



Sexuality Teaching Kit

Grade
9 to 12

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Contents

- Diversity and inclusion 5**
 - Introduction 6
 - Background information 7
 - Resource review 9
 - Other helpful resources 12

- Healthy relationships 15**
 - Introduction 16
 - Healthy relationships 17
 - Types of communication 20
 - Consent 22
 - Consent activity 23
 - Gender-based violence prevention education resources 24
 - Resource review: respect sexual consent 25

- Contraception 27**
 - Introduction 28
 - Background information 29
 - Other helpful resources 36
 - What is abstinence activity 37
 - Condom activity 39
 - Activity cards: Condom activity (*see Appendix A*)
 - Methods of contraception activity 41
 - Worksheet: Contraception methods chart (*see Appendix B*)
 - Decision making activity 45
 - Worksheet: Decision making-scenarios 1&2 (*see Appendix C*)
 - Decision making activity answer sheet 46

Sexually transmitted and blood-borne infections (STBBIs)	49
Introduction	50
What are sexually transmitted and blood-borne infections?	51
Quick test clinic locations	57
Handshake game activity	64
Activity cards: Handshake game activity (<i>see Appendix D</i>)	
Other helpful resources	66
STBBI quiz or trivia game activity.....	68
Quiz: STBBI quiz (<i>see Appendix E</i>)	
STBBI quiz answer sheet	70
Reproductive system review	75
Reproductive anatomy review activity.....	76
People with a vagina reproductive system—labelled.....	77
People with a penis reproductive system—labelled	78
Worksheet: People with a vagina reproductive system (<i>see Appendix F</i>)	
Worksheet: People with a penis reproductive system (<i>see Appendix F</i>)	
Appendices	79
Appendix A— Activity cards: Condom activity.....	80
Appendix B—Worksheet: Contraception methods chart	95
Appendix C—Worksheet: Decision making—scenarios 1&2	96
Appendix D—Activity cards: Handshake game activity	98
Appendix E—Quiz: STBBI	100
Appendix F—Worksheet: People with a vagina reproductive system	105
Worksheet: People with a penis reproductive system	



Diversity and Inclusion

Grade
9 to 12

Introduction

The content in this section will help support teaching and learning about diversity and inclusion, creating a welcoming classroom environment and using gender inclusive language. This section includes recommended resources, definitions, and videos.

To access a student-friendly PowerPoint which aligns with this document and includes speaker notes, additional resources, and curriculum support, visit: hpePublicHealth.ca/human-development



Remember to login to **www.ophea.net** and access additional curriculum resources that support teaching the human development and sexual health curriculum.

Recommended websites for additional information:

Egale Canada www.egale.ca

Canadian Centre for Gender and Sexual Diversity www.ccgscd-cdgs.org

The Get Real Movement www.thegetrealmovement.com

The Gegi Project www.gegi.ca

The Society of Obstetricians and Gynaecologists of Canada (SOGC)
www.sexandu.ca

Kids Help Phone www.kidshelpphone.ca

Alberta Health Services www.teachingsexualhealth.ca

SOGI 123 www.sogieducation.org

Please note, a conscious effort has been made to use gender inclusive language throughout this document in order to support all students who are learning about this important health topic.

Background information



Some students may find this information challenging to talk about. Check in frequently with students to see how everyone is doing with the content that is being covered. Seek additional support for student(s) as needed.

It is important to use gender neutral language in ALL parts of teaching, not just during these specific lesson plans.

Creating a Welcoming and Safe Classroom Environment

- One of the fundamental principles for creating an inclusive environment is treating everyone with **respect**. It is important for everyone to feel safe and included.
- Revisit expectations/ground rules with the class.
- Use neutral and inclusive language (e.g. using gender neutral pronouns).
- Do not make assumptions.
- Be sensitive to all individuals (e.g. asking questions, talking).
- Find out what's important to the learners.
- Recognize own biases and those in the classroom.

Here is a great resource to use to help create a classroom that is welcoming and encourages gender diversity:

Gegi's Tips for Creating a Classroom that Welcomes and Sustains Gender Diversity:

www.gegi.ca/wp-content/uploads/2021/04/Gegis-Tips-for-Welcoming-Gender-Diversity-in-Your-Classroom.pdf

1. Teach as though there is always gender diversity in the room.
2. Show, not just tell, your students and their loved ones that you are here for this.
3. Honour all students as the authority on who they are, starting with their names.
4. Maintain a resource binder with a loud and proud label, and display it in a prominent place in the classroom.
5. Begin to see your classroom through a gender lens.
6. Position students as active participants in creating and sustaining your community.
7. Notice and change the language you use.
8. Practice using gender-neutral pronouns before you have a student who has gender-neutral personal pronouns.
9. Make a space for **every** student's relationship with their gender to be voiced and explored (whether they are transgender or not).
10. Practice articulating that one of your legal responsibilities is mitigating gender-based discrimination in your classroom and school.
11. Defend your gender diversity-affirming practices through connection, not polarization.¹

Definitions

<p>What does 2SLGBTQI+ stand for?</p>	<ul style="list-style-type: none"> • “An acronym that stands for Two-spirit, Lesbian, Gay, Bisexual, Trans, Queer, Questioning, and Intersex. This is a community that represents a diverse population of individuals. This acronym is often used as an umbrella term to encompass a much wider range of identities and experiences related to sex, gender, and attraction that fall outside the dominant norms of heterosexual and cisgender identities.”² • There are also many variations of this acronym.
<p>What is assigned sex?</p>	<ul style="list-style-type: none"> • “The biological classification of a person as female, male, or intersex. It is usually assigned at birth based on a visual assessment of external anatomy.”² • It is based on how someone else sees our bodies.
<p>What is gender identity?</p>	<ul style="list-style-type: none"> • Is how an individual sees themselves, their internal sense of being female, male, both or neither. • “A person’s internal and individual experience of gender. It is not necessarily visible to others and it may or may not align with what society expects based on assigned sex. A person’s relationship to their own gender is not always fixed and can change over time.”² • Some common terms related to gender identity include: agender, cisgender, gender diverse, non-conforming/gender, genderfluid, nonbinary, transgender, transfeminine and transmasculine.
<p>What is gender expression?</p>	<ul style="list-style-type: none"> • Is how an individual expresses themselves and shows their gender to others. • “The way gender is presented and communicated to the world through their clothing, speech, body language, hairstyle, voice and/or the emphasis or de-emphasis of body characteristics and behaviours.”² • Some common terms related to gender expression include: androgynous, feminine and masculine.
<p>What is sexual orientation?</p>	<ul style="list-style-type: none"> • Is based on how an individual feels or is attracted towards others. • “Attraction = often referred to as a sexual orientation, attraction describes a person’s potential for emotional, spiritual, intellectual, intimate, romantic and/or sexual interest in other people and may form the basis for aspects of one’s identity and/or behaviour.”² • Some common terms related to sexual orientation include: asexual, bisexual, demisexual, gay, heterosexual, lesbian, and pansexual.

Resource review

Genderbread Person: Components of Human Identity

<https://egale.ca/awareness/the-genderbread-person/>

This is a visual tool, that can be found at the above site, to help understand these four components of human identity (which all individuals posse):

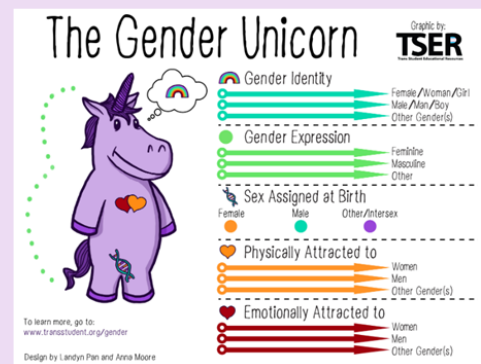
1. Assigned Sex
2. Gender identity
3. Gender Expression
4. Attraction

There are many terms that are associated with each of these categories, and some of them fall into more than one category.

It's important to note that the many varying identities and expressions exist on a continuum and are always evolving .

Another example of a visual that identifies these components is:

The Gender Unicorn



Trans Student Educational Resources, 2015
"The Gender Unicorn."
transstudent.org/gender/

Visit nbdcampaign.ca to find out more about the “I’ll use your pronoun: No Big Deal” campaign.

What are Pronouns?

- “Pronouns are words used to refer to a person other than their name.”¹
- For example, “Have you heard from Stacey? **She** hasn’t responded to my texts today.”
- **She** is the **pronoun**.
- “It is a respectful and inclusive practice to use gender neutral pronouns, **they/them/theirs**, when referring to any person whose pronouns you do not yet know, until you are able to find out.”¹
- It’s important and respectful to use a person’s self-determined pronoun, rather than assuming what their pronouns are. If you don’t know what their pronouns are, just ask.
- Here are some examples of different pronoun sets:
 - ◇ He/Him/His
 - ◇ She/Her/Hers
 - ◇ They/Them/Theirs

Affirming and Inclusive Language

- “Everyday language is often unnecessarily gendered. By shifting towards inclusive language, we can contribute to a more affirming environment that respects the gender identities of all people.
- Pronouns and names are not the only parts of language marked by gender. Always be mindful of your assumptions and consider gender-neutral ways of communicating the same phrases. These tips are especially important in instances where you are referring to a general audience or don’t know the gender of the people you are speaking to.
- Remember that you cannot tell someone’s gender identity by the way they look, so it is best not to assume.
- Inclusive language is inclusive for everyone, not just members of the 2SLGBTQI+ community.
- Best practice is to use gender-neutral language when addressing a general audience or people you do not know.
- Affirming language is a great way to demonstrate allyship.
- It is okay to make mistakes! Learn from them and commit to doing better next time.”³

Here is an example

Inclusive Language	Affirming Language
Instead of saying: Husband/wife, boyfriend/ girlfriend	Instead of saying: They use to be male/want to be female.
Say this instead: Partner/spouse/significant other	Say this instead: She is female assigned male at birth.

Recommended videos on Gender Identity and Sexual Orientation.

Preview each of the videos to determine which video(s) are most appropriate for your class.

These videos can be found on: [amaze.org](https://www.amaze.org).

These animated videos define gender identity and sexual orientation and identify some of the commonly used terms that are related to both gender identity and sexual orientation.

Under the Gender Identity tab:

- Sex Assigned at Birth and Gender Identity: What is the Difference? (3:45 min.)
- Range of Gender Identities (2:55 min.)
- Expressing Myself My Way (3:36 min.)

Under the Sexual Orientation tab:

- What is Sexual Orientation? (1:59 min.)
- Sexual Orientation Explained: Lesbian, Gay, Heterosexual and Bisexual (2:02 min.)

Other helpful Resources

Gender Identity in Schools: Questions and Answers, Public Health Agency of Canada

www.rainbowhealthontario.ca/wp-content/uploads/2012/01/Gender-Identity-in-Schools.pdf

Sexual Orientation in Schools: Questions and Answers, Public Health Agency of Canada

www.rainbowhealthontario.ca/wp-content/uploads/2012/01/Sexual-orientation-in-schools.pdf

LGBTQI2S : <https://egale.ca/awareness/terms-and-concepts-updated/>

Pronoun Usage Guide: <https://egale.ca/awareness/pronoun-usage-guide/>

Inclusive and Affirming: <https://egale.ca/awareness/affirming-and-inclusive-language/>

Local community supports & resources:

SAY OutLoud

- Website: sayoutloud.ca
- Phone: 613-985-9650 (Belleville)
- Support is a group for open minded youth. It offers a safe place for Lesbian, Gay, Bisexual, Transgender and questioning youth to connect, seek support, develop new friendships, express themselves, learn about the LGBTQ community and most importantly, have fun.

Spectrum

- Website: qwyc.ca
- Email: ed@qwyc.ca
- Phone: 613-392-6946 (Quinte West)
- Spectrum is a safe and supportive space for 2SLGBTQI+ youth to hangout, make new friends, enjoy activities and discussions with peers, etc.

Discover YOUth

- Website: peclibrary.org
- Phone: 613-476-5962 (Prince Edward County)
- An all-inclusive safer space for 2SLGBTQI+ youth and their allies. Regularly host guests from our local queer community and beyond. Often do art projects and workshops while discussing our challenges and successes.

TRANSforum Quinte

- Website: www.transforumquinte.ca
- Phone: 705-313-5124
- Offers safe, confidential, free support and recreational group for transgender individuals, questioning or transitioning.

Rainbow Caregivers Network

- Website: www.transforumquinte.ca/rcn/
- Phone: 613-849-4641
- A peer support group for people who care for individuals who identify within the LGBTQ+ community (e.g., Parents, grandparents, teachers or care providers).

Bay of Quinte Pride Website: bayofquintepride.ca

Clinics offering transgender care

The following clinics in Ontario provide information, options and care to transgender youth (advice and treatment related to trans care, including general health and wellness services, hormone therapy, and surgery). Please note some clinics require a referral.

Sick Kids—Transgender Youth Clinic

- Websites: www.sickkids.ca/en/care-services/clinics/transgender-youth-clinic/
- Phone: 416-813-5804

Kingston Community Health Centre Transgender Healthcare program

- Website: kchc.ca/weller-avenue/transgender-health-care/

CHEO's Gender Diversity Clinic

- Website: www.cheo.on.ca/en/clinics-services-programs/gender-diversity-clinic.aspx/

Connect Clinic

- Website: www.connect-clinic.com

Other Supports

Pflag Canada

- Website: <https://pflagcanada.ca/>
- Email: info@pflagcanada.ca
- Phone: 1-888-530-6777
- Pflag Canada offers support to all Canadians with issues if sexual orientation, gender identity and gender expression.

References:

1. Gegi.ca. 2022 [cited 6 July 2022].
Available from: <https://www.gegi.ca/wp-content/uploads/2021/04/Gegis-Tips-for-Welcoming-Gender-Diversity-in-Your-Classroom.pdf>
 2. Hui A. LGBTQI2S Terms and Concepts - Egale [Internet]. Egale. 2022 [cited 1 June 2022].
Available from: <https://egale.ca/awareness/terms-and-concepts-updated/>
 3. Forde K. Affirming and Inclusive Language - Egale [Internet]. Egale. 2022 [cited 6 July 2022].
Available from: <https://egale.ca/awareness/affirming-and-inclusive-language/>
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Healthy Relationships

Grade
9 to 12

Introduction

The content included in this section will help support and engage students to learn about healthy relationships by providing background information, discussion prompts, suggested activities, and videos covering the following points:

Healthy relationships

Signs of a healthy relationship vs. unhealthy relationship

Types of communication

Consent

Gender-based violence prevention

To access a student-friendly PowerPoint which aligns with this document and includes speaker notes, additional resources, and curriculum support, visit: hpePublicHealth.ca/human-development



Remember to login to **www.ophea.net** and access additional curriculum resources that support teaching the human development and sexual health curriculum.

Recommended websites for additional information:

The Society of Obstetricians and Gynaecologists of Canada (SOGC) www.sexandu.ca

Kids Help Phone www.kidshelpphone.ca

PrevNet www.prevnet.ca

Youthline www.youthline.ca

Teen talk www.teentalk.ca

Sieccan www.sieccan.org

Addressing Youth Dating Violence youthdatingviolence.prevnet.ca

Media smarts www.mediasmarts.ca

Love is respect www.loveisrespect.org

Alberta Health Services www.teachingsexualhealth.ca

Please note a conscious effort has been made to include gender inclusive language throughout this document in order to support all students who are learning about this important health topic.



