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Health Education Curriculum

Grade 8

New  Brunswick

**Department of Education
Educational Programs & Services Branch**

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Please Note

The Health Education Curriculum Grade 8 document developed by the Educational Programs & Services Branch of the Department of Education is intended for use by the teachers who will be delivering the health curriculum in their school.

The expectation of the curriculum is that students will achieve the Outcomes as detailed in the curriculum document.

The *Learning and Teaching Suggestions*, and *Appendices* that support the Outcomes, provide options from which the teacher may select. As with delivery of all provincial curricula, teachers will exercise professional judgement in the selection of learning activities and tailor them to the needs of their students. The appendices will be selected and used in a manner the teacher deems appropriate for his/her class and community.

This document is not a text book for use by students. It is a document that teachers are expected to use to guide the delivery of the Middle School Health Education Curriculum.

ACKNOWLEDGMENTS

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VISION FOR HEALTH EDUCATION

"Students will leave public education both understanding and practising wellness, by making wise lifestyle choices which contribute to the development of not only a healthy, caring individual but also to the community."

(From "Desired Outcomes for Health Education in NB Schools,"
developed by the Health Foundation Group, 1997)

RATIONALE

As family structures continue to change, health and social delivery systems need to adopt new roles. "While schools alone cannot be expected to address the health and related social problems of youth, they can provide, through their climate and curriculum, a focal point for efforts to reduce health-risk behaviours and improve the health status of youth." ("Health Is Academic," 1996, p. 9)

This curriculum contributes to fostering improved health, recognizing that there are many factors that promote health at every stage of a child's development. Every child should be encouraged to maximize his/her health.

Healthy children are more productive and capable students. Positive health habits adopted early in life decrease the risk of disease among adults. While there are many children with positive health profiles in New Brunswick, there are also significant health concerns.

INTRODUCTION

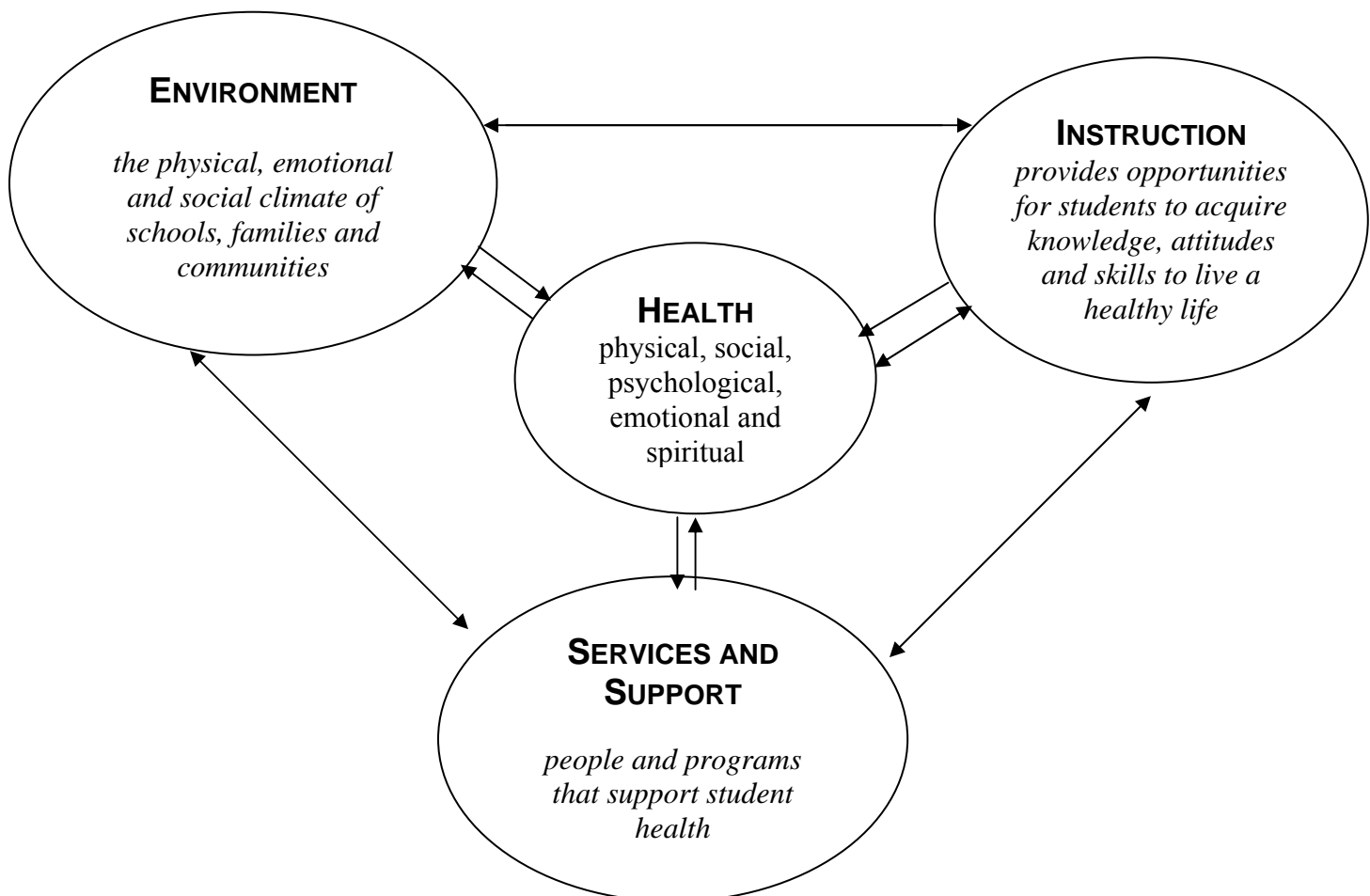
Purpose of the Document

During the 1996-97 school year, the Department of Education convened a group representing many different sectors. This group designed a foundation for Health Education in English schools; this health curriculum document has been based on this foundation. The New Brunswick Department of Education collaborated with the University of New Brunswick to conduct parallel surveys of teachers, parents, middle school students and high school students concerning their ideas about sexual health education. The survey results are available at www.gnb.ca/0000/pub_alpha-e.asp under the titles *New Brunswick Parents' Ideas About Sexual Health Education*, *New Brunswick Students' Ideas About Sexual Health Education* and *New Brunswick Teachers' Ideas About Sexual Health Education*.

This document gives detailed information about the curriculum for Health Education in New Brunswick schools: outcomes for knowledge, skills and attitudes; suggestions for learning and assessment activities, and resources. It is expected that students will have the opportunity to reach learning outcomes for health at each level between grades six and eight.

Comprehensive School Health (CSH)

This document is intended to support the implementation of the Comprehensive School Health model in the public schools of New Brunswick. CSH is an integrated approach to health that incorporates instruction, services and supports, and the school environment. This model extends curriculum further than has traditionally been the case. Students are expected to fully meet their individual potential, contribute to community and pursue wellness. They will acquire knowledge, skill development, and the development of attitudes and behaviours that are supported by activities and services within the schools and their communities. This curriculum is developed in recognition that health is a shared responsibility among individuals, families, schools and communities.



Curriculum Focus

There are many factors that promote health at every stage of a child's development. The following four strands in this curriculum were chosen to represent and to organize diverse factors.

- Caring for Yourself, Your Family and Your Community
- Personal Wellness
- Use, Misuse and Abuse of Materials (emphasizing Media Literacy)
- Physical Growth and Development

Throughout the curriculum students are encouraged to be positive and proactive in maintaining a physical, emotional, and psychological well-being. These strands allow students to consider their development both at a personal level and within the context of their communities.

As with the Comprehensive and Developmental Guidance Program, it is important to provide each student with the skills to analyse a set of circumstances and plan a course of action to achieve a goal. It is impossible to study every potential circumstance in which students may find themselves, but it is essential to provide students with the tools to make healthy choices. It is desirable for a student to appreciate conditions, plan action, determine possible consequences and make a decision with respect to a given health issue.

Research indicates that individuals build improved conceptual understanding by blending new knowledge with prior knowledge and experience. Understanding and decision-making skills are improved when study takes place in a meaningful context.

This curriculum is intended to be taught in an inclusive co-educational setting; however, in certain situations flexible grouping options may be considered.

