment. These trusted adults often have good problem solving skills and can offer advice and support to Paul. It is important that the harassing behaviour be addressed. Schools have special policies and procedures in place to deal with harassment.

Scenario #5 – Chris

- Chris is planning to baby-sit at his neighbour’s house. The parents have never made any direct comments about having guests, but it is clear that they expect Chris to take care of their children, and not to party. At the last minute Chris’ partner calls and suggests they get together after the parents leave.

    Chris is going baby-sitting and his partner wants to come over and join him. Chris is unsure what to do. To make his situation better Chris could tell his partner that he will talk to the parents before they leave to see if it’s acceptable for him to have a guest over and will contact his partner later on that evening.

    Chris might also know that the parents are not going to be happy about the idea of him inviting someone over; therefore he could suggest to his partner that he too would like to get together but unfortunately that won’t be possible on this evening. However, he would like to get together the next day or evening if feasible. That way both Chris and his partner will get to see each other.
Lesson Four

Scenario #6 – Aban

- Aban’s partner is always bugging him about his hair. Every time Aban walks into the room or comes over for a visit s/he tells him he needs a haircut. When they go anywhere s/he complains about how Aban looks. His partner criticizes him all the time and Aban feels hurt.

        Aban is feeling hurt by his partner’s criticism. He could tell his partner how he feels and hopefully the hurtful behaviour will cease. Perhaps Aban and his partner could come to an agreement on a hair style or length. Another option for Aban is to reflect on his relationship and think about his partner. If the criticism continues after Aban has addressed it, perhaps this relationship isn’t a good match.

Scenario #7 – Nam & Winnie

- Winnie invites Nam over to her house after school. After watching TV for a while, Winnie suggests that they go upstairs to her bedroom to listen to her new CD’s. Winnie’s father is outside gardening. Nam really likes Winnie. Nam’s parents have had discussions with the family (sister and brothers) about adult supervision when in situations with the opposite sex.

        What Nam wants to do and what Nam knows he should do are two different things. Nam could decide to talk to Winnie and explain his concerns. He could also decide that he just does not want to go to her room and offer an alternative suggestion, for example, her bringing the CD’s downstairs to listen to them. This way Nam doesn’t put himself in an awkward situation.
Scenario #8 – Holly, Deedee & Jasmine

- Holly is in grade 7. She is friends with Deedee and Jasmine. They are in the “cool group”. Holly hangs out with Deedee and Jasmine at school. Holly is confused when Deedee and Jasmine refuse to talk to her one day at school. They did not have a fight but they are purposely turning their backs on Holly when she approaches them at lunch.

The problem here is that Holly’s friends are ignoring her for unknown reasons. A few possible solutions to this situation are that Holly could approach Deedee and Jasmine (together or separately) and ask them why they are ignoring her. She could also involve others in the problem, for example, teachers as mediators/support to help solve the problem, and parents to provide emotional support. Holly could also decide to hang out with another group and move on with her life, meet new friends and have fun.
Lesson Four

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. This would allow 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.
Lesson Four

References


Lesson Four - Overhead

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 Four

IDEAL Decision-Making

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

Title: Abstinence & Pregnancy Prevention

Theme: Birth Control & Abstaining

Time: 140 minutes

Materials:
* Flip Chart Paper
* Markers & Tape
* Chalkboard / Whiteboard
* Video: Teens and Sex
* Pregnancy Prevention FACT SHEETS
* Birth Control Overheads and Samples of Birth Control Methods

Objectives

- To explain the term abstinence as it applies to healthy sexuality.
- To examine abstinence and decisions to postpone sexual activity as healthy choices.
- To provide students with factual information about birth control.
- To identify and explain the use of contraception methods.

Curriculum Expectations

7p11 – Use effective communication skills to deal with various situations.

7p12 – Explain the term abstinence as it applies to healthy sexuality.

8p10 – Explain the importance of abstinence as a positive choice for adolescents.

8p12 – Identify methods used to prevent pregnancy.

4MAT Quadrant Codes

3L: Teacher as Facilitator; Worksheets; Discussion; Case studies
4L: Group Work; Problem-Solving; Individual Projects; Decision Making; Preparation for Group or Individual Oral Presentations; Organizing; Researching
Lesson Five

Background Information

Although the incidence of adolescent pregnancies in Canada have dropped steadily since the 1990s (McKay, 2005) there is still cause for concern with the 2001 provincial rate of 31 births/1000 females aged 15 to 19 years becoming pregnant (Gauging the Health of Peel Youth, 2005). The rate of teen pregnancy in Peel is slightly lower than the provincial rate at 28 births/1000 females aged 15-19 years. The report Gauging the Health of Peel Youth (2005) reveals that roughly 2/3 (62%) of Peel students who have been sexually active engaged in sexual intercourse when they were 15 years or younger. It is interesting to note that the younger an adolescent is when engaging in sexual intercourse, the less likely they are to use contraceptives or methods to prevent STIs (i.e., condoms) (Gauging the Health of Peel Youth, 2005).

The implications of these statistics are well worth some thought given that teenage pregnancy and STIs are the outcome of unprotected intercourse. At a young age most females may not be physically or emotionally ready to have children. Adolescent pregnancy is often associated with poor outcomes such as low birth weight, pre-term infants, poor maternal weight gain, and high blood pressure during pregnancy and STIs (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 STIs.

Activity One: What is Abstinence? – 50 minutes

Note to Teachers: Abstinence is the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections (STIs), including HIV. Teens, especially young teens, should be encouraged to delay sexual initiation. Educators should acknowledge the importance of abstinence and provide youth with the knowledge, attitudes, and skills necessary to make abstinence an effective choice. Even
Lesson Five

youth who pledge to remain abstinent need information about contraception and condoms to help them prevent unwanted pregnancy, HIV and other STI’s when they do choose to become sexually active. Research indicates that information about contraception does not increase sexual activity nor hasten the onset of sexual initiation in teens.

**Procedure**

Participants will define abstinence and identify skills to make sexual abstinence an effective choice.

1. Introduce the activity by pointing out that failure to make responsible decisions about sex is one of the reasons teens can become infected with HIV, other STIs and/or experience an unwanted pregnancy. Explain that one decision teens can make about sex is to not have it—to abstain until they are older and ready for the responsibilities that accompany the choice to be sexually active.

2. Pin up two different sheets of chart paper with the word "Abstinence" written on each one.

3. Ask students to define abstinence in their own words. Write their responses on one of the sheets of chart paper. If the youth do not make the following points, make them yourself:
   a. Abstinence is a deliberate decision to avoid something. People choose to abstain from many different things, such as sweets, meat, candy, tobacco products, voting, alcohol and/or other drugs, and/or sexual activities.
   b. People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting and/or participating in some behaviours), fear (of punishment, of negative consequences), and disinterest.
Lesson Five

c. People define sexual abstinence in many different ways. For one person, it may mean no physical contact with potential partners—no kissing, no holding hands. For another, it may mean abstaining from one specific behaviour, such as avoiding vaginal intercourse. For the purpose of this exercise, abstinence should be defined as having no sexual intercourse: vaginal, oral, and/or anal.

4. Split the class into four groups and give the groups 15 minutes to discuss and list at least ten reasons why teens might decide to not have sex.

5. Once the groups have completed their list, ask them to share the reasons they have listed with the rest of the class. Record the reasons on a master list using the second sheet of chart paper. Teens should have identified some of the following, if not add them to the list:
   a. Religious beliefs, personal beliefs, not ready for sex, want to wait until married, want to wait until out of high school, risk of pregnancy, risk of STIs, don't want to jeopardize goals, relationship with parents, not in love, peer pressure, not interested.

6. Ask the class to discuss the reasons listed. Ask the teens to evaluate if each reason is a "good" or "bad" reason to choose abstinence. Note that there will be varying views on what constitutes “good” or “bad” amongst the students. Validate that people have different reasons for choosing abstinence and that each should be valued and respected.

7. Explain to the group that abstinence is only 100 percent effective if used consistently and correctly. Ask teens what they think you mean by that statement.

8. Conclude with the following discussion:
   a. Given what we learned today, do you think that there are some good reasons to choose abstinence from sexual intercourse?
   b. Is it difficult to stick to the decision not to have sex? What are some things people can do to help themselves follow through with that decision?
   c. What can you do to help your friends if they choose to be abstinent?

Source: Used with permission from Advocates for Youth, www.advocatesforyouth.org
Lesson Five

Activity Two: Methods of Pregnancy Prevention – 60 minutes

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
- Plan B (Emergency Contraceptive Pill)
- Sponge
- Patch
- Contraceptive Foam
- Female Condom
- Vaginal Contraceptive Film
- Diaphragm
- Nuva Ring
- *Note: For Withdrawal and Rhythm methods please see Note to Teacher.

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 some of the disadvantages of this method?

Be sure that the flipchart 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. Circulate between the groups to keep them on task and to assist them (e.g. leading questions or giving information).
Lesson Four

Title: Scenarios During Adolescence

Theme: Decision-Making and Problem Solving

Time: 100 minutes

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

Objectives

- 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 group work.

Curriculum Expectations

7p2 - Describe age-appropriate matters related to sexuality.

7p11 - Use effective communication skills to deal with various situations.

7p14 - Describe harassment and identify ways of dealing with it.

8p4 - Analyse situations that are potentially dangerous to personal safety and determine how to seek assistance.

8p13 - Apply living skills (e.g., decision-making, assertiveness and refusal skills).

4MAT Quadrant Codes

3L: Worksheets; Case Studies; Scenarios and Activity Cards
4L: Group Projects; Problem-Solving (situational) Decision-Making; Preparation for Group Presentation
Lesson Four

Background Information

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 effective decision-making, students require opportunities to practice their skills. This lesson is designed to give students a chance to hone their decision making skills.

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 difficult to make and that practicing decision-making will help students to improve their skills.

Activity Two: Model Application - 20 minutes

Give each student the IDEAL Decision-Making handout page. Choose one of the attached situations to read to the class. You may wish to have the question written on the board or flip 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 Four

1. “Chris and Taylor have been dating for 8 months. Recently Chris has been pressuring Taylor to have sex. Taylor is reluctant while Chris is persistent.”

What could either Chris or Taylor do to make this situation better?

Teaching 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. “Sabina and Uzo have been seeing each other for a couple months. Uzo is upset because Sabina always tries to change things about him. He can’t understand if she likes him so much, why does she try to change everything about him and his personality?”

What could either Uzo or Sabina do to make this situation better?

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

- Communication about respecting differences
- Communication about relationship expectations
- Self-esteem
- Un/Healthy relationships
- Power and control
Lesson Four

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

Ask students to get into groups of approximately four (this can vary depending on class size). Distribute one of the Problem Solving Scenarios (laminated activity cards) to each group, along with the “IDEAL Decision-Making” handout worksheet.

Have students number themselves; group member one, two, three, and four. Group member #1 will read the scenario aloud. Group member #2 will write down all ideas the group develops in their brainstorming session. This can be completed on scrap paper. Group member #3 will record the final responses on the handout. Lastly, group member #4 will present the group’s findings to the class.

**Activity Four: 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 will present the information. Use the following Teacher Guide to direct your discussion.
Lesson Four

Teacher Guide

IDEAL Decision-Making Scenarios

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 – Lee & Nari

- Lee and Nari have been going together for several months. They are attracted to each other and are very much “in love”. Lately, it seems that their friends are always talking about having sex. Lee and Nari have not discussed having sex, although they have been getting closer and closer. It is Friday night, and Lee is over at Nari’s home while Nari’s parents are out for the evening. They have gone pretty far and they both realize that they need to make some serious decisions.

  Lee and Nari now have to make some important decisions and because they are now in the heat of the moment it makes communication a little more challenging. To make their situation better, Lee or Nari should stop the action by asking for a minute to cool off and talk. Once things have calmed down they could discuss comfort levels and intimacy boundaries that they both feel comfortable with.

  However, if they both decide to become sexually active, they should continue the discussion to include the consequences of their actions. Topics of discussion might be pregnancy prevention methods, sexually transmitted infections, how will they feel after they have had sexual intercourse? Will things change? Do they feel ready for this step?, etc.... Ultimately, having this conversation before they are in an intimate moment would be preferable. There are many sources of information on sexually related topics such as the Peel Healthy Sexuality Clinics, Peel Public Health at 905-799-7770 and websites such as [www.intheknowpeel.ca](http://www.intheknowpeel.ca) and [www.peelsexualhealth.ca](http://www.peelsexualhealth.ca)
Lesson Four

Teacher Guide

Scenario #2 - Talia

- Talia is in grade 7. Her older brother’s friend has approached her to go out to a movie. Mohammed is in Grade 10 and very popular. Talia is thrilled that Mohammed seems attracted to her. When he picks her up, he tells her that he is taking her out for pizza and they will go to a friend’s house to watch a video. Talia likes Mohammed a lot even though she does not know him very well. She knows he drinks and has been out with a number of girls. She feels uncomfortable about the plan he has for the night and is unsure about whether she should go along with Mohammed’s plans.

Talia is feeling uncomfortable with the plan Mohammed has for the evening. To make her situation better she could express her concern to Mohammed and discuss what she would be comfortable doing, she may also want to use this opportunity to discuss a curfew or time by which she would like to be home.

Another option for Talia is to suggest a slight variation to the plan, for example suggesting just going out for pizza and getting to know each other a little better, or going to a movie theatre to see a movie rather than at Mohammed’s friend’s house. It is important that Talia feels comfortable with the plan before she heads out for the evening. If Mohammed doesn’t like any of her suggestions or doesn’t value her concern Talia might decide that not going at all is her best choice.
Lesson Four

Teacher Guide

Scenario # 3 - Lindsay, Kim & Jamie

- Kim and Jamie have been dating for some time. Lindsay is a good friend of Kim’s. Lindsay has heard that Jamie has been seeing someone else behind Kim’s back. Lindsay feels the need to talk to Kim about this.

  It is normal for Lindsay to want to share the information she has heard about Kim’s boyfriend dating someone else with Kim. Before she does tell Kim, Lindsay must remember that this information may be hurtful and upsetting to Kim. Gossip can spread quickly and unless Lindsay has first hand knowledge, she must stress to Kim this is only a rumour and thought Kim should be aware of what is being said. It is important that Lindsay is able to support Kim in the future, whether she wants to talk more about the issue or let it drop.

  An alternative that Lindsay might choose is to avoid or discount the rumour she has heard, because it is just that - a rumour. She may decide not to say anything to Kim unless she has more credible first hand information about the situation.

Scenario #4 – Paul

- Paul is in Grade 8. All of Paul’s friends have been calling one of their classmates a “faggot”. This name-calling makes Paul angry.

  Paul is uncomfortable and upset by the discrimination against one of his classmates. To make this situation better, Paul could intervene when others are calling his classmate a “faggot”. He could try to encourage his friends to stop that type of behaviour. Paul may also remove himself physically from the situation as to reduce the number of spectators and hopefully diffuse the situation.
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Paul should speak with a parent, teacher, principal, etc… about this harassment. These trusted adults often have good problem solving skills and can offer advice and support to Paul. It is important that the harassing behaviour be addressed. Schools have special policies and procedures in place to deal with harassment.

Scenario #5 – Chris

- Chris is planning to baby-sit at his neighbour's house. The parents have never made any direct comments about having guests, but it is clear that they expect Chris to take care of their children, and not to party. At the last minute Chris’ partner calls and suggests they get together after the parents leave.

