Assessment and Evaluation

A variety of assessment methods may be used in this unit. Some assessment strategies and tools included are:

• Pencil and Paper Task: Female Reproductive System Worksheets (see Appendix C and D)
• Pencil and Paper Task: Cycle of Life Worksheets (see Appendix L and M)
• Pencil and Paper Task: How Reproductive Systems Relate to Fertilization (see Appendix N)
• Personal Communication: Observation and anecdotal reporting of group interaction and student discussion
• Personal Communication: Assess group/individual contribution to discussion re: abstinence and healthy sexuality
• Pencil and Paper Task: Saying No To Sexual Intercourse (see Appendix AA)
• Performance Task: Newspaper Article to explain the methods of transmission and symptoms of sexually transmitted diseases and ways to prevent them and identify the sources of support with regards to healthy sexuality (see Appendix CC)
• Performance Task: Teacher may choose to evaluate “Looking Ahead” as a check to explain the term “abstinence” as it applies to healthy sexuality
Links to Prior Knowledge

- This unit extends the work of the Grade 6 - Healthy Living Growth and Development Unit. Students should have a basic understanding of how puberty relates to reproduction.

Notes to Teacher

Accommodations

Not all students in a Grade 7 classroom will be able to complete independently all unit suggestions or assessments. Adapt the teaching learning strategies to accommodate the needs of exceptional students consistent with the strategies outlined in their IEP. Students may require scribing, instructions repeated, paired groupings, etc. The Ministry of Education and Training’s electronic planner provides a complete list of accommodations and suggestions to address the needs of all students. For example:

- make use of computer technology where possible;
- include a variety of activities for the student in each lesson;
- make expectations explicit;
- make use of contracts, as appropriate;
- pair students to check work;
- provide checklists, outlines, advance organizers, to assist in assignment completion;
- provide oral discussion prior to writing;
- model and display examples of specific purposes in writing (e.g., letters, editorials, essays);
- relate material to student’s lives and real-life situations;
- clarify definitions, terms and vocabulary in assignments, and ensure understanding by asking students to retell or paraphrase instructions.

Background Information

See the “Guidelines for School Administrators,” “Key Elements” and “Value Set” for the Growth and Development Unit. The Board or teacher may choose to adapt these guidelines to meet their specific needs.

Review the Parent/Guardian Letter. Use it to keep parents/guardians informed as to the specific material that will be covered in the unit. It should be distributed prior to the beginning of instruction with the students.

“The overall and specific expectations in this strand are age-appropriate and should be addressed with sensitivity and respect for individual differences. Because of the sensitive nature of these topics, parents and guardians must be informed about the content of the curriculum and the time of delivery. Teachers and learners must develop a comfort level with these topics so that information can be discussed openly, honestly, and in an atmosphere of mutual respect. The ‘healthy sexuality’ expectations should be addressed only after teachers have developed a rapport with their students.
Opportunities should be provided for segregated as well as coeducational instruction.“ (The Ontario Curriculum: Health and Physical Education, Grades 1-8, p. 10)

Ontario Catholic School Graduate Expectations

CGE (2) An effective communicator who speaks, writes and listens honestly and sensitively, responding critically in light of gospel values

CGE (4) A self-directed, responsible, lifelong learner who develops and demonstrates their God-given potential

CGE (6) A caring family member who attends to family, school, parish, and the wider community

CGE (7) A responsible citizen who gives witness to Catholic social teaching by promoting peace, justice and the sacredness of human life

Fully Alive

The expectations in the Ontario Health and Physical Education Curriculum Healthy Living Strand can be effectively integrated with the Fully Alive Family Life Program. Many expectations can be woven into the themes and topics presented in the Fully Alive Program. The Fully Alive Program provides the students with a context of values within the Catholic faith tradition to teach the Healthy Living Strand expectations. Links to this program will be provided in the “Notes to Teacher” section of each lesson in the unit for Catholic educators to reference.

Fully Alive (Grades 1-8), Ontario Conference of Catholic Bishops, Prentice-Hall Canada.


Appendices

Unit 4 Appendix A Question Box Guidelines – Teacher Instructions
Unit 4 Appendix B The Female Anatomy/Reproductive System – Definitions
Unit 4 Appendix C Female Reproductive Organs – Worksheet
Unit 4 Appendix D The Human Ovum (Egg) Inside the Female – Transparency
Unit 4 Appendix E Female Genitalia and Reproductive System – Transparency
Unit 4 Appendix F Female Breast Internal Structure – Transparency
Unit 4 Appendix G The Human Sperm From Inside the Male – Transparency
Unit 4 Appendix H Male Reproductive Organs – Worksheet
Unit 4 Appendix I The Male Genitalia and Reproductive System – Transparency
Unit 4 Appendix J The Male Anatomy/Reproductive System – Definitions
Unit 4 Appendix K Fact or Myth – Worksheet
Unit 4 Appendix L Cycle of Life – Answer Sheet
Unit 4 Appendix M Cycle of Life – Worksheet
Unit 4 Appendix N The Menstrual Cycle – Transparency
Unit 4 Appendix O The Process of Fertilization – Transparency
Unit 4 Appendix P Reproductive Systems and Their Role in Fertilization – Worksheet
Unit 4 Appendix Q Reproductive Systems and Their Role in Fertilization – Answer Key
Unit 4 Appendix R Opinion or Fact – Worksheet
Health and Physical Education – Grade 7
Healthy Living – Growth and Development

Unit 4 Appendix T  Looking At Myself – Worksheet
Unit 4 Appendix U  Ways to Develop a Friendship – Worksheet
Unit 4 Appendix V  Friendships – Worksheet
Unit 4 Appendix W  You’re the Judge – Worksheet
Unit 4 Appendix X  Adolescent Sexuality – Student Booklet (5 pages)
Unit 4 Appendix Y  Symptoms of STDs – Activity Cards
Unit 4 Appendix Z  Methods of Transmission (STDs) – Activity Cards
Unit 4 Appendix AA  Looking Ahead – Record Sheet
Unit 4 Appendix BB  Looking Ahead – Goal Sheet
Unit 4 Appendix CC  Healthy Sexuality Rubric: Assessing Knowledge of STDs and Sources of Support Related to Healthy Sexuality

Sources

Some of the background information, materials and activities used in this unit have been reprinted or adapted with permission from:

Grade One to Eight Curriculum Support for Healthy Living Strand, Durham Catholic District School Board and Durham Region Health Department, Oshawa, 2000.

Late Formative and Transition Years Sex and Society Sexual Health Education Grade 6-9 (1996) and selected resources, Thames Valley District School Board, Violence Prevention Committee.

Additional Resources

The references and professional readings which follow are for teachers to enhance their understanding of the many aspects of sexual health.


Healthwise 1, by Robertson and Mang, Nelson, 1990.


Today’s Talk About Sexual Assault, Victoria Women’s Sexual Assault Centre, 1994

General References


Education Wife Assault, Creating Safer Schools for Lesbian, Gay and Bisexual Youth: A Resource for Educators Concerned with Equity, Toronto, 1999 (To order, phone 416-968-3422).


Talk Sex, City of Toronto Department of Public Health, 1990.


Skills for Healthy Relationships, by Robertson, A. et al, Social Program Evaluation Group, Queen’s University, 1993.

We Need to Know About AIDS, from Health and Welfare Canada, pamphlet, post 1988.


Professional References


Education Wife Assault, Creating Safer School for Lesbian, Gay & Bisexual Youth: A Resource for Educators Concerned with Equity, 1999. (Copies available from email: publication@womanabuseprevention.com, phone: 416-968-3422, fax 416-968-2026.)


Norfolk Board of Education, Comprehensive School Health - HEALTHY LIVING, K - 12, 1993.

School Administrators must play a significant role in facilitating the successful implementation of the Healthy Living-Growth and Development Unit. They should review, “Key Elements” and “Value Set.” The four “Key Elements” provide the foundation and framework for the curriculum:

- To encourage sexual health enhancement and responsibility
- To prevent sexual health problems
- To promote the postponement of sexual activity
- To present information sensitively and age appropriately

In providing leadership for the implementation of this curriculum, school administrative teams are encouraged to consider and address each of the following:

Areas of Administrator Focus:

1. **Communication** - Administrators have the responsibility to communicate with parents and guardians by distributing the parent letter and providing opportunities for parents to become familiar with the program at each grade level. This may include special evening curriculum presentations prior to implementing the units.

2. **Understanding the Sequence and Context** - The units address the specific expectations from the Healthy Living Strand-Growth and Development of the Ontario Curriculum Grades 1-8, Health and Physical Education, Gr. 7.

3. **Guiding Principles and Values** - Administrators must be able to articulate the principles and values upon which the unit is based. The focus is on abstinence, postponing sexual involvement, and sensitively presenting information that is age-appropriate.

4. **The Curriculum Documents/Resources and Videos** - The school administrative team must be familiar with the lessons and resources used. Presentations by non-school personnel must be reviewed to ensure consistency with the Ontario Curriculum Grades 1-8, Health and Physical Education 1998 Expectations (Grade 7 Expectations Healthy Living).

5. **Dealing with Sensitive Ideas** - Administrators must work with parents who have concerns regarding the unit. This includes making appropriate accommodation to meet student needs. This may include modification to lesson activities and outcomes.

6. **Understanding the Structure of the Document** - School administrators should be able to differentiate “teacher resources” from “student learning resources.” This is particularly important to highlight when sharing curriculum information with parents.

The information in this unit has been field tested and has been found to be appropriate in its content. It is highly recommended that the content be used as it is presented.
Key Elements

Healthy Living - Growth and Development materials are based on the “Canadian Guidelines for Sexual Health Education” issued by Health Canada in 1994.

This resource document follows four “Key Elements”:

TO ENCOURAGE SEXUAL HEALTH ENHANCEMENT and responsibility first, through the promotion of positive self-image and self-worth as an aspect of the acceptance of one’s own evolving sexuality; and second, by the integration of sexuality into mutually satisfying mature relationships; third, by the attainment and maintenance of sexual and reproductive health.

TO PREVENT SEXUAL HEALTH PROBLEMS, encompassing unintended pregnancy, Sexually Transmitted Diseases, including HIV/AIDS, and sexual harassment, exploitation and abuse in consideration of their enormous personal, social and economics costs.

TO PROMOTE THE POSTPONEMENT OF SEXUAL ACTIVITY as the preferred health decision through enhancement of self-esteem, increased decision-making, communication and assertiveness skills, and an appreciation of the rewards in exclusive commitment and long-standing companionship.

TO PRESENT INFORMATION sensitively and age-appropriately.

Value Set

As important as the “Key Elements” is the “Value Set.” These values are the driving forces of the Sexual Health education program.

• that the family/home environment is the most significant influence in the development of a child’s values and behaviours related to human sexuality
• that self-worth is a key component in personal sexuality
• that respect for the values, beliefs, personal philosophies of faith, and decisions of others be inherent in relationships
• that sexual relationships be based on mutual trust, caring, respect, love and long-standing commitment to one another and an appreciation of the privacy and power of sexual intimacy
• that awareness of human differences is a prerequisite for complex societies
• that students have the information, motivation, skills, and supportive environment to make positive sexual health decisions
Dear Parent or Guardian:

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

This unit extends the work begun in Grade 6 and will cover the following areas:

• explain the male and female reproductive systems and fertilization;
• abstinence and healthy sexuality;
• transmission, symptoms and prevention of sexually transmitted diseases (including contraception awareness);
• effective communication skills to deal with various relationships and situations, e.g., refusal skills, active listening;
• identifying sources of support related to healthy sexuality, e.g., parents/guardians, doctors.