Some students may find this information challenging to talk about. Check in frequently with students to see how everyone is doing with the content that is being covered. Seek additional support for students as needed.

Healthy relationships

Discussion prompts:

The Sexuality Wheel found here teachingsexualhealth.ca/teachers/resource/sexuality-wheel/ is an interactive graphic you can use with students to discuss the many different parts that make up who we are. The wheel also depicts that the parts are interconnected and influence one another.

- Relationships are multi-layered and navigating relationships and the interactions we have with others can be challenging at times. It is important to know that many different forms of healthy relationships with a partner are possible, but they all share the following characteristics:
 - ◇ Feeling safe
 - ◇ Honesty
 - ◇ Open communication
 - ◇ Mutual respect
 - ◇ Acceptance
 - ◇ Enjoyment¹

Understanding the differences between healthy and unhealthy relationships is important for students to know now and in the future.

Being in a healthy relationship should make each person feel good about themselves.

The decision to engage in sexual activity is multi-layered, involving a person's mind, body, and spirit. It involves the consideration of many factors such as an individual's thoughts, feeling, emotions, values, beliefs, personal goals, readiness, knowledge, risk of STBBI, and pregnancy.

Open and honest communication is a key ingredient to a healthy relationship. It is important for each person to understand the other person's needs and expectations.

Signs of a healthy relationship

Being yourself: you feel comfortable around the person you're dating. Changing yourself to please someone else won't work in the long run, so it's important to be yourself.

Honesty: you feel comfortable talking about things in the relationship, including problems or concerns.

Good communication: you discuss things that are important to you or your relationship. You ask each other what you're thinking and feeling and you listen to each other.

Respect: you respect and support each other, and listen to each other's concerns. It's important to treat yourself with respect and say no to things that make you uncomfortable.

Feeling safe: if you feel threatened in any way, you're not in a healthy relationship. Feeling safe is both emotional and physical. It's important to know that your partner won't try to hurt your feelings or your body.

Trust: trust is about being able to count on someone. It's about believing that someone will be honest with you and follow through on their promises. When you trust someone, you know that they'll support you and look out for you. You have each other's best interests at heart.

Equality: equality keeps relationships safe and fair. For example, being equal in a relationship means sharing the power, not bossing each other around. Equality can also mean sharing the effort. If you text or call your partner often, but they don't seem to have time for you, your relationship may be unequal.

Support: support is about feeling cared for and respected. In healthy relationships, people listen to each other, help out with problems and show support by attending important events.

Signs of an unhealthy relationship

Physical abuse: your partner pushes you, hits you, or destroys your things.

Control: your partner tells you what to do, what to wear, or who to hang out with. They constantly check up on you or use threats (for example, to harm you or themselves) to make you do things.

Humiliation: your partner calls you names, puts you down, or makes you feel bad in front of others.

Unpredictability: your partner gets angry easily and you don't know what will set them off. You feel like you're walking on eggshells.

Pressure: your partner pushes you to do things you don't want to do or aren't ready for, including sex or using drugs and alcohol. They don't take "no" for an answer, and they use threats or ultimatums.²

Warning signs of teen dating violence

For a resource reviewing a list of common warning signs related to teen dating violence visit:
assets.speakcdn.com/assets/2497/warning_signs_of_teen_dating_violence.pdf?1509130312431

Posters from PREVNet

Consider posting these in your classroom or review the content on each poster with students online.

Visit youthdatingviolence.prevnet.ca/poster for posters on:

- Building healthy relationships
- How to ask for help
- Warning signs of unhealthy relationships

| Types of communication

Communication is foundational to all relationships. Being able to communicate effectively allows an individual to share their ideas, thoughts, needs, wants, and limits. It is important for students to build knowledge and skills related to effective, open, honest, and respectful communication so they can be healthy and safe now and in the future.

Three types of communication

Assertive | **Aggressive** | **Passive**

Practice using “I” statements to communicate your thoughts and feelings honestly and effectively.

For example:

“I feel...”

“I would prefer to...”

Assertive communication is a healthy way to communicate. Assertiveness is “the ability to speak up for ourselves in a way that is honest and respectful.”⁴

Gaining confidence with communication takes practice.

Select videos from the links on the next page so students can see communication styles in action.



Did you know:

Each year 1 in 3 teens report emotional, physical, or sexual abuse from a dating partner.⁵

Grade 9 skills for effective relationships part 1:

The following videos can be used to support discussions of communication styles. They demonstrate one scenario with three different endings portraying assertive, passive, and aggressive communication styles.



youthrelationships.org/pages/grade-9-skills-for-effective-relationships-part-1

Some suggested video titles reviewing the three different communication styles:

Scenario 1 Pressure to send a picture of a friend from a party

Scenario 2 Choosing a partner over friend

Scenario 5 Accusation of partner cheating

Scenario 7 Rumours about cheating on partner

Scenario 16 Accusation of cheating on partner⁶

Grade 9 skills for effective relationships part 2:

The following video can be used to support discussions of skills related to delay, refusal, and negotiation. The video demonstrates one scenario with three different endings portraying the three different skills; delay, refusal, negotiation.



youthrelationships.org/pages/grade-9-skills-for-effective-relationships-part-2

Scenario 15 Pressure to engage in sexual behaviour⁷

Grade 9 skills for effective relationships part 3:

The following videos can be used to support discussions of the combinations of skills reviewed in the previous two sets of videos. They demonstrate one scenario with three different endings portraying the combination of communication styles and skills.



youthrelationships.org/pages/grade-9-skills-for-effective-relationships-part-3

Scenario 1 Sexual pressure to take relationship to the next level⁸

| Consent

- It is important that everyone creates and models a culture of consent.
- We want to help individuals view situations with a lens of consent, which supports and demonstrates respect and healthy relationships.
- When talking about healthy relationships, it is important to talk about consent. Consent is a necessary element in a healthy relationship.
 - ◇ “Consent in a dating relationship is when partners mutually agree to sexual activity. This can include hugging, kissing, touching or sex”.⁹
 - ◇ Review a tip sheet on consent at youthdatingviolence.prevnet.ca/wp-content/uploads/2021/12/Consent-Tipsheet-FINAL.pdf to help support students in learning about consent and boundaries.

“Helping students develop the habit of asking for permission and respecting the answer to the request is crucial; such habits will help them develop healthy relationships and will prevent teen dating violence.”¹⁰

- Recommended videos on consent are included below. Preview each of the videos to determine which are most appropriate for your class.
 - ◇ Understanding Consent video (3:02 min) from [Teachingsexualhealth.ca](https://teachingsexualhealth.ca) available from: teachingsexualhealth.ca/teachers/resource/consent-a-pretty-simple-concept/
 - ◇ What is consent? Video (1:45 min) from [Kidshelpphone.ca](https://kidshelpphone.ca) available from: kidshelpphone.ca/get-info/video-what-consent/
- Debrief the content in the video(s) with students and discuss the key components of consent, such as:
 - ◇ Consent must be given each time.
 - ◇ A person can change their mind.
 - ◇ Actively seek consent.
 - ◇ The person must be sober.
 - ◇ Consent cannot be forced.
 - ◇ Verbal “yes” but body language that doesn't match is not consent.
 - ◇ The absence of “no” does not mean “yes”.

In summary, emphasize with students that consent is:

- ◇ Voluntary
 - ◇ Sober
 - ◇ Enthusiastic
 - ◇ Never assumed¹¹
- Asking for consent involves checking in with the other person to ensure both people are on the same page.

Consent

Activity

What it looks like, sounds like, feels like

Consent can be defined as: *“a mutual verbal, physical, and emotional agreement that happens without manipulation, threats, or coercion”¹⁰.*

CONSENT LOOKS LIKE

To start the conversation about consent, a good place to begin is to review the definition.

In pairs or small groups, have students brainstorm and discuss scenarios where consent is needed.

For example:

- Borrowing someone’s personal belongings.
- Posting a picture of a friend to your social media.
- Sharing information about someone to a mutual friend.
- Partners have been dating for awhile and one partner has said they were not ready to show affection by kissing, but at that moment decided it would be ok.

In pairs or small groups have students practice communicating consent by taking turns being the person initiating consent and the person responding.

CONSENT SOUNDS LIKE

Next, have students practice how to ask for consent.

Some suggestions:

- Is this okay?
- Do you like this?
- Are you comfortable with this?
- How do you feel about this?
- What do you like?

Have students practice different ways of responding, including responses of giving consent and responses of not giving consent.

CONSENT FEELS LIKE

Bring the group back together and have students discuss and share:

- ◇ How did it feel to ask for consent? Was it easy or challenging?
- ◇ How did it feel to hear yes responses and no responses?
- ◇ How did it feel to respond with giving consent or not? Was it easy or challenging?
- ◇ Did you notice anything about verbal and non-verbal communication? Did body language match with what was being said?



Remember!

It is important to respect the answer that is given. We all have a part to play in creating a culture of consent.

Using the following link, spin the wheel to review which responses are giving consent and which responses are not consent.
teentalk.ca/consentgame/

Gender-based violence prevention education resources



Safety note:

Let your school's administration, social worker and/or Public Health Nurse know you are talking about this in case any students come forward.

Post Kids Help Phone information (1-800-668-6868 or chat 686868) in a visible place for any students who may need support.

- Visit ophea.net/resources, Under **Personal Safety and Injury Prevention** select **Access All**. Scroll to find **Gender-Based Violence Prevention Education Resources**.
 - ◇ The Gender-Based Violence Prevention Education resources are very comprehensive and include everything to help start and/or continue these important conversations that help equip students with the knowledge and skills to navigate situations of gender-based violence.

Before you start

- In the Professional Learning section, check out [Ophea's Gender-Based Violence Prevention Education 2023/24 e-Learning module](#) to support deeper knowledge and confidence with discussing gender-based violence.
- Review the information included in the **Getting Started** tab found in the left side navigation bar.
 - ◇ It is recommended to watch the three expert videos, to increase awareness of this important topic area, including rationale for teaching strategies to implement and strategies to avoid. Each video is only a few minutes long.
 - ⇒ Why do we need to talk about consent and gender-based violence prevention in schools?
(*Introduction to Sexual Violence Prevention 4:22 min*)
 - ⇒ Adopting a Consent-based Approach
(*Introduction to Consent 5:55 min*)
 - ⇒ Tips for Constructive Classroom Conversations
(*Creating Space for Constructive Classroom Conversations 4:23 min*)
 - ◇ It is recommended to watch the video on Intersectional Approaches to Consent Education (*8:39 min*)

Activities:

Under the **Activities** tab on the left navigation bar:

- ◇ There are seven Draw the Line activities. Each activity includes a card with the scenario outlined on the front and further information on the back breaking down:
 - ⇒ Why Draw the Line - background stats and context for the scenario
 - ⇒ When to Draw the Line - possible red flags for sexual violence
 - ⇒ How to Draw the Line - prompts or ways that someone could approach the scenario
- ◇ A video of same scenario, that provides pauses in the video for reflection and discussion
- ◇ Activity ideas and suggestions of how to cover the content, student work sheets etc.

Resource review:

Respect sexual consent



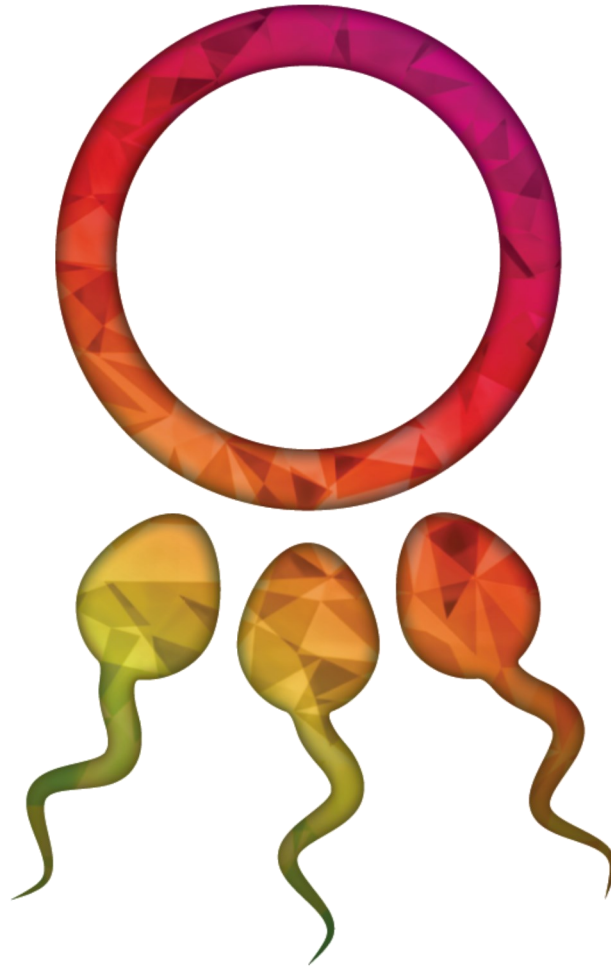
Available from the RCMP here:

[www.rcmp-grc.gc.ca/wam/media/2797/
original/1d6b7a33e7e16bb452d1d28ae0df313a.pdf](http://www.rcmp-grc.gc.ca/wam/media/2797/original/1d6b7a33e7e16bb452d1d28ae0df313a.pdf)

- Consider downloading and printing copies of this resource for students, or print and post as a poster in the classroom.

References:

1. The Society of Obstetricians and Gynaecologists of Canada. Types of Relationships. [Internet]. Sexandu.ca. 2019. Available from: <https://www.sexandu.ca/sexual-activity/types-of-relationships/>
2. Kids Help Phone. Healthy relationships vs. unhealthy relationships. [cited 2019 July 23]. Available from: <https://kidshelpphone.ca/get-info/healthy-relationships-vs-unhealthy-relationships/>
3. Addressing Youth Dating Violence, PREVnet. Signs of Being Victimized by Dating Violence. [cited 2022 June 21]. Available from: <https://youthdatingviolence.prevnet.ca/learn-more/everyone/signs-of-youth-dating-violence/>
4. KidsHealth from Nemours. Assertiveness. [cited 2019 July 23]. Available from: <https://kidshealth.org/en/teens/assertive.html?WT.ac=ctg#catrelationships>
5. Sexual Assault & Violence Intervention Services of Halton (SAVIS). [cited 2019 July 23]. Available from: <http://savisyouth.org/>
6. The Fourth R Strategies for Healthy Youth Relationships. Grade 9 Skills for Effective Relationships Part 1. [cited 2022 July 13] Available from: <https://youthrelationships.org/pages/grade-9-skills-for-effective-relationships-part-1>
7. The Fourth R Strategies for Healthy Youth Relationships. Grade 9 Skills for Effective Relationships Part 2. [cited 2022 July 13] Available from: <https://youthrelationships.org/pages/grade-9-skills-for-effective-relationships-part-2>
8. The Fourth R Strategies for Healthy Youth Relationships. Grade 9 Skills for Effective Relationships Part 3. [cited 2022 July 13] Available from: <https://youthrelationships.org/pages/grade-9-skills-for-effective-relationships-part-3>
9. Sexual Assault & Violence Intervention Services of Halton (SAVIS). What is Consent? [cited 2019 July 23]. Available from: <http://savisyouth.org/consent/>
10. Adopting a Consent-based Approach | Ophea.net [Internet]. Ophea.net 2022 [cited 26 August 2022]. Available from: <https://www.ophea.net/gender-based-violence-prevention-education-resources/getting-started/adopting-consent-based>



Contraception

Grade
9 to 12

Introduction

The contraception background information is provided in a question and answer format to provide options for presenting the materials. It can be used by teachers as a review source, or the questions provided could be posed to students to help generate discussion.