  Chris is going baby-sitting and his partner wants to come over and join him. Chris is unsure what to do. To make his situation better Chris could tell his partner that he will talk to the parents before they leave to see if it’s acceptable for him to have a guest over and will contact his partner later on that evening.

  Chris might also know that the parents are not going to be happy about the idea of him inviting someone over; therefore he could suggest to his partner that he too would like to get together but unfortunately that won’t be possible on this evening. However, he would like to get together the next day or evening if feasible. That way both Chris and his partner will get to see each other.
Lesson Four

Teacher Guide

Scenario #6 – Aban

- Aban’s partner is always bugging him about his hair. Every time Aban walks into the room or comes over for a visit s/he tells him he needs a haircut. When they go anywhere s/he complains about how Aban looks. His partner criticizes him all the time and Aban feels hurt.

Aban is feeling hurt by his partner’s criticism. He could tell his partner how he feels and hopefully the hurtful behaviour will cease. Perhaps Aban and his partner could come to an agreement on a hair style or length. Another option for Aban is to reflect on his relationship and think about his partner. If the criticism continues after Aban has addressed it, perhaps this relationship isn’t a good match.

Scenario #7 – Nam & Winnie

- Winnie invites Nam over to her house after school. After watching TV for a while, Winnie suggests that they go upstairs to her bedroom to listen to her new CD’s. Winnie’s father is outside gardening. Nam really likes Winnie. Nam’s parents have had discussions with the family (sister and brothers) about adult supervision when in situations with the opposite sex.

What Nam wants to do and what Nam knows he should do are two different things. Nam could decide to talk to Winnie and explain his concerns. He could also decide that he just does not want to go to her room and offer an alternative suggestion, for example, her bringing the CD’s downstairs to listen to them. This way Nam doesn’t put himself in an awkward situation.
Lesson Four

Teacher Guide

Scenario #8 – Holly, Deedee & Jasmine

- Holly is in grade 7. She is friends with Deedee and Jasmine. They are in the “cool group”. Holly hangs out with Deedee and Jasmine at school. Holly is confused when Deedee and Jasmine refuse to talk to her one day at school. They did not have a fight but they are purposely turning their backs on Holly when she approaches them at lunch.

The problem here is that Holly’s friends are ignoring her for unknown reasons. A few possible solutions to this situation are that Holly could approach Deedee and Jasmine (together or separately) and ask them why they are ignoring her. She could also involve others in the problem, for example, teachers as mediators/support to help solve the problem, and parents to provide emotional support. Holly could also decide to hang out with another group and move on with her life, meet new friends and have fun.
Lesson Four

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. This would allow 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.
Lesson Four

References


Lesson Four - Overhead

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 Four

Student Handout

IDEAL Decision-Making

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.
Lee and Nari have been going together for several months. They are attracted to each other and are very much “in love”. Lately, it seems that their friends are always talking about having sex. Lee and Nari have not discussed having sex, although they have been getting closer and closer. It is Friday night, and Lee is over at Nari’s home while Nari’s parents are out for the evening. They have gone pretty far and they both realize that they need to make some serious decisions.

What could Lee or Nari do to make this situation better?
Talia is in grade 7. Her older brother’s friend has approached her to go out to a movie. Mohammed is in Grade 10 and very popular. Talia is thrilled that Mohammed seems attracted to her. When Mohammed picks her up, he tells her that he is taking her out for pizza and then they will go to a friend's house to watch a video. Talia likes Mohammed a lot even though she does not know him very well. She knows he drinks and has been out with a number of girls. She feels uncomfortable about the plan he has for the night and is unsure about whether she should go along with Mohammed’s plans.

*What could Talia do to make this situation better?*
Kim and Jamie have been dating for some time. Lindsay is a good friend of Kim’s. Lindsay has heard that Jamie has been seeing someone else behind Kim’s back. Lindsay feels the need to talk to Kim about this.

What could Lindsay do to make this situation better?
Paul is in Grade 8. All of Paul’s friends have been calling one of their classmates a “faggot”. This name-calling makes Paul angry.

What could Paul do to make this situation better?
Chris is planning to baby-sit at his neighbour’s house. The parents have never made any direct comments about having guests, but it is clear that they expect Chris to take care of their children, and not to party. At the last minute Chris’ partner calls and suggests they get together after the parents leave.

What could Chris do to make this situation better?
Aban’s partner is always bugging him about his hair. Every time Aban walks into the room or comes over for a visit, s/he tells him he needs a haircut. When they go anywhere s/he complains about how Aban looks. His partner criticizes him all the time and Aban feels hurt.

What could Aban do to make this situation better?
Winnie invites Nam over to her house after school. After watching TV for awhile, Winnie suggests that they go upstairs to her bedroom to listen to her new CD’s. Winnie’s father is outside gardening. Nam really likes Winnie. Nam’s parents have had discussions with the family (sister and brothers) about adult supervision when in situations with the opposite sex.

What could Nam do to make this situation better?
Holly is in Grade 7. She is friends with Deedee and Jasmine. They are in the “cool group”. Holly hangs out with Deedee and Jasmine at school. Holly is confused when Deedee and Jasmine refuse to talk to her one day at school. They did not have a fight but they are purposely turning their backs on Holly when she approaches them at lunch.

What could Holly do to make this situation better?
Lesson Five

Title: Abstinence & Pregnancy Prevention

Theme: Birth Control & Abstaining

Time: 140 minutes

Materials: * Flip Chart Paper
* Markers & Tape
* Chalkboard / Whiteboard
* Video: Teens and Sex
* Pregnancy Prevention FACT SHEETS
* Birth Control Overheads and Samples of Birth Control Methods

Objectives

- To explain the term abstinence as it applies to healthy sexuality.
- To examine abstinence and decisions to postpone sexual activity as healthy choices.
- To provide students with factual information about birth control.
- To identify and explain the use of contraception methods.

Curriculum Expectations

7p11 – Use effective communication skills to deal with various situations.

7p12 – Explain the term abstinence as it applies to healthy sexuality.

8p10 – Explain the importance of abstinence as a positive choice for adolescents.

8p12 – Identify methods used to prevent pregnancy.

4MAT Quadrant Codes

3L: Teacher as Facilitator; Worksheets; Discussion; Case studies
4L: Group Work; Problem-Solving; Individual Projects; Decision Making; Preparation for Group or Individual Oral Presentations; Organizing; Researching
Lesson Five

Background Information

Although the incidence of adolescent pregnancies in Canada have dropped steadily since the 1990s (McKay, 2005) there is still cause for concern with the 2001 provincial rate of 31 births/1000 females aged 15 to 19 years becoming pregnant (Gauging the Health of Peel Youth, 2005). The rate of teen pregnancy in Peel is slightly lower than the provincial rate at 28 births/1000 females aged 15-19 years. The report Gauging the Health of Peel Youth (2005) reveals that roughly 2/3 (62%) of Peel students who have been sexually active engaged in sexual intercourse when they were 15 years or younger. It is interesting to note that the younger an adolescent is when engaging in sexual intercourse, the less likely they are to use contraceptives or methods to prevent STIs (i.e., condoms) (Gauging the Health of Peel Youth, 2005).

The implications of these statistics are well worth some thought given that teenage pregnancy and STIs are the outcome of unprotected intercourse. At a young age most females may not be physically or emotionally ready to have children. Adolescent pregnancy is often associated with poor outcomes such as low birth weight, pre-term infants, poor maternal weight gain, and high blood pressure during pregnancy and STIs (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 STIs.

Activity One: What is Abstinence? – 50 minutes

Note to Teachers: Abstinence is the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections (STIs), including HIV. Teens, especially young teens, should be encouraged to delay sexual initiation. Educators should acknowledge the importance of abstinence and provide youth with the knowledge, attitudes, and skills necessary to make abstinence an effective choice. Even
Lesson Five

youth who pledge to remain abstinent need information about contraception and condoms to help them prevent unwanted pregnancy, HIV and other STI's when they do choose to become sexually active. Research indicates that information about contraception does not increase sexual activity nor hasten the onset of sexual initiation in teens.

Procedure

Participants will define abstinence and identify skills to make sexual abstinence an effective choice.

1. Introduce the activity by pointing out that failure to make responsible decisions about sex is one of the reasons teens can become infected with HIV, other STIs and/or experience an unwanted pregnancy. Explain that one decision teens can make about sex is to not have it—to abstain until they are older and ready for the responsibilities that accompany the choice to be sexually active.

2. Pin up two different sheets of chart paper with the word "Abstinence" written on each one.

3. Ask students to define abstinence in their own words. Write their responses on one of the sheets of chart paper. If the youth do not make the following points, make them yourself:
   a. Abstinence is a deliberate decision to avoid something. People choose to abstain from many different things, such as sweets, meat, candy, tobacco products, voting, alcohol and/or other drugs, and/or sexual activities.
   b. People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting and/or participating in some behaviours), fear (of punishment, of negative consequences), and disinterest.
Lesson Five

c. People define sexual abstinence in many different ways. For one person, it may mean no physical contact with potential partners—no kissing, no holding hands. For another, it may mean abstaining from one specific behaviour, such as avoiding vaginal intercourse. For the purpose of this exercise, abstinence should be defined as having no sexual intercourse: vaginal, oral, and/or anal.

4. Split the class into four groups and give the groups 15 minutes to discuss and list at least ten reasons why teens might decide to not have sex.

5. Once the groups have completed their list, ask them to share the reasons they have listed with the rest of the class. Record the reasons on a master list using the second sheet of chart paper. Teens should have identified some of the following, if not add them to the list:
   a. Religious beliefs, personal beliefs, not ready for sex, want to wait until married, want to wait until out of high school, risk of pregnancy, risk of STIs, don't want to jeopardize goals, relationship with parents, not in love, peer pressure, not interested.

6. Ask the class to discuss the reasons listed. Ask the teens to evaluate if each reason is a "good" or "bad" reason to choose abstinence. Note that there will be varying views on what constitutes “good” or “bad” amongst the students. Validate that people have different reasons for choosing abstinence and that each should be valued and respected.

7. Explain to the group that abstinence is only 100 percent effective if used consistently and correctly. Ask teens what they think you mean by that statement.

8. Conclude with the following discussion:
   a. Given what we learned today, do you think that there are some good reasons to choose abstinence from sexual intercourse?
   b. Is it difficult to stick to the decision not to have sex? What are some things people can do to help themselves follow through with that decision?
   c. What can you do to help your friends if they choose to be abstinent?

Source: Used with permission from Advocates for Youth, www.advocatesforyouth.org
Lesson Five

Activity Two: Methods of Pregnancy Prevention – 60 minutes

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
- Plan B (Emergency Contraceptive Pill)
- Sponge
- Patch
- Contraceptive Foam
- Female Condom
- Vaginal Contraceptive Film
- Diaphragm
- Nuva Ring
- *Note: For Withdrawal and Rhythm methods please see Note to Teacher.

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 some of the disadvantages of this method?

Be sure that the flipchart 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. Circulate between the groups to keep them on task and to assist them (e.g. leading questions or giving information).
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5. 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 www.peelsexualhealth.ca. You may also wish to make copies of this information for students, including community resources (e.g. youth friendly clinics, phone numbers, etc…).

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

**Note to Teachers:** *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 not yet discussed. Make sure to conclude with information about the Withdrawal method, the Calendar/Rhythm method, and the risks and consequences of not using a method (see fact sheets at end of lesson for more details).*

**Possible Extension**

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

**Possible Assessment**

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

*Adapted with permission from materials produced by the Canadian Federation for Sexual Health.*
Lesson Five

**Activity Three: Screen Video – 28 minutes**

*Teens and Sex: What You Need To Know*

The road to informed sexual decision-making is filled with potential wrong turns. Peer pressure, misinformation, media exposure, and increased hormone levels can make it difficult for teens to make decisions in their own best interest. Two peer hosts, using a straightforward approach, answer questions and debunk myths about sexual development, conception, pregnancy, contraception and STIs. Abstinence is presented as the only 100 percent foolproof way to avoid pregnancy.

Interweaving real-life scenarios with clear, crisp graphics, this program takes an in-depth look at the effectiveness of various contraceptives, details how STIs are spread, the dangers of leaving them untreated, and the need for consistent condom use to avoid STIs. The information presented also illustrates the clear link between the presence of an STI and increased risk of contracting HIV. The program ends with a Sex I.Q. quiz to reinforce key concepts and test viewer knowledge.
Lesson Five

Video Handout

As you view the video, “Teens and 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!

- Sexual development
- Sexually transmitted infections (STIs)
- Contraception, protection, safer sex
- Pregnancy
- 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?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
Lesson Five

References

Advocates For Youth. *Teaching Abstinence as a Part of Comprehensive Sex Education: What is Abstinence?*, Washington, DC. www.advocatesforyouth.org


Lesson Five

Birth Control Pill
Lesson Five

Male Condom
Lesson Five

Emergency Contraceptive Pill
Lesson Five

Sponge
Lesson Five

Transdermal Patch
Lesson Five

Spermicides
(Foam, Film & Jelly)
Lesson Five

Female Condom
Lesson Five

Diaphragm
Lesson Five

Contraceptive Ring
Lesson Five

SUPPORT MATERIALS

Fact Sheets:

- Abstinence
- Birth Control Pill
- Contraceptive Foam
- Diaphragm
- Evra (patch)
- Female Condom
- Male Condom
- Plan B – Emergency Contraceptive Pill
- Sponge
- Vaginal Contraceptive Film (VCF)
- Withdrawal
THE BIRTH CONTROL PILL (BCP)

What is it?
The birth control pill (BCP) or oral contraceptive (OC) contains the hormones estrogen and progesterone and prevents pregnancy by stopping ovulation (release of an egg by the ovary). It is between 92 and 99.7% effective. The pill must be taken at the same time every day.

There are 28 and 21 day pill packs.
- **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.)
- **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.

When should a back-up method be used with the pill?
There is a chance of getting pregnant any time you haven’t taken your pills correctly. Use a back-up method of birth control such as condoms or don’t have sex for the next 7 days when:

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

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

c) taking prescribed or over-the-counter medications, or 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.

d) 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 have made any mistakes taking your birth control pills, you may be able to take the Emergency Contraceptive Pill (Morning After Pill) for up to 3 days after unprotected sex 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 a 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 Peel Health at 905-799-7700 or visit our web sites peelsexualhealth.ca intheknowpeel.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
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 about 79-95% effective depending on use.

Advantages of the Female Condom
- latex free so 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
- no smell
- any lubricant can be used
- less disruptive to love-making (can be inserted up to 8 hours before sex)
- sold in stores – no prescription needed
- better for men who loose 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:

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

Read instructions carefully. Each package has detailed instructions for use.

Do not reuse condoms.

Throw used condoms in the garbage so they don’t plug the toilet.

Having safer sex means protecting yourself (and your partner) from pregnancy and sexually transmitted infections.

For more information, call
Health Line Peel-
Sexual Health Information
905-799-7700
or visit
intheknowpeel.ca peelsexualhealth.ca peelregion.ca/health
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 (between 85% and 98% effective depending on use) and protection against transmission of sexually transmitted infections (STIs). Some STIs though such as herpes and human papilloma virus (HPV) 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 STIs. Polyurethane condoms can be used if you or your partner have a latex allergy. 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 (stores, pharmacies, vending machines, some public washrooms etc)
- low price – samples are available free at some clinics

- if 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
Some possible side effects might be:
- 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 circumsized, 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 (cuming), 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-Sexual Health Information at 905-799-7700 or visit intheknowpeel.ca peelsexualhealth.ca peelregion.ca/health
EVRA
The Contraceptive Patch

What is it?
Evra is a beige non-latex 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 put on the skin of the buttock, abdomen, upper body (not on the breasts) or the outside of the upper arm.
You will need a prescription from a doctor for the patch.