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

Other activities which might encourage discussion with your child are:

• watch a video or television show with your child and focus on sexual stereotypes, how relationships are portrayed and what messages are being given about sexuality;
• look at magazine ads or commercials and talk about the messages that are being conveyed about human sexuality;
• complete any activity that your child brings home to share with you.

Should you have any concerns or if you would like further information about this unit, I can be reached at ____________________________. This includes the opportunity to view materials.

Yours truly,

Signature of Teacher  ___________________________________

Please return to school by:  _____________________________________

I have read the letter which introduces the healthy unit on Healthy Living, Growth and Development.

Name of Student and Class: __________________________________________________________

Parent/Guardian Signature: __________________________________________________________

Date: __________________________________________
UNIT 4 Growth and Development

Sub-Task #1 An Explanation of the Male and Female Reproductive Systems

Materials
A shoe box or similar holder for students to submit anonymous questions

Description
Students will identify sources of support and discuss the importance of getting good information. Students will also review the male and female reproductive systems through active discussion and worksheets.

<table>
<thead>
<tr>
<th>Expectation Code</th>
<th>Learning Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7p2</td>
<td>Describe age-appropriate matters related to sexuality (e.g., the need to develop good interpersonal skills, such as the ability to communicate effectively with the opposite sex).</td>
</tr>
<tr>
<td>7p8</td>
<td>Explain the male and female reproductive systems as they relate to fertilization</td>
</tr>
<tr>
<td>7p13</td>
<td>Identify sources of support with regard to issues related to healthy sexuality (e.g., parents/guardians, doctors)</td>
</tr>
</tbody>
</table>

Assessment Opportunities – Suggestions for Assessing Expectations

• Diagnostic Assessment: Pencil and Paper Task – Assess the student’s ability to explain the function of the Male/Female Reproductive Systems, labelling and including a description of the functions of each part (teacher developed marking scheme) (see Appendix C and G).

• Diagnostic Assessment: Personal Communication – Through class discussion the teacher will be able to assess students’ knowledge of sources of support with regards to issues related to healthy sexuality.

Teaching/Learning Strategies

1. Question Box
   • Introduce Question Box and have small pieces of paper available throughout the Growth and Development unit for student submissions. See Question Box Guidelines in Background Information in the overview.

2. Sources of Support
   • Tell students that it is extremely important to get good information as it relates to sexuality. Ask students if they would like to get information from their parents? Ask them where else they could get good information? For example, doctors, guidance counsellors, teacher, public health nurse, Kids Help Line. (Refer to Notes to Teacher).
3. Reproductive Systems
- Review male and female anatomy and physiology. (Emphasis should be placed upon the function of body parts.) (See Appendix C – J.)
- Cooperatively label
  - The Female Reproductive Organs Worksheet (see Appendix C)
  - The Male Reproductive Organs Worksheet (see Appendix G)
  - use the additional diagrams to assist with explaining the male and female anatomy and physiology

Notes To Teacher
Appendices C and G are designed to review concepts that are introduced in the Grade 6 Growth and Development Unit. By reviewing these concepts, students can begin to explain the male and female reproductive systems as they relate to fertilization.

Dealing With Sensitive Topic: Homosexuality
Discussing homosexuality in the classroom is a controversial subject at this time. Some people fear that it is promoting homosexuality. Raising awareness in order to encourage understanding and acknowledgement of human differences can lead to equality for all students. It does not influence students to adopt a homosexual lifestyle or convert someone from heterosexual to homosexual (or from homosexual to heterosexual).

Creating a school environment that is respectful of all people emphasizes the importance of seeing beyond the labels. Sexual orientation is one component of our personality — all the traits and characteristics which make us unique. All individuals can have meaningful lives and contribute to society.

By avoiding students’ questions about homosexuality, educators may give messages that increase isolation, loneliness and lower self-esteem for young people experiencing homosexual feelings. This may lead youth to perpetuate the stereotypes, myths and discrimination which are so widespread in our society. This avoidance may lead to verbal and physical attacks.

A discussion about HIV/AIDS may raise issues around homosexuality since a large proportion of people in Canada with HIV/AIDS contracted the virus through unprotected anal intercourse. Many people link AIDS with homosexuality but it is important for students to understand that it is high-risk behaviour that places someone at risk. “It’s not who you are, but what you do.” Believing AIDS equals gay and gay equals AIDS makes heterosexuals less likely to perceive themselves at risk for HIV. People who hold negative attitudes toward homosexuals also hold negative attitudes toward people with HIV/AIDS.

Students’ willingness to discuss homosexuality will depend on the teacher’s comfort level and ability to create a trusting, supportive environment. To encourage understanding, develop a list of ground rules, for instance:
- Listen carefully, we all have something important to say.
- No one has to comment, everyone has the right to “pass.”
- We will not judge one another.
- It is okay to feel embarrassed.
• You can be critical of ideas, not the person who expressed them.
• We will not allow jokes or putdowns that might hurt anyone.

It is possible that a student may wish to engage you in conversation about concerns related to their own sexuality. Respond in ways that are respectful of the student’s self-esteem. Encourage the student to talk with a trusted adult (e.g., a parent or guardian, school psychologist, family doctor).

Websites and telephone numbers that might be useful to your discussion on how to receive support are as follows:

**Website:**
- American Academy of Pediatrics: [aap.org/policy/9841.htm](http://aap.org/policy/9841.htm)
- The Canadian Health Network: [www.canadian-health-network.ca](http://www.canadian-health-network.ca)
- Free To Be Me: [www.freetobeme.com](http://www.freetobeme.com)
- Planned Parenthood Federation of Canada: [www.pp.ca](http://www.pp.ca)
- Medical Institute of Sexual Health: [www.mis.org](http://www.mis.org)

**Telephone Numbers:**
- AIDS - Sexual Health Infoline: 416-392-2437 or 1-800-668-2437
- Teen Sex Infoline: 416-961-3200
- Facts of Lifeline (tapes): 1-800-463-6739
- Kids Help Line: 1-800-668-6868


**Ontario Catholic School Graduate Expectations**

CGE (6) A caring family member who attends to family, school, parish, and the wider community

CGE 6(b) Recognizes human intimacy and sexuality as God given gifts, to be used as the creator intended.

**Fully Alive**

**Links to Growth and Development**

Many of the topics in Theme 3, *Created Sexual: Male and Female* have direct links to the expectations in this component. The student text for Grade 7 MLA should be used when presenting this information as it will assist in not only giving accurate facts but equally important it will present sexuality as a gift from God for which we must show responsibility and faithfulness to God’s plan.

Theme 3, *Created Sexual: Male and Female*, Topic 3, The Human Body

• Deepen an understanding of physical development during puberty
• Be encouraged to develop an attitude of acceptance and respect toward their bodies
  - Lessons 2 and 3: TM pp. 78-89, SB pp. 81-90
  - Activity Sheet No. 9 *Female Fertility* TM p. 84
  - Activity Sheet No. 10 *Male Fertility* TM p. 84
Theme 3, Created Sexual: Male and Female, Topic 4, Relating as Sexual People

- Explore the changes in relationships that occur because of sexual attraction
- Deepen an understanding of the role of sexuality in their relationships TM pp. 90-95, SB pp. 91-100

Resources for teaching chastity should be investigated to promote a sense of self-esteem and dignity.

Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Question Box Guidelines - Teacher Instructions</td>
</tr>
<tr>
<td>B</td>
<td>The Female Anatomy/Reproductive System - Definitions</td>
</tr>
<tr>
<td>C</td>
<td>Female Reproductive Organs - Worksheet</td>
</tr>
<tr>
<td>D</td>
<td>The Human Ovum (Egg) Inside the Female - Transparency</td>
</tr>
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<td>E</td>
<td>Female Genitalia and Reproductive System - Transparency</td>
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<td>F</td>
<td>Female Breast Internal Structure - Transparency</td>
</tr>
<tr>
<td>G</td>
<td>The Human Sperm From Inside the Male - Transparency</td>
</tr>
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<td>H</td>
<td>Male Reproductive Organs - Worksheet</td>
</tr>
<tr>
<td>I</td>
<td>The Male Genitalia and Reproductive System - Transparency</td>
</tr>
<tr>
<td>J</td>
<td>The Male Anatomy/Reproductive System - Definitions</td>
</tr>
</tbody>
</table>
UNIT 4 Growth and Development

Sub-Task #2 Reproductive Systems and Their Role In Fertilization

Materials
See list of Appendices

Description
Students will be able to explain the male and female reproductive systems as they relate to fertilization through active discussion and worksheets.

<table>
<thead>
<tr>
<th>Expectation Code</th>
<th>Learning Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7p8</td>
<td>Explain the male and female reproductive systems as they relate to fertilization.</td>
</tr>
<tr>
<td>7p9</td>
<td>Distinguish between the facts and myths associated with menstruation, spermatogenesis, and fertilization</td>
</tr>
</tbody>
</table>

Assessment Opportunities – Suggestions for Assessing Expectations

- Formative Assessment: Pencil Paper – Assess for accuracy and completion the Cycle of Life Worksheet (see Appendix L and M).
- Summative Assessment: Paper Pencil – Assess the students understanding of how the male and female reproductive systems relate to fertilization using a marking scheme (see Appendix P and Q).

Teaching/Learning Strategies

1. Fact or Myth Worksheet
- Distribute the “Fact or Myth” worksheet to students (see Appendix K). Discuss these answers as it relates to facts and myths associated with menstruation, spermatogenesis and fertilization.

2. Cycle of Life Worksheet
- Distribute “Cycle of Life” worksheets to students (see Appendix M).
- Using overhead transparencies of Appendices N and O, work through the “Cycle of Life” worksheet. This material will require a significant amount of explanation by the teacher.
- Students complete the Cycle of Life worksheet (see Appendix M).
- For assessment, distribute the Reproductive Systems and Their Role in Fertilization (see Appendices P, Q).
Notes to Teacher

Ontario Catholic School Graduate Expectations

CGE (6) A caring family member who attends to family, school, parish, and the wider community
CGE 6(b) Recognizes human intimacy and sexuality as God given gifts, to be used as the Creator intended

Fully Alive

Links to Growth and Development

Many of the topics in Theme 3, Created Sexual: Male and Female have direct links to the expectations in this component. The student text for Grade 7 MUST be used when presenting this information as it will assist in not only giving accurate facts but equally important it will present sexuality as a gift from God for which we must show responsibility and faithfulness to God’s plan.

Theme 3, Created Sexual: Male and Female, Topic 3, The Human Body
• Deepen an understanding of physical development during puberty
• Be encouraged to develop an attitude of acceptance and respect toward their bodies
  - Lessons 2 and 3: TM pp. 78-89, SB pp. 81-90
  - Activity Sheet No. 9 Female Fertility TM p. 84
  - Activity Sheet No. 10 Male Fertility TM p. 84

Theme 3, Created Sexual: Male and Female, Topic 4, Relating as Sexual People
• Explore the changes in relationships that occur because of sexual attraction
• Deepen an understanding of the role of sexuality in their relationships TM pp. 90-95, SB pp. 91-100

Appendices

Unit 4 Appendix F Female Breast Internal Structure – Transparency
Unit 4 Appendix L Cycle of Life – Answer Sheet
Unit 4 Appendix M Cycle of Life – Worksheet
Unit 4 Appendix N The Menstrual Cycle – Transparency
Unit 4 Appendix O The Process of Fertilization – Transparency
Unit 4 Appendix P Reproductive Systems and Their Role in Fertilization – Worksheet
Unit 4 Appendix Q Reproductive Systems and Their Role in Fertilization – Answer Key
UNIT 4 Growth and Development

Sub-Task #3 You’re the Judge – The Use of Effective Communication Skills

Materials
See list of Appendices

Description
Using group discussion, students interact to understand the importance of receiving good information and how to use effective communication skills to deal with various relationships and situations.

