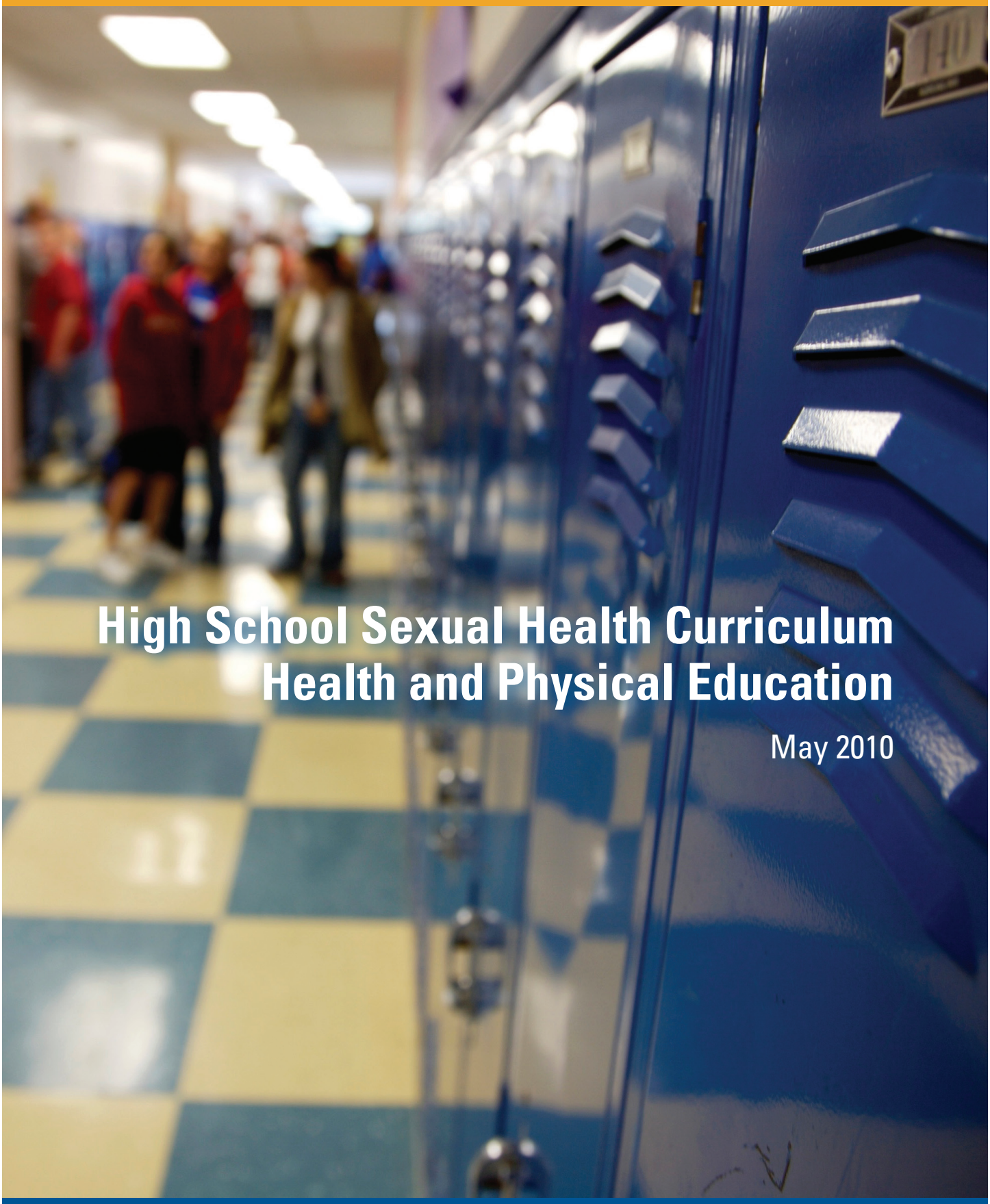

High School Sexual Health Curriculum
Health and Physical Education

May 2010

416.338.7600 toronto.ca/health | Toronto Public Health

Table of Contents

Introduction

These four modules can be used by any high school teacher dealing with sexuality issues. They are designed to be used as a support and guide. They can be used individually or in any combination to suit the needs of your students. There are elements that can stand alone or remain incorporated into the lesson plan.

Each module details its relationship to the growth and development curriculum. The modules are:

- Introductory class
- Birth Control
- Sexually Transmitted Infections
- Relationships

You will find a table of contents and an appendix with resources. You can download resources, including pamphlets from our web-site: http://www.toronto.ca/health/sexualhealth/index.htm. There are also some resources built into the modules. Some modules include a teacher's guide with background materials.

Teachers should be aware of the age of consent, which refers to the age at which youth can legally consent to sexual activity. All sexual activity without consent, regardless of age is a criminal offence. The age of consent for sexual activity is 16 years. Children who a 12 and 13 years of age may consent to sexual involvement that is mutual, if there is no more than 2 years between them. There is a "close in age" provision for 14 and 15 year olds can consent to sexual activity with a partner as long as the partner is less than 5 years older. The age of consent extends to 18 years of age where the sexual activity "exploits" the young person when it involves prostitution, pornography or occurs in a relationship of authority, trust, or dependency (e.g., with a teacher, coach or babysitter).

For more information on age of consent go to: http://www.justice.gc.ca/eng.dept-min/clp/faq.html

If you want to order print materials as a support to your programming, call the Toronto Health Connection: 416-338-7600. They will connect you with the sexual health promotion staff person assigned to your school.

You can ask for additional support from that person as well, such as a one-to-one meeting, a meeting with you and other staff at your school, or in-class support.

Assumptions to Avoid:

1. All students come from two-parent (male/female) families.
2. All children are biologically related to their families.
3. All students have similar cultural beliefs and values.
4. All students can expect some personal freedom.
5. All students are heterosexual.
6. All students are clear about their gender.
7. All students have "typical" genitals.
8. All adolescents are sexually involved.
9. All students are not sexually involved.
10. All students' sexual involvement is consensual.
11. All students who are sexually involved are having intercourse

Introductory Class

Course: Growth and Development **Time: 75 minute class**

Overall Expectations:

HLV.01R - identify the factors that contribute to positive relationships with others;
HLV.03 - explain the consequences of sexual decisions on the individual, family and community

Specific Expectations:

HL1.02R - identify the developmental stages of sexuality throughout life
HL1.02 - describe the factors that lead to responsible sexual relationships
HL1.03 - describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted infections (e.g., abstinence, condoms, oral contraceptives)
HL1.04R - demonstrate understanding of how to use decision-making and assertiveness skills effectively to promote healthy sexuality (e.g., healthy human relationships, avoiding unwanted pregnancies and STIs such as HIV/AIDS)
HL1.05 - demonstrate understanding of the pressures on teens to be sexually active
HL1.06 - identify community support services related to sexual health concerns

Teaching Strategies:

Whole class quiz

Find out if students did not have puberty classes or sexuality programming in grades 7 and 8. If most students had programming, tell them that means you assume they know the basics, but you need to find out what they know. This will help you evaluate their learning needs.

Choose some questions from each category appropriate for the particular class. You can either read the questions once through and ask students to identify by gesture if they know the answer (e.g., thumbs up) and then take them up; or students can write down their answers before you take them up.