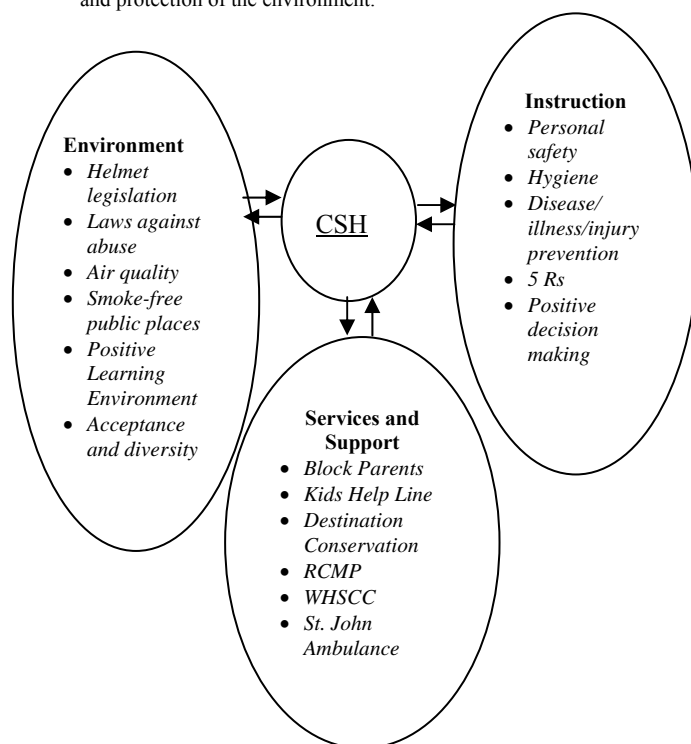
Abstinence Statement

The Growth and Development strand of the New Brunswick Health Education Curriculum emphasizes that abstinence from all sexual activity that involves risk is the best and only truly safe health choice for adolescents. Students who do decide to become sexually active now or in the future need information about the effective use of protection against pregnancy and sexually transmitted infections. Classes do not encourage students to become sexually active nor do they include teaching about sexual techniques.

The following diagram illustrates the integration of **Comprehensive School Health (CSH)** and the four strands of the Health Curriculum. The areas listed under “Environment” and “Services and Support” are intended as examples to illustrate potential connections using this model.

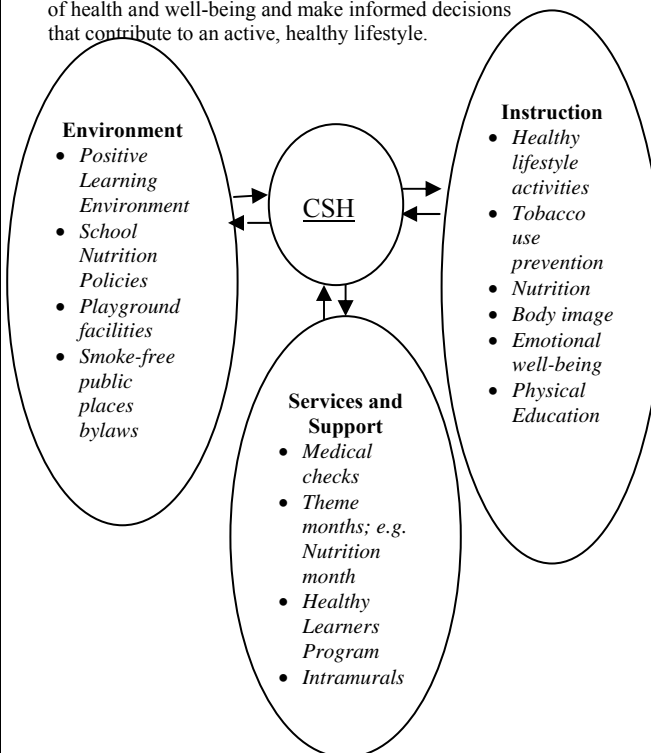
Caring for Yourself, Your Family and Your Community

Students will demonstrate an understanding of and practise skills to enhance personal safety, prevention of illness, the safety of others and protection of the environment.



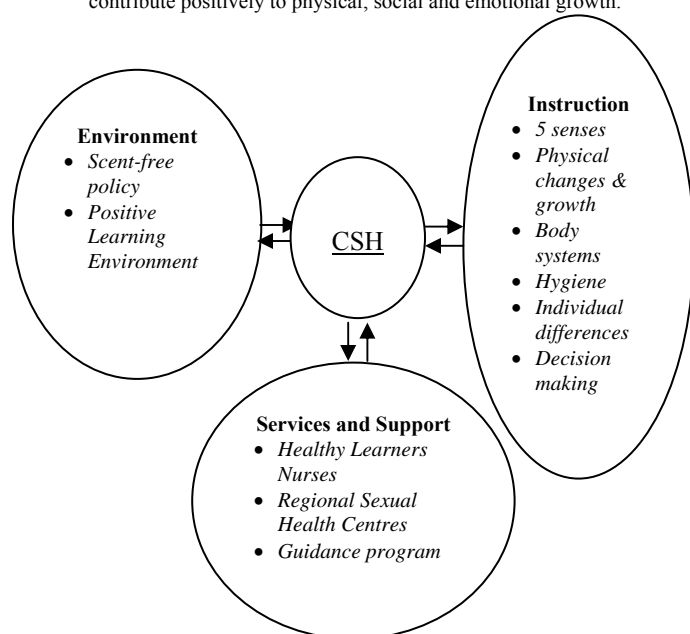
Personal Wellness

Students will demonstrate an understanding of all dimensions of health and well-being and make informed decisions that contribute to an active, healthy lifestyle.



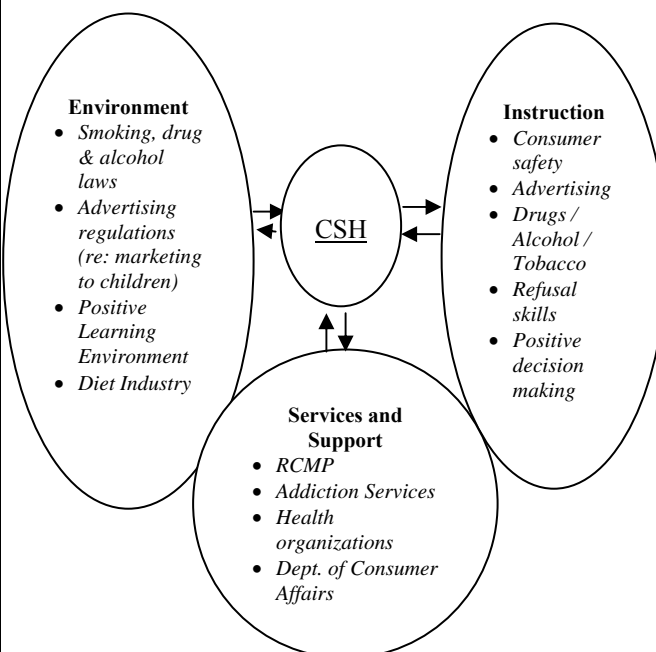
Growth and Development

Students will demonstrate an understanding of body systems, growth and development, and apply this knowledge in ways that contribute positively to physical, social and emotional growth.



Use, Misuse and Abuse of Materials (emphasizing Media Literacy)

Students will understand the effects of substance use and misuse (media literacy) and make healthy, well-informed decisions.



OUTCOMES

Essential Graduation Learnings (EGLs)

Atlantic Canada has defined six essential learnings by which graduates of public education will be able to demonstrate knowledge, skills and attitudes.

The essential learning related to personal development requires that students be able to continue learning and pursue an active, healthy lifestyle. It can be argued that young adults who have a poor understanding of wellness and whose physical and psychological health is compromised are less able to enjoy success with other essential learnings. It is intended that students demonstrate abilities related to aesthetic expression, citizenship, communication, problem solving and technological competence. People differ in talents, abilities and interests; however, recent brain research indicates that any child will realize improved thinking and motor skills when he/she is provided with good nutrition, experiences daily physical activity and is given the opportunity to practise new tasks and skills.

Aesthetic Expression

Graduates will be able to respond with critical awareness to various forms of the arts and be able to express themselves through the arts.

Citizenship

Graduates will be able to assess social, cultural, economic, and environmental interdependence in a local and global context.

Communication

Graduates will be able to use the listening, viewing, speaking, reading, and writing modes of language(s) as well as mathematical and scientific concepts and symbols to think, learn, and communicate effectively.

Personal Development

Graduates will be able to continue to learn and to pursue an active, healthy lifestyle.

Problem Solving

Graduates will be able to use the strategies and processes needed to solve a wide variety of problems, including those requiring language, mathematical, and scientific concepts.

Technological Competence

Graduates will be able to use a variety of technologies, demonstrate an understanding of technological applications, and apply appropriate technologies for solving problems.