Several curriculum matched activities have been included in this section to support teaching students about contraception.

What is abstinence?

Condom game

Methods of contraception

Decision making

To access a student-friendly PowerPoint which aligns with this document and includes speaker notes, additional resources, and curriculum support, visit: hpePublicHealth.ca/human-development



Remember to login to **www.ophea.net** and access additional curriculum resources that support teaching the human development and sexual health curriculum.

Recommended websites for additional information:

The Society of Obstetricians and Gynaecologists of Canada (SOGC)

www.sexandu.ca

Alberta Health Services www.teachingsexualhealth.ca

Please note a conscious effort has been made to include gender inclusive language throughout this document in order to support all students who are learning about this important health topic.

Background information

Check out these videos on [amaze.org](https://www.amaze.org).

- [The Contraceptinator: Birth Control: What is it?](#)
- [Birth Control: The Final Frontier](#)

What is contraception?

Contraception is generally defined as any of several methods used to prevent pregnancy if penis to vagina intercourse occurs. Most methods prevent the sperm from uniting with the egg by preventing ovulation or putting up a barrier. Some also prevent the fertilized egg from implanting in the uterus.

Any process, technique, device, or drug that interferes with conception is called contraception.

Busting some myths

People with vaginas can get pregnant even if:

- They haven't had their first period yet. People with vaginas may ovulate before having their first period.
- They are menstruating. Some people with vaginas have a short cycle, and they may be close to ovulation while menstruating.
- They urinate right after having vaginal intercourse. This has no effect on the risk of pregnancy.
- They douche. Douching will not kill sperm!
- The penis is removed from the vagina before ejaculation. There is still a risk of pregnancy because sperm can be present in pre-ejaculatory fluids.

“Contraception, also known and birth control, is used to prevent pregnancy.”¹



Did you know:

For individuals who have penis to vagina intercourse without using a method of contraception, there are 850 pregnancies for every 1,000 women during the first year of use.²

Before choosing a particular contraceptive method, some essential questions may be:

How important is it for me not to have a baby at this time of my life?

How reliable is this method?

Is this method dangerous to my health?

Is this method acceptable to my partner and myself?

Will I be able to use this method properly and consistently?

Check out this video on [amaze.org](https://www.amaze.org).

What is Abstinence

If a person and their partner choose a method that is effective, safe, and acceptable to both of them, there is a strong possibility they will use this method.

Before choosing certain contraceptive methods such as the Pill, Depo-Provera injection, or Intrauterine Contraception (IUC), it is important that people with vaginas have a medical consultation to rule out any adverse medical conditions. It is recommended for people with vaginas to have first pap test when they are 21 years old, then every 3 years after that.² There might be some situations when the pap test will need to be repeated more often.

*“Data from statistics Canada’s Canadian Community Health Survey indicate that **35% of Canadian youth reported experiencing first sexual intercourse before age 17.**”³*

Abstinence is a healthy and acceptable way to reduce your risk of STBBIs and prevent an unintended pregnancy.

What is abstinence?

Abstinence can mean different things to different people, so it is important that an adolescent is clear on what it means to them. For some people, it may mean abstaining from any activities of a sexual nature. For others, it may mean refraining from specific activities such as vaginal, anal, or oral intercourse. It is important to acknowledge that abstinence is a healthy and acceptable choice for young people.

Abstaining from sex that could cause pregnancy is an effective contraceptive method when used correctly and consistently every time.

How effective are contraceptive methods?

There are many contraceptive methods from which to choose.

It's important to note, that contraceptive methods have varying rates of effectiveness and, aside from abstinence, there is no 100 per cent safe and effective contraceptive method.

If considering engaging in penis to vagina sex, individuals should review the methods currently available. This means weighing the positive and negative factors associated with each method and considering them within the context of their personal situation.

All contraceptive methods must be used correctly and consistently to be effective.

Contraceptive methods to consider

For more detailed information on each specific method, refer to the Contraction Booklet on the Sex&U website.

www.sexandu.ca/wp-content/uploads/2021/05/SOGC_14372_Contraception_DownloadablePDF_ENG_WEB.pdf

What should someone do if they think they might be pregnant?

- Talk to parent/guardians, if at all possible,
- Make an appointment to see a health care provider,
- Go to a community health centre,
- Visit the School Health Clinic, if one is available at your school or
- Call the HPEPH Sexual Health Line at 613-966-5500 ext. 243 or 1-800-267-2803 ext. 243.



Secondary schools in HPE have school health clinics that provide pregnancy testing and counselling (limited sexual health services in ALCDSB schools).

Hormonal methods of contraception

- Hormonal methods of contraception (birth control) use synthetic hormones that mimic hormones that are naturally produced in the body – estrogen and progesterone to:
 - ◊ Stop the egg from ripening in the ovary.
 - ◊ Stop ovulation from happening.
 - ◊ Thicken the mucous around the cervix so sperm can't penetrate.
 - ◊ Prevent the lining of the uterus from thickening so an egg cannot successfully implant.

Note: Hormonal methods of contraception do NOT provide protection from STBBIs!!!

<p>Oral contraceptive pills (Birth control pill)</p>	<ul style="list-style-type: none"> • This is a very commonly prescribed medication. • Must be taken daily at the same time every day. • Many packs come with 28 pills so that a person takes one pill everyday of the month, but the last row of pills are placebos designed to keep them on track with taking pills consistently, and do not actually contain hormones. • There are also packs of 21 pills, in which the last week there would be no pills to take. • There are two kinds: <ul style="list-style-type: none"> • The combined oral contraceptive (COC) • The progestin-only pill (POP)
<p>Contraceptive patch (Evra)</p>	<ul style="list-style-type: none"> • A small patch that sticks to the skin for one week, then removed and replaced with a new patch. Three patches are worn in a month, and then nothing for a week. • The patch can be placed on the buttocks, upper outer arms, lower abdomen, or upper torso (not on the breast).
<p>Vaginal ring (NuvaRing)</p>	<ul style="list-style-type: none"> • Is a soft, flexible ring that is insert into the vagina, then it expands to hold in place. It is left in for three weeks, then pulled out by using a finger. Use nothing for a week. There is an app to remind individuals when to put in and take out.
<p>Injectable contraception (Depo-Provera)</p>	<ul style="list-style-type: none"> • Is an injection given four times a year (every three months). • The injection is given in upper arm or buttocks. • It's long lasting, reliable, and reversable.
<p>Intrauterine device (IUD)</p>	<ul style="list-style-type: none"> • Also referred to as Intrauterine Contraception (IUC). • It's a T-shaped device that is inserted and removed from the uterus by a health care provider (HCP). • It's inserted every 5 years. • It's a long lasting, reversable, safe, convenient, and discrete contraceptive method. • There are two types <ul style="list-style-type: none"> • The copper IUD • Levonorgestrel intrauterine system (ex: Mirena)

<p>Contraceptive implant (Nexplanon)</p>	<ul style="list-style-type: none"> • This contraceptive method was approved for use in Canada in May 2020. • It is a four cm long flexible rod that is inserted into the arm (sitting just below the skin). • It is highly effective, reversible and long lasting. • It is inserted every 3 years. • It is inserted by a health care provider (HCP) using local anaesthetic to numb the skin.
<p>Emergency contraception</p>	<ul style="list-style-type: none"> • It is not a regular form of birth control. • It can help to prevent an unintended pregnancy by temporarily delaying ovulation. It stops the ovary from releasing an egg so that there is no egg available to meet the sperm. • No egg = no fertilization = no pregnancy • Can be used if: someone is not on birth control, someone is on the pill BUT misses a dose, someone forgets to apply a contraceptive patch or insert vaginal ring, or if oral contraceptive pill is not taken properly. • Can be taken up to five days after unprotected sex but the sooner the better. Sperm can live on average up to three days and some sources indicate up to five days in the genital tract of a person with a vagina. • There are two types: <ul style="list-style-type: none"> • Emergency Contraceptive pill: morning after pills (Ex: Plan B) • Copper Intrauterine Device (IUD)

Non-hormonal methods of contraception:

- Non-hormonal methods of birth control either create a barrier between the egg and the sperm, OR they work to destroy sperm.

<p>External condom</p> <ul style="list-style-type: none"> • Covers the penis 	<ul style="list-style-type: none"> • Condoms are a barrier method of contraception and the only form of contraception, besides abstinence, that can provide protection from sexually transmitted and blood-borne infections (STBBIs). People who are sexually active are encouraged to use a condom with each sexual activity. Using a condom correctly and consistently reduces the risk of STBBIs and pregnancy. • External condoms are inexpensive, available at multiple locations and come in a variety of sizes, textures, colours, and flavours. <p>Condoms provide good STBI protection!!!</p>
<p>Internal condom</p> <ul style="list-style-type: none"> • Inserted into the vagina or anus 	
<p>Contraceptive sponge (barriers method containing spermicides)</p>	<ul style="list-style-type: none"> • A small sponge device that fits over the cervix and provides a barrier to prevent the sperm from entering through the cervix. • A sponge can also contain a spermicide. <p>Does NOT provide STBI protection!!!</p>
<p>Cervical cap</p>	<ul style="list-style-type: none"> • The cap is a physical barrier that sits against the cervix and prevents the sperm from entering through the cervix. • Available in different sizes. <p>Does NOT provide STBI protection!!!</p>
<p>Diaphragm</p>	<ul style="list-style-type: none"> • Is a cap that covers the opening of the cervix and prevents sperm from entering. • Should always be used with a gel (which helps to kill the sperm). • One size only. <p>Does NOT provide STBI protection!!!</p>
<p>Spermicides (gel, foam, film, or suppository)</p>	<ul style="list-style-type: none"> • Spermicides are inserted into the vagina in front of the opening to the cervix where they destroy sperm on contact. • Should be used with another method of contraception. <p>Does NOT provide STBI protection!!!</p>

Non-hormonal permanent methods include:

- Vasectomy
- Tubal ligation

Natural methods include:

- Abstinence
- Withdrawal—low effectiveness
- Fertility-awareness based methods—low effectiveness
- Lactational amenorrhea method (LAM)—low effectiveness



Check out these fact sheets on the effectiveness of the different types of birth control options:

How Effective is my Birth Control?

www.sexandu.ca/wp-content/uploads/2018/09/Its-a-Plan-How-Effective-is-my-Birth-Control-E-1.pdf

Sexandu.ca. 2022 [cited 4 July 2022].

Available from: www.sexandu.ca/wp-content/uploads/2018/09/Its-a-Plan-How-Effective-is-my-Birth-Control-E-1.pdf

Know Your Rights: Birth Control Options:

www.nwac.ca/assets-knowledge-centre/KnowingYourRights-BirthControlOptions-Web-_1.pdf

Nwac.ca. 2022 [cited 4 July 2022].

Available from: www.nwac.ca/assets-knowledge-centre/KnowingYourRights-BirthControlOptions-Web-_1.pdf

Recommended

videos

From [Amaze.org](https://www.amaze.org) (under the Pregnancy and Reproduction tab). It is recommended that you preview the video(s) first to ensure alignment with specific grade curriculum expectation being taught.

- What is Abstinence? 2:42 min
- The Contraceptinator; Birth Control: What Is it? 3:44 min
- Birth Control: The Final Frontier 4:50 min
- Long-Acting Contraception Explained 2:13 min
- Condoms: How To Use Them Effectively 2:55 min
- What is Emergency Contraception? (the Morning After Pill) 2:00 min
- Tips for Safer Sex & Pregnancy Prevention 4:14 min

**Educator note: Reinforce STBBI language versus STD used in the video. Promote www.sexandu.ca by The Society of Obstetricians and Gynaecologists of Canada.

Other helpful resources

Sex and Contraception – Your Quick Guide

www.sexandu.ca/wp-content/uploads/2022/01/SOGC_Contraception_WEB.pdf

Sexandu.ca. 2022 [cited 4 July 2022].

Available from: www.sexandu.ca/wp-content/uploads/2022/01/SOGC_Contraception_WEB.pdf

References:

1. Sexandu.ca. 2022 [cited 4 July 2022]. Available from: https://www.sexandu.ca/wp-content/uploads/2021/05/SOGC_14372_Contraception_DownloadablePDF_ENG_WEB.pdf
2. The Society of Obstetricians and Gynaecologists of Canada. How Effective is my Birth Control? Sexandu.ca. 2022 [cited 4 July 2022]. Available from: <https://www.sexandu.ca/wp-content/uploads/2018/09/Its-a-Plan-How-Effective-is-my-Birth-Control-E-1.pdf>
3. SIECCAN. (2020). Questions & Answers: Sexual Health Education in Schools and Other Settings. Toronto, ON: Sex Information & Education Council of Canada (SIECCAN)
4. The Society of Obstetricians and Gynaecologists of Canada. Choosing a contraceptive that's right for u: Comparative Chart. Sexualityandu.ca. 2009. [cited 7 March 2016]. Available from: <http://www.sexualityandu.ca/uploads/files/refContraceptiveComparativeChartFinalENG09.pdf>

What is abstinence?

Learning goal:

To reinforce delaying sexual activity as a healthy, acceptable choice for young people.



Discussion:

In the context of sexual health it is important to encourage individuals to think ahead about what decisions are right for them.

- Remind students that when it comes to making decisions regarding sexual health there are many things to consider:
 - ◇ **Mind:** Someone's emotions, thoughts, and feeling. Does a certain decision lead to feelings of fear, worry, anxiety, anger, sadness, or guilt?
 - ◇ **Body:** Risk of unintended pregnancy and STBIs.
 - ◇ **Spirit:** A person's values and beliefs; what is important to them. Values are an important component to making decisions. Values are personal and what a person considers to be most important to them. Taking time to think about personal values can help when making important choices. Personal values can be influenced by many factors, such as: family, peers, culture, religion, the media, and personal experience.

"There are many forms of sexual abstinence, but in terms of using this as a method of contraception, it means avoiding vaginal intercourse"¹



Abstinence can mean different things to different people, therefore it is important for individuals to know what it means to them and then be able to communicate their definition of abstinence effectively.

Discussing abstinence encourages students to think about what makes abstinence work, and what someone needs to do if they choose abstinence.

Visit [Gr9LP5-Safer-Sex-ENGLISH-FINAL.pdf](#) (teachingsexualhealth.ca) for a lesson plan and activities to support discussions of safer sex.

Have students generate thoughts and ideas by working individually, in pairs or small groups to discuss abstinence.