In subsequent classes, students will learn the specifics about birth control methods, STIs (including a condom demonstration) and rehearse decision-making behaviours.

Bodyworks

1. For some teenagers, the changes of puberty continue till they are 18.
2. By grade ten, most girls have their periods.
3. There's nothing you can do about period cramps.
4. All guys have wet dreams.
5. You have to take out a tampon to pee.
6. The clitoris is the only part of the body that is just there for pleasure.
7. Males do not urinate when they ejaculate.
8. Breast and penis size in porn reflect the way men and women look in the general population.

Conception/Birth Control

1. The easiest time to get pregnant is about two weeks before your next period.
2. Plan B works best when you take it as soon as possible after unprotected intercourse.
3. How old are Canadian students the first time they have vaginal intercourse?
4. Most teenagers who have vaginal sex use condoms, the Pill or withdrawal as their method of birth control.
5. Most women don't ovulate (release an egg) on the Pill.
6. Abortion is legal and covered by your Ontario Health Card.
7. An important thing to remember when using condoms is…

STIs

1. If there is unusual fluid coming out of the vagina, the best place to go is the pharmacy.
2. You can get genital herpes from a person who has a history of cold sores.
3. You can get genital herpes or HPV from skin-to-skin touching without having vaginal or anal sex.
4. People usually notice symptoms with Chlamydia.
5. For males, the test for Chlamydia or gonorrhea is usually a urine test.
6. It's a good idea to get tested for the common STIs if you have had any unprotected sexual activity.
7. There is a new vaccine for HIV.
8. It is easier to get HIV from an infected person if you already have an STI.
9. Girls who have vaginal intercourse have to have a Pap test right away.

Relationships/Sexuality

1. Couples often stop using condoms once they trust each other.

2. By the age of 16, everyone is clear about their gender identity (female or male) and their sexual orientation (lesbian, gay, bisexual or straight).
3. If a girl is wet, she's ready.
4. No always means no.
5. Jealousy is a sign of love.
6. It can be hard to tell someone you're with how far you want to go (what you like, what you don't like; or when you want to stop).
7. Only about one third of women have orgasm with intercourse alone.
8. Lots of teenagers experiment sexually with someone of the same sex.
9. A virgin is…
10. Where would you go for information/help?

Bodyworks

1. T – Some adolescents will continue growing into their late teens. Males may find changes like chest hair are not completed even then. Any teenager who has not started significant changes by age 15 should see a doctor.
2. T – A girl who has not seen significant changes of puberty by age 15 should see a doctor. Very athletic girls and/or girls who do not have a lot of body fat may not have their first period till age 15 or 16.
3. F – Refer to the TPH pamphlet "Cramps" which offers a number of practical suggestions. Some girls will need to take medication. The general rule is that for bad cramps, it is important to take medication at the first twinge rather than let the pain settle in.
4. F – Not all males have wet dreams. Most do and many continue to have wet dreams into adulthood whether they have a regular sex partner or not.
5. F – There are three openings. Draw the vulva on the board and clearly point out the vaginal, urethral and anal openings. It is not necessary to take a tampon out of the vagina to urinate from the urethra.
6. T – The clitoris only has this one function. Refer back to the drawing on the board. Point out that it's OK to self pleasure and OK if you don't.
7. T – When the penis is erect, there is a valve that shuts off urine from the bladder from entering the urethra, making it impossible to urinate and ejaculate at the same time. Males will be familiar with difficulty urinating when they have an early morning erection.
8. F – Female porn stars often have breast implants; men's penises are often shot from an angle to enhance the appearance of the size. While teenagers who view porn may not consider these to be ideal bodies, the images may still have an impact on self image and objects of desire.

Conception/Birth Control

1. T - There are a few important points to raise here:
    - The ovum only lives 24 hours.

- Sperm can live up to five days in fertile mucus.
- The fertile time lasts for several days; e.g., a female with a 28 day cycle is most fertile between days 9 – 17. A woman who bleeds every three weeks is fertile immediately after her period.
- Fertile mucus is the clue to the most fertile time. Stretchy, stringy mucus pulls sperm into the uterus. This is the time she ovulates.

2. T – Referring back to information about fertility, if a condom breaks during the most fertile time or nothing was used, it is important to use Plan B right away. That is the reason TPH clinics offer it to take home – in case of emergency. It is available in pharmacies, but is much more expensive there.
3. 16.7 is the median age for first vaginal intercourse. Students inevitably guess much younger. This is a good opportunity to point out that often people think everyone is having sex. The reality is quite different. 23% of grade nine males and 19% of grade nine females have had vaginal intercourse at least once. Even by grade 11, only 40% of the males and 46% of the females have had sex. In grade nine, only one third have had oral sex. Most grade nines who are having sexual activity don't do more than make out; i.e., kiss and touch.
4. T – These are the methods of choice. That said, it is not clear how much of a "choice" this is. Do they really talk with each other and say:
   - Yes, I want to have sex.
   - Do you know how to use a condom?
   - What if the condom breaks? Do you know where to get Plan B?
   - How do you feel about abortion?

   This is the type of communication we encourage. The reality is more likely a rushed first time, probably using withdrawal, which is a good deal better than nothing. (See module on birth control methods.)
5. T – Some women do ovulate even when they take birth control pills correctly. In that case, it works by thickening cervical mucus preventing the entry of sperm and altering the uterine lining to prevent implantation.
6. T – There is no law on abortion. It is a medical procedure regulated like other medical procedures. It is confidential, so a teenager who decides not to continue a pregnancy can have an abortion without informing her family if she chooses not to.

   Remind the class of the reasons someone might think she was pregnant (missed her period – encourage the girls to write down the first day of their period); and had unprotected sex. Tell them a good place to go is a sexual health clinic where they can have a free, confidential pregnancy test. If it is positive, she can have counselling from a trained person who will walk her through her options: viz., continuing the pregnancy and parenting; continuing the pregnancy and choosing adoption; ending the pregnancy with abortion.

   Some students have misconceptions about abortion because of what they have seen or heard; for example, pictures of four- month-old aborted fetuses. They

may have heard that abortion is dangerous and may affect future fertility. The following information is a backgrounder for the teacher:

The World Health Organization (WHO) equates the risk of abortion to receiving an injection of penicillin. Students may ask how an abortion is performed. Most therapeutic abortions are done in the first trimester (<12 weeks LMP) by dilation and evacuation. Some women may opt for a medical abortion (i.e., medication which provokes an abortion).

In Toronto, a woman can have a general anaesthetic (in a hospital) or a local anaesthetic in a clinic. In the most common procedure, a tube is inserted in the cervix, which is attached to a machine that creates a vacuum. The embryo (<9 weeks counting from the first day of the last menstrual period) or fetus (>9 weeks…) is drawn out through the tube. Afterwards, they may use an instrument to clear the walls of the uterus of any tissue left inside to avoid infection.