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 mucous in the cervix which makes 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:

- Week 1 - Put the patch on your skin the first day of your period and leave this on for one week
- Week 2 - Replace this patch with a new patch on the same day of the week
- Week 3 - Replace this patch with a new patch on the same day of the week (For example, if you started your first patch on Monday, then you will change your patch every Monday for 2 weeks, using 3 patches in total.)
- Week 4 - No patch is used. Your period should start during this “patch-free” week.
- Then 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 of birth control 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 body part but not in the exact same spot.
- Do not put it on a cut, red or irritated skin.
- Do not put it where oil, creams, lotions or powders are or will be applied.
- Press the patch firmly with the palm of your hand for 10 seconds to be sure edges stick well.
- The patch will stay attached and be effective while bathing, swimming, and exercising or when it is very humid.
- Do not expose the patch area to sources of heat such as saunas or hot tubs.
- Put used patches in the garbage. Do not flush them down the toilet.

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 or spotting
- skin irritation

If you use the patch, you should 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 some 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 might be easier to remove the patch while bathing.
- If switching from Depo to Evra, start the patch on the 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:
- you start the patch on a Sunday and this is not the first day of your period.
- you start the patch more than 24 hours after your period starts.
- you are changing from the pill to the patch and it is not the first day of your period.
- switching from Depo injection to the patch and you are more than the 13th week from your last injection.
- 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, Starts to Peel 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
intheknowpeel.ca peelsexualhealth.ca peelregion.ca
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
Plan B is an emergency method of birth control containing a female hormone called progestin. Usually women who can safely take the birth control pill can take Plan B. Plan B is provided by a health professional, including a pharmacist. To prevent pregnancy, Plan B should be taken within 72 hours after unprotected vaginal sex. Situations could include:

- a condom breaking or slipping
- using withdrawal (pulling out) or no birth control at all
- missing some birth control pills and not using a condom
- getting your Depo injection late
- a slipped diaphragm
- rape/forced sex

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. It is 95% effective if taken properly within 24 hours of unprotected sex, 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 or harm the fetus.

**How to use Plan B**

You will receive 2 pills in a package. Read and follow the package instructions carefully.

- Eat something
- Take both pills at once

If you have taken Plan B before and been sick to your stomach, you can take one pill and then **12 hours later**, take the second pill with food. (Time it so you don’t have to wake up in the middle of the night!). Taking an anti-nausea pill before you take Plan B will help.

**What else do I need to know?**

- Other possible side effects are mild stomach pain, tiredness, headache and spotting or bleeding from the vagina. This usually lasts only a few days.
- See a doctor immediately if you have cramping/severe abdominal (stomach) pain any time before your next period.
- Your next period should begin at its expected time. If it’s more than 1 week late, or very different from normal, you should have a pregnancy test.

**Can I have Plan B to use in the future?**

Some health professionals may offer you Plan B to use at a later date. Remember to:

- store it 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

**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 Plan B and then continue on your pack on the day after you take 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 had unprotected sex, you should be tested for sexually transmitted infections.

For more information, call Health Line Peel 905-799-7700 and ask for Sexual Health Information or visit peelsexualhealth.ca intheknowpeel.ca peelregion.ca

planbmar07
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?

There should be no contact between the vagina and penis before VCF is inserted. There may be sperm in the pre-cum or pre-ejaculate.

With dry fingers, remove one film from the package. Fold it in half and place over fingertip. Slide your finger, covered with the 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 hour 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 can be used in a day.

VCF can be inserted by a woman or her partner. Do not place the film on the tip of the penis 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 70-80% 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 (STIs).

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. Stop using VCF if any of these happen and check with your doctor if the problems continue.

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 birth control products.

Use condoms/latex barriers to help prevent the spread of STIs, HIV and Hepatitis B.
For more information call Health Line Peel at 905-799-7700 or visit intheknowpeel.ca peelsexualhealth.ca peelregion.ca/health
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 inside of the vagina 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 everytime you have sex. It is 71-82% effective in preventing pregnancy depending on how well you use it. To use this method, you need to feel comfortable with putting the applicator into your vagina. The foam must be put in the vagina correctly and it then starts to work immediately. Sex needs to happen within one hour. If it is longer than one hour, a new applicator of foam must be inserted.

Advantages
- Easily available at a pharmacy or drug store and no prescription is needed
- You only use it when you need it
- Convenient to carry with you
- Relatively inexpensive
- Provides extra lubrication during intercourse
- It’s 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 such as 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 therefore it will not work. (Douching is not recommended 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-Sexual Health Information at 905-799-7700 or visit intheknowpeel.ca peelsexualhealth.ca peelregiona.ca/health

Contraceptive Foam dec06
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
Lesson Six

Title: Sexually Transmitted Infections (STIs)

Theme: Learning about STIs - Symptoms, Transmission and Prevention Strategies.

Time: 170 minutes

Materials: STI Fact Sheets
Station A, Station B, Station C Worksheets
Condoms
Condom Game Cards

Objectives

- To inform students about the symptoms, modes of transmission and prevention of STIs.
- To educate students about the risks involved in sexual activities.
- To provide students with an opportunity to sharpen their communication and negotiation skills about preventing STIs.
- To give students the opportunity to practice the proper steps for using a condom.

Curriculum Expectations

7p2 - describe age-appropriate matters related to sexuality (e.g., the need to develop good interpersonal skills, such as the ability to communicate effectively with the opposite sex).

7p10 - identify the methods of transmission and the symptoms of sexually transmitted diseases (STDs), and ways to prevent them.

7p11 - use effective communication skills (e.g., refusal skills, active listening) to deal with various relationships and situations.

8p2 - identify the physical, emotional, interpersonal, and spiritual aspects of healthy sexuality (e.g., respect for life, ethical questions in relationships, contraception).

8p11 - identify the symptoms, methods of transmission, prevention, and high-risk behaviours related to common STDs, HIV, and AIDS.
Lesson Six

8p13 - apply living skills (e.g., decision-making, assertiveness, and refusal skills) in making informed decisions, and analyse the consequences of engaging in sexual activities and using drugs.

4MAT Quadrant Codes

1R: Large-Group Activities; Brainstorming
1L: Sharing; Summarising; Small Group Work or Discussions
2L: Demonstrations
2R: Artistic Projects
3R: Student Generated Questions; Question Boxes; Group Work

Background Information

Sexually transmitted infections (STIs) are transmitted via contact with the following bodily fluids of an infected individual: (a) vaginal secretions, ejaculation, or pre-ejaculation; (b) blood; and (c) breast milk. These fluids can be exchanged by means of sexual contact (where bodily fluids are exchanged) including sexual intercourse and/or intimate contact with the genitals, mouth and/or rectum and vaginal childbirth; by sharing needles [for drug use, tattooing, or piercing], razors or toothbrushes, or via sex (menstrual blood); or an infant who is breast fed by a mother who is HIV positive. STIs are caused by viruses, bacteria, or fungus/parasites. Some STIs are curable while others are only treatable.

Research findings for STI trends amongst Canadian youth paint a worrisome picture. Rates of STIs are on the rise, especially for 15-19 year olds (McKay, 2005). There are unreasonably high rates of STIs across Canada (McKay, 2005). Statistics specific to the Peel Region reveal chlamydia and gonorrhea to be the most common STIs among 15-19 year olds (Peel Health Status Report, 2002).
Lesson Six

A gender discrepancy exists in STI rates, where female teens are being diagnosed at higher rates than their male counterparts. In 2000, of the STIs diagnosed in the Peel Region, 82% of chlamydia and 72% of gonorrhea cases were in females (Peel Health Status Report, 2002). Although females have higher reported rates of STIs, sexual health issues affect everyone on a financial, physical, social, and emotional level. Presenting youth with the knowledge and skills to prevent STIs is imperative in influencing safe and healthy decision making and behaviours.

Note to Teachers: Discussions about STIs may be uncomfortable for students. Providing resources where students can access additional information, counselling, or medical advice (e.g., www.peelsexualhealth.ca) is important for students to continue gathering knowledge and skills. Also, re-introducing the question box during lesson six is recommended as students will likely have many questions they will not want to ask aloud.

Activity One: Classroom Rules - 5 - 10 minutes

Ensure ground rules are established before beginning this lesson. For classes that have already established ground rules (lesson one, p. 31), 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.
- Everyone has the right to pass if they do not feel comfortable with a question.
Lesson Six

- We will use only the correct 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.

Activity Two: True or False Facilitated Class Discussion - 20 minutes

The following True and False statements are posed to students to introduce the topic of STIs. Read the accompanying statements to students who will then vote if the sentence is True or False (students can create two separate voting panels (or pieces of paper) one with the word “True” and the other with the word “False”).

1. Talking about STIs can be difficult for individuals of all ages.

... student vote...

TRUE: It is normal to feel an array of feelings. A discussion can be elicited by asking students to brainstorm what feelings are normal to experience when learning about STIs.

- Fear, shame, embarrassment, anger, confusion, uncomfortable, isolation, et cetera. Validate all student suggestions.
- Emphasize that the classroom is a safe space to learn accurate health information.

Next, ask students to brainstorm “Why does this topic bring about strong emotions?”

- STIs are related to sexuality which many people have difficulty talking about in general.
- There are messages about STIs coming from every direction. Different sources of STI information, some of which are inaccurate, may create mixed messages and confuse youth.
Lesson Six

- Youth may feel judged by adults and/or peers while talking about STIs which can bring about a variety of emotions.
- Stigmatization exists -- many people mistakenly believe that STIs are a punishment.
- Some youth feel invincible as though “it won’t happen to me” and disregard the information as being non-applicable.

Note to Teachers: STIs do not discriminate – they occur in all groups; diverse ethnicities; socio-economic status; and sex/gender, et cetera. STIs are not only about a physical infection, but more about the social, emotional and economic factors that influence individuals. Normalizing health issues may lead more adolescents to seek preventative measures (getting self and partner tested prior to sexual involvement) and treatment if need be.

2. STIs (sexually transmitted infections) and STDs (sexually transmitted diseases) mean the same thing.

... student vote...
FALSE: A discussion can be elicited by asking students if they know the difference in meaning.

- Although the terms STI and STD are often used interchangeably, the connotations of these acronyms differ slightly.
- These terms require some clarification. The term disease (STD) implies there are symptoms occurring in an individual who has contracted a bacteria, fungus/parasite, or virus. Infections (STIs) on the other hand may or may not involve symptoms.
- Thus, sexually transmitted infections, or STIs, is a more accurate term than STDs because individuals who have contracted an STI may not show symptoms.
Lesson Six

- It is important to let students know that the acronym STI includes the same illnesses as STD.

**Next, ask students “how can someone know their STI status?”**
- The only way for individuals to know their STI status is to get tested at a doctor’s office or healthy sexuality clinic.

3. You can always tell who has an STI.

…student vote…

**FALSE:** Many STIs are asymptomatic (don’t have symptoms) therefore even an individual who has contracted an STI may not be aware that he or she has an infection.
- Individuals with STIs look no different from anyone else. They are just like you and me, STIs do not discriminate nor do they care whether you are young or old, rich or poor, what your ethnicity is, et cetera.
- An individual can contract an STI from only one incidence of exchange of bodily fluids with an infected partner (unprotected sex, sharing needles, et cetera).
- Even if one’s partner is the nicest/kindest person, if they have had previous sexual partners there may be a chance they have contracted an STI.
- The only way to know whether or not an individual has an STI is to get tested at a doctor’s office or sexual health clinic. Individuals who are entering a new sexual relationship should always get tested - this is what responsible individuals do in sexual relationships. Both partners engaging in the sexual activity need to get tested…it is not enough for just one person to get tested.
Lesson Six

4. If a female is using oral contraception or “the pill” then both she and her partner are safe from contracting STIs.

…student vote…

FALSE:

- Birth control pills only prevent pregnancy, NOT STIs.

Note to Teachers: Many young people feel that preventing pregnancy is the goal when it comes to sexual intercourse. Although pregnancy prevention is important it is essential to notify students that they are not invincible – oral contraception does not protect individuals from STIs.

Activity Three: Factual Information about STIs – 50 - 60 minutes

This activity is set up for students to learn in an interactive fashion and will highlight common STIs - symptoms, transmission and treatment.

Have the classroom separated into three distinct sections or learning stations where each station represents either bacterial (chlamydia, gonorrhea, syphilis), viral (human papilloma virus (HPV), herpes (HSV), hepatitis B, human immunodeficiency virus (HIV)) or fungal/parasitic (trichomonas, pubic lice [crabs], scabies) STIs. Do not indicate that there are different sources of STIs, let the students come to this knowledge independently. Divide the class into three groups and direct them to visit each of the three stations to learn about the different STIs. The support materials (STI fact sheets) should be photocopied and distributed at each station. Give each group 10-15 minutes at each station to answer the questions in the accompanying worksheets. Once every student has answered the worksheets, rotate the groups through the stations.
Lesson Six

Possible Extension
You may want to quiz your students about the knowledge learned in activity three. If so, in this fun extension, students can work individually on the supplemental worksheet to match STIs to the modes of transmission.

Activity Four: Preventing STIs Class Discussion – 20 minutes

1. How are STIs transmitted?
   a. vaginal secretions, ejaculation, pre-ejaculation (pre-cum) - by means of sexual contact (where bodily fluids are exchanged) including sexual intercourse and/or intimate contact with the genitals, mouth and/or rectum;
   b. exchange of blood with an infected individual by sharing needles [for drug use, tattooing, or piercing], razors or toothbrushes; mother to infant during birth; sexual contact when blood is present.
   c. mother to infant transmission through HIV infected breast milk.

2. How are STIs NOT transmitted?
   - STIs are not transmitted by hugging, kissing, holding hands, having a conversation, salvia, tears, sharing dishware, or mosquito/insect bites, toilet seats or door knobs.

3. How can individuals prevent STIs?
   - Abstain from sexual activity.
   - Communicate with your partner about health issues.
   - Responsible individuals who engage in sexual activity get tested together ~ before you begin a sexual relationship.
   - Use condoms - ALWAYS.
Lesson Six

Note to Teachers: It is important to talk about negotiations, peer pressure and power dynamics in relationships. A conversation about who has the responsibility to prevent STIs would be useful in this activity.

Activity Five: 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 STIs, including HIV, they must be used correctly and consistently. (Game Cards included at the end of lesson six)

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, obtainable without seeing a doctor or pharmacist, low cost, effectiveness, prevention of 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 unlubricated, plain lubricated, flavoured or spermicidally lubricated).

Note to Teachers: latex and polyurethane condoms offer protection against both STIs, including HIV, and pregnancy, whereas lambskin condoms only offer protection against pregnancy. Lambskin condoms are porous, small enough to act as a barrier for sperm, but too large to obstruct STIs, such as HIV.
Lesson Six

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

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 the 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 of your hands, noting that the condom will be very loose.
Lesson Six

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, check condom package, sexual arousal, erection, 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.

Possible Assessment

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.