Health Curriculum at a Glance: Summary of Learning Outcomes for 6-8

Grade	Caring for Yourself, Your Family and Your Community	Personal Wellness	Use, Misuse and Abuse of Materials (emphasizing Media Literacy)	Growth and Development
6	<p>Students will be able to</p> <p>A1) identify injuries that are prevalent in the community</p> <p>A2) identify and describe various environmental factors that affect our health</p>	<p>Students will be able to</p> <p>B1) describe the domains of wellness and identify strategies for promoting their own wellness</p> <p>B2) identify strategies for promoting nutrition and physical activity</p> <p>B3) identify how environments influence health choices</p> <p>B4) identify how advertisements are used to promote health</p>	<p>Students will be able to</p> <p>C1) demonstrate knowledge of and respect for people with sensitivities or allergies</p> <p>C2) explain the use and misuse of substances which may assist weight loss or body building</p> <p>C3) define what is meant by addictive behaviours and discuss why some individuals are more prone to addictions</p>	<p>Students will be able to</p> <p>D1) understand the changes that occur in the body during puberty</p> <p>D2) understand the structures and functions of male and female reproductive systems</p> <p>D3) understand that sexuality is an expression of one's "femaleness" or "maleness"</p>
7	<p>A1) define the role of community members (including self) in promoting safety and injury prevention</p> <p>A2) describe selected examples of infectious and non-infectious disease, identifying their detection and prevention</p>	<p>B1) identify strategies for promoting their own wellness</p> <p>B2) identify needs pertaining to student wellness in school</p> <p>B3) describe the process required to implement and evaluate a change that improves student wellness in school</p>	<p>C1) identify and describe the negative effects of alcohol and drugs</p> <p>C2) identify, describe and practise refusal skills in order to take personal responsibility</p> <p>C3) identify and analyse influences, especially from peers and media/promotions, that impact on choices regarding healthy or unhealthy behaviours (eg. smoking, drinking, dieting)</p>	<p>D1) understand that sexuality integrates many aspects of each of our lives</p> <p>D2) review the structure and the function of the male and female reproductive systems</p> <p>D3) describe fertilization, pregnancy and childbirth</p> <p>D4) recognize and evaluate different kinds of relationships</p>
8	<p>A1) identify the relationship between high-risk behaviours and resulting consequences</p> <p>A2) identify and describe how to promote safety and prevent injury or illness</p>	<p>B1) identify strategies for promoting their own wellness</p> <p>B2) identify factors that enhance health or that cause illness</p> <p>B3) identify stressors in students' lives and strategies for coping with stress</p>	<p>C1) understand what an addiction is and how it can make a person keep doing something unhealthy or destructive</p> <p>C2) practice positive decision-making as it relates to self and others</p> <p>C3) identify and value themselves as positive role models</p> <p>C4) recognize that most adolescents do not engage in unhealthy behaviours or activities</p>	<p>D1) understand the role of the media in establishing feelings and attitudes about ourselves and relationships with others, including dating and becoming sexually active</p> <p>D2) understand the choices and realize both the long- and short-term consequences and responsibilities that exist with becoming sexually active</p> <p>D3) discuss sexual orientation issues</p>

General Curriculum Outcomes for Health Education

Three General Curriculum Outcomes connect the framework to specific learning outcomes at each grade level. Experiences at any stage of the learning continuum will contribute to achieving the general curriculum outcomes, which comprise knowledge, skills and attitudes about health and wellness.

Knowledge

As children develop, it becomes important that they understand what changes they will experience personally and those they will see in others. An awareness of potentially harmful factors, and ways to minimize risk, is knowledge that promotes wellness.

Skills

Knowledge alone is insufficient to develop good health. Decision making is a skill emphasized throughout this curriculum. In order to minimize risk (from harm) it is important that students identify information, assess that which is relevant, then act on the basis of an informed decision. Wisdom is based on experience, which suggests students need simulations through which to practise decision-making skills and the assessment and evaluation of the consequences. As Dewey stated, "Children learn by doing."

Attitudes

Each person develops attitudes and beliefs that are shaped by personal experience and family/cultural background. In a democratic society, people enjoy freedom of beliefs but share a responsibility to ensure that pursuing one's beliefs and actions does not harm other members of society. Learning outcomes in health encourage students to appreciate a range of beliefs and attitudes and the impact they may have for an individual and for society. This curriculum is designed to assist students in developing attitudes which benefit both themselves and their community.




Elaborations are intended to provide examples to clarify the outcomes. They are not all-encompassing.

The chart below represents the two-page format found in this document. This format is consistent throughout all four strands; however, the Growth and Development strand has extensive support material provided as appendices. This additional material is provided to facilitate ease and consistency of delivery.

<u>Left Page</u>		<u>Right Page</u>	
Specific Curriculum Outcome Statement	Suggestions for Learning and Teaching	Suggestions for Assessment	Resources

Legend

In order to assist teachers with class preparation, the following symbols on the left, when used in the curriculum document, alert the teacher to the information on the right.

	Sensitive Topic
	Resources included in the Teacher's Kit
The information is printed in <i>Italics</i>	Teacher Note
	Link To Another Curriculum

SAMPLE

Information Letter for Families Printed on School Letterhead

Dear Families:

We are pleased to inform you that we will be teaching the prescribed *Health Education Curriculum, Grade 8*. The curriculum consists of four strands shown on the attached page entitled Health Curriculum at a Glance: Summary of Learning Outcomes for Grades 6-8. For more information on the curriculum documents, please go to the following links: [Grade 6 Health](#); [Grade 7 Health](#) or [Grade 8 Health](#).

Keeping children safe and healthy is of great importance to both parents and educators. Healthy students are better learners and are more likely to grow up to be healthy, happy adults. The intent of the curriculum is to assist and support parents in teaching their children knowledge and skills to promote health. All of the information is developmentally appropriate for children and builds on what they have learned in previous grades. The curriculum supports the development of skills to make healthy choices.

Families play an integral role in their child's education, and this is particularly important when the learning involves sexuality and sexual health. Schools address these topics to ensure that all learners have access to factual, accurate information about health and well-being and learn the skills to make safe and responsible decisions. This curriculum will not replace the role of parents/guardians in educating their children on sexuality and sexual health.

I encourage you to talk with your children about what they are learning in class and to contact me (insert contact info here) if you require further information. Your interest and support are greatly appreciated.

Appreciatively,

Grade 8 Outcomes

SETTING THE SCENE - GRADE 8

This introductory lesson is intended to set the stage for Health Education in Grade 8.

The correct terminology for all parts of the body should be used. If students use alternative terms, teachers are advised to clarify the discussion by relating the correct terminology.

The following are questions to guide teacher and student reflection when using the curriculum. The discussion should focus on adolescent health.

What is health?

What are the components of health?

What does it mean to be healthy?

What are the short-and long-term benefits of being healthy?

What influences our health?

What does it mean to promote health?

Who in our society is responsible for health and for health promotion?

What actions can individuals and groups take to promote health?

What careers are available in the health cluster?


Day One – How To Get Started

Outcome	Learning and Teaching Suggestions
Students will be able to name societal factors that influence health issues. <i>Note: This should include the influence of the media.</i>	The teacher facilitates a discussion regarding health issues, with particular emphasis on adolescent health, that have been affected by societal factors. Some examples are mandatory wearing of bicycle helmets, licence and age requirements for operation of sea-doo's, civic addresses, security at airports, Take Our Kids to Work (emphasis on safety) and laws regarding smoking. The teacher distributes copies of major newspapers, for example, Globe and Mail, National Post. Students are challenged to find examples of health issues that are currently being affected either positively or negatively by any level of society, such as their community, city, province, nation, or globally. Students categorize the issues according to the strands in the Health curriculum. The teacher invites discussion on what impact these issues will have on students, personally, on their families and on their communities. Provide closure on this topic by asking the students what they can do as individuals to contribute to the solution of health issues.







Alternatively use the above questions as a Think, Pair, Square, Share Activity (**Appendix 8.1**)

Reminder: A sample letter to parents is included in the introduction.