7. Good condom use means ensuring consent by talking about the decision to have sex. Here are the steps:
    - reading the expiry date
    - opening the package carefully
    - pinching out the air
    - (pulling back the foreskin)
    - unrolling the condom all the way down to the base of the penis
    - holding the condom at the base of the penis to pull out immediately after ejaculation (to avoid spillage or leaving the condom inside…)
    - throwing out the condom in the garbage

STIs

1. F – Unusual fluid may be the sign of a yeast infection. However, sometimes girls are unfamiliar with their normal fluids (see tear-off, "Normal Vaginal Fluids"). A woman who has had and treated her own yeast infections before may get over-the-counter treatment again. However, a female who has had unprotected sex may have a Sexually Transmitted Infection which requires antibiotics. She may have Bacterial Vaginosis, an infection which also requires a specific antibiotic. The only way to diagnose the problem is with a vaginal swab at the doctor's or at a sexual health clinic. Testing and treatment for STIs and Bacterial Vaginosis is free in sexual health clinics.
2. T – If a person has a history of cold sores (HSV-1), they can give someone herpes on their genitals through unprotected oral sex. HSV-1 on the genitals is often less painful and less frequently recurrent than HSV-2 and is more difficult to transmit genitally.
3. T – Contact anywhere in the "boxer short area" with a person who has had genital herpes can transmit the virus. This is common when there are no symptoms. There does not have to be vaginal or anal sex.

4. F – About 50% of infected males and about 75% of infected females have no symptoms. This makes Chlamydia easy to spread. It is the most common reportable STI for people 15 – 24 years old. Untreated Chlamydia can cause Pelvic Inflammatory Disease (PID), blocking Fallopian tubes, causing either infertility or ectopic pregnancy.
5. T – A doctor does not need to do a swab unless there is pus.
6. T – Testing for the common STIs involves a urine test for males (Chlamydia and gonorrhea), swabs for females for the same, a visual inspection of the genitals for warts, herpes or molluscum. HIV is not a common infection for grade 9 students.
7. F – There is no vaccine for HIV. Girls may have received Gardasil vaccine in grade 8 without knowing what it was for. Gardasil protects against four types of HPV – two of which can cause warts and two of which can cause cancer.
8. T – When a person has an untreated STI like Chlamydia, white blood cells rush to the site of the infection.
   If they have unprotected vaginal or anal sex with someone infected with HIV, the virus attacks the WBCs, gaining access to the circulatory system.
9. F – A girl needs to have her first Pap test within three years of vaginal activity (someone's finger, mouth or genitals). The Pap tests for abnormal cells on the cervix (opening to the uterus). Very abnormal cells (a high-grade lesion) need to be treated to prevent their becoming cancer. Cancer of the cervix is 90% preventable.

Relationships/Sexuality

1. T – With couples where pregnancy is a concern, often she goes on the Pill before they both get tested. For any couple, it is preferable to use protection for the first three months– the HIV window period – and then get tested for Chlamydia, gonorrhea and HIV. This means talking about testing. It also means that if they decide to stop using protection against STIs, they have to remain sexually faithful. If they cheat, they have to use protection.
2. F – Although children are generally clear about their gender by age four, some are not. Some children start questioning at an early age; others are still questioning in their teens. In terms of orientation, for example, many teenagers have known from a very young age that they were gay, straight or bisexual. For some people both gender and orientation can be more fluid than fixed. The LGBT Youth Line is a good resource for teens who want to talk about their gender issues or their orientation questions. (See resources.)
3. F – Being sexually excited does not necessarily mean a person wants to do more than make out.
4. T – However, sometimes a person says no when they mean yes. Girls may use this to try to protect their reputation ("I don't want him to think I'm easy.") Sometimes a person says yes when they really wanted to say no. (They may be fearful of what might happen if they refuse.) Sometimes the way you say no may be interpreted differently depending on the way you say it.

5. F – Maya Angelou says that jealousy is like salt – a little can add savour; but too much can hurt you – or even kill you.
6. T – Some sex educators say that sex is easier to do than to talk about. Being frank with yourself – how far you would feel comfortable going sexually – is a first step to communicating that to another person. Ask the students to clarify their definition of "making out".
   There are a lot of factors that can make communication about what you want/what you don't want/stopping difficult:
   - former abuse – either physical or sexual – that makes a person feel they have no control or no self worth
   - leading a life of risk-taking because of environment
   - drinking or using other substances
   - what you consider OK in terms of sexual activity – some people think oral sex is unacceptable; some people think anal sex is just fine. There are parts of the world where kissing is considered gross. Point out that it's "different strokes for different folks". You are the only one who can know what you are prepared to do.
7. T – Because of the position of the clitoris, it is often difficult to have the kind of stimulation with vaginal intercourse that results in orgasm. You may be asked to discuss the G spot, self pleasuring, mutual masturbation.
8. T – Teenagers "try out" a lot of personalities and behaviours. This can include sexual behaviours and relationships. Some teenagers grow up to be adults who only have sex with people of the opposite sex. Some eventually only have sex with people of the same sex. Some will end up having sex with either sex. Human beings have the capacity to have fluid sexual behaviour. Many adults find themselves somewhere in the middle of the sexual continuum at different times in their lives.
9. Students may say "a virgin is a person who has not had sex". There are some young people who have anal sex to "preserve" a girl's virginity which they consider to be the hymen. If you want to broaden the discussion, you may want to ask what "sex" means. For any lesbian or gay male, it is probably different depending on who you talk to.
10. Make the following resources available:
    - Tear-offs for clinics
    - AIDS & Sexual Health InfoLine (416-392-2437)
    - Lesbian Gay Bi Trans Youth Line - http://www.youthline.ca/
    - Kids' Helphone http://www.kidshelpphone.ca/
    - 211 for any service in Toronto
    - Web-sites: www.spiderbytes.ca, www.sexualityandu.ca,

Birth Control Lesson Plan

Course: Human Growth and Development **Time: 75 minutes**

Expectations:
HL1.03 - describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted infections (e.g., abstinence, condoms, oral contraceptives).

Assessment/Evaluation:
Formative Assessment: Are students correctly using the 4 criteria for choosing birth control when considering their case studies.

Teaching Strategies:
Activity 1
Whole Class Brainstorm: Name what you think are the 3 most common methods of birth control used by teenagers. What are the advantages and disadvantages of each?

Choosing a method of birth control is a function of:

- risk for STIs
- ability to use the method correctly and well
- the choice the woman would make if she accidentally got pregnant (i.e., continue the pregnancy or end it with abortion)
- ability to communicate well with partner

Case Studies:
Put students in groups of 2-3 and distribute a case study to each group.

- What method would you recommend for this person and why?
- Are there any health concerns you would discuss with this person if he/she were your client at a sexual health clinic?

Nadia is 16. Her boyfriend of six months is 18. They used condoms for the first three months after they started having sex and then stopped because she went on the pill. She had nausea and spotting and stopped taking her pills.

Fatima is a 19 year old in a relationship for the past two years. She and her boyfriend are planning to get married. They don't want to have children for at least three years.

Carrie is 15. She had a boyfriend early in the year and then broke up with him. She started another relationship with a guy, but that only lasted a few weeks. She just met a guy who says he's "clean" and doesn't like to use condoms. She had sex with each of them, using withdrawal. Carrie lives in a group home. She would continue a pregnancy if there was an "accident".

After the groups have had a chance to discuss the case studies, the groups "present their case" to the whole class, as well as their recommendations.

Notes to teacher:

Nadia

- should have been told to expect some side effects, which usually stop within the first three months
- at high risk for pregnancy
- Nadia and her boyfriend need to go back to using condoms until they can find another method.