**Activity Six: STI Prevention: Communicating About Safer Sex - 60 minutes**

It is important to integrate communication skills with the knowledge learned throughout lesson 6 to facilitate comprehensive learning and skill building. This lesson intends to bridge student knowledge with skill building. In this activity students will author a script where two characters will have a conversation about STI prevention and safer sex.
Lesson Six

Introduce the activity with a brief discussion about the importance of communication when it comes to sex. It is appropriate to let students know that even though the majority of teens their age are not having sexual intercourse, it is important to talk about STI prevention so that when they do choose to become sexually active they are prepared and have a toolkit of strategies from which to draw upon. Highlight that responsible individuals talk about sex before it happens. In this activity students will act as screenwriters and develop a conversation for the following scene:

Sam and Alex are about to have a conversation about STI prevention and safer sex. Sam and Alex have been seeing each other for several months and care a lot about one another. Both Sam and Alex have engaged in sexual intercourse with past partners, but have not done so with one another. Recently, they have been getting more intimate and feel as though they need to talk about the next steps.

Divide the class into groups (of mixed gender) of 4 or 5 students. Students are to complete a one page script of Alex’s and Sam’s conversation which should include the following:

- An opening line to begin this conversation (For example, “I need to talk to you about something”).

- The body of the conversation.
  - Acknowledging the risks involved in unprotected sex.
  - Acknowledging that the only way to know about one’s STI status is to get tested.
Lesson Six

- Acknowledging the importance of using condoms *every time* a sexual act occurs.

- A resolution (what are Sam and Alex going to do).

Once the students have completed their script, have each group present their dialogue. As this is a difficult conversation to have in reality, highlight the opening lines that students used to begin this script. Using the sandwich technique (positive comment, constructive criticism, positive feedback) provide feedback on the scripts. Students should be encouraged to use their own language as this will help them put this scenario into words that make sense for them.

Debrief this activity by asking students the following questions:

1. When is the best time to begin a conversation with a partner about STI prevention and safer sex?

2. Is asking someone about their sexual history sufficient for STI prevention? Why or why not?

3. Do you think this exercise will help you have a conversation about STI prevention and safer sex with a partner? Why or why not?

4. What are some challenges or obstacles to having this conversation in real life?

Lesson Inspired by:

Lesson Six

References


STI Facts Worksheet: Station A

STATION A (Chlamydia, Gonorrhea, Syphilis)

1. What do the STIs at station A have in common?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. What are the symptoms for (i) males and (ii) females for the following STIs?
   a. Chlamydia: _____________________________________________
      _______________________________________________________
      _______________________________________________________
      _______________________________________________________
   b. Gonorrhea: _____________________________________________
      _______________________________________________________
      _______________________________________________________
      _______________________________________________________
   c. Syphilis: ______________________________________________
      _______________________________________________________
      _______________________________________________________
      _______________________________________________________

3. How are the following STIs transmitted to individuals?
   a. Chlamydia: _____________________________________________
      _______________________________________________________
   b. Gonorrhea: _____________________________________________
      _______________________________________________________
   c. Syphilis: ______________________________________________
      _______________________________________________________

4. Are the following STIs curable? treatable, or both? What is the treatment?
   a. Chlamydia: _____________________________________________
   b. Gonorrhea: _____________________________________________
   c. Syphilis: ______________________________________________
STI Facts Worksheet: Station B

STATION B (HPV, HSV, Hepatitis B, HIV)

1. What do the STIs at station B have in common?
   ___________________________________________________________________
   ___________________________________________________________________

2. What are the symptoms for (i) males and (ii) females for the following STIs?
   a. Human Papilloma Virus (HPV): ______________________________________
      ___________________________________________________________________
      ___________________________________________________________________
      ___________________________________________________________________
   b. Herpes Simplex Virus (HSV): _______________________________________
      ___________________________________________________________________
      ___________________________________________________________________
      ___________________________________________________________________
   c. Hepatitis B: _______________________________________________________
      ___________________________________________________________________
      ___________________________________________________________________
      ___________________________________________________________________
   d. Human Immunodeficiency Virus (HIV): _______________________________
      ___________________________________________________________________
      ___________________________________________________________________
      ___________________________________________________________________

3. How are the following STIs transmitted to individuals?
   a. Human Papilloma Virus (HPV): ______________________________________
      ___________________________________________________________________
   b. Herpes Simplex Virus (HSV): _______________________________________
      ___________________________________________________________________
   c. Hepatitis B: _______________________________________________________
      ___________________________________________________________________
   d. Human Immunodeficiency Virus (HIV): _______________________________
      ___________________________________________________________________
4. Are the following STIs curable? treatable, or both? What is the treatment?

   a. Human Papilloma Virus (HPV): ____________________________________________

   b. Herpes Simplex Virus (HSV): ____________________________________________

   c. Hepatitis B: __________________________________________________________

   d. Human Immunodeficiency Virus (HIV): _________________________________
STI Facts Worksheet: Station C

STATION C (Trichomonas, Pubic Lice, Scabies)

1. What do the STIs at station C have in common?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. What are the symptoms for (i) males and (ii) females for the following STIs?
   a. Trichomonas:________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
   b. Pubic Lice:__________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
   c. Scabies:____________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

3. How are the following STIs transmitted to individuals?
   a. Trichomonas:________________________________________________
      ________________________________________________________________
   b. Pubic Lice:__________________________________________________
      ________________________________________________________________
   c. Scabies:____________________________________________________
4. Are the following STIs curable? treatable, or both? What is the treatment?

a. Trichomonas:________________________________________________
   ____________________________________________________________

b. Pubic Lice:________________________________________________
   ____________________________________________________________

c. Scabies:________________________________________________
   ____________________________________________________________
### STI Transmission Matching Game

**Student Handout**

<table>
<thead>
<tr>
<th>(A) HIV</th>
<th>Intimate skin to skin contact (no exchange of bodily fluids)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B) Chlamydia</td>
<td>Sharing a dessert</td>
</tr>
<tr>
<td>(C) Gonorrhea</td>
<td>Unprotected (no condom) penile-vaginal, anal or oral sex with an infected individual</td>
</tr>
<tr>
<td>(D) Trichomonas</td>
<td>Holding hands</td>
</tr>
<tr>
<td>(E) Genital Warts (HPV)</td>
<td>Sharing sex toys</td>
</tr>
<tr>
<td>(F) Pubic Lice</td>
<td>Sharing needles for drugs, tattooing or piercing with an infected individual</td>
</tr>
<tr>
<td>(G) Scabies</td>
<td>Hugging</td>
</tr>
<tr>
<td>(H) Herpes</td>
<td>Oral sex when someone has a sore on his/her genitals</td>
</tr>
<tr>
<td>(I) Syphilis</td>
<td>Kissing</td>
</tr>
<tr>
<td>(J) Hepatitis B</td>
<td>Breast Milk</td>
</tr>
<tr>
<td></td>
<td>Protected penile-vaginal, anal or oral sex</td>
</tr>
</tbody>
</table>
STI Facts Worksheet: Station A

Teacher Guide

1. What do the STIs at station A have in common?

   All of STIs at station A are caused by bacteria.

2. What are the symptoms for (i) males and (ii) females for the following STIs?

   a. Chlamydia: Males: watery or milky discharge from penis; burning during urination; pain or swelling of the testicles; can be asymptomatic (in 50% of cases). Females: unusual discharge from the vagina; bleeding/spotting between periods; bleeding or pain during or after sex; lower abdominal pain; burning during urination; can be asymptomatic (in 70% of cases).

   b. Gonorrhea: Males: yellow/green pus from the penis; burning/pain during urination; rectal discharge; blood in stool; can be asymptomatic. Females: thick yellowish vaginal discharge; abnormal vaginal bleeding; can be asymptomatic.

   c. Syphilis: For both males and females: can be asymptomatic; 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.

3. How are the following STIs transmitted to individuals?

   a. Chlamydia: unprotected vaginal, anal or oral sex with a person who has Chlamydia.

   b. Gonorrhea: unprotected vaginal, anal or oral sex with a person who has Gonorrhea.

   c. Syphilis: direct contact with a syphilis sore during vaginal, oral or anal sex.

4. Are the following STIs curable? treatable, or both? What is the treatment?

   a. Chlamydia: Chlamydia is curable by taking prescribed antibiotics.

   b. Gonorrhea: Gonorrhea is curable by taking prescribed antibiotics.

   c. Syphilis: Syphilis is curable by taking prescribed antibiotics.
1. What do the STIs at station B have in common?

All of the STIs at station B are viruses.

2. What are the symptoms for (i) males and (ii) females for the following STIs?

   a. Human Papilloma Virus (HPV): For both males and females: warts may be round, flat or raised small cauliflower-like bumps that are flesh/grey coloured; warts can be single or in clusters; warts can be found in and around the genital area. Females: warts can also appear on the vaginal walls and cervix; some serious strains of the virus can lead to cervical cancer.

   b. Herpes Simplex Virus (HSV): For both males and females: tingling or itching of the skin around the genitals; one or a group of painful, watery blisters in or around the genitals, or wherever there is skin to skin contact (lips, anus); these blisters break and form open sores that scab lasting 7-21 days; burning during urination; flu-like symptoms during outbreak; tender, swollen glands in the groin; symptoms that start 2-21 days after contact with an infected person, but may take weeks or months to appear; outbreaks of herpes can vary and can return as often as every month or as rarely as once a year or longer; stress, illness, diet, fever, sun exposure, menstrual cycle, pregnancy or vigorous sex may cause outbreaks.

   c. Hepatitis B: For both males and females: some hepatitis B infected people have no symptoms; some may develop flu-like symptoms such as fatigue and nausea; fever; abdominal pain; dark urine; clay coloured stool; jaundice (yellowish colour of the skin and eyes).

   d. Human Immunodeficiency Virus (HIV): For both males and females: some HIV infected people often have no symptoms and look and feel healthy; some HIV infected people may feel fatigue, loss of appetite, night sweats, et cetera; AIDS –(occurs after the virus has damaged the immune system) symptoms may include extreme weight loss; unusual skin infections, pneumonias or cancers.
3. How are the following STIs transmitted to individuals?

   a. Human Papilloma Virus (HPV): Skin to skin contact and/or unprotected vaginal, anal or oral sex with an HPV infected individual.

   b. Herpes Simplex Virus (HSV): Direct contact with the sores or blisters of an infected person, for example, vaginal, anal or oral sex with someone who has open sores on their mouth or genitals. Also, if a mother has genital sores during labour, herpes can be passed to the baby.

   c. Hepatitis B: Contact with hepatitis B infected blood, semen, vaginal secretions, or breast milk. Sexual intercourse (including vaginal, anal, oral sex, sharing sex toys, et cetera); pregnancy (from an hepatitis B infected mother to an unborn baby, or during breast feeding); sharing needles with an HIV infected individual (sharing syringes with traces of the blood of an infected person, for example, tattooing, sharing needles for drug use, piercing).

   d. Human Immunodeficiency Virus (HIV): Contact with HIV infected blood, semen, vaginal secretions, or breast milk. Sexual intercourse (including vaginal, anal, oral sex, sharing sex toys, et cetera); pregnancy (from an HIV infected mother to an unborn baby, or during breast feeding); sharing needles with an HIV infected individual (sharing syringes with traces of the blood of an infected person, for example, tattooing, sharing needles for drug use, piercing).

4. Are the following STIs curable? treatable, or both? What is the treatment?

   a. Human Papilloma Virus (HPV): HPV is treatable by medications or surgeries/laser that can remove visible warts. Some HPV strains will clear up on their own, while others are more serious and may cause cervical, penile or rectal cancer.

   b. Herpes Simplex Virus (HSV): HSV is not curable but it is treatable with prescribed medication that may help to shorten outbreaks.

   c. Hepatitis B: Hepatitis B is not curable or treatable, however, most individuals’ immune system combats the virus and they completely recover. It is important to be vaccinated for Hepatitis A & B.

   d. Human Immunodeficiency Virus (HIV): HIV is not curable. There are medications that assist to boost and improve the immune system and slow the progression of AIDS.
1. What do the STIs at station C have in common?
   All STIs at station C are parasitic/fungal infections.

2. What are the symptoms for (i) males and (ii) females for the following STIs?
   a. Trichomonas: Males: usually no symptoms; discharge from penis; burning during urination; irritation around the tip of the penis. Females: frothy, green vaginal discharge; unpleasant odour; intense vaginal itching; redness and pain in vaginal area; frequent need to urinate; sometimes no symptoms.
   b. Pubic Lice: For both males and females: itchiness and redness around the genitals. Itching is often worse at night.
   c. Scabies: For both males and females: Intense itching in the genital region (may also infest the stomach, thighs, nipples, and buttocks); rash; scabies skin lesions (wavy, threadlike, very small, slightly elevated, greyish-white burrows most frequently found between the fingers, on the elbows, hands and wrists).

3. How are the following STIs transmitted to individuals?
   a. Trichomonas: unprotected vaginal, anal or oral sex with a person who has trichomonas.
   b. Pubic Lice: Intimate skin to skin contact. Public Lice (often called crabs) can be transmitted via sharing clothes, towels, soap, bedding or sleeping bags with someone who has crabs.
   c. Scabies: Intimate skin to skin contact. Can also be transmitted via sharing clothes, towels, soap, bedding or sleeping bags with someone who has scabies.

4. Are the following STIs curable? treatable, or both? What is the treatment?
   a. Trichomonas: Trichomonas is curable by taking prescribed medication.
   b. Pubic Lice: Pubic Lice is curable by using medicated shampoos and creams. Linens and clothing must be thoroughly washed and dried in a hot dryer to get the lice out of these materials.
   c. Scabies: Scabies is curable by using prescribed medicated lotions.
STI Transmission Matching Game

Teacher Guide

(A) HIV
Intimate skin to skin contact (no exchange of bodily fluids) E, F, G, H, I

(B) Chlamydia
Sharing a dessert no STIs are transmitted by sharing food – unless both individuals have open sores in their mouths and share utensils e.g., hepatitis B

(C) Gonorrhea
Unprotected (no condom) penile-vaginal, anal or oral sex with an infected individual A, B, C, D, E, F, G, H, I, J

(D) Trichomonas
Holding hands no STIs can be transmitted by holding hands.

(E) Genital Warts (HPV)
Sharing sex toys A, B, C, D, E, H, I, J

(F) Pubic Lice
Sharing needles for drugs, tattooing or piercing with an infected individual A, J

(G) Scabies
Hugging there is no STI that can be transmitted via hugging.

(H) Herpes
Oral sex when someone has a sore on his/her genitals A, B, C, D, E, H, I, J

(I) Syphilis
Kissing no STIs are transmitted by kissing someone on the cheek. Closed mouth kissing is a low risk activity (unless one or both individuals have open sores around their mouths). Some students may write H as an answer.

(J) Hepatitis B
Breast Milk A

Protected penile-vaginal, anal or oral sex E, F, G, H, I
Mutual Decision To Have Sex
Talk To Your Partner About Condoms
Get Condoms
Check
Condom Package
Sexual Arousal
Squeeze Air From Tip
Roll
Condom
On To
Penis
Orgasm
Hold On To Rim Of Condom
Withdraw Penis
Loss Of Erection
Remove Condom
Relax
Lesson Six

SUPPORT MATERIALS

Fact Sheets:

- Chlamydia and Gonorrhea
- Genital Herpes
- Human Papilloma Virus (HPV)
- Pubic Lice (Crabs)
- Scabies
- Syphilis
- Trichomonas Vaginitis
- Bacterial Vaginosis (BV)
- Hepatitis A
- Hepatitis B
- HIV/AIDS
- Lymphogranuloma Venereum (LGV)
- Molluscum Contagiosum
Bacterial Vaginosis (BV)
(Non Specific Vaginitis; Bacterial Vaginitis)

What is it?
Bacterial Vaginosis (BV) is a common vaginal infection. It is an uneven balance of the normal bacteria in the vagina which lets many other type of germs to grow. The normal balance of the vagina can be affected by stress, frequent sex, antibiotics and some forms of birth control.