Grade 8 – A. Caring for Yourself, Your Family and Your Community

Outcomes	Suggested Learning and Suggested Teaching
<p><i>By the end of grade 8, students will be expected to</i></p> <p>A1) identify the relationship between high-risk behaviours and resulting consequences</p> <p><i>Elaboration</i> recreational, sporting, leisure, work related</p>	<p>Review the definition of incidents, accidents, injuries and what is meant by injury prevention. Using various resources (e.g. Statistics Canada, newspaper, Workplace Health and Safety Compensation Commission, insurance companies, etc.) review examples of local and regional incidents and injuries, their prevalence in various age and gender groups, and their pattern of occurrence (day of the week, season of the year).</p> <p>Have students review accidents and physical injuries that they have endured or of which they have personal knowledge. Have them choose one incident, identifying the nature of the injury, the cause and, most importantly, preventive measures that could have been taken. If the nature of this subject is too sensitive, students may choose an incident and injury from a media source to critique. (<i>Caution must be taken regarding sensitivity of the particular accident/injury.</i>) ♥</p> <p>NOTE TO TEACHERS: <i>When discussing high-risk behaviours and their consequences, consider linking to the decision making associated with sexual activity, consumption of alcoholic drinks, and the risk of consuming drinks to which drugs may have been added by another person. Social circumstances for which youth are unprepared can present significant risks.</i></p>
<p>A2) identify and describe how to promote safety and prevent injury or illness</p>	<p>Safety promotion campaign – Looking at accidents and injuries that are prevalent in their age group and within their community, students design and promote a safety promotional campaign. Educational posters and resources are created by the class targeting their peers on safety issues and posted around the school. Include risk taking when driving in a car, particularly with someone under the influence of alcohol and/or drugs. All terrain vehicles, snowmobiles, snowboards and skis, if used while under the influence of alcohol or drugs, present a high risk.</p> <p>Student groups might visit other classes to discuss elements of their campaign and deliver the message of safety.</p> <p>Extend the development of the Safety Promotion to the presentation of a Safety/Health/Career Fair held for the community in which students present their research.</p> <p>Two activities related to food safety illustrate common examples of disease prevention: Fight Bac! For Food Safety resource – Activity #7 (Food-borne Illness) Fight Bac! For Food Safety resource – Activity #8 (Food Safety Poster) and Activity #9 (Spreading the News not the Germs).</p> <p>Working Together to Prevent Injuries (Health Issues 9, Teacher’s Resource Guide, pp. 29-33)</p> <div style="text-align: right;">  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Personal Development and Career Planning Curriculum Technology Curriculum (MSTE) </div> </div>




Grade 8 – A. Caring for Yourself, Your Family and Your Community

Assessment Suggestions	Resources
 <p>Written: Create a press release for print or electronic media that relates the pattern of specific injuries to behaviours (e.g. shooting injuries in hunting season, driving incidents, injuries related to snowboarding and skiing).</p> <p>Role Play: In small groups, students create a scenario presenting a risk-taking situation which reflects content outlined in outcome Grade 8 A2. Groups exchange scenarios and role-play those presenting the most healthy solutions. Evaluate videotaped or live presentations.</p>	<p>Contact a local Workplace Health & Safety Commission and arrange for guest speaker. 1-800-442-9776</p> <p>Choices For Life, Health and Safety Activities - (Binder of activities), Workplace Health, Safety and Compensation Commission (WHSCC) (available to all schools free of charge) 1-800-442-9776 video available at same number. </p> <p>Sources of data include Statistics Canada; The Statistical Report is available at www.statcan.ca or Canadian Institute for Health Information www.cihi.ca</p> <p>MADD Canada www.madd.ca</p>
<p>Observation: Assess the quality of the design and promotion of the safety project.</p> <p>Written: Describe their current tasks at home or in the community, listing the associated dangers and their methods to prevent injury.</p> <p>Personal contract: Students create contracts identifying what they will personally do to promote safety and/or prevent injury or illness within their home/school community. Evaluate contracts and follow-up.</p> <p>Health Issues 9, Teacher's Resource Guide</p>	<p>Videos: <i>Kidszone 3 Super Safety</i> 704246VH, 20 min, 1992</p> <p><i>What Should You Do? Deciding What's Right.</i> 704544VH, 27 min, 1992</p> <p><i>Problem Solving</i> 703794VH, 9 min, 1981</p> <p>Fight Bac! For Food Safety resource – Available by contacting Public Health Central Office (506-444-3161)  www.canfightbac.org</p> <p>Choices For Life, Health and Safety Activities - (Binder of activities), Workplace Health, Safety and Compensation Commission (WHSCC) (available to all schools free of charge) 1-800-442-9776 video available at same number. MADD Canada, www.madd.ca </p> <p>Health Issues 9, Student Book </p> <p>Healthy Issues 9, Teacher's Resource Guide </p>


Grade 8 – B. Personal Wellness

Outcomes	Learning and Teaching Suggestions
<p>By the end of grade 8, students will be expected to</p> <p>B1) identify strategies for promoting their own wellness</p>	<p>Students complete the Wellness Wheel (Appendix 8.2) and compare it with their results from the previous year which are found in students' Linking to the Future: Career and Educational Portfolio Planning binders. Students review previous goals and set new goals for improving their personal wellness. Students discuss lifelong strategies for assessing and maintaining their wellness. Have a "humour" time to highlight the contribution of humour to wellness. A joke of the day is appropriate for this age level. <i>Students can contribute jokes to be read by the teacher. Screen jokes for appropriateness.</i></p> <p>In pairs, students research a health problem influenced by poor health practices and present their results to their classmates (e.g. heart disease, diabetes, cancers, osteoporosis, gastro-intestinal problems, high blood pressure, iron deficiency anemia, cavities). <i>Students could create a visual display of their research.</i></p> <p>Grade 8-Health Day. Hold a health day organized by students involving guest speakers and community groups that focusses on interactive learning activities on various health topics: e.g., nurse, dietitian, personal trainer, physiotherapist, occupational therapist, massage therapist, chiropractor, health educator (ensure no commercial or pseudo-health groups are represented). <i>Students could sign up for a presentation of their choice; sessions may run concurrently.</i></p> <p>Appendix 8.4 provides additional Wellness Activities.</p> <p> Personal Development and Career Planning Curriculum</p>
<p>B2) identify factors that enhance health or that cause illness</p>	<p>Divide the class into groups of three. Create fictitious persons, describe them, and design typical 3-day schedules for someone who is hurried or over-committed, under-committed, well-balanced.</p> <p>The profile should include characteristics pertaining to each domain of wellness (physical, emotional, intellectual, spiritual, social). Have groups present profiles to the class and discuss how the fictitious person is enhancing or detracting from his/her wellness. Have students role-play that they are health consultants to generate ideas to further enhance the health practices for each of the individuals described in the profiles.</p>
<p>B3) identify stressors in students' lives and strategies for coping with stress</p>	<p>Students individually and anonymously record many of the stressors they have in their lives. The teacher collects them and randomly passes them back to the students. As a group, stressors are recorded on chart paper. Students offer ideas for reducing or alleviating stress and the teacher provides more suggestions. Students monitor coping strategies they use during one school week to relieve stress.</p> <p>Review the Teen Stress (Appendix 8.5)</p> <p>Complete the Stress Test Walkabout (Appendix 8.6) and complete the answer sheet and scoring sheet.</p>



Grade 8 – B. Personal Wellness

Assessment Suggestions	Resources
<p>Students place the completed wellness wheel in their Linking to the Future: Career and Educational Portfolio Planning.</p> <p>Evaluate Research project.</p> <p>Students complete a KWL chart on the presentation they attended at the Health Fair. (Appendix 8.3)</p>	<p>Wellness Wheel (Appendix 8.2)</p> <p>Definition of Personal Wellness Domains (Appendix 8.2)</p> <p>Health Issues 9, pp.38-41 Health Issues 9 Teacher's Resource Guide, pp. 46-48</p> <p>KWL Chart (Appendix 8.3)</p> <p>Canadian Cancer Society www.cancer.ca</p> <p>Heart & Stroke Foundation www.heartandstroke.ca</p>
<p>Evaluate fictitious profiles to ensure that characteristics reflect each domain of wellness.</p> <p>Observe role plays.</p>	<p>Health Issues 8, pp. 7-12 </p> <p>Health Issues 9 Teacher's Resource Guide, pp.26-30 </p>
<p>Evaluate students' knowledge of stress, stressors and coping skills.</p>	<p>Video: <i>Stress and You</i> 704589VH, 24 mins, 1994</p> <p>Kids Help Phone 1-800-668-6868 Chimo Help Line 1-800-667-5005</p> <p>Health Issues 9, pp. 3-15 Health Issues 9 Teacher's Resource Guide, pp.22-26 </p>

Grade 8 – C. Use, Misuse and Abuse of Materials (emphasizing Media Literacy)