Fatima

- can use an IUD
- in a mutually monogamous relationship
- they could also use combined hormonal contraception or condoms

Carrie

- needs to use condoms to prevent pregnancy and STIs
- probably won't because she has had a difficult history
- high risk for STIs – needs to be tested
- If students blame Carrie (irresponsible/stupid) point out that something like former sexual abuse may be a reason for someone's current inability to take care of herself.

Possible Follow-Up Discussion:

Carrie thinks she may be pregnant. You are her best friend and she comes to you for advice. What advice are you going to give her?

Students may say, "have the baby" or "have an abortion". Ask them what makes her think she is pregnant (missed her period). Ask them how she can find out if she is pregnant (have a pregnancy test). If she goes to a sexual health clinic, a counsellor will invite her into a room and close the door to have a confidential conversation. The counsellor will do a urine test. If she is pregnant, the counsellor will ask her how she feels about it. She will give her all the information she needs to make her decision. It is her decision and no one else's.

In terms of the discussion around Carrie's options for her pregnancy, some students may have strong ideas about abortion. Point out that abortion is legal, safe and covered OHIP. This class is not a forum for debating whether the law should be changed, but an opportunity for students to get all the information they need. A teacher can use this as an opportunity to encourage students to think about how they feel about these issues before they have sex.

Do a condom demonstration including communication skills. (See www.scarletteen.com and use the search engine for "Condom Basics")

Activity 2

Whole class discussion: What are the things that influence the way we make decisions? When you get up in the morning, you have to figure out if you're going to go to school or skip. How long does it take to make that decision? (A minute.) What is the quick run-through in your mind? (What if I get caught? What can I do instead of going to school? Is anyone else skipping today?) If you decide to get ready, how do you decide what to wear and how long does that take? Why choose one way of dressing over another?

So if you're making out with someone of the opposite sex and you're both getting pretty hot, how do you decide how far you're going to go? Is it really a decision, or do you just go with the flow? What influences that decision? (Drinking or other substance use, how much you like the person, how far you've gone before with this person, how far you've gone with another person, how you feel about yourself – your feeling of self worth, whether you feel you have the right to say yes or no, your cultural influences, how easy or difficult it is for you to talk about sex...) How long does that decision take?

If you're going to have vaginal sex, what kind of discussion do you need to have and when is the best time to have it; e.g., in the middle of a make-out session? (Do you both really want to, when, where, what are you going to use for protection (pregnancy and STIs), what if the protection fails – Plan B, how each feels about abortion…)

If there are some drama students in the class, have them act out a role play of this discussion. If you have never used role play before, see section on successful role play technique.

Activity 1 Resource

Considerations When Choosing Birth Control

Choosing a method of birth control is a function of:

- risk for STIs
- ability to use the method correctly and well
- ability to communicate well with partner (i.e., does correct and consistent use of the method require partners to be able to communicate with each other?)
- the choice the woman would make if she accidentally got pregnant (i.e., if the woman would be devastated if she got pregnant, she should choose the most reliable birth control method possible, and one which is completely within her control).

Activity 1 Resource

Birth Control Case Studies

Nadia is 16. Her boyfriend of six months is 18. They used condoms for the first three months after they started having sex and then stopped because she went on the pill. She had nausea and spotting and stopped taking her pills.

- What method would you recommend for Nadia and her boyfriend and why?
- Are there any health concerns you would discuss with them if they were your clients at a sexual health clinic?

Fatima is a 19 year old in a relationship for the past two years. She and her boyfriend are planning to get married. They don't want to have children for at least three years.

- What method would you recommend for Fatima and why?
- Are there any health concerns you would discuss with Fatima if she were your client at a sexual health clinic?

Carrie is 15. She had a boyfriend early in the year and then broke up with him. She started another relationship with a guy, but that only lasted a few weeks. She just met a guy who says he's "clean" and doesn't like to use condoms. She had sex with each of them, using withdrawal. Carrie lives in a group home. She would continue a pregnancy if there was an "accident".

- What method would you recommend for Carrie and why?
- Are there any health concerns you would discuss with Carrie if she were your client at a sexual health clinic?

Resources:
Toronto Public Health birth control pamphlet:
http://www.toronto.ca/health/sexualhealth/pdf/sh_birth_control_where_to_get.pdf

Birth Control Teachers' Guide

In the notes which follow, you will find some background information which may be helpful in your discussions with students about birth control and sexual health. It is not necessary for you to formally teach this information. It is provided in order to help you prepare for questions which students may ask.

NB: Research indicates that lesbian and bisexual women are at risk for unintentional pregnancy. It is important to ensure through your use of language that they feel included in the discussion.

Backgrounder
The most common methods used by teenagers are:

- condoms
- withdrawal
- the birth control pill
- Plan B (Emergency Contraceptive Pills)

Condoms

- very effective when used correctly and consistently
- protect against both pregnancy and sexually transmitted infections (STIs) for the parts that are covered

Withdrawal

- is almost as effective as condoms when used correctly; i.e.,
  - should not be used at her most fertile time
  - must not ejaculate close to vaginal opening
- there are not enough sperm in pre-ejaculate to cause pregnancy unless he has recently ejaculated; if couple has sex a second time, a condom must be used
- gives no protection against STIs

Combined Hormonal Contraceptives
Birth Control Pill

- very effective when used as prescribed
- no protection against STIs
- side effects (nausea, breast tenderness, spotting…) usually resolve within three months
- advantages include fewer cramps, protection against ovarian and endometrial cancer

The transdermal patch is worn on the skin and changed weekly for three weeks.
The vaginal ring is worn for three consecutive weeks in the vagina.

Plan B (Emergency Contraceptive Pills)

- can prevent a pregnancy by stopping ovulation when taken as soon as possible after a condom breaks, or if no method was used
- most effective when used in the first 24 hours
- can be taken up to five days after unprotected sex
- available without prescription at pharmacies and sexual health clinics

When contraception fails:

Abortion

- safe, medical procedure
- covered by Health Card
- confidential
- can be performed in a hospital or a clinic outside a hospital up to 20 weeks gestation

If a student suspects a pregnancy (she misses a period), a sexual health clinic is a good place to get testing and counselling.

If she decides she wants to **continue the pregnancy**, the counsellor will suggest she get help from Toronto Public Health which has a "Healthiest Babies Possible" programme. If she wants to **choose adoption**, she will advise her how to do that. If she decides to **have an abortion**, she will answer her questions about abortion and tell her where she has to call to make an appointment. The counsellor's task is to help her clarify her feelings about all of her options so she can choose the one that is right for her at this time in her life. The student is not obliged to inform members of her family although clearly, it is helpful to have support.

Other Methods

IUD

- safe and effective method if:
- in a mutually monogamous relationship
- no history of dysmenorrhea (painful periods)
- no history of heavy bleeding

Depo Provera

- progestin only
- given by injection
- risk of later osteoporosis

Female Condom

- polyurethane – good for latex sensitive/allergic individuals
- better heat conductor than latex condoms

Birth Control Methods

There is a difference between **typical use** and **perfect use**. **Typical use** takes human error into consideration.