BV tends to occur in sexually active young women. but is not considered to be sexually transmitted.

What are the symptoms?
• half of women have no symptoms even though BV may show up on a test
• fishy odour – sometimes more noticeable after sex
• white or grayish watery 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, high risk pregnancies or those having pelvic surgery or an IUD inserted 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 and for 24 hours after taking medication. Flagyl can cause a metallic taste and dryness in the in the mouth and vagina.

If the infection keeps coming back and is hard to treat, you might want to keep a diary of your symptoms and your activities. This allows you to:
• compare the amount of discharge and other symptoms
• see if there are patterns
• link symptoms with activities

Complications
Having of BV while having a procedures such as an IUD insertion, biopsy or an abortion has been linked to pelvic inflammatory disease (PID). BV may also be associated with premature delivery. If you have BV and will be having pelvic surgery, you must be treated. Having BV may also increase the risk of human immunodeficiency virus (HIV) if you are exposed.

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 (STIs), HIV and Hepatitis B.

For more information, call Peel Health at 905-799-7700
or visit
peelregion.ca/health       peelsexualhealth.ca       intheknowpeel.ca
CHLAMYDIA and GONORRHEA

What are chlamydia and gonorrhea?
Chlamydia (cla-mid-ee-uh) and gonorrhea (gon-or-re-a) (also known as “the clap”, “a dose” or “the drip”) are common sexually transmitted infections (STIs). These are infections caused by two different bacteria and need to be treated with different antibiotics. You can have the bacteria before symptoms show up and some people never have symptoms. Even if you have no symptoms, chlamydia and gonorrhea can spread from one person to another during unprotected oral, vaginal, or anal sex. It can take 2-6 weeks or longer for chlamydia and 2-7 days or longer for gonorrhea symptoms to show up after you have had sex with an infected person.

What are the symptoms?
Sometimes people have no symptoms or symptoms so mild they can be mistaken for something else. If you do have symptoms, they could include:

Men:
- discharge from penis
- burning/itching around tip of penis
- pain or burning when passing urine
- painful or swollen testicles
- rectal pain

Women:
- increased vaginal discharge
- pain or burning when passing urine
- pain or bleeding during sex
- bleeding after sex
- bleeding between menstrual periods
- pain in the lower abdomen
- rectal pain

Are there complications?
If chlamydia or gonorrhea is left untreated, there can be serious problems. Having any STI can increase your chances of becoming infected with HIV if you come in contact with it. If left untreated, these infections may spread to other parts of the body.

Men:
If untreated, STIs could cause infection to the testicles and prostate gland and could make a man sterile (infertile).

Women:
If untreated, STIs can spread to the fallopian tubes and ovaries and may cause chronic pelvic pain or pelvic inflammatory disease (PID). PID can lead to a tubal pregnancy or infertility. Untreated chlamydia is one of the main reasons women are unable to get pregnant (infertility).
If a pregnant woman has chlamydia or gonorrhea, it can be passed to the baby during delivery and may lead to complications such as eye or lung infections.

How do I know if I have chlamydia or gonorrhea?
The only way to know if you are infected is to get tested. Chlamydia and gonorrhea can be diagnosed by taking a swab from a woman’s cervix or the tip of a man’s penis, from the throat (for oral sex) or from the anus (for anal sex). It can also be found by doing a special urine test.

How are chlamydia and gonorrhea treated?
Chlamydia and gonorrhea are treated with different and specific antibiotics. Because it is possible to have both infections at the same time, you may be given two different medications.

To cure chlamydia and gonorrhea, take all the pills given to you. Do not have sexual (oral, vaginal, anal) contact, even with a condom, during treatment and for at least 7 days after treatment.
Your partner(s) must be tested and treated at the same time to prevent re-infection. Remember, if you are taking birth control pills, then antibiotics may make the pill not work as well.
Is follow-up important?
Yes. It is important to know that your infection is gone. Your health-care provider will tell you when to return for a follow-up test. Depending on what tests you need, you will be asked to return anywhere from 4 days to 4 weeks after finishing the medication.

What about my partners and contacts?
It is important that all sexual partner(s) be tested and treated, whether they have symptoms or not. These infections are reportable to public health so public health staff will be asking for the names of your sexual contacts so they can be informed, tested and treated.

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

For more information:
Call Peel Health at 905-799-7700
or visit
intheknowpeel.ca peelsexualhealth.ca peelregion.ca
GENITAL HERPES

What is it?
Genital herpes is one of the most common sexually transmitted infections (STIs), 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 alike and either type can cause genital sores or cold sores. Once you have herpes, you become a carrier of the virus for life.

What are the symptoms?
Symptoms of genital herpes are different 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 show 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 come back anytime. The number of outbreaks each person has is different but average 4 to 5 per year. Many people find that over time the number of outbreaks are less and not as painful.

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 time just before an outbreak. This time before an outbreak is called the prodrome when some 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 some reasons can be:

- stress (emotional and physical)
- exposure to sunlight
- hormonal changes (e.g. menstruation)
- poor nutrition
- sex
- not enough sleep
- low immune system (e.g. following surgery, injury or when you have a fever or other illness)

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

- not smoking
- eating a healthy diet
- getting enough rest
- exercising regularly
- 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 you have symptoms/sores 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 doctor looking at them and with 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 usually found during routine Pap and STI tests. Special 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, lower the number of outbreaks and 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 can be more seriously for the baby if you become infected for the first time during pregnancy. Herpes can 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 an outbreak
  - 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 normal 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:
- Peel Health 905-799-7700
  Ask for Sexual Health Information or visit peelsexualhealth.ca, intheknowpeel.ca or peelregion.ca/health
- 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 Peel Health at 905-799-7700
and ask for Sexual Health Information
or visit
peelsexualhealth.ca intheknowpeel.ca peelregion.ca/health
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 peelregion.ca


Feb05
HEPATITIS B

What is Hepatitis B?
Hepatitis B is a viral infection of the liver. Some people who get hepatitis never feel sick. Others develop flu-like symptoms, such as fatigue and nausea. Some become very ill with fever, abdominal pain, dark urine, clay coloured stools and jaundice (yellowish colour of the skin and eyes). Less than 1% become severely ill and die. Most people who get Hepatitis B recover completely and are then protected from future infections by their own natural immunity. Some people become carriers of Hepatitis B and require continuing medical follow-up.

What is a Hepatitis B Carrier?
A hepatitis B carrier is a person who carries the virus in their blood and body fluids for the rest of their life.

- Six to ten percent of people with Hepatitis B become chronic carriers.
- Carriers look and feel well but can continue to pass the infection to others.
- Twenty-five percent of carriers develop cirrhosis (scarring) or cancer of the liver later in life.

How is Hepatitis B Spread?
Hepatitis B is spread to others by:

- contact with infected blood or body fluids (semen, vaginal fluids, saliva). The infected blood or body fluid must enter a break in the skin or be absorbed through a mucous membrane (eyes, mouth, vagina, anus).
- a bite if infected blood or saliva enters the bloodstream.
- A carrier mother who can pass the virus to her baby during childbirth. All pregnant women must be screened for Hepatitis B as part of their prenatal care.

Hepatitis B is not spread by water, food, kissing, sneezing or coughing.

Treatment
There is no treatment to kill the virus. Advances are being made with treatments to help slow down the progress of liver damage.

How to Prevent Hepatitis B
- Have the Hepatitis B vaccine. Peel Health provides free vaccine to household & sexual contacts, babies of chronic carriers and Grade 7 students.
- Practice safer sex. Use a latex barrier (condom, dam) every time.
- Never share needles and syringes.
- Never share toothbrushes, razors, nail files or other personal items that may have tiny amounts of blood on them. (The virus lives in dry blood for up to seven days).
- For activities that cut the skin, such as tattooing or ear/body piercing, be sure the equipment is brand new or sterilized.
- Dispose of blood stained articles (tampons, dental floss, bandages) by putting in a tied plastic bag.
- Use routine practices in any situation where blood/body fluids are involved:
  - wear a household rubber glove to reduce the risk of the fluid entering your body through breaks in the skin
  - clean up blood/body fluids spills with soap and water
  - then wipe the surface with freshly made bleach solution 1:10 (¼ cup bleach to 2¼ cups water)
  - let this area dry 10 minutes so the bleach will kill any germs left on the surface.
  - put blood-soiled materials in a sealed bag first before disposing in the garbage
  - remove gloves and wash hands with soap and water for at least 15 seconds.
HEPATITIS B VACCINE

What is the Vaccine?
There are 2 preparations of Hepatitis B vaccine in Canada. Both vaccines are yeast based and do not contain any blood products.

When is the Vaccine Necessary?
Hepatitis B screening (blood test) will show if you are susceptible, immune or a carrier of Hepatitis B. This screening is only necessary in certain situations.

If susceptible, you have never had Hepatitis B and would benefit from Hepatitis B vaccination.

If immune, you have had Hepatitis B vaccine or the disease in the past and are now protected. Vaccine is not necessary.

If a carrier, you do not require the vaccine. Hepatitis B vaccine will protect your sexual partners and household contacts.

How Often is the Vaccine Required?
Three (3) doses of the vaccine, given at 0, 1 and 6 months, are needed to provide immunity. Hepatitis B screening (blood test), to check immunity, is recommended in certain situations. Screening is necessary for:
- sexual partners of Hepatitis B carriers
- babies born to carrier mothers

Are There Reasons Not to Receive the Vaccine?
The vaccine is not advised if you are:
- sensitive to any component of the vaccine - yeast, thimersol (contact lens solution), mercury, aluminum.
- currently ill with a high fever, respiratory infection or contagious disease.
- pregnant. (Vaccination may be considered if at high risk of Hepatitis B).
- already a carrier or immune.

What Are the Side Effects?
No serious reactions have been reported from Hepatitis B vaccine. Minor side effects include:
- redness, soreness or swelling at the needle site
- tiredness, headache
- slight fever

For more information call Health Line Peel at 905-799-7700 and ask for Sexual Health Information or Communicable Disease Program
Or visit our Web site at peelregion.ca/health
Human papilloma virus (HPV) is a common sexually transmitted infection, also known as genital warts or condyloma. There are over 100 strains of HPV and some are serious (not all strains affect the genital area). HPV is spread by direct skin to skin contact during oral, vaginal or anal sex. Warts or an abnormal Pap test may not show up for months or years after exposure to the virus so it may be impossible to know where and when it was picked up. Some people never get warts, even though they have the virus. The doctor diagnoses warts by seeing them or by the Pap test results.

What can happen when I have HPV?
Once you are exposed to the virus, there are 3 things that might happen:

1. **Latent Infection**: At this stage most people will not know they have HPV. This means that a person has the virus but there are no warts or other signs of infection. The virus can still be spread to others during skin to skin 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. There is no treatment available at this stage. In about two thirds of female cases, the virus eventually ‘shows’ itself by growing warts in the genital area or by abnormal cells showing on a Pap test.

2. **Warts**: Warts are diagnosed by their appearance. Warts can be alone or in a cluster, painless or itchy and uncomfortable. For women, warts can appear anywhere in the anal or genital area, inside the vagina and on the cervix. For men, warts can appear anywhere in the anal or genital area and/or inside the urethra (tube that carries urine). Tests such as a urethroscopy (looking inside the urethra) or cystoscopy (looking at the bladder) can be done but are not that useful. Warts can show up fairly soon after exposure or months/years after the virus is picked up. A very small number of the 100 or so strains of HPV infections progress to cancer if left untreated. Before cancer ever develops, abnormal cells usually show on a woman’s cervix on a Pap test. There is no screening test for cancerous changes in men.

3. **Cancerous changes**: These can happen in men and women if they have one of the serious strains of HPV. The female cervix is the most common place and a Pap test will show if there are cell changes on the cervix caused by HPV. 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 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. If a woman keeps having abnormal Pap tests, a referral may be made to a specialist for a colposcopy. This test uses a special magnifying microscope to examine the cervix and a tissue sample (biopsy) may be taken at that time. DNA testing can tell what strain of HPV it is. There is no screening test or approved HPV DNA testing for men. 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.

**Treatment**
Warts: Warts that can be seen can be removed with cryotherapy (freezing off the wart with liquid nitrogen) or with special medication (trichloracetic acid, Wartec, Condyline) applied directly to the wart by a health professional. This might take a several treatments. This removes only the wart and not the virus. If there are lots of warts, a specialist’s referral may be needed for laser treatment or surgery. In some cases the warts can disappear on their own, as the immune system tries to get rid of the virus.

Pre Cancerous Changes: The 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. Treatment can then be decided on. Treatment may include cryotherapy, laser therapy or electrocautery to remove infected cells.

For men, any changes of the skin in the genital area should be examined by a doctor.

**How can I prevent getting cancer if I have HPV?**
To help prevent HPV from ever progressing to cancer, you should:
- stop smoking (smoking can increase the risk of cancer of the cervix in women with HPV)
- use condoms to avoid getting other sexually transmitted infections (STIs)
- get tested regularly for STIs and get treated right away if you have an infection
• get lots of rest, regular exercise and eat a healthy diet to help keep your immune system healthy
• have regular Pap tests

What about sexual partners?
When HPV is found, all sexual partners should be examined. This is especially important for women, as HPV is very contagious and can be spread even when no warts are visible.

Pregnancy
Most pregnant women who have had genital warts in the past will probably not have any complications or problems during a pregnancy or birth. If you have warts during pregnancy, they can grow in size and number or bleed due to the hormonal changes. This could make delivery more difficult.

HPV can cause growths in the throats of infants exposed to the virus during childbirth, but this is extremely rare.

Prevention
Any person who is sexually active can come in contact with this common virus. Sex at an early age and with multiple partners increases the risk.

Condoms are important as they help to reduce the risk of transmission of HPV, HIV and other STIs. They cannot prevent HPV transmission completely as they do not cover all the areas of skin that could be infected.

A vaccine to prevent HPV infection in females is now available for women ages 9-26. It is a series of 3 doses and available at a family doctor. Vaccines to control the virus after you have it are in the trial stage now, but experts say it will be a few 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. Box 13827, 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

• Public Health Agency of Canada
  http://www.phac-aspc.gc.ca/new_e.html
  Search HPV vaccine

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

For more information call Peel Health at 905-799-7700
or visit
peelsexualhealth.ca  peelregion.ca/health  intheknowpeel.ca
LGV
(Lymphogranuloma Venereum)

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 Peel Health 905-799-7700 and ask for Sexual Health Information or visit Intheknowpeel.ca peelsexualhealth.ca peelregion.ca/health
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?
A diagnosis is made by looking at the skin for bumps. If necessary, a swab from the bumps or sores may be taken to confirm the diagnosis.

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.

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
- using condoms to protect some of the area

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

For more information call Peel Health at 905-799-7700 and ask for Sexual Health Information or visit peelregion.ca  intheknowpeel.ca  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 can 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 blue spots where the lice have bitten you.

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

Treatment

- A medicated treatment can be bought at a drugstore without a prescription. Talk to a doctor or pharmacist if you are pregnant or breast feeding.
- Follow the instructions that come with the medication very carefully.