Some suggested prompts are below:

- What is abstinence?
- What does choosing to practice abstinence mean?
- What activities could someone engage in and still be considered to be practicing abstinence? What activities would not be considered practicing abstinence?
- What needs to be present for abstinence to work (e.g. honesty, trust, etc.)?
- Why do some people choose to abstinent?



Open and honest communication is a key ingredient to a healthy relationship. It is important for each person to understand the other person's needs, expectations, and limits.

Activity Suggestions

Along with engaging students in the discussion points above, show students the abstinence box found in the contraception kit. The abstinence container will provide a visual and support the abstract discussion of abstinence. As students discuss their thoughts and ideas related to abstinence, demonstrate putting those “items” into abstinence to make it work. Discuss and demonstrate what would happen if “items” inside are taken away from abstinence.

Reference:

1. Natural Methods – Sex & U [Internet]. Sexandu.ca. 2022 [cited 14 July 2022]. Available from: <https://www.sexandu.ca/contraception/natural-methods/#tc4>

Condom Activity

Learning goal:

Students will be able to describe the proper sequence of steps to ensure correct condom use.

Materials:

- Two (or more) sets of cards with statements related to correct condom use (see Appendix A).



Background knowledge for teacher:

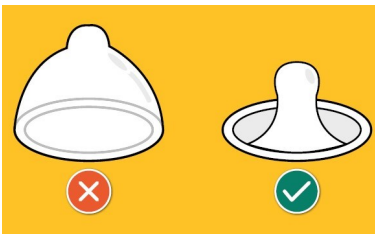
Condoms are a barrier method of contraception and the only form of contraception, besides abstinence, that can provide protection from sexually transmitted and blood-borne infections (STBBIs). People who are sexually active are encouraged to use a condom every time they engage in sexual activity where semen can enter the body.

Using a condom correctly and consistently reduces the risk of STBBIs and pregnancy.¹

Instructions:

- Divide students into two (or more) groups.
- Each group is given a set of cards.
- Each person in the group is given one card (or more if necessary).
- Have each person read their card to their group.
- The group decides which card is first step in correct condom use. The person holding that card begins to form a line.
- The group then decides which card goes next. The person holding that card takes the next place in line.
- This process continues with each person lining up with cards in the correct order.
- The order may change depending on group discussion/decision.

Note: The three “consent” cards can be placed at varying times in this activity as a reminder that consent should be ongoing and that checking-in with your partner is important before, during and after sexual activity



Answers for proper order:

- 1. Purchase condoms.**
Available from drug stores, retail stores, sexual health clinics.
- 2. Check expiry date on condom.**
Students often put this step before Purchase Condoms. Either order is acceptable. Remind students to check expiry date every time. The expiry date is written on each individual condom.
- 3. Check for holes or tears in the package.**
Store condom in a cool, dry place. Never in your wallet. Heat and friction will break down condoms.
- 4. Open package carefully.**
Use only water based lubricants.
- 5. Press the air out of the tip of the condom.**
Pinching the end will create space for semen and help prevent breakage.
- 6. Place condom (unrolled) on top of penis.**
If you put a condom on the tip of the penis the wrong way, don't just flip it over—get a new one. When it is on the right way, it should look like a sombrero, not a toque.
- 7. Carefully roll condom down over as much of the erect penis as possible.**
Never “double bag” condoms. Using more than one causes friction and the condom is more likely to break.
- 8. After ejaculation, hold base of the condom and withdraw.**
Use a new condom for every sex act.
- 9. Check and dispose of properly. Do not reuse.**
Wrap condom in tissue after use, and place in the garbage. DO NOT flush.



Option:

This activity can be modified if using a small space. Line up cards in the correct order and tape to a board so everyone can see.

Reference:

1. The Society of Obstetricians and Gynaecologists of Canada. Choosing a contraceptive that's right for u: Comparative Chart. [Internet]. Sexualityandu.ca. 2009. [cited 7 March 2016]. Available from: <http://www.sexualityandu.ca/uploads/files/refContraceptiveComparativeChartFinalENG09.pdf>

Methods of contraception

Activity

Learning goal:

Students will become familiar with the various methods of contraception available and identify advantages and disadvantages to each method of contraception.

Students will familiarize themselves with credible sexual health resources.

Materials:

- Sexuality Teaching Kit—contraceptive samples
- Worksheet: Contraceptive Methods Chart (see **Appendix B**)
- Contraceptive Booklet (Sex&U)¹

Background knowledge for teacher:



- Discuss the importance of abstinence and delaying penis to vagina intercourse until later in life.
- Each contraceptive method has pros and cons along with varying success rates.
- A person needs to consider the risk of pregnancy and exposure to sexually transmitted and blood-borne infections (STBBIs) when making a decisions about contraception.
- Individuals should be encouraged to visit a health care provider or clinic to get additional counselling on which contraception option is best for them.
- Review reproductive anatomy of people with penises and vaginas, menstrual cycle, and ovulation to establish students' prior knowledge. Refer to the Reproduction System Review section at the end of this resource.

Brainstorm

- What contraceptive methods do you know? List methods on the chalkboard or a flip chart.

Choose your teaching strategy: small group work or formal instruction

Small group work

- Hand out the worksheet: Contraceptive Methods Chart to each student.
- Divide the class into small groups. Assign each group one to two different methods of contraception to look up on the website, www.sexandu.ca
- Have each group report their answers to the class. Students should take notes in their own chart while other groups are presenting. Rotate through the groups until all contraceptive methods have been discussed.
- Once all the groups have presented, students can be given the Contraceptive Booklet to assist in completing the rest of their charts.

Formal instruction

- Hand out a copy of the Worksheet: Contraceptive Methods Chart to each student so they can take notes during the presentation.
- Review the various methods of contraception under each category (hormonal, non-hormonal, and other) using the Background Information. As you are discussing each method, show contraceptive samples found in the Sexuality Teaching Kit.
- When teaching is completed, divide students into small groups to complete the Worksheet: Contraceptive Methods Chart.
- Review as a group when complete.



Discussion:

Review main points. Possible discussion topics may include:

- Which method provides the best protection from both pregnancy and STBBIs?
- Not everyone is having sex. “Data from Statistics Canada’s *Canadian Community Health Survey* indicated that just 35% of Canadian youth reported experiencing first sexual intercourse before age 17.”³
- If someone chooses to have penis to vagina intercourse, they need to be prepared, and be well informed regarding contraceptive options.
- Before choosing a hormonal contraceptive method, it’s important that people with vaginas have a medical consultation to rule out any adverse medical conditions. Individuals should be reassessed on a yearly basis.

References:

1. Sexandu.ca. 2022 [cited 4 July 2022]. Available from: https://www.sexandu.ca/wp-content/uploads/2021/05/SOGC_14372_Contraception_DownloadablePDF_ENG_WEB.pdf
2. SIECCAN. (2020). Questions & Answers: Sexual Health Education in Schools and Other Setting. Toronto, ON: Sex Information & Education Council of Canada (SIECCAN).

Decision making

Activity

Learning goal:

Students practice decision making related to sexual health by weighing different factors.

Materials:

- Two scenario worksheets (**see Appendix C**)
- Two scenario answer sheets

Instructions:

- Divide the class into small groups and distribute one scenario per group. You could also review one scenario at a time with the entire class and facilitate open discussion.
- Have each group read their scenario. Students should try and answer the questions on the worksheet and discuss as a group.

Answer sheet **Decision making**

Scenario 1

Zain and Aisha have been having penis to vagina intercourse once or twice a week for six months. They've been using "withdrawal" and it seemed to work OK—until two weeks ago when Aisha's period was late. For 10 days they worried that Aisha was pregnant, and they vowed that they would never have unprotected intercourse again. Finally, Aisha's period came. Aisha wants to get a reliable method of contraception, but Aisha's embarrassed to go to a sexual health clinic, or visit a health care provider.

What options can Zain and Aisha's consider in this situation?

- Since Aisha does not want to go to a sexual health clinic, or visit a health care provider, Aisha and her partner Zain can consider the following options to prevent the risk of pregnancy and STBBIs which can be obtained without a prescription or seeing a health care provider:
 - Choose to be abstinent.
 - Use condoms correctly and consistently.
- Aisha needs to examine the reasons for not wanting to go to a sexual health clinic, or visiting a health care provider. Perhaps Aisha is concerned that her parents/guardians will find out. Patient information is confidential and Aisha's parents/guardians will not be notified if she visits a sexual health clinic or visits a health care provider. If she chooses to visit a clinic or health care provider she will be able to access other forms of contraception, such as hormonal methods (birth control pill, depo-provera, etc.), as these are prescribed by a doctor.

What are the risks and benefits for each of these options?

Benefits	Risks
<p>Abstinence</p> <ul style="list-style-type: none"> • Is 100% effective for pregnancy prevention and STBBI transmission if used consistently each time. • Free 	<p>Abstinence</p> <ul style="list-style-type: none"> • Needs to be used consistently each time.
<p>Condoms</p> <ul style="list-style-type: none"> • Easily accessible at pharmacies, school counsellors, and Sexual Health Clinics. • Provides good protection from STBBI. Although condoms are not 100% effective they are considered one of the best methods for reducing the risk of transmission. 	<p>Condoms</p> <ul style="list-style-type: none"> • It is dependent on the user to ensure it is used correctly and consistently each time. • Not 100% effective at preventing pregnancy and STBBI transmission.

Answer sheet **Decision making**

Scenario 2

Allie and Finn have been going together for over a year. When they began to have penis to vagina intercourse, Allie got the “pill”. Allie took it for about six months. Then, a month ago, they had a argument and decided not to see each other for awhile. Allie stopped taking the pill. Last night they got together, talked things over, and decided to continue with their relationship. Tonight, they are alone at Finn’s and want to resume having intercourse.

What options can Allie and Finn consider in this situation?

- Choose to be abstinent. They can identify other mutually agreeable ways of expressing affection for one another.
- Use condoms.
- Allie resumes taking the birth control pill. However, even if Allie resumes taking the birth control pill, it will not be a reliable form of contraception for one full cycle (approximately four weeks). A back-up method is needed.
- Allie and Finn also need to discuss with each other if there were any other partners involved during their break-up and consider the risk of STBBIs.

What are the risks and benefits for each of these options?

Benefits	Risks
<p>Abstinence</p> <ul style="list-style-type: none"> • Is 100% effective for pregnancy prevention and STBBI transmission if used consistently each time. • Free 	<p>Abstinence</p> <ul style="list-style-type: none"> • Needs to be used consistently each time.
<p>Condoms</p> <ul style="list-style-type: none"> • Easily accessible at pharmacies, school counsellors, and Sexual Health Clinics. • Provides good protection from STBBI. Although condoms are not 100% effective they are considered one of the best methods for reducing the risk. 	<p>Condoms</p> <ul style="list-style-type: none"> • This is dependent on the user to ensure it is used correctly and consistently each time. • Not 100% effective at preventing pregnancy and STBBI transmission.
<p>Resume taking birth control pill</p> <ul style="list-style-type: none"> • It is reliable form of contraception when taken consistently and correctly each time. A backup method is needed for one full cycle (approx. four weeks) when initiating or resuming the birth control pill. 	<p>Resume taking birth control pill</p> <ul style="list-style-type: none"> • This is dependent on the user to ensure it is taken consistently and correctly each time. • It will not be a reliable form of contraception for one full cycle. A back-up method is needed.



Sexually Transmitted and Blood-borne Infections (STBBIs)

**Grade
9 to 12**

Introduction

The STBBI background information is provided in a question and answer format to provide options for presenting the material. It can be used as a source of review for teachers, or some of the questions could be posed to students to help generate discussion. It contains information on Sexually Transmitted and Blood-borne Infections (STBBIs) including:

- What they are.
- How they are transmitted.
- How to reduce the risk of contracting them.

The following activities have been included in the section:

Handshake game

STBBI quiz or Trivia game

To access a student-friendly PowerPoint which aligns with this document and includes speaker notes, additional resources, and curriculum support, visit: hpePublicHealth.ca/human-development



Remember to login to **www.ophea.net** and access additional curriculum resources that support teaching the human development and sexual health curriculum.

Recommended websites for additional information:

The Society of Obstetricians and Gynaecologists of Canada (SOGC)
www.sexandu.ca

Alberta Health Services www.teachingsexualhealth.ca

Sex Information & Education Council of Canada www.sieccan.org

The Society of Obstetricians and Gynaecologists of Canada (SOGC)
www.hpvinfo.ca

Public Health Ontario www.publichealthontario.ca

<https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/reportable-disease-trends-annually#/11> an online interactive tool where Ontario Infectious Disease Trends (ex: chlamydia, gonorrhoea and infectious Ssphilis) can be searched and plotted onto graphs.

Please note a conscious effort has been made to include gender inclusive language throughout this document in order to support all students who are learning about this important health topic.

What are sexually transmitted and blood-borne infections?

The use of the acronym STBBIs is used throughout this resource and refers to Sexually Transmitted and Blood-borne Infections (STBBIs) which are a group of infections that are primarily passed from person to person during unprotected sexual contact (vaginal, oral, or anal sex). It also includes infections that can be spread through intimate contact (genital to genital skin contact), contact with infected blood or body fluids. Some STBBIs can also be spread to a baby during pregnancy or childbirth.

Some common STBBIs caused by bacteria, viruses, or parasites.

Viral	Bacterial	Parasitic
Human Papillomavirus * (HPV; genital warts)	Chlamydia	Scabies
Herpes Simplex Virus (HSV; genital/oral herpes)	Gonorrhea***	Trichomoniasis
Hepatitis B *	Syphilis**	Crabs/Pubic Lice
**HIV/AIDS	<p>STBBIs caused by a BACTERIA or PARASITE can be treated and cured with antibiotics.</p>	
<p>STBBIs caused by a VIRUS have no cure, but there are effective treatments available.</p>		

The most common and frequently acquired STBBIs among Canadian youth are:

Human Papillomavirus (causes genital warts and has been linked to cancers of the cervix, vulva, vagina, penis, anus, mouth, and throat).

Chlamydia

*****Gonorrhea** is becoming more difficult to treat with current antibiotics because of increasing antibiotic resistance.

****Once treatment is received need to have a follow-up blood test to make sure the infection is gone.

*Vaccines are available to prevent certain strains of HPV and hepatitis B.

**These infections can be transmitted in semen, vaginal and rectal fluids and can also be contracted by blood-borne routes e.g., sharing needles, drug equipment of someone who has the infection.

How can STBBIs be contracted?

Sexually transmitted and blood-borne infections can be spread in several ways.

Sexual intercourse


- STBBIs can be spread when an infected person has vaginal, anal, or oral sex with another person.
- An infection can be spread from the body fluids such as semen, vaginal secretions, pre-ejaculatory fluids, or from surfaces inside the throat, urethra, vagina, and rectum.
- Both giving and receiving oral sex exposes a person to many STBBIs. The level of risk of getting an STBBI through oral sex, depends on the infection.
 - Giving oral sex—a person can be exposed to STBBIs that can live in body fluid (chlamydia, gonorrhea, HIV, Hepatitis B) or on the skin (syphilis, HPV, herpes). Sores or cuts in the genital area can also be a source for transmission.
 - Receiving oral sex—can expose a person to those STBBIs that can live in or around the mouth (herpes). Sores or cuts in the mouth can also be a source for transmission.