Outcomes	Learning and Teaching Suggestions
<p><i>By the end of grade 8, students will be expected to</i></p> <p>C1) understand what an addiction is and how it can make a person keep doing something unhealthy or destructive</p> <p><i>Elaboration</i> Raise awareness of related consequences and risks.</p>	<p>♥ Interview someone who used to smoke and who had difficulty quitting.</p> <p>♥ Invite a guest speaker from groups such as TADD, MADD, A1-Anon, Alateen, Cancer Society, or a young person who has lost a loved one or a friend to lung cancer.</p> <p>Discuss with students the behaviours and consequences they think may be experienced by students with addictions. Compare students' ideas with those behaviours identified in the checklist "Signs and Symptoms of Substance Dependence/Addiction." (Appendix 8.7)</p> <p>Identify how addictions affect physical and emotional health (e.g. relationships within and beyond immediate family).</p> <p><i>There is a correlation between early-age consumption of alcohol and an escalated connection to alcoholism. The potential for overconsumption of alcohol (alcohol poisoning) should be discussed and appropriate responses if a friend is in danger. (Teens often feel invulnerable and are not aware that addictive behaviours are not always immediately apparent.)</i></p> <p><i>Nicotine addiction can start early and can occur even if the individual is not a daily smoker. Nonsmoking adults almost never take up smoking. Youth are the only new market available to the tobacco industry. As smokers die/quit, the tobacco industry needs young people to become addicted if it is to maintain profit/stay in business.</i></p> <p><i>Machine Mad: Technology Isn't Always What it's Cracked Up To Be.</i> (Health Issues 9, Teacher's Resource Guide, p. 26-28)</p>
<p>C2) practise positive decision making as it relates to self and others</p>	<p>Watch a popular television program, which has a character facing a decision, and have the students work out different ways the character could make a positive decision. If the teacher wishes a more cross-curricular approach, the same suggestion could be done by examining a character from novel students are currently studying in their Language Arts Class.</p> <p>Students could also write and perform a class play dealing with positive decision making.</p> <p>Have students fill out index cards with situations that they or someone else has been in where they had to make a decision. Act out a scenario, using positive decision-making skills. (Decision-Making Skills Appendix 8.8) Use the W.W.I.N. Problem-Solving Process; have students list and evaluate decisions. (Appendix 8.8)</p> <p> Personal Development and Career Planning Curriculum</p>

Grade 8 – C. Use, Misuse and Abuse of Materials (emphasizing Media Literacy)

Assessment Suggestions	Resources
<p>Interview: Have students self-evaluate, reflect and peer-evaluate by using checklists or simple descriptions of what would be included.</p> <p>Student/teacher conference</p> <p>Journals/logs in which students write reflections</p> <p>Health Issues 9, Teacher’s Resource Guide</p>	<p>Addiction Services www.gnb.ca/0378/poster-e.asp</p> <p>Portage New Brunswick Treatment Centre – Guest Speakers available Phone: (506) 839-1200</p> <p>Teen Health, 1, Ch. 8 ISBN 0-02-651774-4</p> <p><i>Your Life: Your Choice – An Educational Resource for Teaching Young Teens About Alcohol –</i> www.schoolnet.ca/alcohol/e/mainmenu/</p> <p>Videos: “Smoking The Burning Truth” 705976, 12 min., 1999</p> <p>“Smoking Truth or Dare” 705971, 29 min., 1998</p> <p>“My Pot Video” 706152 , 15 min., 1997</p> <p>Health Issues 9, Student Book </p> <p>Health Issues 9, Teacher’s Resource Guide </p>
<p>Journals/logs in which students reflect</p> <ul style="list-style-type: none"> Evaluate role-plays. 	<p>Addiction Services www.gnb.ca/0378/poster-e.asp</p> <p>Portage New Brunswick Treatment Centre – Guest Speakers available Phone: (506) 839-1200</p> <p><i>Your Life: Your Choice – An Educational Resource for Teaching Young Teens About Alcohol –</i> www.schoolnet.ca/alcohol/e/mainmenu/</p> <p>Video: “My Pot Video” 706152 , 15 min., 1997</p>

Grade 8 – C. Use, Misuse and Abuse of Materials (emphasizing Media Literacy)

Outcomes	Learning and Teaching Suggestions
<p>C3) identify and value themselves as positive role models</p> <p><i>Elaboration</i> with siblings or others in school as coaches/ babysitters</p>	<p>Define what being a role model means.</p> <p>Have a brainstorming session with students to come up with ideas to help them to become a better role model to their peers and siblings.</p> <p>Have students discover, through discussion and webbing, who had an influence on them when they were younger and even who has influence on them now. How do their role models influence the decisions the students make in their lives? Have students, in groups, create webs of whom they may influence. Have students write in journals the behaviours they personally need to change so that they do not negatively influence others.</p> <p>Have students reflect: If they could pick one piece of advice (i.e. a behaviour) that they could pass on to a younger friend or sibling that they wish they had listened to at that age, what would it be and why?</p> <p>Students may require suggestions as to how they could contribute to their community. Discuss the internal rewards of volunteering.</p>
<p>C4) recognize that most adolescents do not engage in unhealthy behaviours or activities</p>	<p>Teacher/student creates a database for grade 8 students at the school. Students are asked to anonymously respond to the following questions:</p> <p>Have you smoked a cigarette in the past 2 weeks? Y/N Have you consumed alcohol in the past 2 weeks? Y/N Have you used an illegal substance in the past 2 weeks? Y/N</p> <p>Of _____ grade 8 students in this school, estimate how many smoke? _____ drink alcohol? _____ use illegal substances? _____</p> <p>Responses are tabulated to calculate the percentage of students who do not smoke, drink, use illegal substances. <i>It is important for students to realize that most adolescents do not engage in unhealthy behaviours. The survey will most likely indicate that nonusers are the majority. Students should be encouraged to value themselves and their healthy decisions. It is important that students realize they are role models for younger students/siblings, children they babysit, and others.</i></p>

Grade 8 – C. Use, Misuse and Abuse of Materials (emphasizing Media Literacy)

Assessment Suggestions	Resources
<p>Keep journals/logs in which students write reflections.</p> <p>Evaluate students' webs and journals.</p> <p>Write a story about their own role model.</p>	<p>www.volunteer.ca</p> <p>Guest speakers (e.g. mayor, coach, principal, parent, athlete, radio/television personality)</p>
<p>Assess students' work, together as a class, to create a pamphlet reporting the results of the survey, the dangers of such behaviours and strategies for avoidance of these behaviours. Share the pamphlet with the school community.</p>	<p>Health Canada Website http://www.hc-sc.gc.ca</p> <p>Tobacco Control Program Locator 3506C Ottawa, Ontario K1A 0K9</p> <p>Video: ♥ <i>The Truth About Drinking</i>, 705973, 30 min., 1998</p>




Grade 8 – D. Growth and Development

Outcomes	Learning and Teaching Suggestions
<p><i>By the end of Grade 8, students will be expected to</i></p> <p>D1) understand the role of the media in establishing feelings and attitudes about ourselves and relationships with others, including dating and becoming sexually active</p> <p><i>Elaboration</i> Emphasize that sexuality education begins in the home. Review other sources of sexual information (e.g. peers, community, world). Examine influences of television, advertising, music and magazines/books on sexual decision making.</p>	<p><i>See Appendix 8.9 Teaching Tips for information pertinent to Growth and Development strand.</i></p> <p>Have students analyse a song/music video or television show to determine if it gives a positive or negative message concerning sex (whether it directly or indirectly sends messages concerning sex). Have students design an activity sheet with the following: 1) Is sex mentioned directly or indirectly? Give an example. 2) Is pre-marital sex suggested or promoted in any way? Explain. 3) Is sex mentioned in a loving relationship, or is there no mention of love? Explain or give an example. 4) What is the message you get from this song or television show? 5) Does it send a positive or negative message concerning relationships? Why? Explain. 6) How does it make you feel about women's bodies? How does it make you feel about men's bodies? 7) How does how you feel about yourself affect your decisions about sexual activity? After completing the activity sheet, have the students discuss and compare their results.</p> <p>* You might choose to play a song or show a music video and have students read along with a prepared music sheet as the song/video is playing, or you could have students view a television program in class and fill in their answers to the questions. Alternatively, assign this as a homework activity to be completed with their parents (so they get to choose the song or show) and then discuss it in class. "Song Lyrics: Healthy or Unhealthy?" (Appendix 8.10)</p> <p>Alternative activities: "Television Value Analysis," "Evaluating Television," and "What do I Value." (Appendix 8.11)</p> <p>Sex in advertising: Students cut out advertisements in which "sexuality" is used to sell a product (e.g. perfume ads, clothing ads, suntan lotion ads). Have students design an activity sheet to answer the following questions: 1) What product is being sold? 2) Describe the physical background (setting) of your ad, if there is one. 3) Describe the people in your ad. 4) Is any factual information about the product given? If so, what? 5) What image or message is the advertiser trying to get across with this ad? 6) According to the advertiser, what will this product supposedly do for you? 7) Why do you think "sexuality" was used to sell this product?</p> <p>"Sexual Behaviour in Our Culture" (Appendix 8.12). Students identify the cultural messages that contribute to low self-esteem and body image.</p>