<table>
<thead>
<tr>
<th>Expectation Code</th>
<th>Learning Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7p11</td>
<td>Use effective communication skills (e.g., refusal skills, active listening) to deal with various relationships and situations</td>
</tr>
<tr>
<td>7P13</td>
<td>Identify sources of support with regards to issues related to healthy sexuality (e.g., parents/guardians, doctors)</td>
</tr>
</tbody>
</table>

Assessment Opportunities – Suggestions for Assessing Expectations

- Formative Assessment: Personal Communication – Students will be assessed on how they use effective communication skills to deal with various relationships through classroom discussion on building healthy relationships.
- Summative Assessment: Pencil and Paper Task – Students will complete “Problems? Who Can Help?” Worksheet (see Appendix S) to identify their understanding of where they can get help with regards to healthy sexuality.

Teaching/Learning Strategies

1. Getting Good Information
   - Reinforce the importance of getting good information about sexuality. Students complete “Opinion or Fact Sheet” (see Appendix R). Students compare their responses in pairs/small groups. Review the following:
     - opinion is not necessarily a fact but more of an attitude
     - someone’s attitude may be strong enough to make you believe it is fact
     - individuals must be able to distinguish between fact and opinion
   - The teacher will emphasize that students need to get the facts in order to “get good information” about sexuality. Students complete “Problems? Who Can Help?” (see Appendix S).

2. Looking at Myself
   - Students complete “Looking at Myself” activity sheet (see Appendix T).
   - Discussion Points:
     What should we be focusing on when we look at ourselves? We need to focus on our positive traits and to celebrate each person’s uniqueness.
Discuss the following question: What are those traits (physical, personality) that you find desirable in another person? For example:

<table>
<thead>
<tr>
<th>Positive Physical Traits</th>
<th>Positive Personality Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td>muscle development</td>
<td>sense of humour</td>
</tr>
<tr>
<td>body shape</td>
<td>positive</td>
</tr>
<tr>
<td>smile</td>
<td>helpful</td>
</tr>
<tr>
<td>hair</td>
<td>character builder</td>
</tr>
<tr>
<td>legs</td>
<td>easy to talk to</td>
</tr>
<tr>
<td>eyes</td>
<td>loyal</td>
</tr>
<tr>
<td></td>
<td>trustworthy</td>
</tr>
<tr>
<td></td>
<td>kindness</td>
</tr>
<tr>
<td></td>
<td>friendliness</td>
</tr>
</tbody>
</table>

3. Expressing Interest in Another Person
• Explain that there are many ways that people show that they like, or are interested in, another person. Some ways make the other person feel good (appropriate) while other ways do not (inappropriate).
Students suggest ways to show they are interested in another person, e.g., tell the person you enjoy their company, start conversations about person’s interest, help someone when they need assistance, talk quietly together. Students identify which of the suggested ways are effective ways of communicating to build a positive relationship.
Option: use activity sheet, “Ways to Develop A Friendship” and “Friendships” (see Appendices U and V) to help students understand how to use effective communication skills to develop a healthy relationship.

Notes to Teacher

Ontario Catholic School Graduate Expectations
CGE (2)  An effective communicator who speaks, writes and listens honestly and sensitively, responding critically in light of gospel values
CGE 2(c)  Presents information and ideas clearly and honestly with sensitivity to others
CGE 4(a)  Demonstrates a confident and positive sense of self and respect for the dignity and welfare of others

Fully Alive
Theme 2, Living in Relationship will also provide useful content for teaching about effective communication skills in relationships.
Theme 2, Living in Relationship, Topic 2, The Family
• Be encouraged to value good communication in family relationships
Lesson 2, TM pp. 41-42, SB pp. 42-45

Positive Physical Traits  Positive Personality Traits

- muscle development
- body shape
- smile
- hair
- legs
- eyes

- sense of humour
- positive
- helpful
- character builder
- easy to talk to
- loyal
- trustworthy
- kindness
- friendliness
## Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Unit 4 Appendix R</td>
<td>Opinion or Fact - Worksheet</td>
</tr>
<tr>
<td>Unit 4 Appendix S</td>
<td>Problems? Who Can Help? - Worksheet</td>
</tr>
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<td>Unit 4 Appendix T</td>
<td>Looking At Myself - Worksheet</td>
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<td>Unit 4 Appendix U</td>
<td>Ways to Develop a Friendship - Worksheet</td>
</tr>
<tr>
<td>Unit 4 Appendix V</td>
<td>Friendships - Worksheet</td>
</tr>
</tbody>
</table>
UNIT 4 Growth and Development

Sub-Task #4 Abstinence as a Choice: Abstinence in Relationships

Materials
See list of Appendices

Description
Students review the meaning of abstinence and discuss scenarios where abstinence is a factor in making decisions that apply to healthy sexuality.

Assessment Opportunities – Suggestions for Assessing Expectations

- Diagnostic Assessment: Personal Communication - Assess group discussion/interaction (individual student contribution) in activity based on Teaching/Learning Strategy B. This will act as a check to determine student’s understanding of the term abstinence as it relates to healthy sexuality.

Teaching/Learning Strategies

- Explain that students need to feel good about themselves (positive self-image) before they can begin to use effective communication skills in order to build a positive relationship with others.

1. You’re the Judge
   - Students complete worksheet “You’re the Judge” (see Appendix W). Take up and discuss worksheet and appropriateness of expressing their interest in another person.
   - Divide class into small groups, each with chart paper and marker. Students brainstorm and list positive ways (makes the other person feel good) of expressing affection and things you can do together that do not involve sexual intimacy.

2. Class Discussion
   - Students post chart paper and lead class discussion around the responses generated. Help students to understand the appropriateness of the activities depending on circumstance. (i.e., You’re the Judge #9 “Talk About Sex” – when would it be appropriate and inappropriate to talk about sex?)
   - Abstinence Review: Review the meaning of abstinence. Refer to Teacher Background information in the overview.
Brainstorm and discuss the question: Why might people be abstinent? In the following situations?

- Monogamous partners:
  - during menstrual cycle
  - away on a business trip
  - always serving in the armed forces
  - prolonged illness
  - temporary impotence
  - following childbirth

- Divorced, separated or widowed partners:
  - did not prefer to have another relationship
  - did not meet the right person
  - would only have sexual relations if they remarried again

- Teens or single adults are remaining abstinent because:
  - they prefer to wait until marriage
  - sexual intercourse may interfere with future plans
  - prevent pregnancy and STDs
  - not ready for sexual intercourse emotionally
  - personal values and beliefs
  - may have a STD
  - want to complete education
  - establish a career
  - or are returning to abstinence (sometimes called “secondary virginity”)

3. Teenage Relationships

- In groups, with one student recording, complete the following discussion points:
  - What might happen in a teenage relationship when sexual intercourse takes place.
  - Develop a list and decide whether each situation is positive or negative.
  - What might influence a teenager who has been sexually active to choose abstinence?

- Discuss the responses with the class and remind students that the concept will be continued in Sub-Task #5.

Notes to Teacher

As an optional activity you may want to use the video, Real People: Teens Who Choose Abstinence (24 minutes) (from Sunburst Communications, P.O. Box 1150, Station A, Windsor, Ontario N9A 6P9, 1-800-431-1934) which explores the reasons that students choose to be abstinent.

Abstinence/Postponing Sexual Involvement:

The practice of abstaining from sexual intercourse, avoiding genital contact and other high risk sexual behaviour is a focus of this Sexual Health curriculum.

This information sheet is designed to provide the teacher with background to present and promote abstinence among your students.

There are a number of reasons for choosing abstinence, the only method of conception control that is 100% effective and 100% free of side effects. Many teens choose abstinence because of religious and moral beliefs. They feel that sexual intercourse belongs only in marriage and that it is wrong to
become sexually intimate prior to being married. Other people believe that sexual activity belongs only in a serious committed relationship (a decision to continue the relationship monogamously). In Ontario, data showed that 55.1% of males and 62.5% of females under the age of 16 had not had sexual intercourse (Thomas, DiCenso and Griffith, 1998).

A couple may find that abstaining allows for positive emotional growth between them. Abstaining may give them time to develop a deeper friendship. They may spend time talking, building mutual interests, sharing with other friends, learning that intimacy can be other than sexual, and maturing as individuals. Abstinence also serves to protect teens emotionally. When a person becomes sexually active they open up a very intimate and sensitive part of themselves. There is the potential to feel both intense happiness and intense emotional pain as the result of becoming sexually intimate with another person.

The realities of today’s society include the proliferation of sexually transmitted diseases. Abstinence reduces the risk of contracting chlamydia, herpes, gonorrhea, and HIV, to name a few. Many teens will choose abstinence as a way of avoiding potential contact with these diseases.

There are medical reasons for teens to postpone intercourse. Vaginal intercourse for females before the age of 20 years is a risk factor for cervical cancer. During adolescence, the process of maturation of cervical cells is most active and young women are vulnerable to infection because of the cervical immaturity. Infection with some human papilloma virus (HPV) types is associated with cervical cancer (Policar, 1998).

It is vital that the students consider the option of abstinence prior to being confronted with a situation in which they are forced to decide whether or not to have sex. Many of these situations are such that it is extremely difficult for the person to make a rational decision, and to consider all options and consequences. If the student plans for abstinence as a result of this program, then the decision may be easier for them to make in the face of pressure.

In Teaching Learning Strategy #2, the teacher could allow students to form their own groups in order to enhance discussion.

Ontario Catholic School Graduate Expectations

CGE (4) A self-directed, responsible, lifelong learner who develops and demonstrates their God-given potential

CGE (4)(1) Demonstrate a confident and positive sense of self and respect for the dignity and welfare of others

CGE (6) A caring family member who attends to family, school, parish, and the wider community

CGE (6)(b) Recognizes human intimacy and sexuality as God-given gifts, to be used as the Creator intended

CGE (7) A responsible citizen who gives witness to Catholic social teaching by promoting peace, justice and the sacredness of human life

CGE (7)(d) Promotes the sacredness of life
Fully Alive

Theme 2, Living in Relationship will also provide useful content for teaching about effective communication skills in relationships.

Theme 2, Living in Relationship, Topic 2, The Family

- Be encouraged to value good communication in family relationships
  Lesson 2, TM pp. 41-42, SB pp. 42-45

Resources for teaching chastity should be investigated to promote a sense of self-esteem and respect.

Appendix

Unit 4 Appendix W You’re the Judge – Worksheet
UNIT 4 Growth and Development

Sub-Task #5 Abstinence As A Choice: Making Sexual Decisions

Materials
Photocopy class sets of "Adolescent Sexuality" – booklet of 9 pages

Description
Through a booklet review of Adolescent Sexuality, students will learn to use effective communication skills that will allow them to make proper decisions based upon healthy sexuality.

<table>
<thead>
<tr>
<th>Expectation Code</th>
<th>Learning Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7p11</td>
<td>Use effective communication skills (e.g., refusal skills, active listening) to deal with various relationships and situations</td>
</tr>
<tr>
<td>7p12</td>
<td>Explain the term abstinence as it applies to healthy sexuality</td>
</tr>
</tbody>
</table>

Assessment Opportunities: Suggestions for Assessing Expectations

• Summative Assessment: Pencil and Paper Task – Evaluate the worksheet “Saying No To Sexual Intercourse” (see Appendix X) to determine if students are in possession of effective communication skills to make decisions that apply to healthy sexuality by using a marking scheme.