Method	Notes
Condoms	• very effective when used correctly and consistently (**Typical Use**:15% chance of pregnancy) • protect against both pregnancy and sexually transmitted infections (STIs) • Plan B (Emergency Contraceptive Pills) can prevent a pregnancy by stopping ovulation when taken as soon as possible after a condom breaks, or if no method was used.
Withdrawal	• is a good deal better than nothing to prevent pregnancy (**Typical Use:** 27% chance of pregnancy) • gives no protection against STIs
Birth Control Pill	• very effective when used as prescribed (**Typical Use:** 8% chance of pregnancy) • no protection against STIs • combined hormonal contraceptives can be given by pill, transdermal patch or vaginal ring
Intrauterine Device (IUD)	• safe and effective method if: • in a mutually monogamous relationship • no history of painful periods • no history of heavy bleeding • no protection against STIs • very effective (**Typical Use:** less than 2% chance of pregnancy)
Depo Provera	• progestin only • given by injection • risk of later osteoporosis • No protection against STIs • very effective (**Typical Use:** 3% chance of pregnancy)
Female Condom	• polyurethane – good for latex sensitive/allergic individuals • better heat conductor than latex condoms (**Typical Use:** 12% risk of pregnancy)
Evra Patch	• a patch that delivers hormones through your skin • the patch is changed once a week • it contain hormones similar to those in birth control pills • no protection against STIs • (**Typical Use**: 8% chance of pregnancy)
NuvaRing	• a flexible ring a woman inserts into the vagina

	• the ring is changed once a month • it contains hormones similar to those in birth control pills • no protection against STIs • (**Typical Use**: 8% chance of pregnancy)
Plan B (Emergency Contraceptive Pills)	• should be taken as soon as possible within 5 days of unprotected intercourse (The sooner the better) • can be used if condom broke, if there is unprotected sex and in case of sexual assault • no protection against STIs • (**Typical Use:** 25% chance of pregnancy if taken within 72 hours after unprotected intercourse)

Sexually Transmitted Infections (STIs)
Lesson Plan

Course: Human Growth and Development **Time: 75 minutes**

Expectations:
HL1.03 describe the relative effectiveness of methods of preventing pregnancies and sexually transmitted infections

Assessment/Evaluation:
- Formative assessment to determine whether students are correctly using terminology during class discussion, small group discussions, and role plays
- Formative assessment of Ticket To Leave.
- Formative assessment of pop quiz

Teaching Strategies

Introduction

Teacher asks students:

How many of you know someone who:
- was ever worried about a Sexually Transmitted Infection (STI)?
- got tested for an STI?
- got treated for an STI?
- cheated on someone?
- was cheated on by someone?

Background Information to tell students:
50% of pregnancies are unplanned. That means that for a young woman who gets pregnant, no condom was used or it broke. She may or may not have also gotten a Sexually Transmitted Infection (STI). These days we say STI instead of STD ("D" for "disease") because not all infections become diseases.

If you are comfortable with street language that teens use for sexual activities, you may choose to do **Activity 1(a)**. Otherwise, do **Activity 1(b)**.

Activity 1 (a)
Teacher says to students, "Unprotected vaginal intercourse is one way to get an STI. Can you tell me all the sexual activities you have ever heard of (not positions, please)?"

- Write these on the board/overhead or have students come up and write them.

- Have students work in groups of two or three, and figure out which of these activities are high-risk for STIs, low risk or no risk. Instruct them to leave out HIV/AIDS for the moment.

Activity 1 (b)
Rather than asking students to generate the list of sexual activities, photocopy and cut out cards (see below). Make multiple copies of the cards and have each set in a separate envelope. Have students form groups of 3-4 and ask them to rank the sexual activities in terms of their risks for STIs (No Risk, Low Risk and High Risk).

Sample answers:

No-risk	Low-risk	High-risk
• kissing • touching, including "fingering" • massage • mutual masturbation • self pleasuring	• oral sex (for HIV except in the presence of an untreated STI like syphilis or herpes • skin-to-skin touching in genital area (e.g., herpes or HPV)	• unprotected vaginal or anal sex (e.g., Chlamydia, gonorrhea, herpes, HPV) • oral sex (e.g., herpes)

Students may argue that there are theoretical risks, for example with "fingering". Remind them that you are talking about statistical risks. Also remind students that skin is skin – it doesn't matter whose it is. So if two women or two men are having an unprotected sexual activity, they are at risk for STIs, including herpes and HPV. Remind students that many women who mostly have sex with other women as adults may have had sexual relations with men in the past. They need to have regular Pap testing as do women who have sex with men. In fact, women who have sex with women are also at risk for STIs, including genital herpes.

Regardless of whether you have chosen Activity 1 (a) or Activity 1 (b), proceed with the following activities.

Ask students how a high-risk sexual activity could be made low-risk? (Answer: Use condoms). Some people use a dental dam for oral sex on the vulva or anus. Remind students that sharing sex toys can also transmit infections.

Do a condom demonstration.
- Discuss whether you are sure you want to have sex.

- Use two fingers, an unripe banana or a wooden condom demonstrator.
- Explain they need to check the expiry date.
- Open the package carefully, making sure not to tear with fingernails etc.
- To check which way the condom unrolls, use fingers, not the penis (if unrolling the wrong way and then correcting, any viruses or bacteria on the tip of the penis can enter into the partner's body).
- Many uncircumcised males prefer to pull back the foreskin before unrolling the condom.
- Some men like to use a drop of water-based lubricant in the tip of the condom for increased sensation.
- Unroll the condom all the way down the erect penis.
- After he ejaculates, demonstrate how he needs to hold on to the base of the condom and pull out before he loses his erection.
- Throw away in the garbage, not in the toilet.
- Condoms must be used from beginning to end of sexual activity.

Activity 2
HIV
Working in pairs, ask students to write down:
1) The four ways of getting HIV
2) How HIV and AIDS are related to each other.

Take up:
Four ways to get HIV
1) unprotected vaginal or anal intercourse with an infected person
2) infected blood/blood products
3) sharing needles or drug paraphernalia
4) from mother to fetus/baby, especially during childbirth or mother to baby through breastfeeding

How HIV and AIDS are related to each other:
HIV causes the immune system to break down, allowing an infected person to be susceptible to different kinds of infections. When this happens, the person has AIDS. Taking medication early in the infection may allow a person to live for more than 30 years. Pregnant women who take medication reduce the risk of infection to 2%to their fetus in the womb or to their baby during delivery.

NB: Some teachers will find the formula below useful to understand the concept of risk. Each element needs to be clearly explained.

The formula for HIV risk:

$$\text{Risk} = \frac{\text{Virus x Exposure}}{\text{Resistance}}$$

Ask: When can a person get an accurate HIV test?
Answer: Three months after exposure. Before 3 months, HIV antibodies may not develop. However, during these 3 months, there is a high chance (50%) of passing HIV to somebody else. The first month is the most risky.

This is about the *amount* of virus.

The number of times they are exposed; and whether they are on the receiving end is about the *exposure*.

Whether they already have another infection affects their risk. For example, with untreated infections like Chlamydia or herpes, white blood cells rush to the site. HIV attacks these white blood cells and enters the bloodstream in this way. This is about the *resistance* of the mucous membranes.

Oral sex is usually considered to be a low-risk activity for HIV. However, if a person has a herpes sore (i.e., a cold sore) and uses their mouth on, for example, the genitals of a person who has HIV, it makes it easier for the person giving oral sex to get HIV that way.