Grade 8 – D. Growth and Development

Assessment Suggestions	Resources
<p>Individual or Group Work: Evaluate students' worksheets.</p> <p>Tests/Quizzes</p> <p>Portfolio: worksheets, stories, etc.</p> <p>Presentation: by small groups to the class about the influence the media has on establishing feelings and attitudes about dating and becoming sexually active</p> <p>Debate: the positive/negative aspects of sexual messages in advertising</p> <p>Project: Media Review – Write an essay on positive or negative messages we get from advertising, songs, videos, and TV about sex.</p> <p>Written: Evaluate stories and essays.</p> <p>Participation points: Evaluate students' contributions during brainstorming activities.</p>	<p>Teacher Reference: Website: http://www.sexualityandu.ca/ Teacher's site only</p> <p>Making Waves Website: www.mwaves.org</p> <p>It's Up to Me/C'est a Moi de Choisir Building Healthy Relationships Coalition Against Abuse in Relationships PO Box 1660, Moncton, NB, E1C 9X5</p>

Grade 8 – D. Growth and Development

Outcomes	Learning and Teaching Suggestions
<p><i>By the end of Grade 8, students will be expected to</i></p> <p>D2) understand the choices and realize both the long and short-term consequences and responsibilities that exist with becoming sexually active</p> <p><i>Elaboration</i> Define sexual activity. For all choices there are consequences. Consider contributing factors that influence a person's decisions or choices and examine the consequences related to becoming sexually active: pregnancy (keeping the baby, adoption, and abortion), STI's, contraception/ birth control (abstinence, condom use, and other various methods of family planning).</p> <p>Abstinence means not engaging in sexual activity. Definitions may vary from person to person. Some may abstain from any form of sexual activity while others choose not to have any kind of sexual activity that leads to an exchange of body fluids; this includes oral sex, vaginal sex, anal sex and any activity that involves skin-to-skin contact in the genital area. (A glossary of terms is listed in the Teacher Resources section.)</p>	<p>As we get older, we begin to make choices regarding relationships; for example, to spend more time with a partner. Have a class discussion about sexual activity (e.g. sex drive, sexual expression, dating, relationships). Brainstorm things needed to sustain life (basic human drives) – thirst (drive to seek liquid); hunger (drive to seek food); procreation (sex drive is a combination of instinct, hormones, and the ability to respond to the environment and situation). Discuss the need for basic human drives. What would happen if we didn't have these? How do we control our urges and why should we exhibit self-control? Have students write a story about what it would be like if no other children were born. (What would happen to the population? Would there be a need to make anymore products for children? Why are children important to families and the world? Explore extinction of a species.)</p> <p>Have class brainstorm contributing factors that influence a person's sexual choices/decisions: curiosity, to be popular, to rebel, too embarrassed to stop, to feel loved, drunk/stoned, to feel independent, to improve relationship, etc. or do activity sheet "Postponing Intercourse vs. Having Intercourse." (Appendix 8.13)</p> <p>Have students identify ways of expressing their feelings directly, using activity sheet "Actions and Behaviours" and "Values and Actions". (Appendix 8.14)</p> <p>Complete the Decisions Too Young Activity </p> <p>Explore teen pregnancy options – "It's Up To You (Teen Pregnancy Options)." (Appendix 8.15)</p> <p>Explore values regarding relationships and sexuality: "Values Voting" ♥ and "What I Think." (Appendix 8.16)</p> <p><i>Note: these could be used as an opportunity to introduce sexual orientation.</i></p> <p>Complete the Birth Control Card Sort Activity </p> <p>Choices and consequences: Divide class into small groups. Give each group a sheet of chart paper and a marker. Have students divide the paper into three columns: 1) Consequence of sexual activity, 2) Positive and negative consequence, 3) Ways of avoiding negative consequences. Have groups brainstorm and write down all the consequences of sexual activity that they can think of. Then have them write down whether it is a good consequence or a bad consequence. Finally, list ways of avoiding each of the negative consequences.</p> <p>In small groups have students identify risks of early sexual activity/intercourse, using "Considering the Consequences of Early Sexual Activity/Intercourse". (Appendix 8.17) Teacher note: Please see page 108 for legal information.</p> <p>Have students identify general issues related to STIs: transmission, effect (symptoms), treatment, community resources, and prevention.</p> <p>Teach various methods of contraception and have students complete "Methods of Pregnancy Prevention and STI Prevention Quiz" (Appendix 8.18).</p> <p>"STI Quiz, STI Research, STI Experiment, and Objections to Condoms" (Appendix 8.19)</p> <p>Complete the Stand Up for STI Prevention Activity ♥ </p> <p>"Pregnancy and Pregnancy Options" ♥ (Appendix 8.20)</p> <p>"Sex, Drugs and Alcohol" (Appendix 8.21)</p>

Grade 8 – D. Growth and Development

Assessment Suggestions	Resources
<p>Individual or Group Work: Evaluate students' worksheets.</p> <p>Tests/Quizzes</p> <p>Posters or pamphlets: Create or design a poster or pamphlet on appropriate refusal techniques, an STI, a form of contraception, or other topic.</p> <p>Portfolio: worksheets, stories, etc.</p> <p>Written: Evaluate stories and essays.</p> <p>Participation points: Evaluate students' contributions during brainstorming activities.</p>	<p>Contact staff at regional Sexual Health Centre</p> <p>Education for Sexuality and HIV/AIDS (Meeks, Heit & Burt) ISBN 0-9630009-2-6</p> <p>Human Sexuality: Responsible Life Choices (Ryder & Smith) ISBN 1-56637-455-3</p> <p>Website: http://www.sexualityandu.ca/ Teacher's site only</p> <p>Videos: "Chlamydia: A Silent Epidemic" by Phizer and available at all Sexual Health Clinics</p> <p>"The Truth about Sex" 706685 VH, 30 min., 2000</p> <p>"It's Your Choice Preventing Pregnancy and STD's" 800193 VHS, 29 min, 1996 "Don't Kid Yourself" 704920, 17 min, 1996</p> <p>Making Waves Website www.mwaves.org</p> <p>AIDS NB Pamphlets www.aidsnb.com</p> <p>It's Up to Me/C'est a Moi de Choisir Building Healthy Relationships Coalition Against Abuse in Relationships PO Box 1660, Moncton, NB, E1C 9X5</p> <p>New Brunswick Health and Community Services – Adoption Services Brochure</p> <p>Decisions...Too Young </p> <p>Birth Control Card Sort </p> <p>Stand Up for STI Prevention ♥ </p>

Grade 8 – D. Growth and Development

Outcomes	Learning and Teaching Suggestions
<p><i>By the end of Grade 8, students will be expected to</i></p> <p>D3) discuss sexual orientation issues</p> <p><i>Elaboration</i> Define the terms: homosexuality, gay, lesbian, heterosexuality, bisexuality, transgender, two-spirited and sexual orientation.</p>	<p>♥ As a large group, have student's complete activity, "The Porcupine Game." This activity will help them identify aspects of sexual identity and which aspects are most important to them. (Appendix 8.22)</p> <p>Students take part in "Visualization activity." This activity allows participants to discuss and challenge heterosexual privilege. (Appendix 8.23)</p> <p><i>A glossary of terms is found in the Teacher Resource section at the end of this document.</i></p>

Grade 8 – D. Growth and Development

Assessment Suggestions	Resources
Individual or Group Work: Evaluate students' worksheets. Tests/Quizzes Portfolio: worksheets, stories, etc. Written: Evaluate stories and essays. Participation points: Evaluate students' contributions during brainstorming activities.	Contact staff at regional Sexual Health Centre Education for Sexuality and HIV/AIDS (Meeks, Heit & Burt) ISBN 0-9630009-2-6 Human Sexuality: Responsible Life Choices (Ryder & Smith) ISBN 1-56637-455-3 Website: http://www.sexualityandu.ca/ Teacher's site only Seeing The Rainbow: Teachers Talk About Bisexual, Gay, Lesbian, and Transgender and Two-Spirited Realities Canadian Teachers' Federation ISBN0-88989-339-1

Grade 8 Appendices

THINK – PAIR – SQUARE – SHARE

THINKING...90 SECONDS

The teacher poses the question to the entire class. The question is written on a flipchart before the activity is begun. Students are asked to respond with “bullet” responses. The teacher ensures that students work on their own and record their individual responses.

PAIRING...90 SECONDS

The teacher asks students to take their papers and leave their desks, looking for one other person to share responses.

Students exchange their responses with that one other person. They are free to add ideas as they share their responses.

SQUARING...4 MINUTES

The teacher asks students to join two pairs (square) and to come up with 7 ideas that respond to the original question. During this process, students are to consult with all people in the group. They “pool” their ideas into seven responses and record them on chart paper.

SHARING...4 MINUTES

The teacher posts all of the flipcharts on one wall. The teacher appoints one person to be the flipchart marker and explains to the class that they are going to find “what comments are in common” on all or most of the flipcharts.