Teaching/Learning Strategies

1. Review of Adolescent Sexuality
   • Review Sub-Task #4 by having students read and complete page two in the booklet, "Adolescent Sexuality" (see Appendix X). Discussion follows:
     - Why would someone want to be involved in sexual intercourse? (categorizing answers into positive/negative reasons)
     - Whole class compares negative responses with those listed on page three in the booklet, "Adolescent Sexuality" (see Appendix X).
     - The students read together page three, “Some Poor Reasons for Having Sexual Intercourse” in the booklet, “Adolescent Sexuality” and “Reasons Why Many Teens Don’t Have Sexual Intercourse” (page four).

2. Stop, Talk and Say No!
   • Students learn to "STOP, TALK AND SAY NO" to sexual intercourse by setting their own limits. Student read, “Saying No To Sexual Intercourse” page five of the booklet, “Adolescent Sexuality” (see Appendix X). Students read the introduction and go over the points for saying “No” to sexual intercourse. Point out to students that giving a reason does not necessarily mean an in-depth discussion on why they do not want to be involved sexually.
• Student finish the handout, “Say No to Sexual Intercourse” (see Appendix X) by completing their own responses to each statement.
• Collect the handout “Saying No to Sexual Intercourse” (see Appendix X) for assessment.

Notes to Teacher

Showing affection, both physically and non-physically is an important part of a romantic relationship. Physical affection is one way of showing someone we care about them; however, it can be very sexually arousing. For students to make a decision to delay sexual intercourse, they need to be aware of their sexual limits. Explain to students that discussions about setting limits on a sexual relationship need to take place when there is no pressure for sexual intimacy. Strong, honest communications, relationship building (talking and acting in a way that shows you want to keep a good relationship going) and planning provides a foundation to successful romantic relationships.

Ontario Catholic School Graduate Expectations

CGE (6) A caring family member who attends to family, school, parish, and the wider community
CGE 6(b) Recognizes human intimacy and sexuality as God-given gifts, to be used as the Creator intended
CGE (7) A responsible citizen who gives witness to Catholic social teaching by promoting peace, justice and the sacredness of human life
CGE 7(a) Acts morally and legally as a person formed in Catholic traditions

Fully Alive

Theme 2, Living in Relationship will also provide useful content for teaching about effective communication skills in relationships.

Theme 2, Living in Relationship, Topic 2, The Family
• Be encouraged to value good communication in family relationships
  Lesson 2, TM pp. 41-42, SB pp. 42-45

Resources for teaching chastity should be investigated to promote a sense of self-esteem and respect.

Appendix

Unit 4 Appendix X  Adolescent Sexuality – Student Booklet (5 pages)
UNIT 4 Growth and Development

Sub-Task #6 Get the Facts

Materials
Chart Paper and Markers
Teacher prepared activity cards (ensure that each sheet of cards are printed on different coloured paper). Seven sets of each activity card are needed.

Description
Students will identify the methods of transmission and the symptoms of STDs and the ways to prevent them by active discussion and card sorting activities.
- Signs/symptoms
- Prevention
- Consequences
- Where to get information/help

<table>
<thead>
<tr>
<th>Expectation Code</th>
<th>Learning Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7p10</td>
<td>Identify the methods of transmission and the symptoms of sexually transmitted diseases (STDs) and ways to prevent them</td>
</tr>
<tr>
<td>7p13</td>
<td>Identify sources of support with regard to issues related to healthy sexuality (e.g., parents/guardians, doctors)</td>
</tr>
</tbody>
</table>

Assessment Opportunities - Suggestions for Assessing Expectations

Summative Assessment: Performance Task - Students write a newspaper article that has the following information:
- explain the methods of transmission and the symptoms of sexually transmitted diseases and ways to prevent them;
- identifies sources of support with regard to issues related to healthy sexuality;
- uses the Healthy Sexuality Rubric: Assessing Knowledge of STDs and Sources of Support Related to Healthy Sexuality (see Appendix CC).

Teaching/Learning Strategies

1. Sexuality Consequences
- Review with students the consequences of early/unprotected or unplanned sexual activity.
- Discuss the benefits of waiting to be involved sexually:
  - freedom from pregnancy
  - freedom from STDs
  - freedom from assault/harassment
  - avoiding broken heart, rejection
  - no interference with future plans
2. STD Recognition

- The teacher will ask students to name STDs. Be prepared to hear slang or street terms. Group them on blackboard or chart paper according to type of infection (see following information) as students call out the names:
  - Bacterial infections: treatable with antibiotics, can recur if exposed again.
  - Cannot cure a virus, but symptoms can be treated; some can be fatal (HIV and Hepatitis B and C). Hepatitis B is preventable with a vaccine. Hepatitis B vaccine is available for all Grade 7 students.
  - Nuisance diseases are not usually dangerous and can be treated with pills, creams, and lotions.
  - Explain how bacteria, viruses, and nuisance diseases affect the body. Because HIV, Hep B, and C can be fatal, students should be taught more specifically how these viruses attack the immune system. (Refer to AIDS Risk Graphs/Statistics).

3. STD Activity

- Divide students into groups of four and each group will receive both sets of activity cards (see Appendix Y and Z). Students read the first set of cards (Methods of Transmission) (see Appendix Z) and select those that are methods of STD transmission. The group will read the second set of cards (symptoms of STDs) (see Appendix X) and select those which are symptoms of STDs.
- Ask students how they can prevent STDs. Answers:
  - postpone sexual activity;
  - safer sex using latex condoms, “prevents most” but not 100% effective;
  - never share needles for drugs, tattooing, piercing.

4. Sources of Support

- Ask students where to get more information/help, if they think they have an STD.
  - parents
  - physical education/health teacher
  - healthcare professional (family doctor, walk-in-clinic)
  - public health nurse
  - STD Clinic (free clinic at selected Health Units)
  - to stop the spread of infection, partners need to be notified so they can get tested too.
  - If you are not comfortable telling partners, STD nurses at the Health Unit can do that for you without giving out information about you, not even your name.
  - Assign the newspaper article assessment as homework. See Formative Assessment for details.
Notes to Teacher

To promote more open discussion free from peer influence, the teacher may choose to form the groups.

The teacher needs to review “Summary of Sexually Transmitted Diseases” and “Sexually Transmitted Diseases” as follows:

Sexually Transmitted Diseases - Data

AIDS in Ontario
Risk Exposure Categories for Males

- Homosexual/Bisexual (4705) 78.6%
- Blood Transfusion (33) 0.7%
- Homosexual/Bisexual/IDU (164) 4.4%
- Under Invest (188) 3.1%
- No Identifiable Risk (1) 0.3%
- Occupational (1) < 0.1% (positive)
- Hetero - NIR (370) 6.6%
- Under Invest (14) 4.2%
- Child: HIV + Mother (16) 4.2%
- Endemic Area (131) 2.3%
- Blood Transfusion (90) 1.5%
- Homosexual/Bisexual/IDU (64) 4.4%
- No Identifiable Risk (42) 0.7%
- Hetero - NIR (60) 18.1%
- Under Invest (14) 4.2%
- IDU (40) 13.3%
- Occupational (1) 0.3% (positive)
- Child: HIV + Mother (16) 4.2%
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### Summary of Sexually Transmitted Diseases

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<tr>
<th>Disease</th>
<th>Cause</th>
<th>Usual Signs and Symptoms</th>
<th>Transmission</th>
<th>Ir treatment</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>virus (HIV) Human Immuno-deficiency Virus</td>
<td>There may be no outward signs of HIV infection for 8 to 11 years. Symptoms of later HIV infection or AIDS (emerges on which infection(s) is present, e.g.: mono-like illness or persistent (lasting more than two weeks) or unexplained diarrheas, night sweats, fever, night sweats, yeast infections, red-purple skin spots and herpes zoster (shingles). Most infected people develop antibodies to HIV within 12 weeks of infection. A blood test can detect HIV antibodies at 12-14 weeks.</td>
<td>Once infected with HIV, the virus is always present. HIV can spread from one person to another during: • exchange of semen or vaginal fluids ( unprotected sexual intercourse) or blood. • sharing of IV drug “works,” toothbrushes and razors; or • pregnancy, delivery and breastfeeding. The risk of getting HIV infection from a transfusion of blood or blood products is rare since 1985.</td>
<td>There is no vaccine. Combinations of anti-retrovirals and drugs can slow down HIV production in the body and boost the immune system. The level of virus circulating in the blood may no longer be detectable but HIV can still be found in the lymph glands. The drugs can delay the progression of AIDS by several years and enable someone with AIDS to live many years longer. Pregnant women are advised to be tested for HIV. If HIV positive, and HIV medication taken during pregnancy, delivery and given to the baby also, the rate of transmission to the baby is reduced from 30% to 6-8%. Treatment is most effective if started in early HIV stages, and taken as prescribed.</td>
<td>• Drug toxicity or failure to follow recommended therapy. • If immune system weakens, major opportunistic infections (viral, bacterial, or fungal) or rare cancers develop and eventually death will occur.</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>bacteria</td>
<td>• usually appear 2-6 weeks after sex with an infected person. • Often people may have chlamydia but have no signs or symptoms (up to 35% of men and up to 70% of women) • New or different vaginal discharge • Burning feeling when urinating • Pain in abdomen, fever, chills • Pain during sex Male • Watery, milky drip from penis • An itchy feeling inside the penis • A burning feeling when urinating • Pain or swelling of testicles</td>
<td>spread through vaginal, anal and oral intercourse with an infected person.</td>
<td>Infected people and their sexual partners can be cured, with antibiotics prescribed by a doctor: • take all of the medication even if symptoms go away • Doctor may do a follow-up test after you finish medication</td>
<td>• untreated chlamydia can permanently damage the reproductive organs. • mothers can pass the germ to babies and can cause infections in their eyes and ears. • most females have no symptoms, males usually do. If untreated: Female: • develop chronic lower abdominal pain • spread infection to uterus, fallopian tubes, sterility • tubal pregnancy which can rupture and cause serious internal bleeding Male: • sterility due to spread of germ to testicles • testicular pain and swelling.</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Genital Herpes</td>
<td>virus (HSV)</td>
<td>tingling and itching in</td>
<td>spread by direct contact with open sores, usually during sex (vaginal, anal)</td>
<td>no cure - medication may shorten attacks and make them less painful</td>
<td>may be passed from infected mother to baby during childbirth.</td>
</tr>
<tr>
<td></td>
<td>(Herpes Simplex Virus)</td>
<td>initial infection frequently have no symptoms and may not appear for years</td>
<td>may transmit virus when symptoms are not present</td>
<td></td>
<td>members of same virus family may cause fever, blisters or cold sores on mouth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cluster of tiny blisters that may burst and leave painful sores that may last 2-4 weeks</td>
<td>oral sex may also transmit virus</td>
<td></td>
<td>family may cause fever, blisters or cold sores on mouth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fever and headaches with first attack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital Warts</td>
<td>virus (HPV)</td>
<td>skin-to-skin contact with infected person</td>
<td>spread from infected person to someone else during vaginal, anal and oral intercourse.</td>
<td>see a doctor or go to a clinic to be checked - doctor applies medicine or may need surgery to remove internal warts</td>
<td>can be dangerous if not treated.</td>
</tr>
<tr>
<td>(condylomata)</td>
<td>(Human Papilloma Virus)</td>
<td>cannot appear on all, or may appear years after infection. Extremely contagious - most commonly diagnosed viral disease</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>extremely contagious - most commonly diagnosed viral disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>bacteria</td>
<td>white or yellow discharge from genital or anus appear 3-5 days after having sex, pain on urination or defecation. Women may have pelvic pain, especially after their period. Men and women can be without symptoms which may appear 2-10 (up to 30) days after exposure.</td>
<td>spread from infected person to someone else during vaginal, anal and oral intercourse.</td>
<td>infected people and their sexual partners must be tested and treated with antibiotics. The infection may not be cured until all pills are taken. Doctor may do a follow-up test three to seven days after medicine is finished to make sure you are cured.</td>
<td>most females have no symptoms.</td>
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<tr>
<td>Hepatitis B</td>
<td>virus (HBV)</td>
<td>usually appear within 2-6 months after contact; - poor appetite, nausea, vomiting - headache - a general unwell feeling - jaundice (yellowing of eyes and skin) - dark tea-colored urine - light-colored stools</td>
<td>spread through infected blood and body fluids: - during sexual intercourse - sharing needles - from infected mother to her baby during childbirth - sharing body piercing and tattooing instruments - sharing personal items such as toothbrushes, razors, nail files, etc.</td>
<td></td>
<td>may cause sterility and difficulty passing urine.</td>
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</tr>
</tbody>
</table>