Intimate contact

- Genital to genital touching can also expose a person to STBBIs, such as HPV, Herpes, public lice, and scabies.

Contact with infected blood (blood-borne infections)

- HIV, hepatitis B, and hepatitis C are STBBIs that can be spread by blood-borne contact through:
 - The use of improperly sterilized needles, syringes and equipment previously used by someone with the infection (e.g., for injecting drugs, including steroid use, tattooing, or body piercing). Piercings and tattoos should be done at a licensed shop to reduce the risk.
 - The use of snorting equipment that has been previously used by someone with the infection.
 - Sharing personal care articles, such as razors and toothbrushes.
 - These infections can also be spread through sexual activity.



**Additional
resources on
pregnancy and
childbirth**

pregnancyinfo.ca
themothersprogram.ca

Pregnancy and childbirth

- Most STBBIs (chlamydia, gonorrhea, syphilis, herpes, hepatitis B, and HIV) can be passed from a pregnant person to their baby either during pregnancy or childbirth.
- The impact on the baby depends on what infection the person who is carrying the baby has, but can range from an increased risk of premature labour to illness or death.
- In Canada, pregnant people are routinely tested for chlamydia, gonorrhea, syphilis, hepatitis B, and HIV during early pregnancy.



Health Check:

When in a relationship, it is important for both partners to get checked by a health care provider and wait for results before initiating or resuming sexual activity. Encourage both partners to be tested even if they have no symptoms.

Who is at risk of contracting an STBBI?

Anyone who engages in sexual activities (vaginal, anal, oral sex, and genital contact) is at risk of contracting an STBBI. The highest risks of contracting an STBBI arise from unprotected vaginal and anal intercourse. Anyone, regardless of age, gender, or sexual orientation can contract an STBBI.

In Canada, chlamydia is the most commonly reported STBBI. “Chlamydia disproportionately affects sexually active youth and young adults, especially women ages 15-24 in Canada.”¹

Individuals are at a higher risk of contracting STBBIs when involved in risky behaviours such as:

- Engaging in sexual activities with someone they do not know.
- Engaging in sexual activities with an infected partner.
- Touching a lesion (sore) of an infected partner.
- Sharing needles, syringes, and equipment with an infected person.
- Being under the influence of alcohol and/or drugs.
- Having sex with multiple partners.
- Having tattoos and/or body piercing done with un-sterilized equipment.
- Having sex with a partner who has a history of multiple partners.
- IV drug use (either self or partner).
- Sharing of razor blades and toothbrushes.

You can not!

How can you tell if someone has a STBBI?

- Some people with STBBI have a few or no symptoms, especially at the beginning of the infection, which is why individuals may transmit the infection without knowing it.
- The infection may occur inside the vagina or the anus, where it cannot be seen. A person may not have any symptoms but the infection can still cause internal reproductive damage. “Around 70 per cent of women and 50 per cent of men with chlamydia have no symptoms.”²

Testing or an examination for STBBIs is the only way of detecting sexually transmitted and blood-borne infections. Having an STBBI once does not protect a person from getting that same STBBI again, or from getting a different STBBI. It is important to get tested with each new partner.

What are some of the common symptoms associated with STBBIs?

Symptom map for people with vaginas.

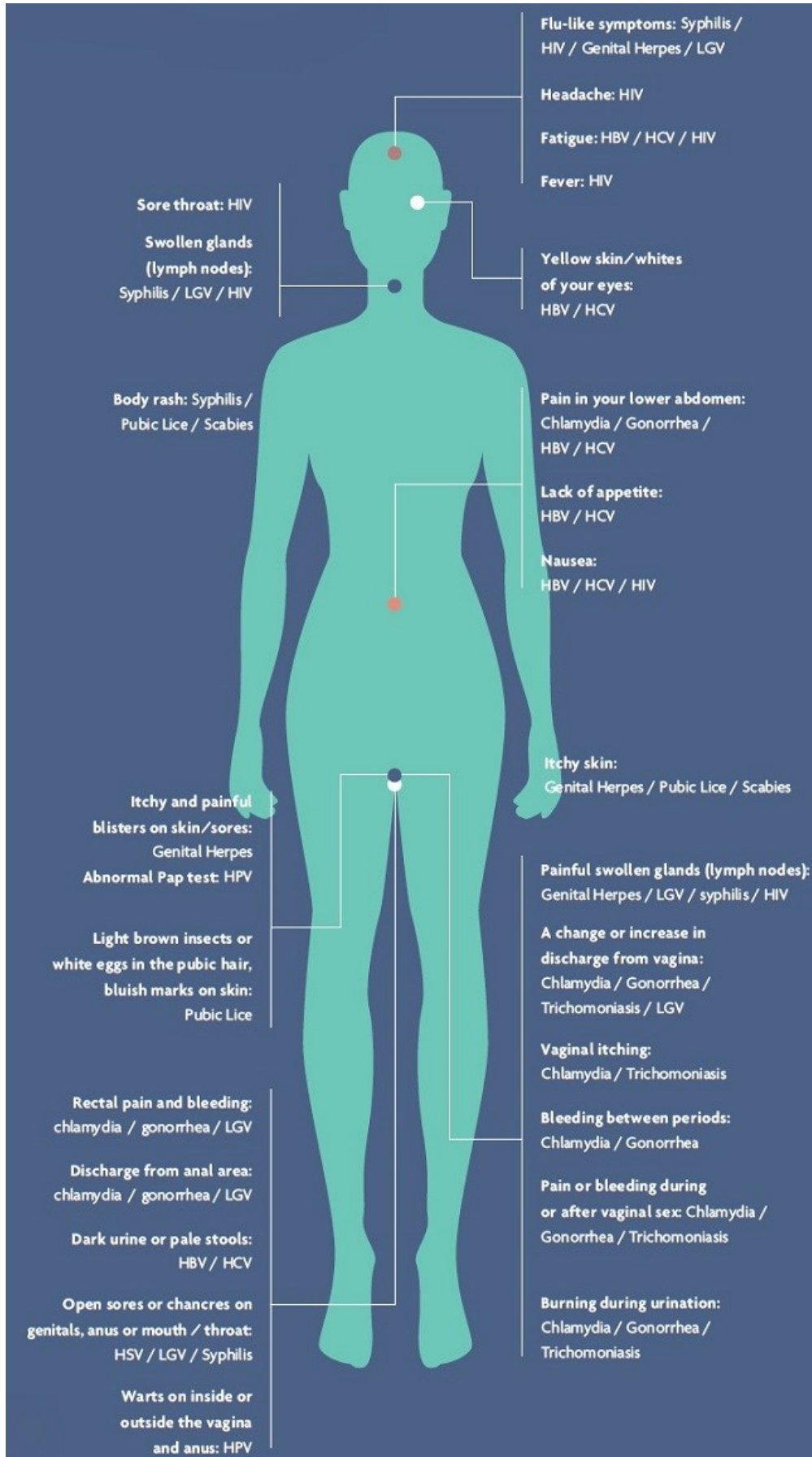


Figure 1. Symptom map for people with vaginas has been reproduced with permission. A copy of Figure 1 is available at: www.canada.ca/en/public-health/services/publications/diseases-conditions/booklet-sexually-transmitted-infections.html#_6.1

[Internet]. 2022 [cited 19 August 2022].

Symptom map for people with penises .

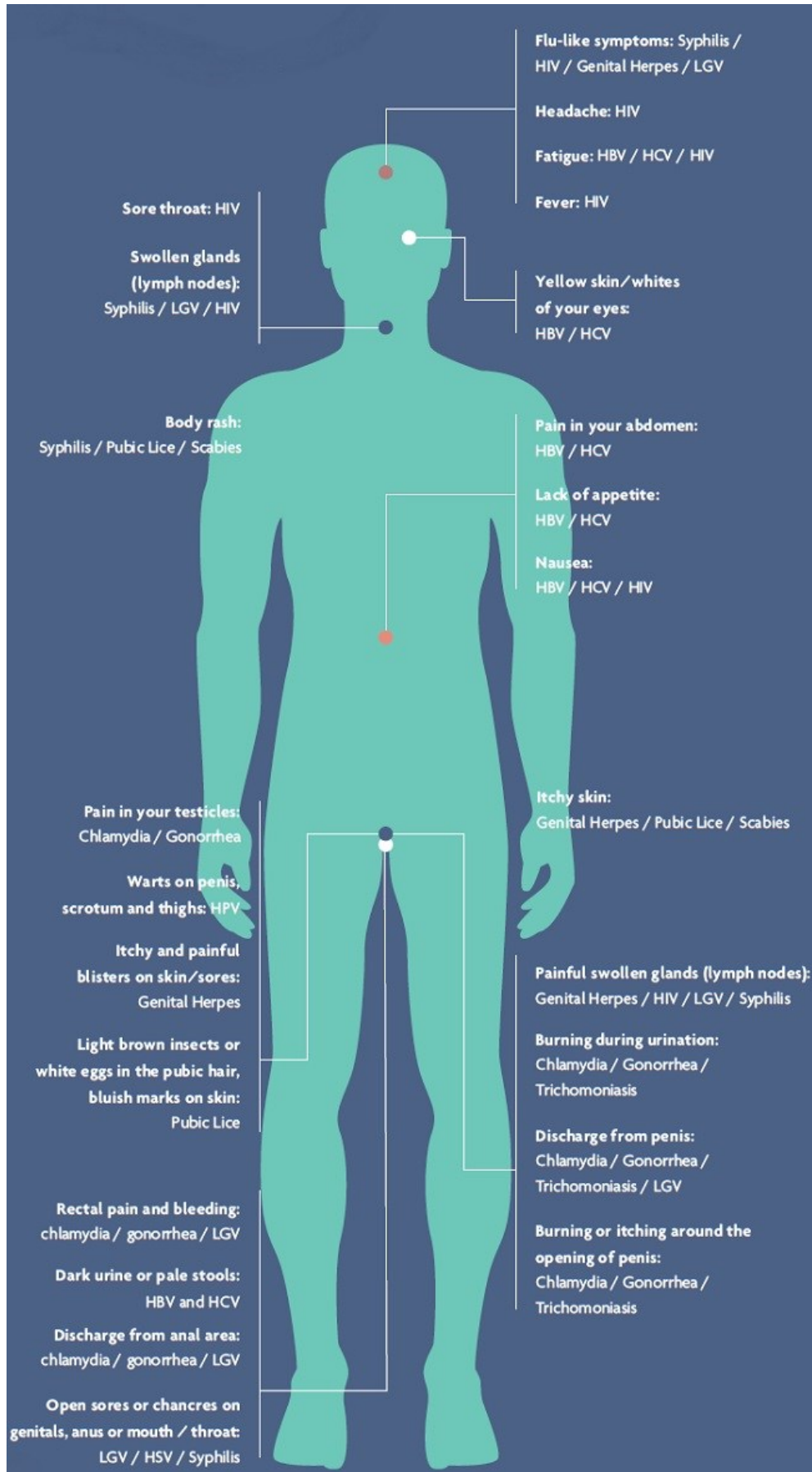


Figure 2. Symptom map for people with penises has been reproduced with permission. A copy of Figure 2 is available at: www.canada.ca/en/public-health/services/publications/diseases-conditions/booklet-sexually-transmitted-infections.html#_6.1 [Internet]. 2022 [cited 19 August 2022].

How is someone tested for STBBIs?

STBBIs are detected mainly through a medical examination and screening tests. These are done by a healthcare provider who will usually take a medical and social history and then perform some tests specifically for STBBIs.

A pap test screens for cervical cancer. It is recommended for people with vaginas to have their first pap test when they are 21 years old, then every 3 years after that. There might be situations when the pap test will need to be repeated more frequently.³

HPEPH Quick Test Clinics

If you do not have symptoms (e.g., discharge, pelvic or testicular pain, or sores on your genitals) and are looking for chlamydia and gonorrhoea testing, the Quick Test Clinic might be right for you.

There is no health care provider at these clinics. Simply fill out a form and give a sample. No appointment necessary!

Quick test clinic locations

Location	Description
Belleville HPEPH Office 179 North Park Street	<ul style="list-style-type: none">• Mondays (except for stat holidays) from 9 a.m. to 3 p.m., closed 12 to 1 p.m.• Thursdays from 11 a.m. to 5 p.m., closed 2 to 3 p.m.• No appointment necessary
Trenton HPEPH Office* 499 Dundas Street West	<ul style="list-style-type: none">• Tuesdays 9 a.m. to 3 p.m., closed 12 to 1 p.m.• No appointment necessary
Bancroft HPEPH Office* 1 Manor Lane	<ul style="list-style-type: none">• Tuesdays from 9 a.m. to 3 p.m., closed 12 to 1 p.m.• No appointment necessary
Picton HPEPH Office* 35 Bridge Street	<ul style="list-style-type: none">• 2nd and 4th Wednesday of the month 9 a.m. to 3 p.m., closed 12 to 1 p.m.• No appointment necessary

For more information visit: <https://www.hpepublichealth.ca/clinic/sexual-health-clinic/>

Testing and treatment for STBBIs are also available at the following locations: *(available to anyone)*

- Your primary care provider
- Walk-in clinics and urgent care centres
- Community health centre
- Hospital emergency departments



Secondary schools in HPE have school health clinics that provide testing and treatment for STBBIs (limited sexual health services in ALCDSB schools).

WHO should be tested?	WHY should someone be tested?
<p>Anyone who is sexually active.</p> <p>Anyone who has symptoms compatible with an STBBI.</p>	<p>Early detection may improve outcome.</p> <p>Prevent transmission to others.</p>
<p>Anyone whose sexual partner has an STBBI.</p>	<p>Many STBBIs can be easily treated.</p>
<p>Anyone entering or leaving a relationship.</p>	<p>Many STBBIs are asymptomatic.</p>
	<p>Prevent health complications such as fertility issues.</p>

Condom activity
found in the
Contraception
Section

“STI rates are the highest among Canadians 25 years or younger. If you choose to have sex, remember to always use condoms and/or dental dams”¹

Ways to prevent contracting an STBBI

Deciding to not have sex

You can make the decision to abstain from sexual activity and wait until later in life. There is no such thing as “safe sex” (vaginal, anal, oral sex, and genital contact). Only abstaining completely from sexual activities that involve exchange or exposure to blood, semen, vaginal secretions, other bodily fluid, or activities that allow for skin contact with infected areas provides the most effective prevention.

Practice safer sex

If someone chooses to be sexually active, it is important to use condoms every time. Although condoms are not 100 per cent effective in preventing the transmission of STBBIs, they are considered one of the best methods for reducing the risk. Condoms can provide protection for oral sex as well; people with a penis wearing a condom and people with a vagina using a sheet of latex called a dental dam. However, the risk of infection still exists because some STBBIs can be present anywhere in the genital area which is not covered by the condom and condoms can slip or break.

Limiting the number of partners reduces the risk of an STBBI.

Testing or an examination. It is important to get tested for STBBIs with each new partner.



Important points to follow when medication is prescribed for an STBBI:

- Take all the medication as prescribed, even if the symptoms have disappeared.
- Getting proper treatment will make the person feel better, will prevent serious complications, and will prevent spreading infections to someone else. Ask your health care provider how long to abstain from sexual activity and if follow up testing is required.
- Have sexual partners tested and treated whether they have symptoms or not.