As the group identifies comments that are in common, the flipchart marker checks off these comments on the flipcharts and the teacher creates a “summary chart” on flipchart paper. Each comment that is identified by the group as a “common comment” is recorded on the summary chart. Colour-code the summary chart according to the strands of the Health curriculum.

WELLNESS WHEEL

Objective: To have students assess their personal wellness.
To have students set goals for improving areas of their wellness which need enhancement.

Each student will complete a wellness wheel in grades 6,7, and 8. This activity is to be placed in the “Linking to the Future Career and Educational Portfolio Planning” for comparison each year. Students will be able to assess their goals to determine if they have reached a healthy balance as determined by their wellness wheels.

Directions: Answer the following questions and score at the end of each section. Colour the section of the wheel with the appropriate score.

1. Physical

I am active for at least 30-60 minutes a day.	Yes___	No___
I eat fresh fruits and vegetables, and include fibre in my daily diet.	Yes___	No___
I eat breakfast every morning.	Yes___	No___
I drink at least 4-6 glasses of water a day.	Yes___	No___
I get enough sleep so that I feel rested and alert.	Yes___	No___

Number of Yes responses	___	x2 =	___
Number of No responses	___	x0 =	___

Total _____

2. Social

I get along well with my family.	Yes___	No___
I develop and maintain strong friendships.	Yes___	No___
I help others in need.	Yes___	No___
I have friends who support a positive lifestyle.	Yes___	No___
My behaviour reflects a positive attitude.	Yes___	No___

Number of Yes responses	___	x2 =	___
Number of No responses	___	x0 =	___

Total _____

3. Emotional

I have a good sense of humour.	Yes___	No___
My sleep is restful, I receive adequate sleep.	Yes___	No___
I am able to express my feelings appropriately.	Yes___	No___
I relax my body and mind without using drugs.	Yes___	No___
I feel positive about myself.	Yes___	No___

Number of Yes responses	_____ x2 = _____
Number of No responses	_____ x0 = _____

Total _____

4. Intellectual

I am interested in learning new concepts and skills.	Yes___	No___
I listen to radio, watch TV, read a newspaper to be aware of current events.	Yes___	No___
I read 6 or more books a year.	Yes___	No___
I am interested in understanding the views of others.	Yes___	No___
I understand that I will be a lifelong learner.	Yes___	No___

Number of Yes responses	_____ x2 = _____
Number of No responses	_____ x0 = _____

Total _____

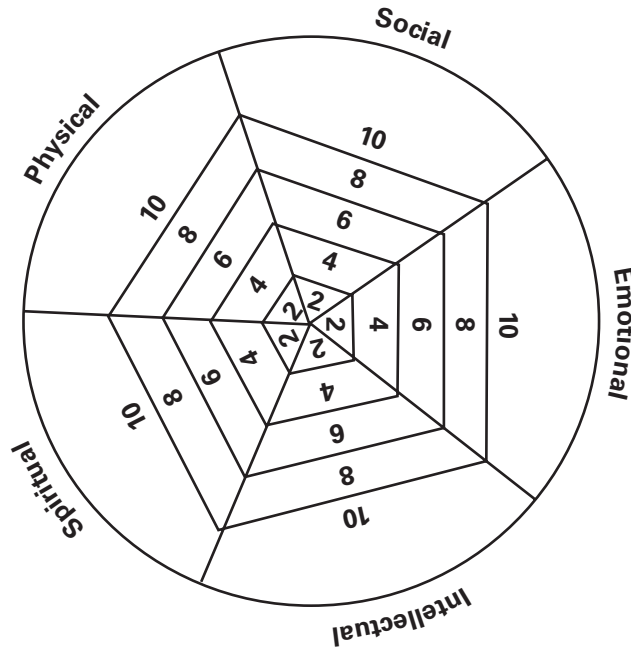
5. Spiritual

I spend time thinking, wondering or writing about my life and its meaning (prayer, meditation, journal writing).	Yes___	No___
I am part of something greater than myself. I realize that my actions affect those around me as well as myself.	Yes___	No___
My beliefs demonstrate a respect for myself as well as others.	Yes___	No___
I enjoy being outside and experiencing the wonders of nature (solitude, energy level, appealing to the senses).	Yes___	No___
I am optimistic.	Yes___	No___

Number of Yes responses	_____ x2 = _____
Number of No responses	_____ x0 = _____

Total _____

Have students colour in their wellness wheels with the appropriate score. Is the wheel in balance? What areas need to be improved? The goal is to be as close to 10 in all domains of wellness.



Goal setting

Is your wellness wheel balanced? The goal is to be as close to 10 in all domains of wellness.

Are there areas of your wellness that need to improve?

This year I am going to improve in my _____ domain.

I will do this by

DEFINITIONS OF PERSONAL WELLNESS DOMAINS

Wellness is a state of being which includes the physical, social, emotional, intellectual and spiritual dimensions of life, which, when working in harmony, lead to a sense of well-being and satisfaction.

Physical includes physical activity, healthy diet, adequate sleep and other good health habits.

Social emphasizes the interdependence one shares with other people and with nature.

Emotional reflects the degree to which one feels positive and enthusiastic about one's self and life.

Intellectual reflects the degree to which one engages the mind in creative and stimulating mental activities that contribute to lifelong learning.

Spiritual reflects one's ongoing involvement in seeking purpose and meaning in life, guided by values that have been developed through family and life lessons. As a spiritual person, one is in harmony with nature and all its creations.

Teacher note: Some students may identify their religious beliefs with spirituality. For others, spirituality is an all-encompassing term that promotes the principles of harmony, respect, interdependence and balance.

KWL CHART

Name: _____

Date: _____

What We Know	What We Want To Find Out	What We Learned

WELLNESS ACTIVITIES

These activities may be organized by the student council to promote active living in consultation with Physical Education staff.

- Noon hour theme dance – This activity stresses active freestyle dancing. See who can dance non-stop for twenty minutes.
- Healthy Lifestyle Day - Invite guest speakers to the school to discuss with students various topics which promote a healthy lifestyle: nutritionist, nurse, dietitian, personal trainer, acupuncturist, massage therapist, CPR first aid.
- Organize a power walking group for noon hour (inside or outside the school).
- Organize a sports-skills club – These are not sports teams but rather clubs to help students learn skills.

TEEN STRESS



What is STRESS?

How one's body reacts to change can be called stress. These changes come from feelings, situations, and people. For example, going to a new school is a change that can cause stress.

Think about changes that have happened to you or will happen to you.

Stressors

Things that cause stress are called stressors. For example:

- going to a new school
- divorce or separation of parents
- winning an award
- taking a test
- death of a relative
- being sick



What is a stressor for you?
Is all stress bad? No!

Most people define stress as worry, tension and pressure, but all stress isn't bad. Some stress can be happy, exciting and challenging. We need stress in our lives; without it life would be dull. For example, right before a race, Mark always feels a little nervous. This stress helps Mark stay alert and prepared. Can you name a time when stress helped you stay alert and prepared?

What causes stress to be good or bad?



I love dancing!
Good Stress



Not me!
Bad Stress

Our thoughts, feelings and beliefs about a situation can make stress good (pleasant) or bad (unpleasant). For example, Nicole's mother informed her that they will be moving to a new city. Moving to a new place is a stressor that will automatically cause Nicole some stress since it is a "change."

If Nicole is excited and happy about the move, then this will be considered a good stressor for her. On the other hand, if Nicole is sad and scared about the move, then this will be considered a bad stressor for her.

Situations that cause us to feel happy, excited, surprised, and soon can be called good stressors, and situations that cause us to feel sad, scared, mad, for example, can be bad stressors.

What is a good (e.g. happy, excited) stressor for you?

What is a bad (e.g. sad, scared) stressor for you?

Is Too much stress bad?

Too much stress can have a negative effect on one's body, mind, and feelings. How you handle your stress has a lot to do with your health. When stress becomes too frustrating and lasts for long periods, it can become harmful distress. Recognizing the early signs of stress and doing something about it can improve the quality of your life. If you have signs of stress very often... **WATCH OUT!**

SOME SIGNS OF STRESS

Physical (body)

Headaches
Nervousness
Rashes
Stomach aches
Fast heartbeat
Perspiration
Increased urination

Mental (mind)

Lack of concentration
Forgetfulness
Drop in school performance
Unable to study
Carelessness

Emotional (feelings)

Bored
Anger outbursts
Nightmares
Sad/depressed
Scared
Withdrawn
Fighting



What is a sign of stress for you?

How do you balance the stress in your life?

Stay aware of your signs of stress. If you are having signs of stress, follow the tips below to avoid stress overload (distress). Since stress will be with us the rest of our lives, it is important to know some positive ways of dealing with stress.