**Notes to Teacher continued**

- Genital Herpes: Spread by direct contact with open sores, usually during sex (vaginal, anal). May transmit virus when symptoms are not present. Oral sex may also transmit virus.
- Genital Warts: Spread from infected person to someone else during vaginal, anal and oral intercourse. Extremely contagious - most commonly diagnosed viral disease.
- Gonorrhea: Spread by direct contact with open sores, usually during sex (vaginal, anal). May transmit virus when symptoms are not present. Oral sex may also transmit virus.
- Hepatitis B: Spread through infected blood and body fluids: - during sexual intercourse - sharing needles - from infected mother to her baby during childbirth - sharing body piercing and tattooing instruments - sharing personal items such as toothbrushes, razors, nail files, etc. May cause sterility and difficulty passing urine.
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<td>Hepatitis C</td>
<td>virus (HCV)</td>
<td>Only 25% of those infected have symptoms. Usually appear within 6-8 weeks after contact: • fatigue • loss of appetite • nausea • abdominal pain • jaundice (yellowing of eyes and skin)</td>
<td>HCV is spread by direct contact with infected blood: • sharing needles and drug-related equipment • sharing body piercing and tattooing instruments • sharing toothbrushes, combs, nail files, etc. • needlestick injuries • from infected mother to her infant in utero or during childbirth • sexual transmission is rare but is increased with prolonged exposure to a Hepatitis C positive partner or multiple partners or unprotected sex while menstruating</td>
<td>• reduce or eliminate alcohol, tobacco and illicit drugs</td>
<td>• 90% become chronic carriers even without symptoms • cirrhosis of liver • liver cancer</td>
</tr>
<tr>
<td>Pubic lice</td>
<td>tiny insects (crabs)</td>
<td>• may have no symptoms, but an itch may occur around genitals • mainly itching especially at night, Rub in skin folds, between fingers or on wrists, elbows, abdomen, and around genitals</td>
<td><em>not always sexually transmitted</em></td>
<td>Intimate contact, person to person</td>
<td>• scratching may cause an infection requiring medical treatment • avoid close body contact if you/partner has lice or pubic lice. Tell sex partners and have them get treated.</td>
</tr>
<tr>
<td>Syphilis</td>
<td>bacteria</td>
<td>1st stage: painless, shallow sore (chancre) at site of exposure (genital, anus, lips) 10-90 days after exposure. May disappear but germ remains. 2nd stage: rash or mucous patches (most are highly infectious), sore throat, swollen glands. Appear 4-10 weeks after 1st stage, may recur up to two years or disappear entirely. 3rd stage: puerperal, if untreated, may cause serious problems - heart disease, blindness, paralysis, brain damage, death.</td>
<td>bacteria found in blood spread from infected person during sexual intercourse (oral, vaginal and anal), and from infected mother to her baby, sharing needles and personal hygiene items (see hepatitis B)</td>
<td><em>treated with antibiotics</em></td>
<td>• serious disease that can affect the entire body • you can have it without knowing it • babies born to infected mothers may have birth defects/die</td>
</tr>
<tr>
<td>Trichomonas vaginalis</td>
<td>fungus</td>
<td>vary depending on cause: - abnormal, often foul smelling discharge - itching or pain inside or outside the vagina - redness or swelling on the outside of the vagina - pain during sex or when urinating</td>
<td>transmitted during sexual contact or wet objects (towels, washcloths)</td>
<td>If sexually transmitted, both partners must be treated</td>
<td>men may often have no symptoms and can spread it without knowing. Men may have slight discharge from penis or pain on urination.</td>
</tr>
</tbody>
</table>

### Notes to Teacher continued

- **Hepatitis C**
  - Generally, this condition is transmitted through direct contact with infected blood.
  - It can also be transmitted through sharing needles and drug-related equipment.
  - Other transmission routes include sharing body piercing and tattooing instruments, sharing toothbrushes, combs, nail files, etc.
  - Needlestick injuries can also be a risk.

- **Pubic Lice**
  - These are tiny insects that cause itching, mainly at night.
  - They can be transmitted through intimate contact.
  - Itching is the main symptom, but it can also cause additional symptoms such as sore throat, swollen glands, and pain.

- **Syphilis**
  - Syphilis has three stages: primary, secondary, and tertiary.
  - The primary stage occurs within 10-90 days of infection and is characterized by a painless sore (chancre) at the site of exposure.
  - The secondary stage appears 4-10 weeks after the primary stage and can cause a rash, sore throat, and swollen glands.
  - The tertiary stage can occur years later and can cause serious problems such as heart disease and blindness.

- **Trichomonas vaginalis**
  - This parasite causes vaginal and urinary tract infections.
  - Symptoms can include abnormal discharge, itching, and pain.

- **Transmission**
  - Hepatitis C can be transmitted through direct contact with infected blood.
  - Pubic lice are transmitted through intimate contact.
  - Syphilis is transmitted during sexual contact or via wet objects.
  - Trichomonas vaginalis is transmitted sexually.

- **Treatment and Complications**
  - Hepatitis C: treatment may involve medications to help the body fight the virus.
  - Pubic lice: treatment involves using special creams, lotions, and shampoos.
  - Syphilis: treatment may include antibiotics.
  - Trichomonas vaginalis: treatment typically involves antibiotics.

### Summary

- **Hepatitis C**: Can lead to serious complications if left untreated.
- **Pubic Lice**: Can cause itching and discomfort but is generally not associated with serious health risks.
- **Syphilis**: Can cause serious health problems if untreated, including heart disease, blindness, and paralysis.
- **Trichomonas vaginalis**: Can cause vaginal and urinary tract infections, and is treatable with antibiotics.

---

**Transmission**

- **Hepatitis C**
  - Shared needles and drug-related equipment.
  - Sharing body piercing and tattooing instruments.
  - Sharing toothbrushes, combs, nail files, etc.
  - Needlestick injuries.
  - From infected mother to her infant in utero or during childbirth.
  - Sexual transmission is rare but increased with prolonged exposure to a Hepatitis C positive partner.

- **Pubic Lice**
  - Intimate contact, person to person.

- **Syphilis**
  - Sexual transmission.
  - Skin-to-skin contact, person to person.

- **Trichomonas vaginalis**
  - Sexual transmission.
  - Intimate contact, person to person.

---

**Usual Signs and Symptoms**

- **Hepatitis C**
  - Fatigue.
  - Loss of appetite.
  - Nausea.
  - Abdominal pain.
  - Jaundice.

- **Pubic Lice**
  - Itching.
  - Sore throat.
  - Swollen glands.

- **Syphilis**
  - Rash.
  - Sore throat.
  - Swollen glands.

- **Trichomonas vaginalis**
  - Abnormal, often foul smelling discharge.
  - Itching.
  - Pain during sex or when urinating.

---

**Treatment**

- **Hepatitis C**
  - Medications to help the body fight the virus.

- **Pubic Lice**
  - Special creams, lotions, and shampoos.

- **Syphilis**
  - Antibiotics.

- **Trichomonas vaginalis**
  - Antibiotics.

---

**Notes to Teacher continued**

- **Grade 7 unit 4  1/17/01  8:20 AM  Page 184**
Ontario Catholic School Graduate Expectations

CGE (4) A self-directed, responsible, lifelong learner who develops and demonstrates their God-given potential

CGE 4(a) Demonstrates a confident and positive sense of self and respect for the dignity and welfare of others

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Fully Alive

Theme 2, Living in Relationship will also provide useful content for teaching about effective communication skills in relationships.

Theme 2, Living in Relationship, Topic 2, The Family

- Be encouraged to value good communication in family relationships

Lesson 2, TM pp. 41-42, SB pp. 42-45

Resources for teaching chastity should be investigated to promote a sense of self-esteem and respect.

The Institute for Catholic Education has published AIDS: A Catholic Education Approach to HIV (Human Immunodeficiency Virus) Ontario Catholic School Second Edition Teacher’s Manual. It is essential that this resource be used to give a clear understanding of HIV and sexually transmitted diseases and the Catholic perspective.

Appendices

Unit 4 Appendix Y Symptoms of STDs – Activity Cards
Unit 4 Appendix Z Methods of Transmission (STDs) – Activity Cards
Unit 4 Appendix CC Healthy Sexuality Rubric: Assessing Knowledge of STDs and Sources of Support Related to Healthy Sexuality
UNIT 4 Growth and Development

Sub-Task #7 Looking Ahead

Materials
Blackboard/Chart Paper – a class “Looking Ahead” would be an interesting follow-up to include every student’s goals (see Appendix FF)

Description
Students are challenged to consider how unwanted Sexually Transmitted Diseases can affect their future plans.

<table>
<thead>
<tr>
<th>Expectation Code</th>
<th>Learning Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7p10</td>
<td>Identify the methods of transmission and the symptoms of sexually transmitted diseases (STDs) and ways to prevent them</td>
</tr>
</tbody>
</table>

Assessment Opportunities – Suggestions for Assessing Expectations

- Summative Assessment: Performance Task - Teacher may choose to evaluate “Looking Ahead” (see Appendix BB). This will act as a check to make sure each student is able to explain the term “abstinence” as it applies to healthy sexuality.

Teaching/Learning Strategies

1. Future Goals
- Lead a class discussion of things we like to do and goals for the next six months, year, five years.
- Students list the accomplishments they would like to make this year using the worksheet (see Appendix BB).
- Students rank these plans in order of importance from 1 to 6.
- Students consider how unwanted pregnancy/parenthood or an STD would affect their future plans.

2. Group Discussion
- Organize students into small groups to allow for discussion of student’s plan and responses.

Notes to Teacher

To promote open discussion the teacher may choose the groups.
The teacher needs to review Contraceptive Considerations prior to teaching this Sub-Task.