Vaccinations are available for some STBBIs:

HPV vaccine (Gardasil)

- Approved in Canada (2007) for protection against certain strains of HPV that cause about 70 per cent of cervical cancer cases and 90 per cent of genital warts cases.
- Vaccine is offered free in Ontario to all grade 7 students on a two dose schedule, 6 months apart. Students continue to be eligible for free vaccine until grade 12.
- Best given before becoming sexually active.

Hepatitis B vaccine (Engerix, Recombivax)

- Protection against Hepatitis B, a viral infection of the liver.
- Vaccine is offered free in Ontario to all grade 7 students on a two dose schedule, 6 months apart. Students continue to be eligible for free vaccine until grade 12.
- Best given before becoming sexually active.

Hepatitis A & B Vaccine (Twinrix)

- Combination vaccine against both Hepatitis A and B. This vaccine is available for a fee.

What are the rates for some of the common STBBIs?

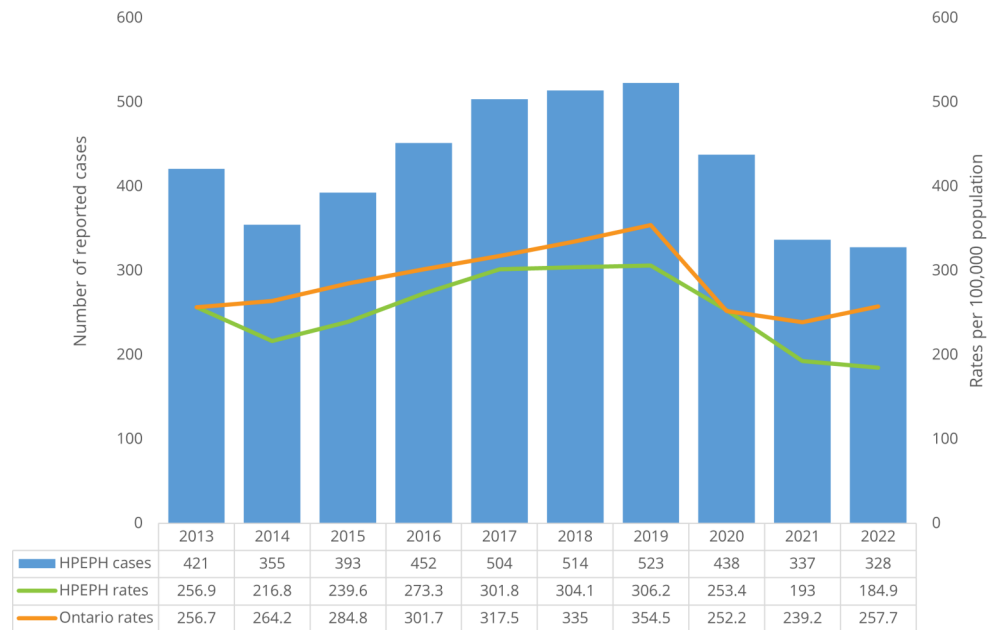
Chlamydia:

Rates in HPE and Ontario

Chlamydia rates in HPE and in Ontario have dropped since 2019.

HPE rates remain lower than the Ontario rate.

Incidence of chlamydia by year in the HPEPH region and Ontario, 2013-2022



Public Health Ontario

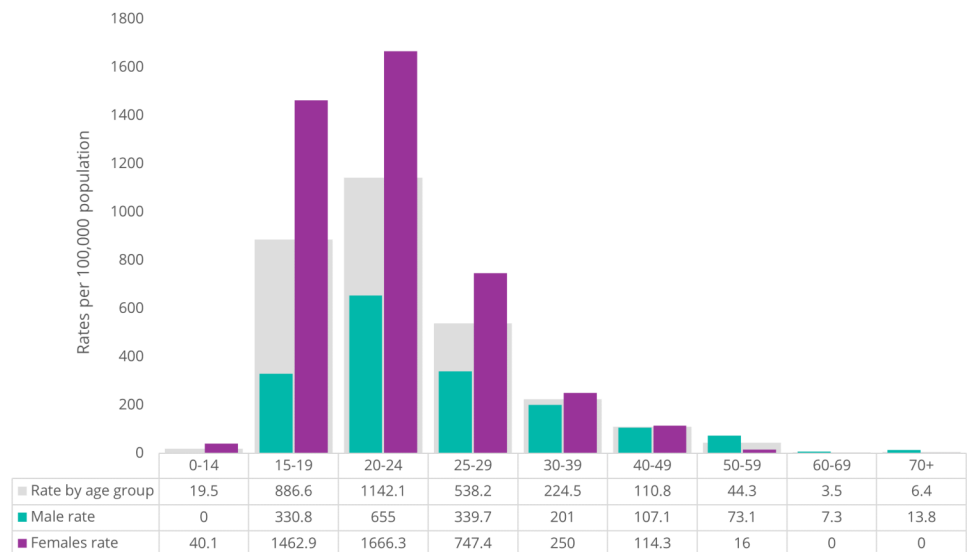
www.publichealthontario.ca/data-and-analysis/commonly-used-products/reportable-disease-trends-annually#/11

an online interactive tool where Ontario Infectious Disease Trends (e.g., Chlamydia, Gonorrhoea, and Infectious Syphilis) can be searched and plotted onto graphs.

HPE rates by age and sex

Chlamydia rates are higher in females, particularly in the 15-29 year age group.

Incidence of chlamydia by age group and sex in the HPEPH region 2022

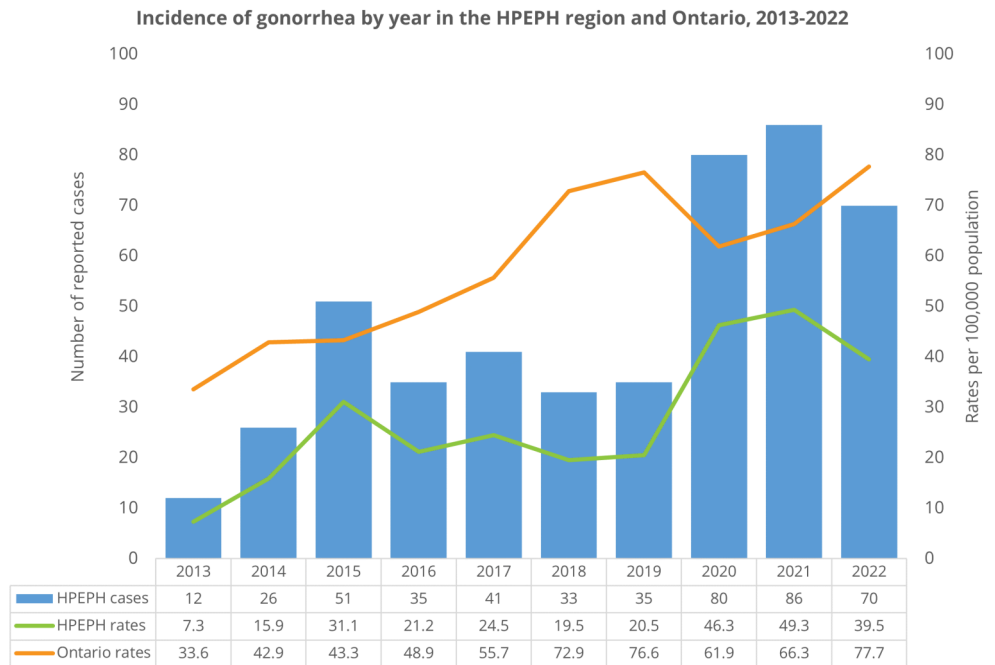


What are the rates for some of the common STBBIs?

Gonorrhoea:

Rates in HPE and Ontario

Gonorrhoea rates spiked in 2020. Previous to 2020, gonorrhoea rates in the HPE region were fairly stable.



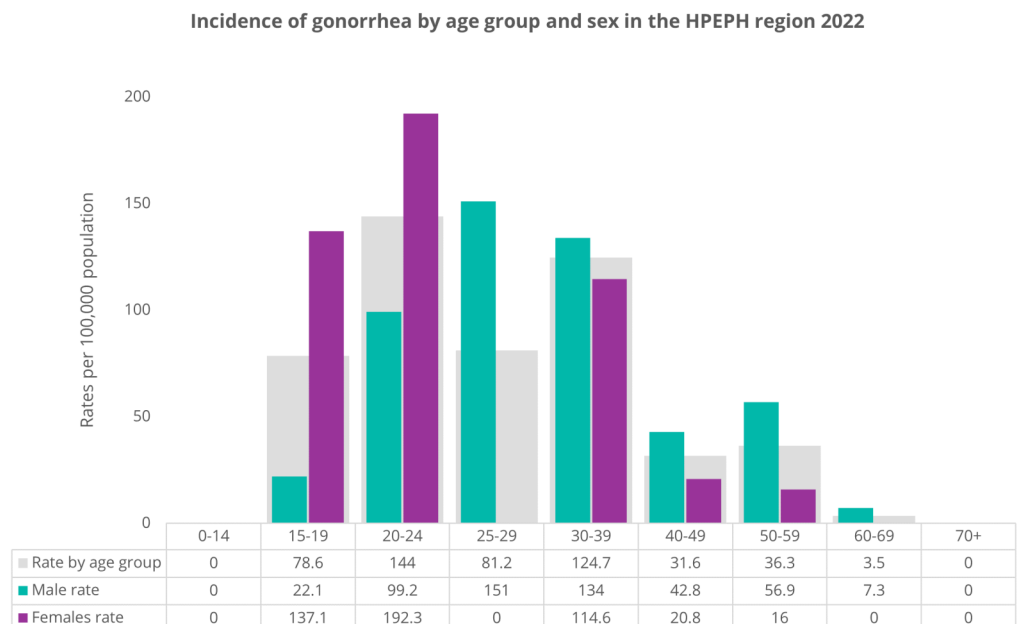
Public Health Ontario

www.publichealthontario.ca/data-and-analysis/commonly-used-products/reportable-disease-trends-annually#/11

an online interactive tool where Ontario infectious disease trends (e.g., chlamydia, gonorrhoea, and infectious syphilis) can be searched and plotted onto graphs.

HPE rates by age and sex

Historically, gonorrhoea rates are higher in males, particularly in the 25-29 year age group.



Data extracted January 23, 2024

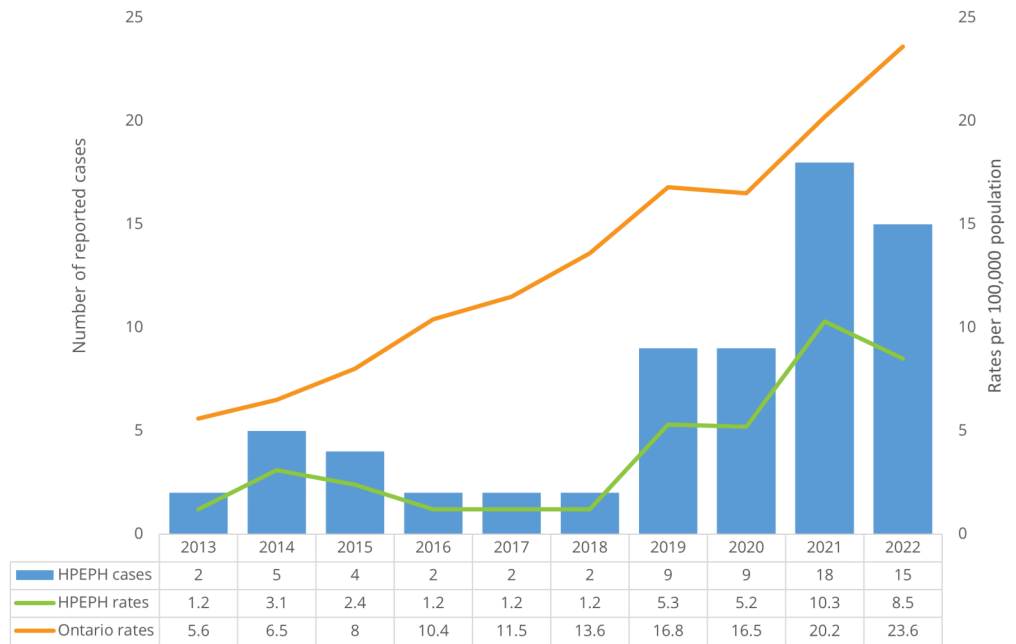
What are the rates for some of the common STBBIs?

Infectious syphilis:

Rates in HPE and Ontario

There has been a dramatic increase in the rate of infectious syphilis in HPE. In Ontario, rates of infectious syphilis have been increasing steadily since 2018.

Incidence of infectious syphilis by year in the HPEPH region and Ontario, 2013-2022



Public Health Ontario

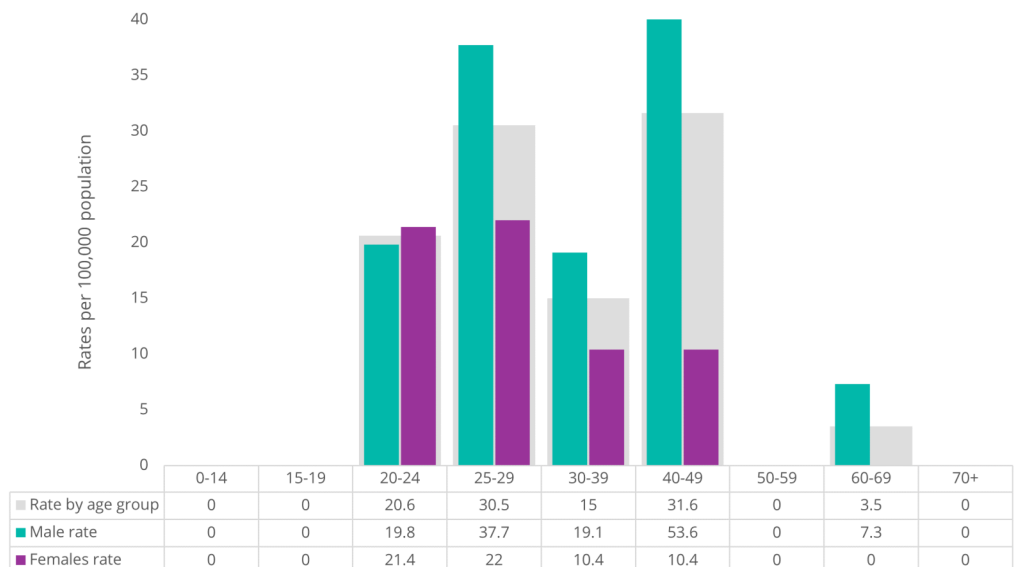
www.publichealthontario.ca/data-and-analysis/commonly-used-products/reportable-disease-trends-annually#/11

an online interactive tool where Ontario infectious disease trends (ex: chlamydia, gonorrhoea, and infectious syphilis) can be searched and plotted onto graphs.

HPE rates by age and sex

Syphilis rates are highest among males, particularly in the 25-49 year age group.

Incidence of infectious syphilis by age group and sex in the HPEPH region 2022



Handshake game

Activity

Learning goal:

To increase the awareness of the spread of sexually transmitted and blood-borne infections.