Treatment
Tell students that bacterial infections can be both treated and cured; and viral infections can be treated but not cured. These infections, however, can neither be treated nor cured, if the person does not find out they have an infection by getting tested. Testing and treatment for bacterial infections is pretty simple (urine test for males; a vaginal swab for females; antibiotics for treatment).

Where to go for testing?
Make sexual health clinic information available or have students go to:
http://www.toronto.ca/health/sexualhealth

Activity 3
Some sex educators say that sex is easy to do but hard to talk about. Let's practise talking.

Role Plays

- Use these role plays to illustrate how people can talk about STIs, getting tested and treated.

- Most of these role plays do not specify if the players are male or female. Choose some same sex "partners".
- Ask for volunteers. Divide into groups of two. Give each person in the "couple" one of the role play cards. They do not prepare or see each other's role play description.
- "Audience" members may interrupt to stop the action and comment, or even take the place of one of the players.

Follow-up Discussion

1) How easy or difficult was it for the people in the role plays to have open conversations?
2) For those conversations that were difficult, what made them difficult?
3) In each of these role plays, the couples were having difficult conversations, but it might be tempting to just not have the conversation at all. What are the consequences of not having the difficult conversations?

Resources

You may find the following pamphlets useful. They are available from Toronto Public Health at: http://www.toronto.ca/health/sexualhealth/sh_print_resources.htm.

- Sexual Health Clinics tear-off
- Getn Tested
- Wait For Sex? Why Should I?
- What are My Chances of Getting HIV?
- The HIV Antibody Test
- Having Sex -…..Your First Pelvic Exam
- STIs
- Lumps, Bumps and other stuff

Resource Activity 1 (a)

Unprotected (no condom) Vaginal Sex	**Touching**

Unprotected (no condom) Anal Sex	**Hand jobs**
Unprotected (no condom) Oral Sex	**Self Pleasuring**
Kissing	**Dry sex (rubbing, clothes on)**
Rubbing (clothes off)	**Sexting**

Resource Activity 3

1A You have to make a phone call to tell your partner you have just been diagnosed with Chlamydia.	1B 3 You have only had one partner - this one.
2A You had genital warts two years ago and have had nothing since. You are going out with someone new.	2B You want to have "the talk" about safer sex *before* having sex.

3A You had sex with your ex. The condom broke.	3B You started to notice some burning when you pee. You ask your partner if they have noticed any problems.
4A (F) You want to go on the pill. You haven't been using condoms very much lately anyway.	4B (M) You hate using condoms. With each new partner, you get out of it as soon as you can.
5A (M) You have a girlfriend but you end up having sex with a guy. You didn't use a condom.	5B (F) You notice that your boyfriend doesn't want to have sex lately.
6A You are not ready to do anything more than make out.	6B You are s-o-o-o ready to have sex.

Formative Assessment

Ticket to Leave

Students must complete "Ticket to Leave" before leaving the class.

Students deposit their Ticket into a box before leaving the class.

Ticket to Leave
Which is correct? The best way to prevent STIs is: - delay higher-risk activities - when having higher-risk activities, use protection - if having higher-risk sexual activities, get tested and if necessary, get treated - all of the above
Ticket to Leave

Which is correct?
The best way to prevent STIs is:

- delay higher-risk activities
- when having higher-risk activities, use protection
- if having higher-risk sexual activities, get tested and if necessary, get treated
- all of the above

Ticket to Leave

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- all of the above

Formative Assessment

Pop Quiz

True or False

Chlamydia is the most common (reportable) STI in youth ages 15 – 24. ☐ ☐

The Chlamydia test for males is a urine test. ☐ ☐

Chlamydia is curable with antibiotics. ☐ ☐

Over 70% of sexually active people have been exposed to HPV at some point. ☐ ☐

Once you have HPV it never goes away. ☐ ☐

Women who have sex with women don't need Pap tests because they don't have sex with men. ☐ ☐

Most people who have genital herpes don't know it. ☐ ☐

Most people get herpes when their partner has no symptoms. ☐ ☐

It is easier to get HIV if you already have an untreated STI. ☐ ☐

You need parental consent to have an examination and testing if you have unusual symptoms. ☐ ☐

Sexual Transmitted Infections Lesson Plan
Teachers' Guide

In the notes which follow, you will find some background information which may be helpful in your discussions with students about sexual health. It is not necessary for you to formally teach this information. It is provided in order to help you prepare for questions which students may ask.

Some young people are especially at risk for STIs, including those who are intellectually delayed, physically challenged, have a history of abuse, transgender, gay, lesbian bisexual or in unstable housing.

Backgrounder

People aged 15 – 24 have the highest rate of STIs. The two main categories of STIs are:

- Bacterial STIs, which can be treated and cured.
- Viral, which can be treated but not cured.
- See examples below.

Bacterial STIs	**Viral STIs**
• gonorrhea • chlamydia • syphilis	• Herpes Simplex Virus-1 (HSV-1) • Herpes Simplex Virus-2 (HSV-2) • Human Papillomavirus (HPV) • Hepatitis B • Human Immunodeficiency Virus (HIV)

Important Points Regarding Bacterial STIs

Gonorrhea

- Most males with **gonorrhea** have symptoms (painful urination, pus-y discharge).

Chlamydia

- About 50% of males and about 75% of females have no symptoms of **Chlamydia.**
- Untreated Chlamydia can lead to Pelvic Inflammatory Disease (PID) in females. This can result in infertility or ectopic pregnancy (pregnancy outside the uterus). It can cause damage in males as well, although this is less common.
- The test for Chlamydia in males is a urine test. For women, it is usually a swab.

Syphilis

- **Syphilis** is increasing amongst some men having sex with men (MSM) who are having high numbers of partners without using condoms for oral or anal sex. Syphilis can be fatal.

- **Antibiotics cure all of these bacterial infections.**

Important Points Regarding Viral STIs

Herpes Simplex Virus - 1

- **HSV-1** causes cold sores. If a person has a history of cold sores and gives someone oral sex, they can pass it to that person's genitals. HSV-1 on the genitals is usually not as painful as **HSV-2**, and does not tend to come back as often. It is difficult to pass HSV-1 from one person's genitals to another's.
- Herpes can occur anywhere in the "boxer short" area.

Herpes Simplex Virus - 2

- **HSV-2** causes genital herpes. Once a person has genital herpes, it may come back often or from time to time.
- Most people who are infected with HSV-2 don't know it.
- It is common to pass on HSV-2 genitally without any symptoms.
- It is unusual to pass on HSV-2 from the genitals to someone's mouth during oral sex.
- There is treatment for herpes, but no cure.
- Untreated herpes greatly increases the potential for HIV infection from a person who has it.

Human Papillomavirus

- There are about 40 types of **HPV** that infect the genitals and reproductive organs.
- Some of these are high-risk types that can cause cancer; some of these are low-risk types that can cause warts.
- Most infections cure themselves.
- If a person gets genital warts, and the warts don't come back within a year, the virus is probably gone.
- Pap tests sometimes indicate abnormal cells on the cervix. For women under age 30, usually the problem goes away by itself. If there is a high-grade lesion, she needs treatment so that it does not become cancer.
- Women should have their first Pap test within three years of their first vaginal activity (with partner's finger, mouth or genitals) and then on a regular basis after that.