Teachers can use this resource to clarify certain points. For example, students need to know that the high effectiveness rate of condoms with spermicide is based on studies of adult couples using this method effectively (proper application) and consistently (every act of intercourse).
## Contraceptive Considerations

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Advantages Related to Adolescent Use</th>
<th>Disadvantages</th>
<th>Recommended Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>• 100%</td>
<td>• pregnancy will not occur if close contact between the penis and vagina does not take place. The risk of a number of STDs, including HIV, is reduced if youth do not engage in vaginal, anal, or oral sex.</td>
<td>• if no other contraceptive options are available and used, unplanned sexual intercourse may result in pregnancy or infection with STD, including HIV.</td>
<td>• promote abstinence. Discuss ways to handle peer and partner pressure to engage in sexual activity. • ensure that users understand risks of pregnancy and STD and have access to information and services they request.</td>
</tr>
<tr>
<td>Depo-Provera</td>
<td>• typical effectiveness 99.7%</td>
<td>• for youth who have difficulty remembering to take BDs. • protected from pregnancy immediately after receiving injection.</td>
<td>• does not protect against STDs including HIV. • most common side effect is irregular bleeding which usually subsides after one year of use. • some studies link Depo-Provera to bone loss in women at risk of osteoporosis.</td>
<td>• carefully explaining importance of getting birth control injection on time (mark date on calendar to remember when next injection day). • if wait longer than 3 months, use another reliable form of birth control (latex condoms and spermicides). • first injection of Depo-Provera is given at times to ensure pregnancy not an issue. • not recommended for young women who have not reached full maturation stage (4 years after onset of menarche) due to problems with bone density later in life.</td>
</tr>
<tr>
<td>Norplant</td>
<td>• contraceptive implant</td>
<td>• procedure done by a Physician. • 6 small flexible rods implanted in inner aspect of upper arm, slowly releases hormone over maximum 5 year period.</td>
<td>• a highly convenient method of contraception for users. Long-acting method (5 years) may be an advantage for youth. • a highly effective contraceptive. • does not provide user with any protection from STD, including HIV. However, should decrease the risk of pelvic inflammatory disease (PID). • missed periods or irregular bleeding are common. • access to trained clinicians required for insertion and removal. In some countries, unsubsidized cost is prohibitively high.</td>
<td>• not recommended for young women who have not reached full maturation stage (4 years after onset of menarche) due to problems with bone density later in life. • ensure users are fully counselled about Norplant, have given informed consent before insertion, and have access to providers trained in implant removal. In case discontinuation is desired. • ensure that users understand STD risk and condom use.</td>
</tr>
</tbody>
</table>

### Notes to Teacher continued

*Recommended Practices*

- Promote abstinence. Discuss ways to handle peer and partner pressure to engage in sexual activity.
- Ensure that users understand risks of pregnancy and STD and have access to information and services they request.
- Carefully explaining importance of getting birth control injection on time (mark date on calendar to remember when next injection day).
- If wait longer than 3 months, use another reliable form of birth control (latex condoms and spermicides).
- First injection of Depo-Provera is given at times to ensure pregnancy not an issue.
- Not recommended for young women who have not reached full maturation stage (4 years after onset of menarche) due to problems with bone density later in life.
- Ensure users are fully counselled about Norplant, have given informed consent before insertion, and have access to providers trained in implant removal. In case discontinuation is desired.
- Ensure that users understand STD risk and condom use.
### Contraceptive Considerations

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<th>Advantages Related to Adolescent Use</th>
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</tr>
</thead>
</table>
| Oral Contraceptives, "The Pill"| • typical effectiveness rate 97% can be up to 99.9% if used correctly and consistently every time  
• prevents ovulation        | • pill use does not require male cooperation and is not directly related to intercourse. May be available through multiple sources. Requires a prescription. 
• combined oral contraceptives provide a number of noncontraceptive benefits. One health benefit often of no concern to adolescents is more regular and less painful menstruation. 
• combined oral contraceptives are highly effective in preventing pregnancy. 
• when use is discontinued, return to fertility is often immediate, although it can sometimes be delayed a few months | • oral contraceptives do not provide the user with any significant protection from STIDs, including HIV. 
• youth are less likely than adults to remember to take a pill daily and may sometimes run out of pills before obtaining the next pack. 
• in general use, progestin-only pills have a high rate of breakthrough bleeding, especially when not taken at the same time each day. 
• common side effects include nausea, weight gain and menstrual cycle changes. 
• some medications (i.e., antibiotics) reduce the effectiveness and an additional method such as condom and foam would be needed. | • combined oral contraceptives are recommended as a safe and appropriate contraceptive method for many youth. 
• carefully explain daily use of pills and what to do if pills are missed. 
• address miscontraception myths that may arise regarding infertility, cancer risk, weight gain and other issues related to pill use with accurate and appropriate information. 
• progestin-only pills are generally not recommended for adolescents (with the exception of breastfeeding women who may want to use a progestin-only method) due to their lower use effectiveness rates. 
• ensure that users understand STD risk and condom use. |
| Latex (male condoms)           | • 88% (without spermicide) 
• up to 97% (with spermicide) (if used correctly and consistently every time) 
• create barrier and provide back up protection by using contraceptive foam with a condom | • the only method demonstrated to help protect against HIV infection and many other STIDs. May also be used during anal, or oral sex (lubricated without spermicide) 
• well-suited for sporadic or infrequent use (as well as for frequent use) can be supplied by either partner 
• available at low cost through multiple sources, including pharmacies and shops and thus are more accessible than other methods | • requires high motivation to use consistently and correctly; pregnancy rates tend to be higher than with hormonal methods (due in part to occasional condom breakage). Risk of HIV and other STID still present, though greatly reduced (except HPV which can only be prevented through abstinence) 
• use directly related to intercourse; may be perceived as inconvenient or as interfering with sexual pleasure | • discuss and demonstrate correct use of condoms to all youth. 
• must be stored away from heat and sunlight. 
• use water-based lubricant only. 
• encourage youth using other contraceptive methods to use condoms for STD/HIV protection, particularly in high-risk situations. 
• explain carefully that use of condoms will help reduce, not eliminate, the risk of STD transmission. 
• explain that some novelty condoms do not provide protection against STIDs, HIV and pregnancy. |

**Notes to Teacher continued**
## Contraceptive Considerations

<table>
<thead>
<tr>
<th>Method</th>
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<th>Advantages Related to Adolescent Use</th>
<th>Disadvantages</th>
<th>Recommended Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Barrier Methods:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Spermicidal foams, jelly</td>
<td>Typical effectiveness rate: 79%</td>
<td>- Offer at least some protection against STDs (some more than others)</td>
<td>- Require high levels of motivation to use consistently and correctly, actual pregnancy rates tend to be higher than with hormonal methods</td>
<td>- Discuss with young women whether they are comfortable using these methods and are using them consistently</td>
</tr>
<tr>
<td>b) Diaphragm and spermicidal jelly</td>
<td>Typical effectiveness rate: 80%</td>
<td>- Well-suited for sporadic or infrequent use (as well as for frequent use)</td>
<td>- Use related to intercourse (some more directly than others) may be perceived as inconvenient or as interfering with sexual pleasure</td>
<td>- Discuss combined use with male condoms. Use of spermicides with barrier methods may cause women to stop using contraception, or use it inconsistently</td>
</tr>
<tr>
<td>c) Cervical cap and spermicidal jelly</td>
<td>Typical effectiveness rate: 74 to 79%</td>
<td>- All create barriers between sperm and ovum</td>
<td>- Supplies may be difficult to keep private</td>
<td>- Ensure that users understand STD risk and condom use</td>
</tr>
<tr>
<td>d) Female condom</td>
<td>- All create barriers between sperm and ovum</td>
<td>- Physical barrier around cervix preventing passage of sperm</td>
<td>- Require touching of genitalia for insertion, which some young women may find uncomfortable</td>
<td>- IUDs are not generally recommended for adolescents who have not had children or those with multiple partners. Health workers should discuss IUDs as a contraceptive option with adolescents who have children and have low risk of STDs (that is, are in stable, mutually faithful sexual relationships)</td>
</tr>
<tr>
<td>e) Vaginal sponge</td>
<td>- All create barriers between sperm and ovum</td>
<td>- Physical barrier around cervix preventing passage of sperm</td>
<td>- Require touching of genitalia for insertion, which some young women may find uncomfortable</td>
<td>- Ensure users are fully counselled about IUDs and STDs</td>
</tr>
</tbody>
</table>

### Notes to Teacher continued

**Contraceptive Considerations**

- Offer at least some protection against STDs (some more than others)
- Well-suited for sporadic or infrequent use (as well as for frequent use)
- All create barriers between sperm and ovum
- Physical barrier around cervix preventing passage of sperm
- Require high levels of motivation to use consistently and correctly, actual pregnancy rates tend to be higher than with hormonal methods
- Use related to intercourse (some more directly than others) may be perceived as inconvenient or as interfering with sexual pleasure
- Supplies may be difficult to keep private
- Require touching of genitalia for insertion, which some young women may find uncomfortable
- Physical barrier around cervix preventing passage of sperm
- Require touching of genitalia for insertion, which some young women may find uncomfortable
- Small risk of infection at time of insertion even if an STD is not present
- Expulsion and complication rates are higher among younger women who have not borne children
- May notice increased bleeding and cramping at period
- Discuss with young women whether they are comfortable using these methods and are using them consistently
- Discuss combined use with male condoms. Use of spermicides with barrier methods may cause women to stop using contraception, or use it inconsistently
- Ensure that users understand STD risk and condom use
- IUDs are not generally recommended for adolescents who have not had children or those with multiple partners. Health workers should discuss IUDs as a contraceptive option with adolescents who have children and have low risk of STDs (that is, are in stable, mutually faithful sexual relationships)
- Ensure users are fully counselled about IUDs and STDs
**Notes to Teacher continued**

**Contraceptive Considerations**

<table>
<thead>
<tr>
<th>Method</th>
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<th>Advantages Related to Adolescent Use</th>
<th>Disadvantages</th>
<th>Recommended Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Contraceptive Pill</strong></td>
<td></td>
<td>• for young women who have had unprotected intercourse, emergency post-coital contraception may prevent an unintended pregnancy</td>
<td>• must be prescribed by a doctor or a sexual Health Clinic from nurse practitioners</td>
<td>• for young women wanting to avoid a pregnancy, unprotected intercourse is an indication for use of emergency post-coital contraception. Disseminate information so that youth know about emergency contraception and where it is available.</td>
</tr>
<tr>
<td><strong>(ECP)</strong></td>
<td></td>
<td>• can be used after unplanned or forced sex, a torn condom or forgotten pill</td>
<td>• may experience nausea</td>
<td></td>
</tr>
<tr>
<td><strong>Temporary insertion of IUD</strong></td>
<td></td>
<td>• for women who want to and are able to consider use of an IUD, a copper IUD can serve as an ongoing contraceptive in addition to being an emergency contraceptive option</td>
<td>• no information</td>
<td></td>
</tr>
<tr>
<td><strong>(not commonly used)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization</td>
<td></td>
<td>• reliable when permanent contraception is desired and pregnancy not advisable for health reasons</td>
<td>• a permanent procedure which is not easily reversible</td>
<td>• STERILIZATION SHOULD NOT BE PROMOTED AS A CONTRACEPTIVE METHOD FOR YOUTH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• the high probability that youth – especially those without children – would experience later regret makes contraceptive sterilization an inappropriate method for most young people</td>
<td></td>
</tr>
<tr>
<td>female sterilization (tubal ligation)</td>
<td></td>
<td>• typical effectiveness rate: 99.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>male sterilization (vasectomy)</td>
<td></td>
<td>• typical effectiveness rate: 99.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Advantages Related to Adolescent Use**

- For young women who have had unprotected intercourse, emergency post-coital contraception may prevent an unintended pregnancy.
- Can be used after unplanned or forced sex, a torn condom or forgotten pill.
- For women who want to and are able to consider use of an IUD, a copper IUD can serve as an ongoing contraceptive in addition to being an emergency contraceptive option.
- Reliable when permanent contraception is desired and pregnancy not advisable for health reasons.
- A permanent procedure which is not easily reversible.
- The high probability that youth – especially those without children – would experience later regret makes contraceptive sterilization an inappropriate method for most young people.