- 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 as a different medication will be needed.
- 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 1 week.
- Put articles in a non-food freezer for 24 hours to 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 in the last month should be treated at the same time. You should also consider testing for other sexually transmitted infections.*
**SCABIES**

**What is Scabies?**
Scabies is a common and annoying condition caused by tiny insects (itch mites) which dig under the skin. This causes a very itchy rash. Scabies is spread by humans through skin to skin contact while shaking hands, dancing, sharing clothes, bedding or towels and by sexual contact. Scabies is not caused by lack of proper cleanliness and it can affect anyone.

**What To Look For**
Most people do not have signs of scabies until about three weeks after the mite digs under the skin. The rash looks like curvy white threads, tiny red bumps, scratches or tiny blisters. It is very itchy, especially at night and the scratching can cause eczema.

Often the rash first appears between the fingers around wrists and elbows. It also can be found in the armpits, under the breasts, along the belt line and navel, the inner thighs, the buttocks and genitals. Those with low immune systems such as HIV may have crusted scabies.

Scabies needs to be diagnosed by a doctor as other skin conditions can also cause a rash and itching.

**Treatment**
A medicated treatment can be bought at a drugstore without a prescription. If you are pregnant or breastfeeding, talk to a doctor or pharmacist.

Follow the instructions very carefully.

Do not have close contact with others. *Your sexual partners and household contacts within the past month need to be treated at the same time.*

On the same day that you use the medicated treatment, wash your bedding, towels and clothes in hot water. Place these in the dryer on the hottest cycle for 20 minutes. Dry clean anything that can not be washed or place items in a sealed plastic bag for 3 to 7 days. Vacuum the mattress and empty out the vacuum.

Itching can last for several weeks after treatment with the medication. Itching is due to eggs and waste materials under the skin left behind by the mites. Itching can also be caused by the treatment as it dries out the skin. The itching will go away with time. A second treatment may be necessary.

For more information, call
Peel Public Health 905-799-7700
and ask for
Sexual Health Information or Communicable Disease
or visit
intheknowpeel.ca peelsexualhealth.ca peelregion.ca/health

Scabies july07.doc
SYPHILIS
(Bad Blood, The Pox)

What is it?
Syphilis is the oldest known sexually transmitted infection (STI), spread by anal, oral or vaginal sex. It can take from 3 days to 3 months for symptoms to show and some people may never have any noticeable symptoms. People infected with syphilis can spread it to others, even if they have no signs or symptoms of the infection.

What are the signs and symptoms?
There are 3 stages of syphilis:
**Primary**: The first symptom is a painless sore called a chancre on the penis, anus, labia, vagina, cervix, throat or lips. It is easy to miss as it heals and goes away in 1-5 weeks. There might also be swollen glands. Syphilis can be passed to others at this time.

**Secondary**: Two to 12 weeks later, a rash can appear all over the body, including the palms of the hands and the soles of the feet. This rash is easy to confuse with other skin problems. Sores can be in the mouth and the genital area. There can also be fever, swollen glands, sore throat, tiredness, headaches and patchy hair loss. This is a very contagious time. These symptoms also go away, even without treatment, but the infection is still in the blood and other parts of the body.

**Latent**: In untreated syphilis, the germs continue to spread to all parts of the body but there are no outward symptoms. There is a smaller chance of spreading the disease. A blood test will show the infection is still there. Years after the primary infection, serious damage may show in body organs such as the heart, large blood vessels, bones, joints, or central nervous system. Early latent syphilis is considered infectious as there is a 25% chance of a relapse to the secondary stage.

How is it diagnosed?
In early syphilis, if a sore is seen, the doctor will take a swab. A blood test will show the disease about 1 month after the chancre appears. Once you have had syphilis, it will show in your blood test forever. Blood tests also show whether treatment worked. When getting tested for syphilis, it is also important to be tested for HIV and other STIs.

How is syphilis treated?
Syphilis is best treated early to prevent serious problems and the spread to others. Penicillin injections are used most often and it is important to complete the treatment. Treatment will cure syphilis but cannot undo any damage already done to body organs. After treatment, blood tests will show that the disease has been cured and that there is no re-infection. Depending if and when you are treated, the syphilis germ may show up in your blood for many years.

Are there complications?
With early treatment there should be no problems later in life. With late or no treatment, there can be serious damage 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. All pregnant 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 okay.

Use condoms/latex barriers to help prevent the spread of STIs, HIV and hepatitis B.
For information call
Peel Health 905-799-7700
or visit
peelsexualhealth.ca intheknowpeel.ca peelregion.ca/health
TRICHOMONIASIS
(Trich; Trichomonas vaginalis)

What is it?
Trichomoniasis is an infection caused by a tiny parasite called trichomonas vaginalis. Trichomoniasis is most often sexually transmitted.

What are the symptoms?
Many times there are no symptoms. If symptoms do appear, they can be:
Women:
- Off-white or yellow frothy vaginal discharge
- Intense vaginal itching
- Redness and pain in vaginal area
- Pain or trouble passing of urine (peeing)

Men:
- 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 trichomoniasis will show on a routine Pap test.

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

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. Both partners should be treated.

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

Do not drink: alcohol (beer, wine, and liquor) while taking Flagyl and for 24 hours after finishing treatment as you might vomit.

Do not have intercourse during treatment.

Trichomonas, if not treated, can lead to pelvic inflammatory disease (PID) which can cause infertility. It is especially important to be treated and followed closely by the doctor if you are pregnant.

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

You should also be tested for other sexually transmitted infections such as Chlamydia, gonorrhea, syphilis and HIV.

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

For more information call Peel Health 905-799-7700
and ask for Sexual Health Information
or visit
intheknowpeel.ca  peelsexualhealth.ca
peelregion.ca/health
Facts about HIV/AIDS

There are approximately 30 different sexually transmitted infections - AIDS is just one of them. What do AIDS, hepatitis B, herpes and genital warts have in common? They are all caused by viruses and cannot be cured.

As of November 2001, 2,784,048 people in the world have AIDS.

As of December 2001, there are 7060 cases of AIDS among males and females in Ontario.

By the end of 1999 an estimated 49,800 people in Canada were living with HIV/AIDS compared with 40,100 at the end of 1996. This represents a 24% increase over a 3 year period.

There were 697 HIV positive tests in children less than 15 years of age in Canada by the end of 2001.

Sexually active women between the ages 15-24 are at particular risk of sexually transmitted infections including AIDS because the cells of their cervix are still maturing and vulnerable.

A person who is infected with HIV/AIDS may not show symptoms for 2-10 years. Since 20 per cent of the reported AIDS cases in Canada are among people in their 20’s, many of these individuals became infected while in their teens.

Individuals infected with HIV can live long and productive lives (up to 10 years or longer). Like all of us, they need meaningful work, supportive friendships and access to treatment when needed.

For every person who tests HIV positive, it is estimated that there are 10 people who are also positive but do not know it. A person can have HIV for two to ten years without having any signs of illness. This means a person can unknowingly spread the virus to others.

The ability to protect oneself against HIV/AIDS requires personal strength and the support of partners, friends and family. Decisions to lower a person’s risk are strongly influenced by peer pressure and values.

Every woman who is pregnant or who is anticipating a pregnancy should be tested for HIV to ensure that their baby has every chance of being healthy.

Being young does not give you protection. HIV is found in all age groups.

Tattooing and body piercing can be a risk for the transmission of HIV if instruments used are contaminated with blood and are not properly cleaned and sterilized.

Having another sexually transmitted infection can increase your risk of getting HIV.

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

Sexual Health Information 905 799-7700
or visit our Web site at www.region.peel.on.ca/health
ADVICE FOR PEOPLE WHO ARE HIV POSITIVE

What does it mean to be HIV positive?
When you are HIV positive it means you have antibodies to HIV (Human Immunodeficiency Virus). Therefore you have the virus that causes AIDS (Acquired Immune Deficiency Syndrome). This does not mean you have AIDS now.

Can I give HIV to someone else?
Yes. People who are HIV positive can pass the virus on to other people. HIV is in your blood, semen, vaginal fluid or breast milk. Other people can get HIV from you if your blood, semen, vaginal fluid or breast milk gets into their body through a break in the skin or a mucous membrane.

You can spread HIV by:
- vaginal sex (penis in vagina)
- anal sex (penis in rectum)
- oral sex
  - if semen enters the mouth
  - if menstrual blood/vaginal fluids contact the mouth
  *sores on the mouth or genitals increases risk of transmission
- sharing needles, syringes and drug equipment
- sharing sex toys
- an infected mother to her unborn baby
- using unsterile/used equipment for tattooing/electrolysis, ear/body piercing
- donating blood, organs or semen

HIV is not passed by insect bites, hugging, coughing, using swimming pools or sharing food. Urine, feces, tears and saliva have a small amount of HIV in them but it is not enough to infect someone unless blood is present in these fluids. Any sexual activity causing damage to membranes (fingering, fisting) makes it easier for the virus to get into the bloodstream.

What About My Sex Life?
Any sex act that does not pass blood, semen or vaginal fluid is safer sex. Some safer sex activities are massage, petting, masturbation, rubbing, hugging and kissing. Oral, anal and vaginal sex can be made safer by using a condom/latex barrier every time. You still need to protect yourself from HIV because getting more of the virus or getting any other sexually transmitted infection can make you sick more quickly.

It is required by law that you tell your current or future partner(s) that you are HIV positive. You could be held legally responsible if a current or future partner becomes infected. If your partner consents, be aware of and practice safer sex.
- Vaginal intercourse: use lubricated condoms. (non-latex female condoms made of polyurethane are also effective. Extra water-based lubricant may help to prevent condom breakage).
- Anal sex: use extra-strength lubricated condoms and add lots of water-based lubricant.
- Oral sex on a man: use a non-lubricated condom
- Oral sex on a woman: use a condom cut in half or a square piece of latex called a dam to put over the genitals.
- Oral-anal sex (rimming): use non lubricated latex barriers such as a dam or condom cut lengthwise.
- If you take part in sexual activities where blood is present, protect yourself from exposure to the blood.

Remember that if the condom breaks your partner can then get HIV. A water-based lubricant such as K-Y jelly or Astroglide on the outside of the condom may help to prevent the condom from breaking.

How Can I Stay Healthy?
It is important to see a doctor or a clinic that specializes in caring for persons with HIV. People who are HIV positive can stay well longer if they have a healthy lifestyle - eat nutritious foods, get plenty of sleep, exercise, reduce stress and stay away from people who are sick. Reduce the amount of alcohol, tobacco or drugs you use.

Your doctor will order regular blood tests to check your immune system so treatment can be started as
needed. There are various medications available that can keep you healthy longer. It is also advised you have:

- a tuberculosis (TB) test
- a vaccine to prevent pneumonia (pneumovax)
- a vaccine to prevent Hepatitis A and B.

Whom Should I Tell That I Have HIV?
All of your past and present sexual partners must be told that they have been in contact with HIV so they can get counselling and be tested. Public health can help you do this or do this for you confidentially. It is the law (Supreme Court of Canada, 1998 Cuerrier decision) that your future partners be told of your infection before any risky activities take place. If you do not tell, you can be held legally and criminally responsible. You must also tell anyone who you share needles/equipment with. Inform your doctor and other health care providers. You will also need to tell your doctor or public health if you have ever donated blood, semen or organs.

You may want to tell your family and friends that you have HIV. They may be a support for you. Before you tell someone, it may help to talk to your doctor or counsellor. They can help you decide whom you want to tell and how you want to tell them.

You do not have to tell your boss or people you work with. Under the Human Rights Act you cannot be fired for being HIV positive.

What about pregnancy?
If you or your partner want to have a baby, talk to your doctor about this before trying to get pregnant.

If you are pregnant, discuss antiviral medications with your doctor. Taking these medications can reduce the chance of the baby being infected. HIV can be passed on to your baby during pregnancy, childbirth or in breast milk.

Remember...
- Practice safer sex.
- Do not share needles/syringes/drug equipment. If you do share needles, clean them with bleach every time before you use them.
- Tell current and new sexual or needle sharing partners that you have HIV.
- Clean up spills of blood/body fluids by:
  - wearing a household rubber glove to reduce the risk of the fluid entering your body through breaks in the skin
  - cleaning up the spill first with paper towel
  - washing the area with soap and water.
  - wiping the surface with a freshly made solution of ¼ cup bleach to 2 ¼ cups water
  - letting the area dry 10 minutes so the bleach will kill any germs left on the surface
  - putting any gloves left on the surface
  - removing gloves and washing hands with soap and water for at least 15 seconds
- Dispose of articles stained with blood (e.g. tampons, dental floss, bandages, etc.) by putting them in 2 plastic bags into the garbage.
- Do not prepare food or touch others if you have bleeding or oozing cuts and sores on your hands. Cuts and sores should be covered at all times
- Do not donate blood, semen or body organs. If you have an organ donor card or sticker throw it away. Do not share razors, toothbrushes or anything that might have blood on it.
- Avoid activities that cut the skin (electrolysis, tattooing, ear/body piercing or acupuncture) to decrease your chances of getting other infections and passing HIV to anyone else.

For More Information call:
Peel HIV/AIDS Network 905-362-2025
Sexual Health Information (Health Line Peel) 905-799-7700
ACT 416-340-2437
(AIDS Committee of Toronto)
AIDS Hotline 416-392-AIDS
Peel Works - Needle Exchange 647-225-1623

Or visit our Web site at peelregion.ca/health
HIV PRETEST INFORMATION

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. This virus attacks the body’s immune system, lowering its ability to fight disease.

How can a person become infected by the virus?
To get HIV, you must come in contact with the body fluids of a person who has HIV and the virus must then enter your body. HIV is found in blood, semen, vaginal fluids and breast milk. One of these fluids must enter the body through a mucous membrane or a break in the skin. (Mucous membranes are moist areas that lead into and out of the body such as the vagina, rectum, eye, mouth, urethra and nose.) HIV cannot be passed through casual contact such as hugging or kissing.

HIV is spread by:
- vaginal sex (penis in vagina)
- anal sex (penis in rectum)
- oral sex:
  - if semen enters the mouth
  - if menstrual blood/vaginal fluids contact the mouth
- sores present on the mouth or genitals increases the risk of transmission
- sharing drug equipment, needles and/or syringes
- sharing sex toys
- an infected mother to her unborn or breastfed baby
- unsterile/used equipment for tattooing, electrolysis, ear/body piercing, acupuncture
- receiving donated organs or semen before July 1987 when screening began in Canada
- receiving blood or blood products before November 1985 when screening began in Canada

Having a sexually transmitted infection (STI) like chlamydia, gonorrhea or syphilis can weaken your body’s natural protection and increase your chances of becoming infected with HIV if you are exposed to the virus.

Testing
A blood test is done to find antibodies to HIV. It can take 14 weeks for antibodies to develop in the body, therefore testing is not advised until 14 weeks after the last possible exposure to the virus. This time is called the window period.

Testing can be done anonymously at Peel Health department clinics. Your date of birth and an identification number are used on the lab slip. All HIV testing is confidential and the blood is sent to the Ministry of Health lab. Only clinic staff have access to these files. Testing can also be done at your family physician but it will not be anonymous.

Test Results
The results of the test will be given in person only and not over the phone.

A negative test means you do not have the antibodies now. If it has been 14 weeks after your last exposure and your test is negative, you do not have HIV. If it has been less than 14 weeks, you should consider retesting. If you are involved in activities that put you at risk, you may become infected with the virus at any time. It is recommended that your partner(s) be tested at the same time as you. You need to know if they were tested outside the window period and what the test results were.