To examine safer sex practices.

Materials:

- Enough cards for the entire class (see Appendix D)
- Pencil for each student

Instructions:

- Print the template and provide one card to each student. Put an **X** on one card and put a **C** on two cards, before handing them out. You may also put an **A** on two cards as well.
 - X = STBBI
 - C = Condom
 - A = Abstinent
- Give one card to each participant. Do not let them know what the letters mean.
- Direct participants to stand, move about, and shake hands with another person and record that person's name on the card.
- Repeat the hand shaking twice. Each person will have three names recorded.
- You can ask the participants to shake hands from three different areas in the room.
- Ask students to sit down once they have three signatures.
- Ask the person with the **X** on their card to stand up. Explain that you will **pretend** this person has an STBBI.
- Then ask everyone who has that person's name on their card to stand up. Once those people are standing up, again have everyone with those signatures stand up. Repeat as needed.
- Nearly everyone in the room will have had contact with the person who had the **X** (STBBI), some more than once, either directly or indirectly.
- Ask for participants who have a **C** on their sheet to sit down because they used a condom correctly every time they had intercourse.
- People with an **A** on their card may sit down because they choose abstinence.
- Reinforce that this is a game and pronounce all students healthy before sitting down.



Discussion questions:

- Discuss the fact that this is a class of bright, healthy, intelligent students who have come in contact with an STBBI.
- Emphasize the fact that they could not tell by looking at each other who had the STBBI and in fact they didn't know that they had been infected until the contact let them know that they had been infected.
- Emphasize that STBBIs are not spread by talking to someone or shaking hands, as imagined in this exercise.

Ask:

- How did it feel to be infected?
- How did it feel to find out that you were not infected after all?
 - Because a condom was used correctly every time.
 - Because you choose to be abstinent.

Emphasize: The best way to protect against STBBIs:

- Abstinence and delaying sexual activity until later in life **OR** use a condom or dam correctly and consistently with each sexual act.
- Did you know that “Data from Statistics Canada’s *Canadian Community Health Survey* indicated that 35 per cent of Canadian youth reported experiencing first sexual intercourse before age 17.”⁴

Other helpful resources

The Society of Obstetricians and Gynaecologists of Canada, Sex and Contraception, It's time to talk: Your Quick Guide: www.sexandu.ca/wp-content/uploads/2022/01/SOGC_Contraception_WEB.pdf

Public Health Agency of Canada, Sexually Transmitted Infections booklet: www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/booklet-sexually-transmitted-infections/booklet-sexually-transmitted-infections-eng.pdf

Recommended videos

Amaze.org

Has a variety of animated videos to support teaching topics covered in the HDSH curriculum.

Notes to educator:

- It is recommended that you preview the video(s) first to ensure alignment with specific grade curriculum expectations being taught.
- Some videos reference American resources, use language of STD instead of STI, as well as gender non inclusive language. Educator notes have been added to specific videos to highlight these references.
- Determine if the introduction and conclusion character vignette is value added. Each video can easily be started and ended before these segments.

STD Prevention Beyond Condoms 3:58 min [Educator note: Reinforce STI language versus STD used in the video]

What is HIV? 3:30 min

What is HPV (Human Papilloma Virus) 2:07 min

What are STDs? #FactCheck 2:18 min [Educator note: Reinforce STI language versus STD used in the video]

References:

1. [Internet]. 2022 [cited 14 July 2022]. Available from: www.canada.ca/en/public-health/services/diseases/chlamydia.html
2. Chlamydia – Sex & U [Internet]. Sexandu.ca. 2022 [cited 14 July 2022]. Available from: www.sexandu.ca/stis/chlamydia/
3. Tests & Self-Exams – Sex & U [Internet]. Sexandu.ca. 2022 [cited 14 July 2022]. Available from: www.sexandu.ca/your-body/tests-self-exams/
4. [Internet]. Sieccan.org. 2022 [cited 14 July 2022]. Available from: sieccan.org/wp-content/uploads/2018/05/SIECCAN-QA-Sexual-health-education-in-the-schools-2015-Ontario.pdf

STBBI quiz or trivia game

Activity

Learning goal:

To increase awareness of STBBIs, symptoms, method of transmissions, prevention, and high risk activities.

Option 1: STBBI Quiz

Materials:

- Enough copies of the five page STBBI Quiz for your class, if you choose to do the activity individually (**see Appendix E**)

*Note: this quiz can be used as a post test if you prefer.

Activity:

1. Distribute copies of the STBBI Quiz to each student in the class. Instruct students to complete it.
2. Review and discuss. STBBI Quiz Answers are provided.

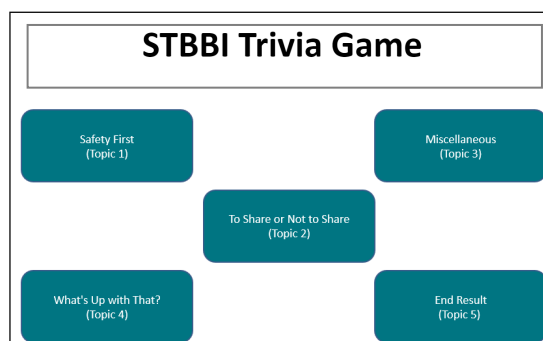
Option 2: STBBI trivia game

Materials:

- Scoreboard (chalk and chalkboard, or marker and paper)
 - *Note: this could also be done with a show of hands and not keeping score.

Activity:

1. Divide the class into two teams. Use the interactive PowerPoint STBBI Trivia Game available at hpePublicHealth.ca/human-development/, or write the topic areas on the board. Assign point values to each question in each topic area (e.g., 10 points for question 1, 20 points for question 2, etc.) It is suggested that each question with the lowest point value are completed first, as the knowledge builds as the points value gets higher. There are a total of five categories with five questions in each category.
2. Rotate between the teams in providing the answers to the questions for the specific values. If a team answers incorrectly, the opposing team can “steal” the point value with a correct answer. Continue alternating play until all categories are completed or a specific time period has elapsed.
3. Questions and answers are provided on the following pages.
4. Alternate between groups and keep track of the points on the chalkboard or paper.



Safety first

1. What is the safest method to protect someone from both pregnancy and STBBIs?

Abstinence.

2. Besides abstinence, what is the next most effective way to protect against STBBIs?

Barrier methods including condoms and dams (square pieces of latex used to cover areas of contact) can help prevent the spread of STBBIs.

3. Where is the best place to store a condom?

Store condoms in a cool dry place (exposure to air, heat, freezing, frictions, and light will increase chances of breakage. **DO NOT** store them in a wallet or car.)

4. Does correct use of a condom protect someone from all STBBIs?

No. However, using condoms correctly and consistently reduces the risk of STBBIs and pregnancy.

5. Are there vaccines available to protect against Hepatitis B and certain strains of HPV?

Yes. They are offered free in Ontario to all grade 7 students. Check with a health care provider as they can be given later, if needed.

Answer sheet:

To share or not to share?

1. Can STBBIs be spread by holding hands?

No. It is highly unlikely for an STBBI to spread without genital contact and/or mixing of bodily fluids.

2. Can you tell if a person is infected with an STBBI?

No. STBBIs may have no symptoms.

3. True or False: Having multiple partners increases the risk of getting an STBBI?

True.

4. List 5 ways a person could get an STBBI.

Oral sex

Sharing sex toys

Vaginal sex

Sharing drug equipment

Anal sex

Unsafe piercing and tattooing

Skin to skin contact

Exchange of bodily secretions

5. When should someone be tested for STBBIs?

With each new partner

After unprotected sexual contact

If a partner says they have an STBBI (*even if either person doesn't have symptoms*)

After unsafe piercing, tattooing, or drug use

Miscellaneous

1. Where could someone go if they wanted STBBI testing?
Their own health care provider
Sexual health clinic (e.g. HPEPH - Quick Test Clinic)
Walk-in clinic
Urgent care clinic
2. What age group is most commonly affected by the STBBIs chlamydia and gonorrhoea? (15-24 or 25-34 or 35-44)
15-24 year olds have the highest rates of these reportable STBBIs.
3. Which bacterial STBBI is the most common?
Chlamydia.
4. What is the most common way to test for chlamydia or gonorrhoea?
Urine test.
5. Name 3 possible symptoms of an STBBI?
No symptoms
Odour in genital area
Unusual discharge from penis or vagina
Itchiness around the genitals
Pain in groin | pain in abdomen
Rash
Swelling of genitals or in groin
Open sore or bumps on penis, vulva, vagina or anus
Burning or tingling when you urinate

What's up with that?

1. True or False: A person can get more than one STBBI at a time.

True.

2. True or False: It is normal to have some vaginal discharge.

True. The vagina cleanses itself by producing clear to milky white discharge, which can change during the menstrual cycle. If the discharge becomes foul smelling, increases, or has an abnormal colour or consistency, a health care provider should rule out STBBIs.

3. What is the most common symptom of an STBBI?

No symptom at all.

4. True or False: A person cannot get an STBBI the first time they have sex.

False.

5. True or False: A person who has only given and received oral sex cannot have an STBBI.

False. Note: using a condom or dental dam can decrease the risk of STBBIs.

End result

1. True or false: All STBBIs can be cured easily.

False. Some STBBIs are easily cured with antibiotics, but others cannot be cured because they are viruses. Viruses can be managed by treating the symptoms.

2. True or false: Most STBBIs go away on their own without treatment if people wait long enough.

False. Any suspicion of an STBBI must be assessed by a health care provider. If left untreated STBBIs can lead to serious health concerns.

3. True or false: A person can transmit herpes (HSV) without having symptoms.

True. “Up to 70% of genital HSV-2 infections are transmitted when people are not having any symptoms or lesions”¹

4. True or false: A person who has been treated for chlamydia cannot get chlamydia again.

False. Even though someone has been treated for chlamydia, they can get chlamydia again, if exposed in the future.

5. Name 2 possible health consequences of untreated STBBIs.

Sterility and infertility (which means being unable to have children)

Chronic pain

Infection risk to newborns

Cervical cancer

Death

References:

1. Herpes – Sex & U [Internet]. Sexandu.ca. 2022 [cited 14 July 2022]. Available from: www.sexandu.ca/stis/herpes/
-



Reproductive System Review

**Grade
9 to 12**

Reproductive anatomy review

Activity

Learning goal:

To review the reproduction system for the purpose of proactive health measures.

Materials:

- People with vaginas and people with penises reproductive system diagram—blank (see Appendix F)

Instructions:

- Make copies of the reproductive system blank worksheets for students to fill in. Labelled versions are provided.
- Consider using the following websites to help review this material. It is recommended to preview all of the links and content before showing students.

Optional video on Pregnancy & Reproduction:

Amaze.org

Pregnancy & Reproduction

(2:32 min)

Optional video on menstruation:

Amaze.org

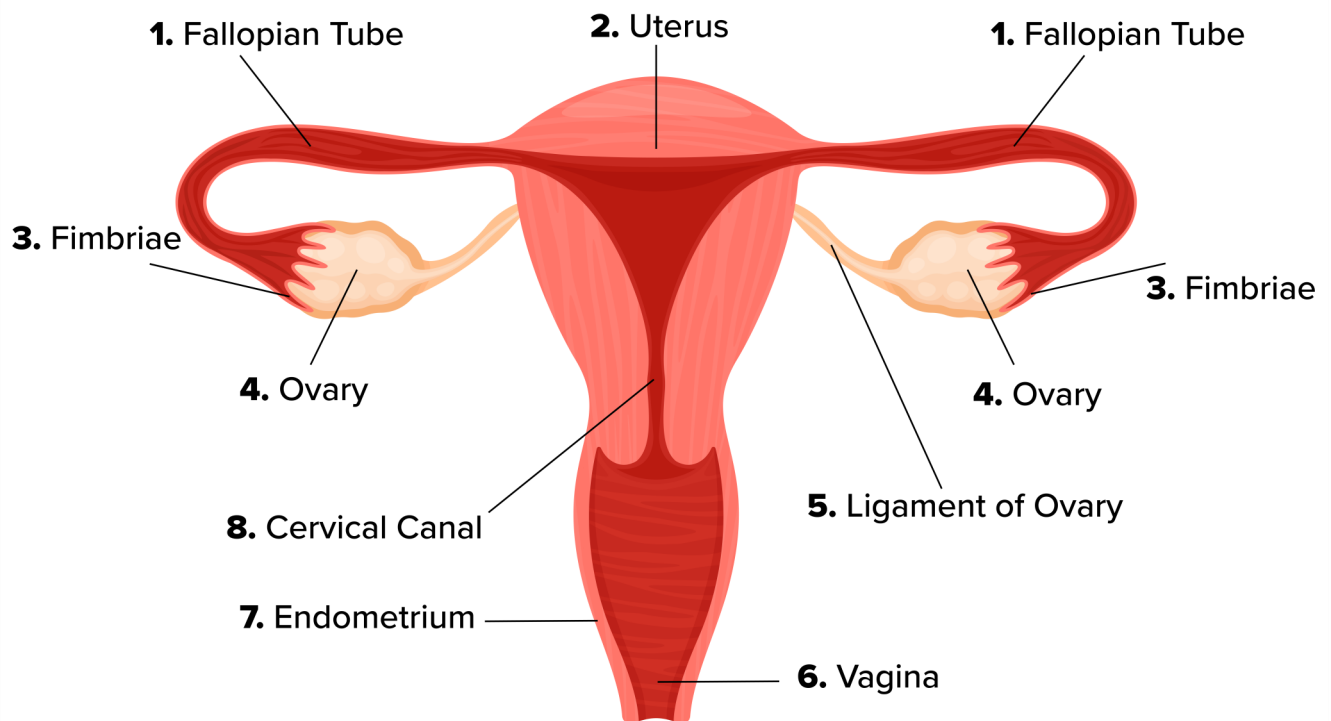
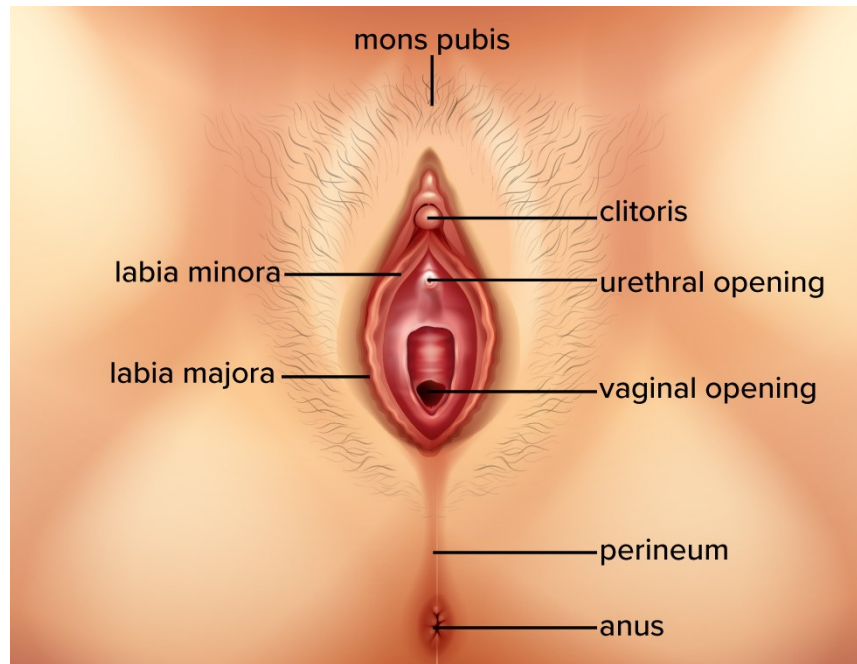
Menstruation: What to Expect