**Recommended Practices**

- For young women wanting to avoid a pregnancy, unprotected intercourse is an indication for use of emergency post-coital contraception. Disseminate information so that youth know about emergency contraception and where it is available.
- Emergency contraception is NOT AS AN ONGOING METHOD.
- During counselling about contraception methods, discuss emergency contraception as a back-up option in the case of unprotected intercourse or method failure such as condom breakage.
- Counsel users about ongoing contraceptive use at the time emergency contraception is administered.
- Sterilization should not be promoted as a contraceptive method for youth.
- In some very special cases, contraceptive sterilization may be considered as an option, but only after comprehensive counselling and fully informed consent.
Notes to Teacher continued

Contraceptive Considerations

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<tr>
<th>Method</th>
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<th>Advantages Related to Adolescent Use</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Unreliable Contraception</td>
<td></td>
<td>• requires certain conditions in order to be effective. Can be unreliable if these specific conditions are not met</td>
<td>• none of these methods protect against STDs, including HIV</td>
<td>• WOMEN CAN OVARULATE AT ANY TIME THEREFORE NOT RELIABLE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 20 - 70% (more effective when used to PLAN a pregnancy)</td>
<td>• compared to modern methods, withdrawal and rhythm method typically have much higher pregnancy rates, particularly among youth</td>
<td>• in general, rhythm or withdrawal are not recommended for adolescent use as a sole contraceptive method due to high pregnancy rates. Youth committed to using these methods need to understand the methods need to understand the risks of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• unreliable</td>
<td>• natural family planning methods are more effective in planning for a pregnancy than preventing pregnancy</td>
<td>• ensure that youth understand STD risk and condom use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• douching</td>
<td>• douching may actually increase chances of fertilization and STD transmission</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• lactational amenorrhea method, or breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• natural family planning methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• withdrawal (cervix interrupts)</td>
<td></td>
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</tr>
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**Appendices**

- Unit 4 Appendix BB  Looking Ahead – Goal Sheet
- Unit 4 Appendix CC  Healthy Sexuality Rubric: Assessing Knowledge of STDs and Sources of Support Related to Healthy Sexuality
UNIT 4 Growth and Development

Question Box Guidelines

1.0 Purpose:
1.1 allows students to maintain anonymity
1.2 allows teacher time to prepare answers for students’ questions

2.0 Materials and Preparation:
2.1 empty box (e.g. tissue box, shoe box)
2.2 to ensure confidentiality, create a box with a small slot so students cannot reach in and remove questions

3.0 Guidelines for Use:
3.1 Explain how to use the question box.
3.2 Distribute blank pieces of paper for questions/comments that students will submit at the end of the lesson. (All students hand in their piece of paper at the end of the lesson to ensure anonymity. Students may submit a blank paper if they do not have a question.)
3.3 Read all questions beforehand to determine which questions you will answer. Screen questions to determine if students are at risk and refer concerns to principal.
3.4 Attempt to organize questions in a logical sequence according to topic.
3.5 Make an effort to answer all questions.

4.0 Student Rules for Use of the Question Box:
4.1 All questions are valid and welcome. However, you will have to make the final decision as to the appropriateness of each question for total class discussion. Clarify that it is not a “bad” question but that you feel that it may not be of interest to all students or that you are not prepared to lead a class discussion around that issue. Have students see you at the end of class to answer the question privately.
4.2 Remind students not to discuss personal behaviour during the class. Refer students to parents/clergy for discussion of moral/religious questions.
4.3 When writing the questions, encourage students to use correct terminology. If they do not know the proper word, have them use the term with which they are familiar.
The Female Anatomy/Reproductive System

**Clitoris**
A highly sensitive organ above the urinary opening, which may provide pleasure and orgasm to females when stimulated.

**Prepuce**
(A fold of skin covering the clitoris.)

**Mons**
A fleshy pad of tissue which is covered with pubic hair.

**Labia majora**
(Outer labia)
Two folds of skin covered with pubic hair.

**Labia minora**
(Inner labia)
Two smaller folds of skin which meet just above the clitoris.

**Urinary opening**
The opening for urine.

**Vaginal opening**
The opening to the vagina.

**Hymen**
A thin membrane which partially covers the vagina.

**Vagina**
A muscular tube which expands to fit the penis during intercourse or a baby during birth.

**Cervix**
The narrow inner end of the vagina, which leads to the uterus.

**Uterus**
Pear-shaped organ which nourishes and holds a developing fetus. It prepares for a pregnancy each month by forming a blood and tissue lining.

**Ovary**
Two female reproductive glands, one on each side of the uterus that contain egg cells and produce the female hormone (estrogen) which causes body and mood changes.

**Fallopian tubes**
Tubes leading from the top of the uterus, with finger-like projections that surround an ovary.
Female Reproductive Organs

Label the diagram and explain the function of each reproductive organ:

<table>
<thead>
<tr>
<th>Ovaries</th>
<th>Uterus</th>
<th>Labia</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Vagina</td>
<td>Cervix</td>
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Female Genitalia and Reproductive System

- Mons
- Prepuce
- Clitoris
- Hymen
- Vaginal Opening
- Labia Majora
- Labia Minora
- Urinary Opening
- Anus
Female Breast Internal Structure

- fat tissue
- milk duct
- areola
- nipple
- alveoli
- lobe
- pectoral muscle
Male Reproductive Organs

Label the diagram and explain the function of each reproductive organ:

Seminal Vesicles |
Testes |
Bladder |
Anus |
Vas deferens |
Scrotum |
Semen |
Prostate Gland |
Cowpers Gland |
Penis |
Sperm |
Epididymis |
Urethra |
Erect |
Flaccid
Label the diagram and explain the function of each reproductive organ:

6. Seminal Vesicles  
4. Testes  
10. Semen  

2. Bladder  
5. Anus  
7. Prostate Gland  

1. Vas deferens  
15. Scrotum  
14. Cowpers Gland  

3. Penis  
13. Sperm  
12. Flaccid  
11. Erect  
9. Urethra  
8. Epididymis
The Male Genitalia and Reproductive System

Bladder
Vas deferens
Prostate gland
Urethra
Testicle
Penis

ADULT MALE
Circumcised – the foreskin is removed

ADULT MALE
Uncircumcised – the foreskin is not removed

Circumcised
Uncircumcised

(Foreskin pulls back to expose the head of the penis during an erection)
The Male Anatomy/Reproductive System

**Glans**
The head of the penis

**Scrotum**
The sac of skin which holds the testicles

**Prepuce**
The skin covering the head of the penis. May be removed surgically – circumcision

**Penis**
It is a spongy, muscular organ that becomes enlarged and erect when sexually aroused. It varies in size

**Urethra**
The tube through which urine and semen leave the body

**Testicles (testes)**
The male sex glands which produce sperm and testosterone (male hormone)

**Epididymis**
A sac of tubes on the surface of each testicle which stores and transports sperm to the vas deferens

**Vas deferens**
A tube which carries sperm from each testicle to the prostate, cowper's glands, seminal vesicles and the urethra

**Seminal vesicles**
Pair of glands which add a nourishing fluid to the sperm.

**Prostate gland**
Produces a milky fluid which forms part of the semen.

**Cowper's glands**
Pair of glands which produce a clear, sticky fluid that appears at the tip of the penis during sexual excitement.

**Bladder**
A bag-shaped organ which holds the urine until it is discharged.
Fact or Myth

Circle all that are fact (true).

1. Fertilization takes place in the uterus.
2. You cannot go swimming if you have your period.
3. All girls have cramps when they get their period.
4. Males only have erections when they are thinking about sex.
5. Sperm have to be kept at a temperature that is lower than body temperature to survive.
6. Boys can tell when a girl has her period.
7. Smoking may affect the ability to achieve an erection.
8. Fertilization is the union of the sperm and the ovary.
9. You should bathe or shower everyday after the start of puberty.
10. All females are more emotional during their period.
11. Males are born with immature sperm in their testes.
12. After puberty, a male continues to produce sperm throughout the rest of his life.
13. Fertilization can only occur right after intercourse.
14. Drinking alcohol and smoking has no effect on sperm.
15. Breast or penis size does not affect function.
Puberty is the term used to describe the changes that your body begins to experience between the ages of 10 and 17. Some people will experience these changes at an earlier or a later age. These changes include physical growth, the development of pubic hair and in females, getting a period.

Puberty is controlled by hormones, estrogen and progesterone in females and testosterone in males. Hormones are chemical messengers inside the body that cause changes externally and internally.

The eggs are produced in the ovaries. A female is born with two ovaries that contain approximately 1-2 million egg cells. By puberty, the two ovaries contain about 400,000 immature egg cells. Ovulation is the word used to describe when a mature egg (ovum) is released and enters one of the two fallopian tubes. For a few days the egg cell travels toward the pear-shaped uterus. The lining of the uterus (endometrium) thickens in preparation for a fertilized egg.

If the egg has not been fertilized by a sperm cell it will leave the body together with the lining of the uterus and a small amount of blood. This process is called menstruation. The length of time from the beginning of one menstrual cycle to the beginning of the next cycle is, on average, twenty-eight days. The menstrual cycle begins on the first day of a girl’s period. Often, when a female gets her period, she experiences feelings of discomfort, such as cramping. These feelings will vary from person to person and may be alleviated by mild exercise, a hot water bottle, a warm bath, a heating pad. Talk to your doctor about medication if cramps really bother you.

During intercourse, sperm are ejaculated into the vagina. Sperm travel through the cervix into the uterus and up to the fallopian tubes. Many sperm cells may meet the egg, however, only one sperm cell will penetrate the egg’s surface. This process is called fertilization. The embryo (sperm and egg cell joined together) makes its way through the fallopian tube towards the uterus. The embryo then embeds itself deep into the endometrium (lining of the uterus) in a process called implantation.

If the embryo successfully implants, then the menstruation does not occur and the female misses her period. This is, perhaps, the first sign that she is pregnant. Pregnancy is measured from the first day of the last menstrual period. When a fetus is at term (fully grown) forty weeks have passed since that day (10 months, not nine!).

Cycle of Life – Answer Sheet

Puberty is the term used to describe the changes that your body begins to experience between the ages of 10 and 17. Some people will experience these changes at an earlier or a later age. These changes include physical growth, the development of pubic hair and in females, getting a period.

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Cycle of Life

_____ is the term used to describe the changes that your body begins to experience between the ages of 10 and 17. People will experience these changes at an earlier or a later age. These changes include physical growth, the development of pubic hair and in females, getting a period.

Puberty is controlled by hormones, ___________ and ___________ in females and testosterone in males. Hormones are chemical messengers inside the body that cause changes externally and internally.

The _____ are produced in the _________. ___________ is the word used to describe when a mature egg (ovum) is released and enters one of the two __________ ___. For a few days, the egg cell travels toward the pear-shaped ________. The lining of the uterus (endometrium) thickens in preparation for a fertilized egg.

If the egg has not been fertilized by a _____ cell, it will leave the body together with the lining of the uterus and a small amount of blood. This process is called ___________. The length of time from the beginning of one menstrual cycle to the beginning of the next cycle is on average, twenty-eight days. Often, when a female gets her period, she experiences feelings of discomfort, such as cramping. These feelings will vary from person to person and may be alleviated by mild exercise.