A positive test means that you carry the antibodies for HIV therefore you have the
virus. It does not necessarily mean you have AIDS. No one knows when someone infected with the virus will develop AIDS. An early diagnosis allows you to get medical advice and early treatment. People who are HIV positive can pass the virus to others.

It is required by law (Supreme Court of Canada, 1998 in the Cuerrier decision) that all present and future partners be told of your infection before any sexual activities take place. All past partners and contacts will also need to be told they have been in contact with HIV so they can get tested. Public health staff will do this for you or can help you to do this. You must also tell anyone else who you share needles/equipment with. It is recommended you tell anyone who is exposed to your body fluids, such as doctors and dentists.

How to prevent getting HIV

Until your test results come back, it is important not to put anyone at risk by exposing them to your blood and body fluids. Abstinence is necessary until the test results are known.

Keep yourself and others safer by:

- talking to your partner about ways to keep each other safe
- being tested for STIs as the presence of other STIs increases the risk of HIV transmission
- using lubricated condoms for vaginal sex
- not douching
- using non-lubricated condoms for oral sex on a man
- using a latex barrier (called a dam) or a condom cut length-wise for oral sex on a woman
- using extra-strength condoms with extra lubricant for anal sex
- not using enemas before anal sex
- limiting the number of sex partners
- not sharing needles, syringes, drug equipment or sex toys

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 peelsexualhealth.ca
Lesson Seven

Title: Learning About HIV/AIDS

Theme: HIV/AIDS Education

Time: 90 minutes

Materials: *Flip Chart with Paper *Markers *Tape *Clear Plastic Cups (one for each person in the class) *Water *Clear Vinegar *Baking Soda *Teaspoon

Objectives
- To educate students by dispelling myths and discussing facts about HIV/AIDS.
- To create awareness among students of how rapidly a sexually transmitted infection (STI) including HIV/AIDS can spread through unsafe practices.
- To encourage students to assess risk and make personal decisions concerning sexual behaviour that may prevent STIs including HIV/AIDS.

Curriculum Expectations

7p10 - Identify the methods of transmission and the symptoms of sexually transmitted diseases (STD’s) including HIV/AIDS, and ways to prevent them.

8p4 - Analyse situations that are potentially dangerous to personal safety and determine how to seek assistance.

8p13 - Apply living skills (e.g., decision-making assertiveness, and refusal skills) in making informed decisions, and analyse the consequences of engaging in sexual activities.
Lesson Seven

Activity One: Pre-Test QUIZ – 15 minutes

The focus of this lesson will be on Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Start the lesson off with a pre-test. This will illustrate the students’ current HIV/AIDS knowledge see “HIV/AIDS Quiz”. Allow students 15 minutes to complete the quiz. Once students have completed the quiz make sure to collect all copies. Do not hand quizzes back until the end of lesson 7. 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 relating to HIV/AIDS.

*See page 160 at the end of this lesson for pre/post test and answer key.

Activity Two: HIV Facts – 30 minutes

The purpose of this exercise is to discuss the basic HIV/AIDS information with your students.

Post 3 sheets of flip chart paper around the room. Each sheet has a different title:

1. What is HIV/AIDS?
2. How do you get HIV?
3. How do you protect yourself from HIV/AIDS?

(See teacher guide below for answers)

- Break the students into small groups by numbering them 1 to 3. Each group will be given a marker in order to record their responses.

- Have each group list the information they know or have heard about the topic to which they are assigned. You can give participants permission to list answers that they know are myths or that their friends may believe. This will give more freedom to those participants who feel uncomfortable or who are afraid of looking unknowledgeable.
Lesson Seven

Discussion

- Post the sheets at the front of the room and in the large group, discuss the responses. The group task is to review the information, correct misinformation, affirm correct information, and fill in missing information.

It is important to:
- Use large print
- Post the sheets where everyone can see them
- Read out and address each point

Before you review how the virus is transmitted, during the exercise (question #2), discuss the following with participants (on a flip chart):

Principals of Transmission:

1. A body fluid containing enough of the virus (blood, semen, vaginal fluids and/or breast milk).
2. A way for the body fluid to get into the bloodstream of another person.

Keep this chart posted, and when students have questions about whether a particular activity will transmit the virus, you can refer back to this flip chart and have the group determine whether the virus could or could not be transmitted.
Lesson Seven

Teacher Guide

Answers to Accompany Activity One

1. What is HIV/AIDS?

*HIV* stands for Human Immunodeficiency Virus. 
*AIDS* stands for Acquired Immunodeficiency Syndrome.

*HIV* is a virus that attacks the immune system. Over time, the immune system may grow weak and individuals living with HIV may become sick with different illnesses. After time, the immune system will no longer be able to defend the body from infections, diseases or cancers. This advanced stage of the HIV disease is called AIDS, and individuals will eventually die from AIDS related illnesses.

2. How do you get HIV?

*HIV* infection is passed only through blood, semen, vaginal fluids, and breast milk. The main risks are having unprotected sex and sharing needles or equipment for injecting drugs. HIV positive women can pass the virus to their baby during pregnancy, at birth or through breast feeding.

3. How do you protect yourself from HIV/AIDS?

- Wear a latex or polyurethane **condom** during vaginal, anal and/or oral sex; wear a latex or polyurethane **dental dam** during oral sex performed on a female.
- **Do not share needles** or any equipment for injecting drugs (e.g., cocaine, heroin or steroids).
- Make sure you go to a reputable **tattooing/piercing** establishment, one that uses disposable ear piercing guns, and **sterilizes metal instruments** using an autoclave.
- **Do not share personal hygiene products** (e.g., razors, toothbrush).
Lesson Seven

Activity Three: Watch it Spread – 30 minutes

Students will become aware of how rapidly an infection can be spread with unsafe practices. Body fluids are all similar in colour and a person cannot distinguish between an infected and uninfected body fluid. One of the greatest deterrents to the practice of safer sex or safer injection is thinking: “It can’t happen to me”. Statistics show that 50% of Canadians contract at least one STI by the time they are 24 years. This exercise dramatizes the possible rapid progression of the spread of an STI (e.g., HIV) and may provoke participants to think about the reasons why people may not protect themselves.

Materials
- Clear Plastic Cups (one for each person in the group)
- Water
- Clear Vinegar
- Baking Soda
- Marker
- Teaspoon

Methods
1. Mark the bottom of the cups with the following letters:
   - two cups are labelled with a small “X”
   - twenty percent of the cups are labelled with a “C”
   - twenty percent of the cups are labelled with a “O”
   - the remaining cups are labelled either “NC”, “CB” or “N”

   | X – | Person living with HIV/AIDS |
   | C – | Condom                   |
   | NC – | No condom used          |
   | CB – | Condom broke            |
   | N – | Needle User             |
   | O – | Outer course            |

2. Pour a little bit of water in all the cups (about half full) except the ones with the “X” on it. In those two cups pour the clear vinegar.

3. Explain that this lesson is designed to teach students how exchanging body fluids can put individuals at risk for HIV. Ask participants to imagine they are mingling at a party and that they will have a chance to talk with 3 different people on topics you suggest (e.g., music, movies, TV).
Lesson Seven

4. Ask each student to select a cup with liquid in it, and tell them NOT TO DRINK the contents.

5. Ask them to stand, mingle with each other and discuss the given topic. They need to mingle with at least 3 people. Every time they speak to a new person they have to exchange the liquids in their cups. (Pour liquids of one cup into the other cup, mix and then separate again into original cups).

6. Give the students about 5 minutes to mingle and exchange fluids with at least 3 people.

7. Finally when time is up, ask them to return to their seats.

8. Once everyone has returned to their seats, the facilitators (2 students) will go around and pour a half teaspoon of baking soda in every cup.

9. The fluid in the cups of certain participants will fizz up. Those students need to stand up. For the purpose of this activity – they have come in contact with someone who is living with HIV.

10. Ask the students with the “X” on bottom of their cups to step forward. Tell those students that for the purpose of this activity, they are people living with HIV.

11. Next, tell the students that, for the purpose of this exercise, the conversation they had during the exercise represents unsafe activities. Ask the students standing with whom they exchanged fluids. The identified students also need to step forward. Discuss the feelings of those participants who are standing, those who have stepped forward and those who are sitting (are they surprised, angry, happy, relieved...).

12. Now ask those people with a “C” at the bottom of their cup to sit down. These are individuals who used a condom if they had intercourse or other sexual contact. Point out how only a small percentage of the population uses condoms EVERY TIME.

13. Tell the people standing with an “NC” and “CB” to remain standing. They either used “no condom” or their “condom broke” while engaging in sexual activity.

14. Next, indicate that standing people with an “O” can sit down. They engaged in a relationship at the party but did not have intercourse. They used “outer course” instead (intimate sexual stimulation without vaginal, anal or oral penetration).
Lesson Seven

15. Standing people with an “N” have used needles for injection drug use and have shared these needles with others, which has put them at risk. Discuss how one can reduce the risk by always using new needles.

16. All participants can sit down and lead a debrief discussion with the following questions:
   - How did you feel exchanging body fluids with other classmates?
   - How did those students who stood up feel?
   - How did those students who remained seated feel?
   - Did those students who stood up feel stigmatized and/or discriminated against?

Activity Four: Post-Test – 15 minutes

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?

Possible Extensions

The following ideas can be used as a review or extensions. Have students:
   - Create HIV/AIDS awareness and prevention posters, and/or organize an AIDS awareness event (e.g., health fair) at your school.
   - Collect newspaper and magazine articles to create a scrapbook on HIV/AIDS.
   - Create an HIV/AIDS information puzzle (e.g., cross word, word search).

Possible Assessment

For the pre-test and post-test quizzes, the data collected can be used to measure student knowledge of HIV/AIDS. The pre/post-test includes a mark breakdown for a total of 10 marks. Should you decide to evaluate participation during Lesson Two, group members could evaluate themselves and/or each other in terms of the additional information or ideas they added to the discussion and group activity.
Lesson Seven

References


Joint United Nations Programme on HIV/AIDS. [www.unaids.org](http://www.unaids.org)

HIV/AIDS Quiz

1. HIV is a virus that attacks your immune system.
   a. True
   b. False

2. How can a person become infected with HIV?
   a. Holding hands with someone who has HIV
   b. From a mosquito
   c. Kissing someone who has HIV
   d. None of the above

3. What is the difference between HIV and AIDS?
   a. AIDS is the virus that causes HIV
   b. HIV is the virus that causes AIDS
   c. There is no difference
   d. All of the above

4. Which of the following gives the best protection against HIV?
   a. The birth control pill
   b. Withdrawal
   c. Condom
   d. None of the above

5. The rate of HIV is rapidly increasing among young women worldwide.
   a. True
   b. False

**STI**
sexually transmitted infection

**HIV**
human immunodeficiency virus

**AIDS**
acquired immunodeficiency syndrome

Name: ____________________
6. Having a sexually transmitted infection (STI) increases a person’s risk of getting HIV.
   a. True
   b. False

7. Every time your doctor orders a blood test on your blood, the blood is tested for HIV.
   a. True
   b. False

8. Who should get tested for HIV?
   a. A person who uses condoms “almost every time”
   b. A pregnant woman
   c. Someone who has ever shared drug equipment
   d. All of the above

9. There is a vaccine for HIV/AIDS.
   a. True
   b. False

10. There is a cure for HIV.
    a. True
    b. False

Total ______ /10 = ______%
HIV/AIDS Quiz

Teacher Guide

1. HIV is a virus that attacks your immune system.
   a. True
   b. False

HIV is a virus that attacks the immune system. Over time, the immune system may grow weak and individuals living with HIV may become sick with different illnesses. After time, the immune system will no longer be able to defend the body from infections, diseases or cancers. This advanced stage of the HIV disease is called AIDS, and individuals will eventually die from AIDS related illnesses.

1. How can a person become infected with HIV?
   a. Holding hands with someone who has HIV
   b. From a mosquito
   c. Kissing someone who has HIV
   d. None of the above

HIV infection is passed only through blood, semen, vaginal fluids, and breast milk. The main risks are having unprotected sex and sharing needles or equipment for injecting drugs. HIV positive women can pass the virus to their baby during pregnancy, at birth or through breast feeding.

2. What is the difference between HIV and AIDS?
   a. AIDS is the virus that causes HIV
   b. HIV is the virus that causes AIDS
   c. There is no difference
   d. All of the above

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). This virus attacks the body’s immune system and makes it difficult to fight off diseases, bacteria, other viruses and infections. When the body’s immune system becomes so weak that it can no longer fight off certain infections, then the person is said to have AIDS.
3. Which of the following give the best protection against HIV?
   a. The birth control pill
   b. Withdrawal
   c. Condom
   d. None of the above

When used correctly, condoms can reduce the chances of getting STIs, including HIV/AIDS. A person can contract HIV through high-risk activities where one of the partners comes into contact with infected blood, semen or vaginal fluids. Condoms can prevent blood, semen or vaginal fluids from passing from one person to another.

4. The rate of HIV is rapidly increasing among young women worldwide.
   a. True
   b. False

Recent studies have shown dramatic increases of HIV infection among young women aged 15-24 years old. Sixty percent of 15-24 year old individuals living with HIV/AIDS are women. Women in this age group are at increased risk because the cells on their cervix are still maturing and are therefore particularly vulnerable to STIs. Other factors include lack of access to education for many women in developing countries, poverty, and sexual violence. [Source: www.unaids.org]

5. Having a sexually transmitted infection (STI) increases a person’s risk of getting HIV.
   a. True
   b. False

Having an STI can increase a person’s risk of HIV. Mucous membranes, which are a protective tissue and mucous layer found in the vagina, urethra, rectum and mouth, help protect the body from infection. STIs can cause a breakdown in these membranes making it easier for HIV to pass into the bloodstream. HIV can also get in the bloodstream through open sores or lesions caused by Herpes or Syphilis. It is not always easy to recognize the signs of an STI in yourself or a partner. In fact, some STIs have no symptoms at all, so someone may not even know they have one unless they get tested. Getting tested and treated for STIs can reduce the risk of HIV infection by allowing the mucous membrane to heal.
6. Every time your doctor orders a blood test on your blood, the blood is tested for HIV.
   a. True
   b. False

   An HIV test is not performed with routine blood work. It is a special test that requires consent and pre-test counselling. Anonymous HIV testing is available at Peel Public Health, Healthy Sexuality Clinics. For a clinic near you call Peel Public Health at 905-799-7700.

7. Who should get tested for HIV?
   a. A person who uses condoms “almost every time”
   b. A pregnant woman
   c. Someone who has ever shared drug equipment
   d. All of the above

   Pregnant women should be tested during each pregnancy. A pregnant HIV-positive woman who receives treatment will dramatically reduce the risk of transmitting the virus to her baby.

   Sharing drug equipment (needles, straws, spoons, etc.) is considered a high-risk activity for acquiring HIV.

   Using condoms almost every time is not enough to completely protect yourself against HIV transmission. Until both partners have been tested, there is no way of knowing if someone has HIV.

8. There is a vaccine for HIV/AIDS.
   a. True
   b. False

   NO. There is NO vaccine for HIV or for AIDS. You may have heard that scientists are trying to find a vaccine to prevent HIV infections but most experts believe that such a vaccine won’t be successfully developed for many years.