Hepatitis

- Most teenagers schooled in Ontario got vaccinated against **Hepatitis B** in grade 7.
- Anyone who uses cocaine or injection drugs and shares needles, bills or straws needs to get tested for **Hepatitis C**. Hepatitis C is most often transmitted by blood, especially sharing drug use equipment.
- Students may ask about Hepatitis A, which is an oral/fecal transmission. Students who work in the food industry, like fast food restaurants, should be reminded of the importance of good hand hygiene.

Human Immunodeficiency Virus (HIV)

- **HIV** is most commonly passed through sharing needles/works or having unprotected vaginal or anal sex with an infected partner.
- People rarely recognize the symptoms immediately after infection.
- It can take three months for antibodies to the virus to show up in a blood test.
- Viral load can vary over time in semen; it can vary in vaginal secretions with the menstrual cycle. There can also be high viral loads in anal secretions from the rectum.
- Having an untreated STI makes it easier to get HIV, when exposed to the virus.
- With medication, people with HIV can live for several decades.
- A person can get tested for HIV anonymously if they wish.
- There are several clinics in Toronto where a person can have a 60 second (rapid, point of care) blood test. Otherwise, they have to wait for two weeks for results.

Yeast, Trichomonas, Bacterial Vaginosis, Molluscum Contagiosum, Crabs

- Yeast is commonly found in and on the body in both men and women. An overgrowth in the vagina can cause itching and a white, chunky discharge. It is not considered sexually transmissible.
- Trichomonas is caused by a protozoan. It can cause itching and a fishy, frothy discharge in women and itching or swelling on the head of the penis. It is sexually transmissible and curable.
- Bacterial Vaginosis is a very common vaginal infection. It can cause a foul odour and creamy white discharge in women. It is generally not considered sexually transmissible. Partners are often not treated.
- Molluscum Contagiosum is a common skin infection in both adults and children. It is often sexually transmissible in adults; but is transmitted by close contact in children. It is treatable and curable. Partners should be treated if they have symptoms.
- Crabs, like scabies, is an infestation and curable with medicated shampoo.

STIs and Pregnancy

Testing

- Pregnant women need to be swabbed for **Bacterial Vaginosis** and **Trichomonas** even if they are asymptomatic.

- **HIV:** testing in pregnancy is done as routine "opt-in testing". This means that all pregnant women should be asked by their doctors whether they wish to be tested for HIV. 94% of pregnant women in Toronto are tested. HIV transmission to the fetus in utero can be prevented with treatment for the infected mother and treatment for the baby after delivery. C-section for delivery is still under debate.

- **HPV**: Transmission of HPV to an infant can occur during delivery but the infected baby may not present with warts. In rare cases children will present with polyps in the upper respiratory tract (usually larynx) between ages 2 to 5. This may cause breathing difficulties.

- **Genital HPV:** A C-section delivery is warranted if the vagina is obstructed by warts or if warts are significant enough to cause a bleeding complication with vaginal delivery.

- **Group B Strep**: 10 - 30 % of pregnant women are colonized with Group B Strep, usually acquired from the gastrointestinal system. There is no clear link between Group B Strep and sexual activity. There are usually very few signs and symptoms of Group B Strep, but occasionally people with group B Strep will have a fever or urinary tract infection. The potential risk for the baby is that if the mother has Group B Strep, the baby may be born with sepsis, systemic infection, respiratory distress, pneumonia or meningitis. Pregnant women should be tested for Group B Strep with a vaginal and rectal swab at 35 - 37 weeks.

  Treatment - antibiotics are not given during pregnancy for mothers who have Group B Strep. Antibiotics during pregnancy have been found to be ineffective in treating the disease and preventing transmission to the baby. Antibiotics must be given after onset of labour or rupture of membranes (i.e., breaking of the waters) to prevent infection of the baby.

  Antibiotics may be given during pregnancy **IF** the mother is ill (fever, UTI). Antibiotics would be given again during delivery.

- **Herpes Simplex Virus:** C-section is recommended if prodromal symptoms are present (i.e., the mother is having "an outbreak") at the time of delivery or ruptured membranes (ideally within less than 4 hours of the water breaking).

  If a pregnant woman has had a Herpes outbreak in the past year, a prophylaxis (preventative treatment) will be given at 36 weeks gestation. The treatment that is given is ***Acyclovir*** three times a day until delivery.

- **Hepatitis B – Infected or Carrier Mothers:** There is a concern that Hepatitis B can be transmitted to an infant during pregnancy or delivery. 95% of cases of transmission can be prevented with Hepatitis B Immunoglobulin and Hepatitis B vaccine at birth (within 12 hours), 1, and 6 months.

Activity Resource

Sexually Transmitted Infections

Bacterial Infections	Viral Infections
• gonorrhea • chlamydia • syphilis	• Herpes Simplex Virus-1 (HSV-1) • Herpes Simplex Virus-2 (HSV-2) • Human Papillomavirus (HPV) • Hepatitis B • Human Immunodeficiency Virus (HIV)
• Can be treated and cured	• Can be treated but not cured
• It is possible to have a bacterial or viral STI without having any symptoms. • It is possible to pass STIs on to a sexual partner even when no symptoms are present. • The presence of an STI increases the risk of contracting HIV.	

Take Home Message:

If you're sexually active, you and your partner(s) need to get tested for STIs!

Relationships Lesson Plan

Course: Growth and Development **Time: 75 minutes**

Curriculum Expectations:

HL1.02R
Describe the factors that lead to responsible relationships
HL1.04R
Demonstrate understanding of how to use decision-making and assertiveness skills to effectively promote healthy sexuality (e.g., healthy human relationships…)
HL1.05
Demonstrate understanding of the pressures on teens to be sexually active
HL1.06
Identify community support services related to sexual health concerns

Teaching Strategies

Part 1: Harassment

Whole Class Discussion: We have relationships with a lot of different people including ourselves. Brainstorm types of relationships (e.g., self, friends, family – siblings, caregivers – intimate partners, teachers)

With each of these relationships, there can be good times and bad times.
Brainstorm examples of good and bad times (e.g., self like/dislike, arguments with parents, frustrations with teachers, fights with siblings, ups and downs with partners and friends)

With each of these people, we have communication skills that either work or don't work. In today's class, we are going to look at a few examples of relationships – with people at school and with an intimate partner – the good, the bad and the ugly.

Small Group Discussion: Define sexual harassment. Ask groups of 3-4 to come up with a definition of sexual harassment. Ask the first group to put their main points on the board/overhead. Then ask each group after that to add any new/different points to what the previous group(s) had written.

Points that may come up:
- Harassment is in the eye of the perceiver (definition of harassment is not based on whether the perpetrator intended any harm).
- poisons the school/work atmosphere
- Harassment is a type of bullying.
- People don't know how to handle harassment to make it stop.
- can be verbal, may be physical, verging on sexual assault

Points to make clear to the class:
- Harassment depends on the feeling of the person on the receiving end. For example, "You're looking good today" in one tone of voice may be

acceptable; with a different tone of voice and body language, it may not make you feel good – it may even make you feel ashamed.
- Another example, if someone uses a gender-based slur, like "You're such a pussy", he may feel ashamed, angry or humiliated. If the person perceives what is happening as harassment, they need it to stop.
- Often, a person can just look at someone and make them feel uncomfortable or even afraid. This is a type of bullying behaviour.