During intercourse, when the penis is inserted into the vagina, sperm are ejaculated into the vagina. Sperm travel through the cervix into the uterus and up to the fallopian tubes. Many sperm cells may meet the egg, however, only one sperm cell will penetrate the egg’s surface. This process is called ___________. The ________ (sperm and egg cell joined together) makes its way through the fallopian tube towards the uterus. The embryo then embeds itself deep into the _____________ (lining of the uterus) in a process called _____________.

If the embryo successfully implants, then the menstruation does not occur and the female ________ her period. This is the first sign that she is ___________. Pregnancy is measured from the ____ day of the last menstrual period. When a baby is at term (fully grown) forty weeks have passed since that day.
The Menstrual Cycle

Ovulation – a mature egg is released from the ovary

Menstruation – lining of uterus is not needed and is shed. About 2 to 4 ounces of blood and tissue are released through the cervix and vagina.

Egg travels down the fallopian tube, and survives for about 12 to 24 hours.

Egg is not fertilized by a sperm and begins to dissolve.

Lining continues to thicken.

Lining of the uterus grows rich with blood.
The Process of Fertilization

- **Fertilization**: The process where a sperm and an egg combine to form a single cell.
- **Egg**: The female reproductive cell.
- **Sperm**: The male reproductive cell.
- **Implantation**: The stage when the embryo植入 uterine lining.
- **Endometrium**: The lining of the uterus.
- **Ovary**: The organ that produces eggs and hormones.
- **Fallopian tube**: The tube that transports eggs from the ovary to the uterus.
- **Uterus**: The organ that provides a place for the embryo to develop.
- **Embryo**: The developing organism after fertilization.
Reproductive Systems and Their Role in Fertilization

1. Explain what is meant by “fertilization”

_______________________________________________________________________________

_______________________________________________________________________________

2. Using the chart below, list the male reproductive system parts that are involved in fertilization and how each relates to fertilization.

<table>
<thead>
<tr>
<th>Male Part</th>
<th>How Each Part Relates to Fertilization</th>
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<td></td>
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</table>

3. Using the chart below, list the female reproductive system parts that are involved in fertilization and how each relates to fertilization.

<table>
<thead>
<tr>
<th>Female Part</th>
<th>How Each Part Relates to Fertilization</th>
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UNIT 4 Growth and Development

Reproductive Systems and Their Role in Fertilization

Answer Key

Note: This activity meets the curriculum expectation, "explain the male and female reproductive systems as they relate to fertilization."

1. The ripened egg/ovum meets with the sperm cell. This usually occurs in the fallopian tube.

2. | Male Part | How Each Part Relates to Fertilization |
---|---|---|
| sperm | male sex cell joins with egg (female) |
| testes | produces sperm |

3. | Female Part | How Each Part Relates to Fertilization |
---|---|---|
| egg (ovum) | female sex cell joins with sperm (male) |
| ovary | produces, ripens, releases egg (ovum) |
| fallopian tube | place where fertilization usually occurs |
Opinion or Fact

Definitions:

FACT
A fact is a true thing, a truth.

OPINION
A belief not based on certainty but on what seems probable – an evaluation.

Print O for opinion.
Print F for fact.

1. Boys can’t cook as well as girls. _____
2. Puberty is a stage of life. _____
3. Boys like girls who are thin. _____
4. Girls like boys who have muscles. _____
5. Everyone’s rate of growth is different. _____
6. It’s important to date only popular kids. _____
7. At puberty you begin to get new ideas and feelings. _____
8. There’s something wrong with you if you don’t like parties. _____
Problems?  Who Can Help?

If I had a problem, I could talk to

Family ___________________________________________________________
Friend ___________________________________________________________
Other ___________________________________________________________

If I needed help on the way home or I got scared, I could go to

______________________________________________________________________________

If I was home alone and needed help I could

______________________________________________________________________________

There are other people who can help

School nurse _____________________________________________________
Teacher __________________________________________________________
Principal _________________________________________________________
Other ___________________________________________________________

Or I could phone

Kids Help Phone 1-800-668-6868 ___________________________________
The Children’s Aid ________________________________________________
Police ___________________________________________________________

Note: A child should only contact the Children’s Aid when referring to issues of abuse, neglect or they are homeless.
Looking At Myself

Trace the outline of your hand in the space below. Number your fingers from one to five starting with your little figure as number one. Answer the questions by putting your response in each of your five fingers.

1. Identify one characteristic about yourself that makes you feel proud.
2. Identify your best physical characteristic.
3. Identify your strongest positive personality trait.
4. Identify one thing you would like to change or improve about yourself.
5. Who could you turn to if you needed help?

Looking At Myself

1. Write two words that people could use to describe you in a positive way.
   i.e. trustworthy, honest, self reliant.

   _______________________________                    _______________________________

2. My favourite pastime when school is over is to _________________________
Ways To Develop A Friendship

1. Tell the person you enjoy their company.
2. Start conversations about person’s interest.
3. Talk on the telephone.
4. Talk quietly together.
5. Give each other smiles.
6. Help person when they need assistance.
7. ___________________________________________________________________
8. ___________________________________________________________________
9. ___________________________________________________________________

**Question** – Can you think of two or three more suggestions that shows the person you are interested in them?
Friendships

Complete each statement and state why you answered the way you did.

1. I like a friend to be _____________________________________________
   ___________________________________________________________________
   because ____________________________________________________________
   ___________________________________________________________________

2. I think most boys like a friend to be ______________________________
   ___________________________________________________________________
   because ____________________________________________________________
   ___________________________________________________________________

3. I think most girls like a friend to be ______________________________
   ___________________________________________________________________
   because ____________________________________________________________
   ___________________________________________________________________

4. When I like someone as a friend, I show them by __________________
   ___________________________________________________________________
   because ____________________________________________________________
   ___________________________________________________________________
You're the Judge!

Indicate whether these behaviours are appropriate (A) or inappropriate (I) forms of affection to show a special friend.

1. Ask a friend to dance  A  I
2. Hug and hold hands at a party  A  I
3. Kiss in the school hallway  A  I
4. Write a graffiti message in the washroom  A  I
5. Confide a private feeling  A  I
6. Be alone together without parent supervision  A  I
7. Punch someone in the arm  A  I
8. Call someone a bad word  A  I
9. Talk about sex  A  I
10. Lie on each other, under a tree in the schoolyard  A  I
11. Lie on each other while watching T.V.  A  I
Adolescent Sexuality

"OK, everyone in this house please stand advised that I have this date made a complete fool of myself in Health class by repeating elaborate stories concerning storks told to me by certain parties residing herein."
Deciding about Sexual Relationships

Deciding whether or not to have a sexual relationship is never easy. You may decide that you don’t want to have sex until you are married or involved in a very serious relationship. You may decide to wait until you are older, or you may feel that you just don’t want to have sexual relationships right now. Most teenagers do decide to wait – and it’s important to remember that there is nothing wrong with saying no.

List two reasons why you think teenagers choose to have sex.
1.__________________________________
2.__________________________________

List three things people need to think about before they have sex.
1.__________________________________
2.__________________________________
3.__________________________________

What could you do as a dating couple to make sure you did not have to deal with a pregnancy?
1._____________________________________________________________________________
2._____________________________________________________________________________

You will have to decide which reasons might make it the right time for you to begin having a sexual relationship. No one but you can make that decision. But, before you make a decision, be sure to talk to someone you trust and feel comfortable with. You may want to talk to your parents, or to a teacher or ________________________.
Some Poor Reasons for Having Sexual Intercourse

- Curiosity
- To show that you really love the other person
- Too embarrassed to say “STOP”
- To feel loved
- To be more popular
- To rebel
- I was drunk! (or stoned)
- To feel independent
- To improve the relationship
- To go along with what others seem to be doing
- To prove that you’re a woman or that you’re macho
- To prove that you’re good at sex
- To prove that you are grown up
Reasons Why Many Teens Don't Have Intercourse

1. Practice abstinence for religious reasons and personal moral beliefs.

2. Abstinence can be a sign of emotional maturing and integrity.

3. Reduces the risk of sexually transmitted disease.

4. The only method of birth control that is 100% effective.

5. Shows that they can withstand peer pressure.

6. Avoid upsetting parents.

7. Allows the relationship to build and grow closer in non-sexual ways.

8. In some ways, postponing is a test of love.

9. Allows people to explore a wider range of ways to express love and sexual feelings.
Saying no to Sexual Intercourse

Sometimes you find yourself in a situation that’s getting out of hand. Perhaps it happens when you’re kissing and your partner’s hands are around your shoulders and neck and then, all of a sudden, they’re wandering down your body. You want to stop. You don’t want things to go any farther. Well, how do you say “no” without hurting your partner’s feelings? How do you say “no” without making your partner stop liking you and spreading rumours about you? How do you say “no” so that your partner knows you mean it?

Give a reason for your refusal.
“I do not want to risk my future relationships. I don’t know if you’re in my future.”

________________________________________________________

Use your behaviour to reinforce what you mean.
a) Look directly at the person.
b) _____________________________________________________
c) _____________________________________________________

Show you care about the person.
“I like you and I hope we can continue seeing each other.”

________________________________________________________

Don’t just keep doing the same thing!
a) Date with other couples.
b) _____________________________________________________
c) _____________________________________________________

Take definite action.

If pressure persists, tell the person you do not want to continue the relationship.
Symptoms of STDs

- mosquitoes
- sharing clothing
- itching
- burning with urination
- sore arm
- blisters/open sores
- lumps/bumps
- headache
- penile discharge
- no symptoms
- unusual vaginal discharge
- bleeding between menstrual periods
Symptoms of STDs

- lower abdominal pain (females)
- chest pain
- fainting
- toothache
- vomiting
- rapid heartbeat
- blurred vision
- indigestion
- shortness of breath
- seizures
Methods of Transmission

- sex (oral/vaginal/anal)
- hugging
- sharing needles
- kissing
- contaminated instruments for body piercing or tattooing
- drinking from a water fountain
- genital skin-to-skin contact
- shaking hands
- sharing forks, knives, etc.
- contact with animals
- sharing lip balm
- sitting on toilets
Looking Ahead

Record six (6) things you would like to do or accomplish this year.

•

•

•

•

•

•
Looking Ahead

Now rank your goals in order of importance from #1 to #6.
Consider how unwanted pregnancy/parenthood or STD would affect your plans.

<table>
<thead>
<tr>
<th>Goals (from Looking Ahead)</th>
<th>How would pregnancy/parenthood or STD affect your plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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</tr>
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<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
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</tbody>
</table>
Healthy Sexuality Rubric: Assessing Knowledge of STDs and Sources of Support Related to Healthy Sexuality

<table>
<thead>
<tr>
<th>Achievement Level/ Categories</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of Required Knowledge</td>
<td>Makes many errors or omissions when communicating knowledge of methods of transmission, symptoms and ways to prevent STDs.</td>
<td>Communicates with some clarity, makes some errors or omissions, knowledge of methods of transmission, symptoms and ways to prevent STDs.</td>
<td>Communicates clearly, making few errors or omissions, knowledge of methods of transmission, symptoms and ways to prevent STDs.</td>
<td>Communicates clearly and precisely, making no errors or omissions, knowledge of methods of transmission, symptoms and ways to prevent STDs.</td>
</tr>
<tr>
<td>Sources of Support Related to Healthy Sexuality</td>
<td>Able to identify few of the sources of support related to Healthy Sexuality with major errors or omissions</td>
<td>Able to identify some of the sources of support related to Healthy Sexuality with several minor errors or omissions</td>
<td>Able to identify most of the sources of support related to Healthy Sexuality with few minor errors or omissions</td>
<td>Able to identify all or almost all of the sources of support related to Healthy Sexuality with practically no errors or omissions</td>
</tr>
</tbody>
</table>