9. There is a cure for HIV.
   a. True
   b. False

   NO. There is NO cure for HIV or for AIDS.
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 healthy relationships, decision making, contraceptive options and STI and HIV/AIDS information.
- To assess student learning of sexual decision making and information about sexuality and sexual health.
- 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

7p10 - Identify the methods of transmission and the symptoms of sexually transmitted diseases (STDs), and ways to prevent them.

7p12 - Explain the term abstinence as it applies to healthy sexuality.

8p10 - Explain the importance of abstinence as a positive choice for adolescents.

8p11 - Identify symptoms, methods of transmission, prevention and high-risk behaviours related to common STDs, HIV and AIDS.

8p12 - Identify methods used to prevent pregnancy.

8p15 - Analyze situations (e.g., hitchhiking, gang violence, violence in relationships) that are potentially dangerous to personal safety.
Lesson Eight

4MAT Quadrant Codes

1R: Making Connections and Integrating Experiences

4R: Dynamic Learning; Creating Original Adaptations/Experiences; Taking Risks

Background Information

As you reach the end of this unit, 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 Talk to Me resource. 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 and ask the students to give their respective teams a name. 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 each group. 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.

Activity Two: Using the Answer Sheet to take up the Sexual Health Review – 5 minutes

Once all groups have completed the questions, give them the Sexual Health Review-Answer Sheet so they can 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 answers to the class. Arrange the students in their groups ensuring the captains are nearest to the front of the room.
Lesson Eight

**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 each card that reads, Sexual Health, Birth Control and STI/HIV. Place the point cards underneath as you see below.

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 STI/HIV 5 point card the answer is: “Attacks the immune system”. To earn 5 points, the team would need to give their response in the form of a question such as, “What does HIV do”? 

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Peel Public Health Department: Healthy Sexuality Program – Contact Health Line Peel @ 905-799-7700
Lesson Eight

The object of this game is to earn as many points as possible per 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 the classroom question box. You might 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.

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 by having them complete the “Sexual Health Review – Quiz” independently. You can have them mark their own work or have them hand in the quiz and submit a grade out of thirty.
### Sexual Health Review

**Student Handout**

As a team, decide if the following statements are True or False.
*Circle the corresponding letter.*

<p>| | | | |</p>
<table>
<thead>
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<tr>
<td>1.</td>
<td>The withdrawal method of birth control is 100% effective.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>2.</td>
<td>Stereotypes about boys and girls contribute to violence in relationships.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>3.</td>
<td>Boys and girls do not feel a lot of pressure to look and/or act in a specific way.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>4.</td>
<td>The decision making model is called IDEAL because it is the best way to make an informed decision.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>5.</td>
<td>Abstinence is not the only 100% effective method for avoiding unwanted pregnancy and STIs, including HIV.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>6.</td>
<td>Abstinence is a choice not to do something, for example, not to have sexual intercourse.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>7.</td>
<td>The birth control pill prevents pregnancy and STIs, including HIV.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>8.</td>
<td>Condoms (both male and female) can be re-used.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>9.</td>
<td>If someone has an allergy to latex condoms they should not use any condoms.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>10.</td>
<td>HIV stands for Human Immunodeficiency Virus.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>11.</td>
<td>Having an STI increases the risk of contracting HIV/AIDS.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>12.</td>
<td>There is a vaccine for HIV/AIDS.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>13.</td>
<td>STIs are either viruses or parasites/fungus.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>14.</td>
<td>Chlamydia and gonorrhea are the most common STIs among youth.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>15.</td>
<td>Unprotected sex is one of the most common ways STIs are passed between individuals.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>16.</td>
<td>It is a stereotype that HIV/AIDS only affects gay males.</td>
<td>T</td>
<td>F</td>
</tr>
</tbody>
</table>
Sexual Health Review

As a team, decide on the best answer to each question. Indicate the answer by circling and writing the letter in the blank spot.

17. HIV is transmitted via ______
   a. mosquito and animal bites.
   b. blood, semen, vaginal fluids and breast milk.
   c. hugging and kissing.
   d. all of the above.

18. The birth control pill is most effective when ______
   a. it is taken every other day.
   b. it is taken at the same time every day (for example, the birth control pill is taken daily at 9:00pm).
   c. it is taken at different times each day (for example, on Monday it is taken at 8:00am, Tuesday at 12:00pm, Wednesday at 8:00pm ...).

19. STIs can be avoided by ______
   a. abstinence.
   b. always using a condom.
   c. using the birth control pill.
   d. a and b

20. The only way an individual can know their STI status is to ______
   a. inspect their genitals for bumps and sores.
   b. know that if they feel healthy then they must be free of STIs.
   c. get tested at a doctor’s office or healthy sexuality clinic.
   d. all of the above.

21. What is the most common STI?
   a. HPV.
   b. Chlaymdia.
   c. HIV.
   d. Herpes.

22. The following condoms prevent both pregnancy and STIs, including HIV/AIDS.
   a. lambskin.
   b. latex.
   c. polyurethane.
   d. all of the above.
   e. b and c
23. HIV/AIDS is increasing in young women because ______
   a. globally, women are more likely to live in poverty which affects their health.
   b. the cells on a young woman’s cervix are still maturing and are therefore more susceptible to STIs, including HIV/AIDS.
   c. women, more than men, are in a position where they cannot negotiate their reproductive health.
   d. all of the above.

24. It is difficult to talk with a partner about STIs and safer sex because ______
   a. actually, it is really not that difficult to discuss STIs and safer sex with a partner.
   b. it is common for youth to believe “it can’t happen to me”.
   c. it is embarrassing to talk about condoms and getting tested.
   d. a and b
   e. b and c

25. Individuals may choose to abstain from sexual activity because ______
   a. their religion states sex occurs in a loving marriage.
   b. their family values state that sex is not for youth.
   c. youth don’t feel ready.
   d. all of the above.
   e. none of the above.

26. Abuse in romantic relationships is very common because ______
   a. we live in a society that tolerates violence.
   b. power dynamics exist in relationships, for example an older individual dating a younger individual, a wealthy individual dating someone who is not as wealthy, et cetera.
   c. gender inequalities between partners stem from stereotyping which sets relationships up to be unbalanced and can contribute to abuse.
   d. all of the above.

27. Chlamydia and gonorrhea are the most common STIs because ______
   a. there are often no symptoms associated with these STIs and therefore these STIs go undetected and spread from partner to partner.
   b. the bacteria causing these STIs are spread easily via unprotected oral, anal, or vaginal sex.
   c. these STIs only target young people aged 15-24 years.
   d. a and b
Sexual Health Review

28. If one partner in a romantic relationship always wants to know where the other partner is, who they are with, and what they are doing _____
   a. this is a bad sign because this partner may be controlling which could lead to emotional, physical or sexual abuse.
   b. this is a great sign because this partner may love his/her partner so much that he/she always wants to know where he/she is.
   c. this is a warning sign because sometimes romantic partners are simply inquiring about their partner’s whereabouts, maybe they are just curious.
   d. a and b
   e. a and c

29. To reduce sexism in our relationships and society we can _____
   a. act according to the stereotypical way that boys/men and girls/women are supposed to behave as illustrated in magazines, television, movies, etcetera.
   b. challenge the stereotypical way that boys/men and girls/women are portrayed in the media.
   c. challenge hateful comments that relate to sexism both inside and outside of school property.
   d. a and b
   e. b and c

30. The most important characteristics in romantic relationships are _____
   a. communication, respect, equality, trust.
   b. fun, laughter, secrets, popularity.
   c. respect, popularity, communication, love.
   d. equality, communication, best friends, secrets.
Sexual Health Review

Answer Sheet:

1. **FALSE:** Using the withdrawal method is not the most effective way to prevent pregnancy (3/10 women become pregnant using this method) because: males cannot always control when they are going to ejaculate; judgement may be impaired due to drugs or alcohol, which can affect self control; some males may wish to get a partner pregnant without her consent; there may be a presence of sperm in the pre-ejaculate.

2. **TRUE:** Traditional stereotypes of boys/men and girls/women set an unbalanced stage for relationships where boys/men are dominant and assertive and girls/women are submissive and passive. Believing that this is the norm not only pigeonholes individuals in boxes that are rigid but does not reflect the complexity of human expression. Stereotypes where one gender is seen as more dominant or passive sets the stage for imbalanced relationships, which can influence violence.

3. **FALSE:** There is a lot of pressure placed on boys to act in a tough and masculine way, for example, boys should not cry if they are feeling physical or psychological pain. There is also a lot of pressure placed on girls to look and act in a stereotypical way, for example, girls should always appear feminine and polite.

4. **TRUE:** Taking the time to go through the IDEAL decision making model and walking through each step will help individuals make the most informed decisions, as individuals will gain a reasonable idea of the outcome of their decisions.

5. **FALSE:** Abstinence is the only 100% effective method for avoiding unwanted pregnancy and STIs, including HIV.
6. **TRUE**: Abstinence is a deliberate decision to avoid something.

7. **FALSE**: While oral contraception (i.e., the pill) prevents pregnancy, it does **not** protect individuals from STIs, including HIV.

8. **FALSE**: Condoms should never be re-used. New condoms are necessary after each sexual act.

9. **FALSE**: If someone has an allergy to latex condoms they can use polyurethane condoms which are equally effective in preventing pregnancy and STIs, including HIV/AIDS.

10. **TRUE**

11. **TRUE**: Having an STI can increase a person’s risk of HIV. Mucous membranes, which are protective tissue and mucous layers, found in the vagina, urethra, rectum and mouth, help protect the body from infection. STIs can cause a breakdown in these membranes making it easier for HIV to pass into the bloodstream. HIV can also get into the bloodstream through open sores or lesions caused by Herpes or Syphilis. It is not always easy to recognize the signs of an STI. In fact, some STIs have no symptoms at all, so someone may not even know they have one unless they get tested. Getting tested and treated for STIs can reduce the risk of HIV infection by allowing the mucous membranes to heal.

12. **FALSE**: There is no vaccine or cure for HIV/AIDS.
13. **FALSE**: STIs include infections from three sources: viruses, bacteria and parasites/fungus.

14. **TRUE**: The rates of chlamydia and gonorrhea are increasing in youth. Chlamydia and gonorrhea often have no symptoms and therefore may not be detected by individuals who have contracted this infection.

15. **TRUE**: Individuals engaging in unprotected penile-vaginal, penile-anal intercourse and/or oral sex are engaging in behaviours that puts them at risk for getting STIs, including HIV/AIDS.

16. **TRUE**: HIV/AIDS does not discriminate based on one’s sexual orientation – it can affect anyone who is engaging in unprotected sex, exchanging bodily fluids, exchanging blood, or mother to infant transmission via pregnancy, labour or breast milk. It is our behaviours that put us at risk.

17. .....B

18. .....B

19. .....D

20. .....C  
   Although it is important for individuals to inspect their genitals to make sure they look and feel healthy - the only way for someone to know their STI status is to get tested by a doctor or at a healthy sexuality clinic.
HPV is the most common STI in the world. There are several strains of HPV (about 100), most of which are benign. There are about 30 strains which are classified as STIs, some of these are low risk (cause genital warts) and some are high risk (cause cancerous lesions in the genital area). HPV can be diagnosed visually by a medical practitioner, and also via a Pap smear. There is a new vaccine, called Gardasil, which prevents against four high risk strains of HPV which is targeted for females aged 9-26 years. Beginning Fall 2007 the Ontario government will be funding mass inoculation of girls in Grade 8.
Lesson Eight

Sexual Q & A Game - Birth Control cards - From 5 to 100 Points

The only 100% effective method for preventing pregnancy and STIs

Prevents pregnancy but not STIs

Latex & polyurethane barriers that cannot be re-used

Personal values; religious beliefs; not ready; wait until marriage or older; risk of pregnancy or STIs; peer pressure

Taken within 72 hours after unprotected intercourse to prevent pregnancy

Prevents ovulation from happening

There is sperm in pre-ejaculate which can cause pregnancy

The only female controlled method that helps prevent both STIs and pregnancy
Lesson Eight

Sexual Q & A Game – Sexual Health cards - From 5 to 100 Points

1. **Removal of the foreskin**
   - **Points:** 5
   - **Description:** Personal values, family, friends, peer pressure, media, et cetera
   - **Warning:** removal of the foreskin is illegal in Canada.

2. **Feeling fear, threatened, pressured, humiliated, controlled**
   - **Points:** 10
   - **Description:** Boys/Men don’t cry; Girls/Women are always sweet and polite

3. **Feeling attracted, both emotionally and physically, to someone of the opposite sex, same sex, or both**
   - **Points:** 15
   - **Description:** To express love, feels good, feels ready, wants children, feels pressure, feels curious

4. **Assuming that all people are heterosexual**
   - **Points:** 20
   - **Description:** Contains the strongest muscle in a woman’s body

   ![Image of cards with different topics related to healthy sexuality](image.png)
Lesson Eight

Sexual Q & A Game – STI/HIV cards - From 5 to 100 Points

Attacks the immune system

Unprotected sex, sharing needles, breast milk

Unprotected anal, penile-vaginal, and oral sex

A bacterial STI that is common in young people and often has no symptoms

Abstaining or Using condoms every time

A viral STI that causes open sores on the genitals, mouth, or both

A viral STI that causes warts in and/or around the genitals that is transmitted by close intimate contact

Get tested at a doctor's office or sexuality clinic
Sexual Q & A

Teacher Guide

BIRTH CONTROL

5 Points:
Question: What is abstinence?

10 Points:
Question: What is the pill/oral contraception, plan B, sponge, the patch, vaginal foam, contraceptive film, nuvaring, diaphragm? (only one of these answers is needed).

15 Points:
Question: What are condoms?

20 Points:
Question: What are reasons someone might abstain from sex?

25 Points:
Question: What is the emergency contraceptive pill (ECP) or plan B?

50 Points:
Question: How does the birth control pill work?

75 Points:
Question: What is a main disadvantage of the withdrawal method?

Final Sexual Q & A Question

100 Points:
Question: What is the female condom?
STI/HIV

5 Points:
Question: What does HIV/AIDS do?

10 Points:
Question: What are the behaviours that put someone at risk for contracting STIs, including HIV/AIDS?

15 Points:
Question: What is the most common way that STIs are spread among youth?

20 Points:
Question: What is Chlamydia or Gonorrhea? (only one of these answers is needed).

25 Points:
Question: What are ways to decrease the chances of getting STIs, including HIV/AIDS?

50 Points:
Question: What is Herpes?

75 Points:
Question: What is HPV or genital warts?

Final Sexual Q & A Question

100 Points:
Question: What is the only way to know your STI status?
Sexual Q & A

SEXUAL HEALTH

5 Points:
Question: What is circumcision?

10 Points:
Question: What can affect decision making?

15 Points:
Question: What are danger signs in relationships?

20 Points:
Question: What are gender stereotypes?

25 Points:
Question: What is sexual orientation?

50 Points:
Question: What are reasons people choose to have sex?

75 Points:
Question: What is heterosexism?

Final Sexual Q & A Question

100 Points:
Question: What is a uterus?
Birth Control

Talk to Me: A Comprehensive Sexuality Education Resource
Peel Health Department: Healthy Sexuality Program – Contact Peel Public Health @ 905-799-7700
Sexual Health

Sexual Q & A Game

Talk to Me: A Comprehensive Sexuality Education Resource

Peel Health Department: Healthy Sexuality Program – Contact Peel Public Health @ 905-799-7700
Sexually Transmitted Infections & HIV
5 POINTS

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25 POINTS
Sexual Q & A Game

50 POINTS

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Sexual Q & A Game

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75 POINTS
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