(3:18 min)

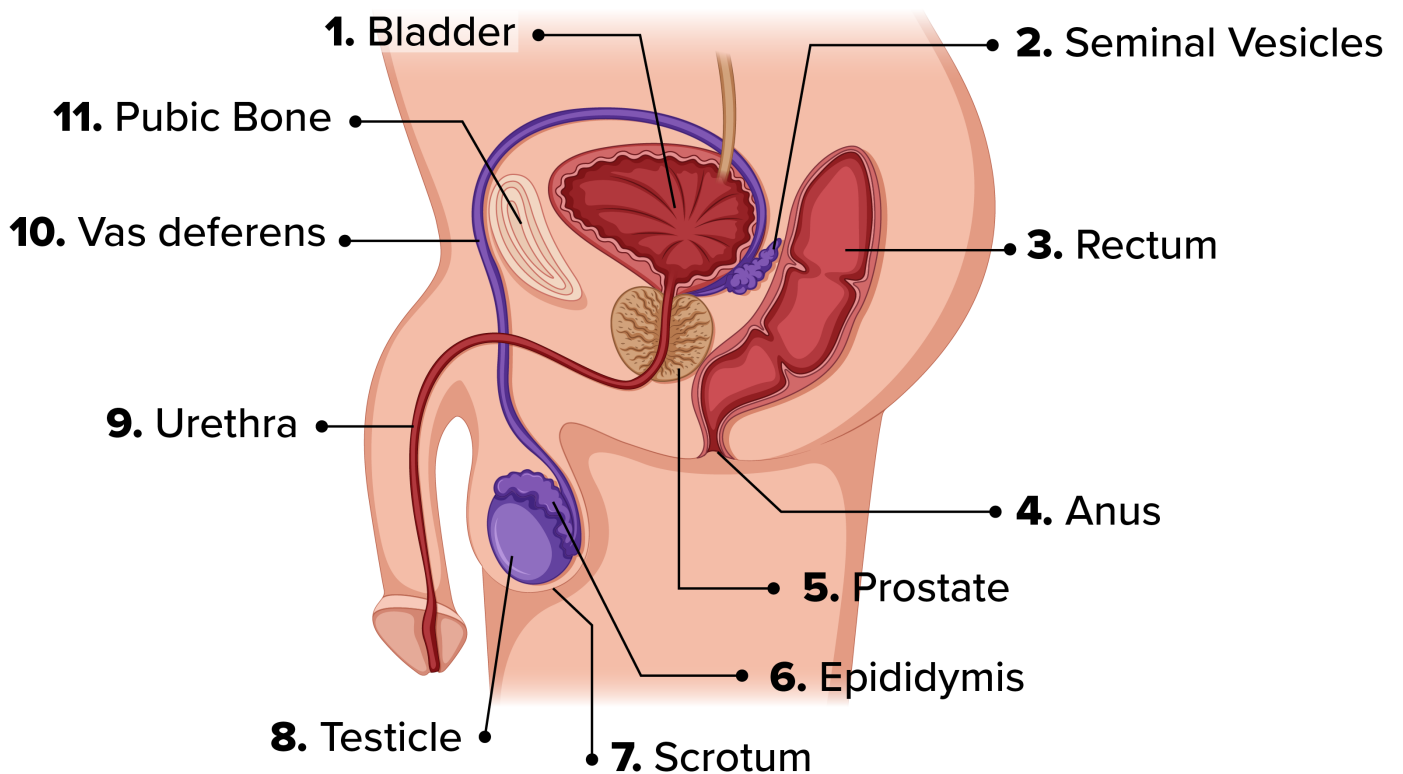


For more information covering many topics related to pregnancy visit, www.pregnancyinfo.ca from The Society of Obstetricians and Gynecologists of Canada

People with a vagina reproductive system - labelled



People with a penis reproductive system - labelled





Appendices

**Grade
9 to 12**

Condom activity

Purchase condoms.

Check expiry date on condom.

Check for holes or tears in package.

Open package carefully.

**Press the air out of the tip of the
condom.**

Condom activity

Place condom (unrolled) on top of

Carefully roll condom down over as much of the erect penis as possible.

After ejaculation, hold base of condom and withdraw.

Check and dispose of properly. Do not reuse.

Consent.

Condom activity

Consent.
Consent.

Purchase condoms.

**Check expiry date
on condom.**

Check for holes or tears in package.

**Open package
carefully.**

**Press the air out of
the tip of the
condom.**

**Place condom
(unrolled) on top of
penis.**

**Carefully roll condom
down over as much of
the erect penis as
possible.**

**After ejaculation,
hold base of condom
and withdraw.**

**Check and dispose of
properly. Do not
reuse.**

Consent.

Consent.

Consent.

Appendix B: Worksheet Contraceptive Methods

For each category, list two methods of contraception and how each needs to be taken or used.		How does it work? Include advantages and disadvantages of each method you listed.	Typical use: How effective is it?	Prescription needed?	Protection against STBBI's?
Hormonal	1.		<input type="text"/> %	Yes No	Yes No
	2.		<input type="text"/> %	Yes No	Yes No
Non-Hormonal: Barrier Methods	1.		<input type="text"/> %	Yes No	Yes No
	2.		<input type="text"/> %	Yes No	Yes No
Non-Hormonal: Other Methods	1.		<input type="text"/> %	Yes No	Yes No
	2.		<input type="text"/> %	Yes No	Yes No

Decision making

Scenario 1

Zain and Aisha have been having penis to vagina intercourse once or twice a week for six months. They've been using "withdrawal" and it seemed to work OK—until two weeks ago when Aisha's period was late. For 10 days they worried that Aisha was pregnant, and they vowed that they would never have unprotected intercourse again. Finally, Aisha's period came. Aisha wants to get a reliable method of contraception, but Aisha's embarrassed to go to a sexual health clinic, or visit a health care provider.

What options can Zain and Aisha consider in this situation?

What are the risks and benefits for each of these options?

Decision making

Scenario 2

Allie and Finn have been dating for over a year. When they began to have penis to vagina intercourse, Allie got the “pill”. Allie took it for about six months. Then, a month ago, they had an argument and decided not to see each other for awhile. Allie stopped taking the pill. Last night they got together, talked things over, and decided to continue with their relationship. Tonight, they are alone at Finn’s and want to resume having intercourse.

What options can Allie and Finn consider in this situation?

What are the risks and benefits for each of these options?

Appendix D: Activity Cards

Handshake game activity

***Note: print cards double-sided**

<p>How can someone protect themselves?</p> <ul style="list-style-type: none">• Choose abstinence• Use a condom• Get tested	<p>How can someone protect themselves?</p> <ul style="list-style-type: none">• Choose abstinence• Use a condom• Get tested
<p>How can someone protect themselves?</p> <ul style="list-style-type: none">• Choose abstinence• Use a condom• Get tested	<p>How can someone protect themselves?</p> <ul style="list-style-type: none">• Choose abstinence• Use a condom• Get tested
<p>How can someone protect themselves?</p> <ul style="list-style-type: none">• Choose abstinence• Use a condom• Get tested	<p>How can someone protect themselves?</p> <ul style="list-style-type: none">• Choose abstinence• Use a condom• Get tested

Appendix D: Activity Cards

Handshake game activity

***Note: print cards double-sided**

<p>Have questions? HPEPH, 179 North Park Street, Belleville</p> <p>Confidential Sexual Health Information Line: 613-966-5500 ext. 243 or 1-800-267-2803 ext. 243 hpePublicHealth.ca www.sexandu.ca</p>	<p>Have questions? HPEPH, 179 North Park Street, Belleville</p> <p>Confidential Sexual Health Information Line: 613-966-5500 ext. 243 or 1-800-267-2803 ext. 243 hpePublicHealth.ca www.sexandu.ca</p>
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Appendix E: **STBBI** Quiz **quiz**

Safety first

1. What is the safest method to protect someone from both pregnancy and STBBIs?
2. Besides abstinence, what is the next most effective way to protect against STBBIs?
3. Where is the best place to store a condom?
4. Does correct use of a condom protect someone from all STBBIs?
5. Are there vaccines available to protect against hepatitis B and certain strains of HPV?

Appendix E: STBBI Quiz

To share or not to share?

1. Can STBBIs be spread by holding hands?
2. Can you tell if a person is infected with an STBBI?
3. True or false: having multiple partners increases the risk of getting an STBBI?
4. List 5 ways a person could get an STBBI?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
5. When should someone be tested for STBBIs?

Appendix E: STBBI Quiz

Miscellaneous

1. Where could someone go if they wanted STBBI testing?
2. What age group is most commonly affected by the STBBIs chlamydia and gonorrhea? (15-24 or 25-34 or 35-44)
3. Which bacterial STBBI is the most common?
4. What is the most common way to test for chlamydia or gonorrhea?
5. Name 3 possible symptoms of an STBBI?
 - 1.
 - 2.
 - 3.

Appendix E: STBBI Quiz

What's up with that?

1. True or false: a person can get more than one STBBI at a time.
2. True or false: It is normal to have some vaginal discharge.
3. What is the most common symptom of an STBBI?
4. True or false: a person cannot get an STBBI the first time they have sex.
5. True or false: a person who has only given and received oral sex cannot have an STBBI.

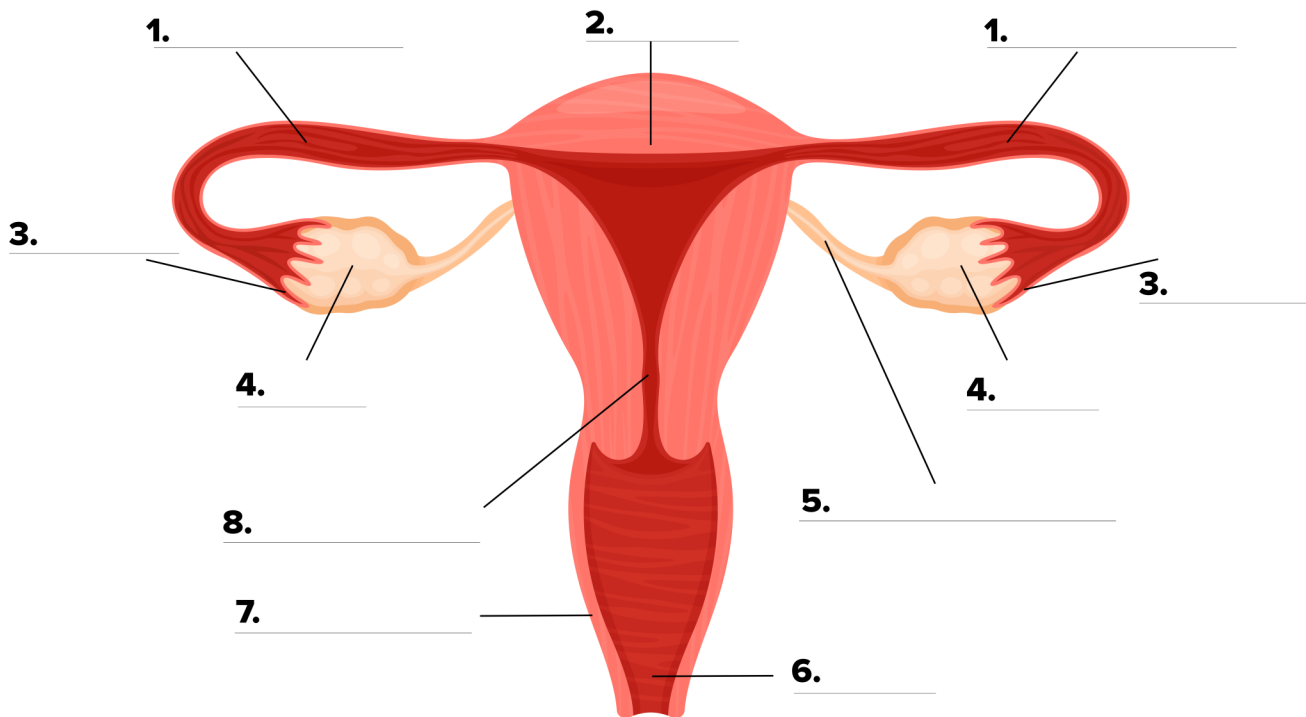
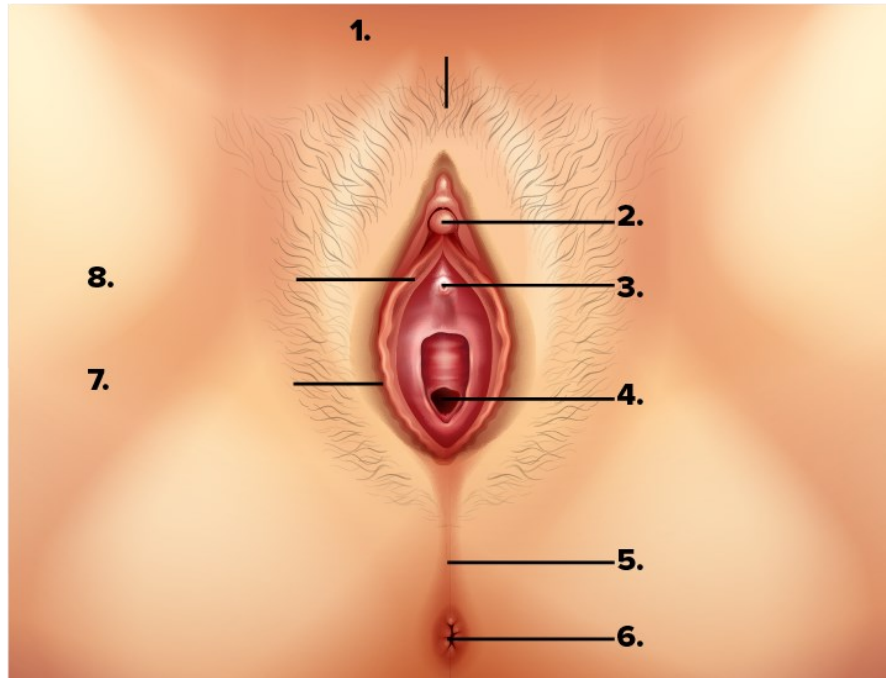
Appendix E: STBBI Quiz quiz

End result

1. True or false: All STBBIs can be cured easily.
2. True or false: Most STBBIs go away on their own without treatment if people wait long enough.
3. True or false: A person can transmit herpes (HSV) without having symptoms.
4. True or false: A person who has been treated for chlamydia cannot get chlamydia again.
5. Name 2 possible health consequences of untreated STBBIs.
 - 1.
 - 2.

Appendix F: Worksheet

People with a vagina reproductive system—blank



Appendix F: Worksheet

People with a penis reproductive system—blank