There is a continuum that runs from harmless flirtation to sexual harassment to physical assault:

Draw the following on the board/overhead:

There can be fine lines between what is acceptable to one person and not to another.

Option 2

Activity: Discussion Stations
Have each of the following questions written on chart paper and posted in different sections of the classroom (Discussion Station). Break students up into 5 groups and give each group a different colour marker. Each group will go to a different Discussion Station and have 3 minutes to write their answers to the question on the chart paper. After 3 minutes, the teacher will call "Switch" and the groups will move to the next station. At each station, students will be instructed to read what the previous groups have written and write their reactions and/or other thoughts.

Discussion Station Questions:
- What are some examples of flirting?
- What are some examples of harassment?
- What's the main difference between flirting and harassment?
- Why is it so hard to stop harassment?
- What is the best way to deal with it:
  (a) when it happens to you
  (b) when it happens to someone else
  (c) when it happens over and over again

Wrap up Whole Class Discussion:
- How can we better prevent/deal with sexual harassment in this school?
- Why talk about harassment? (Being able to communicate about what people want and don't want in relationships starts right now. Because harassment is an issue in schools, it's important to talk about what it is and what to do about it.)

Activity: Role Plays

Ask for two groups of three volunteers to do a role play in front of the class. Each group will be given a scenario to role play (see below) and the audience will then "direct" the group when they role play a way of stopping the harassment. Teacher can use "freeze" technique, have students replace the original players or even question the role players.

Scenario A
A group of people are taunting a guy or a girl they think is gay.

Scenario B
Someone walks down the hall, grabbing and pinching other people.

Part 2: Intimate Partners – Getting the Relationship You Want

When you look at other people with their boyfriend or girlfriend, you may say to yourself, "Wow, great relationship!" or, "Man, I'm glad that's not me," whether it's a same or opposite sex relationship.

Whole Class or Small Group Brainstorm: What are the things that make you go "wow"? (e.g., they get along a lot of the time, they are affectionate, they seem to trust each other, they have lives outside the relationship).

What are the things that make you grateful you're not in that relationship?
(e.g., they fight all the time, one is very controlling, there is no trust, one puts the other down in public).

Activity: Thumbs Up/Thumbs Down: Even in a wonderful relationship, couples don't always agree. There are ways to argue that work better than others. For example, which one of these do you think would work? Thumbs up if you think it's a good way to argue; thumbs down if you think it's a bad way to argue and shake your hand if you're not sure:

- In the middle of an argument, you bring up stuff that happened a long time ago.
- You say, "You always do/say that."
- You wait until the other person has finished what they wanted to say.
- You accuse them of lying.
- You tell them how you feel.
- You tell them what you want to change.

Part 3 – Abuse

This exercise is based on a booklet called **"It's Up To You"**; you will find this as a separate resource.

Choose Your Own Story exercise: This exercise should be done as a whole class exercise. Read Tricia's story out to the class. If done as a small group exercise, each group can choose a reader to read the story to the group. Tell the students that they can say what they think the character should do and why. Then the class (group) will decide which direction the story will go.

Below are some notes for the teacher when facilitating the discussion about the story and the main characters' options.

Tricia's Story
Teacher's Guide

Explain to students you are going to read a story about someone their age that needs to make some decisions. As you read, you will ask them their opinion about what the character should do and then the class will make the decision which affects the rest of the story.

Page 1 – How might Trevor react if she won't meet him?

Page 2 – How do you think she feels when Trevor assumes she will come anyway?

Page 3 – How hard would it be for her to insist that he use a condom?

Page 4 – What would you call what happened?

Page 5 – What would you call what happened? Why is she crying?

Page 6 – She lets him hold her and kiss her afterwards. How do you feel about that? Why do you think she let him? She says, "it kind of makes it worth it". What does she mean? Do you think this is realistic?

Explain the cycle of violence and illustrate on the board (build-up of tension, outburst – physical or verbal – contrite behaviour and honeymoon phase. Some abused people live for the honeymoon phase. What are other reasons some people stay in abusive relationships? (Economic reasons, immigration concerns, children, low self-esteem).

What is she worried about? (Pregnancy, STIs). How could Shawna help?

Page 7 – Is she right that Trevor is crazy about her? Is jealousy a sign of love? How would you describe Shawna's comment about Tricia being "stupid"? Sometimes even friends can be mean and even abusive. Have you ever seen this? What help can Tricia get at the clinic?

Page 8 – What is the real reason why Trevor doesn't like Trish to spend time with her girlfriend? Who is in control of their relationship?

Page 9 – What's "that pill"? Do you think it was a sexual assault?

Page 10 – What was Tricia scared of? What makes Trevor so mad?

Page 11 – What's a Pap test for (checks for abnormal cells that could become cancer). Do doctors always do STI swabs when they do a Pap test and vice versa? (No.)

Page 12 – Is there a name for what Trevor is doing? (Stalking) Would it be difficult for her to continue not to see him?

Page 13 – Are you surprised that Trevor beat up a former girlfriend who was pregnant? (It's common for physical abuse to start during pregnancy).

Page 15 – What's Chlamydia? (Common STI – usually has no symptoms for females; often no symptoms for males. It can cause infertility in females.)

Page 16 – Why is she worried about the new girl Trevor is going out with?

Do you think this story was realistic? Do you think it would play out any differently if it were a same sex couple?

Staff Resources

Hotlines

AIDS & Sexual Health Hotline 416-392-2437
For statistics, clinics and resources

Toronto Public Health – Health Connection 416-338-7600
For referrals to TPH staff and resources

LGBT Helpline Youth Line 416-962-9688
For youth who need support and/or are questioning

Websites

Toronto Public Health
www.toronto.ca/health/sexualhealth/index.htm

Society of Obstetricians & Gynaecologists of Canada
www.sexualityandu.ca

Canadian Guidelines for Sexual Health Education
www.phac.aspc.gc.ca

Age of Consent/Abuse
http://www.justice.gc.ca/eng/dept-min/clp/faq.html
www.boostforkids.org

Healthy Sexuality: Grade 9 Helping Teens To Make Healthy Decisions About Sex and Relationships: A resource for educators
www.peelsexualhealth.ca

Gay and Lesbian Educators of B.C.
www.galebc.org

Planned Parenthood of Toronto
www.ppt.on.ca

Women's Health
www.womenshealthmatters.ca

Canadian Federation for Sexual Health:
www.ppfc.ca

www.scarleteen.com.
Topics include puberty, sexual orientation, “readiness” checklist, safer sex, and abuse. Please note this website is based out of the USA, therefore not all information provided is accurate for Canadian students.

Alberta Teen Choice:
www.sexualityandteen.ca
A Canadian based website that provides helpful resources on all major topic areas, including Ontario’s health clinics and information lines. This site can be useful for teachers, youth and parents.

Books

Healthy Active Living: Grade 10 text and workbooks

Martyn, Kim (2003) All The Way Sex for the First Time

St. Stephen’s Community House The Little Black Book for Girlz: A Book on Healthy Sexuality (2000). and The Little black book for Guys: The Guys Talk About Sex (2009).
This agency is the author of these books which provides information on sexuality and relationships written for young people by young people.