Way to handle too much stress

- Take deep breaths/practice deep breathing exercises
- Watch your thoughts/think positive
- Find time to relax and cool out
- Pray or read something inspirational/meditate
- Visualize what you want to happen
- Use pressure points to reduce headaches
- Talk problems over with a friend or counsellor
- Don't dwell on your weaknesses
- Feel proud of your accomplishments
- Exercise daily
- Do muscle tension relaxation exercise
- Prepare for tests early
- Eat a nutritious meal or snack
- Take one thing at a time
- Set realistic goals
- Stop worrying about things that may never happen
- Learn from your mistakes
- Forgive yourself and others
- Get involved with things you like to do
- Make time for fun
- Do something for others
- Use the four steps to problem solving:
 1. brainstorm solutions
 2. think of the consequences
 3. choose a solution
 4. evaluate your choice



Stress Test Walkaround ♥

By Su Nottingham

Teens constantly find themselves feeling stressed. The symptoms are there for all to see: irritability, feelings of inferiority, undue fatigue, relentless quests for perfection, compulsions to win at all costs, lack of preparedness, impatience, inability to organize – the list goes on. Life can be difficult in the extreme for teens experiencing such stresses – and for the people with whom they share their lives! A first step in helping teens to handle their stresses is to assist them in identifying and acknowledging their stress levels and their causes.

Most stress tests measure adult stresses and are therefore often of little help to adolescents. The test that follows measures teen stresses stemming from family, school, peers, contemplation of the future, and even from within. This traditional “paper and pencil” test has been adapted for the classroom to make it active and fun.

Interactive Teen Stress Test

Purpose:

To assess the stress level of secondary students.

To allow for interaction and movement within the classroom.

Implementation:

Reproduce the answer sheet and give each student a copy.

Have each student predict an individual stress level (high, medium, low) and write the prediction on the prediction line.

Reproduce pages and cut out the individual questions. Give each student one question. Each student is then designated a “specialist” for the assigned question.

Explain that some of the assigned questions may not be easy to understand at first and offer to assist anyone who needs help in explaining the question to others.

Once the students are clear on the meaning of their questions, have them answer their questions for themselves on their own score sheets.

Now tell the entire class how many questions have been assigned and explain that each student must visit every one of the specialists to find out what the questions are so that they can write down their answers on their score cards. (“There are thirty-four specialists in the room, each with a different question. I want you all to visit each specialist, who will ask you a question that you can answer on your score sheet.”)

The students move about the room, finding the specialist with the questions. Each specialist asks the assigned question when approached by a student, and explains the question further, if asked to do so. (“This is question number 7: do you feel depressed or unhappy?”). The student then answers the question in the appropriate place on his or her score sheet.

Tell the students they should resume their seats when they’ve been asked and have answered all the questions.

Finish the test by reading the unassigned questions out loud, or by having students read out the remaining cards.

Reproduce the scoring sheet and give a copy to each student (or project the sheet on an overhead) and have the students tabulate their scores.

Read the results and discuss.

Teaching Tips

After a reasonable amount of time, or after several students have taken their seats, have all students return to their seats. Ask if any of the questions could not be found, or if anyone needs to have one repeated. Call out any numbers requested and have the appropriate specialists read their questions to the group.

Help poor readers by telling the specialists that they must ask the question of the inquiring students, rather than just showing the piece of paper. Give specialists who are poor readers questions that are easy to read, or read the questions to them.

1. During the past three months, how often have you been under considerable strain, stress or pressure?	6. Do you experience pain in your neck, back or arms not related to exercise?	11. Do you feel overpowered by depression? (do you feel there is no hope for your future?)
2. Do you experience <ul style="list-style-type: none"> • fast beating heart/ dizziness, • painfully cold hands or feet, • shallow or fast breathing, • blushing/nail biting, • restless body or legs, • butterflies in stomach, • inability to sleep/fatigue? 	7. Do you feel depressed or unhappy?	12. Do you think about things you should have done, but didn't?
3. Do you suffer from headaches or digestive upsets?	8. Do you worry?	13. Do you think about things you did but shouldn't have done?
4. Do you have crying spells, or just feel like crying?	9. Do you feel anxious even though you don't know why?	14. Do you have problems focussing on your schoolwork?
5. Do you have recurring nightmares?	10. Are you edgy or impatient with your parents or other family members?	15. When you're criticized, do you worry or pout about it?

16. Do you worry about what others think?	21. Lately, do you find yourself more irritable and argumentative than usual?	26. On the whole, are you satisfied with the way you look?
17. How often are you bored?	22. Are you as popular with your friends as you'd like?	27. Do you have trouble with any of your teachers?
18. Do you feel envy or resentment when someone has something that you don't have?	23. Are you doing as well in school as you'd like?	28. Do you sometimes worry that your friends might be turning against you?
19. Do you quarrel with your boyfriend or girlfriend?	24. Do you feel you can live up to your parents' expectations?	29. Do you have enough spending money to cover your needs? (Your reasonable needs, not your wants!)
20. Are there serious conflicts between your parents?	25. Do you feel your parents understand your problems and are supportive?	30. Have you noticed any habits lately that have become excessive?

31. Do you make strong demands on yourself?	36. Do you feel left out in social gatherings?	41. Have you recently moved to a new home, school or community?
32. Do you feel rules set by your parents are fair?	37. Do you often fall behind in your schoolwork?	42. Have you been rejected by a boy/girlfriend within the last three months?
33. Do your parents always criticize you?	38. Do you feel tense and defensive when you're around someone your age who is attractive?	43. Is it very difficult for you to say "no"?
34. Do you have serious worries concerning your love relationships?	39. Have you, or has anyone in your family, suffered a severe illness or injury within the last year?	44. Have your school grades taken a sudden drop lately?
35. Are any of your brothers or sisters overly competitive with you?	40. Do you feel pressure from your peers to do things that you know you really shouldn't be doing?	45. Do you often become ill after an emotional upset?

STRESS TEST ANSWER SHEET

Name:

Answer these first 20 questions with “A” for often, “B” for sometimes, “C” for seldom or “D” for never.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Answer the next 25 questions with a “Y” for Yes or an “N” for No.

21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____

41. _____
42. _____
43. _____
44. _____
45. _____

Score: _____

Prediction: _____

Rating: _____

Comments: _____

STRESS TEST SCORING SHEET

For each question, circle the score under the letter you chose for your answer, then write your score on your answer sheet.

Question	A	B	C	D	Y	N	Your Score
1.	7	4	1	0	21.	4	0
2.	7	4	1	0	22.	0	3
3.	6	3	1	0	23.	0	4
4.	5	2	1	0	24.	0	5
5.	6	3	1	0	25.	0	5
6.	4	2	0	0	26.	0	4
7.	7	3	1	0	27.	3	0
8.	6	3	1	0	28.	4	0
9.	6	3	1	0	29.	0	3
10.	5	2	0	0	30.	5	0
11.	7	3	1	0	31.	4	0
12.	4	2	0	0	32.	0	3
13.	4	2	0	0	33.	4	0
14.	4	2	0	0	34.	5	0
15.	4	2	0	0	35.	3	0
16.	4	2	0	0	36.	4	0
17.	4	2	0	0	37.	3	0
18.	4	2	0	0	38.	3	0
19.	5	3	1	0	39.	6	0
20.	5	3	1	0	40.	5	0
					41.	3	0
					42.	4	0
					43.	3	0
					44.	4	0
					45.	5	0

Your score reflects the number of stresses you have and how you react to or handle those stresses.

116-302. A score in this range indicates your troubles outnumber your satisfactions and that you're presently subjected to a high level of stress. No doubt you're already aware of your problems and you're rightfully concerned. You should do everything possible to avoid as many tense situations as you can until you feel more in control of your life. Review the quiz to pinpoint the major sources of your stress. Try to develop more effective ways of dealing with difficult human relationships and circumstances. Think about getting some kind of professional help. Sometimes even just a few hours of counselling can be very helpful.

62-115. A score in this range signifies that the level of stress in your life is moderate, or that you're handling your frustrations quite well. However, because you have occasional difficulty managing the effects of stress, consider some new methods for overcoming disappointments.

0-61. A score in this range points to relatively low stress levels. In spite of minor worries and concerns, you are not in any serious trouble. You have good adaptive powers and are able to deal successfully with situations that make you temporarily uptight.

SIGNS AND SYMPTOMS OF SUBSTANCE DEPENDENCE/ADDICTION

1. Increase in the amount of alcohol or other drugs used.
2. Trouble with parents, school or police.
3. Dramatic change in mood when drinking or using.
4. Denial of any problem.
5. Dishonesty with peers about drinking or using.
6. Failed attempts to quit or cut down on use.
7. Association with known heavy users.
8. Frequent excuses for using.
9. Protecting supply.
10. Low self-image.
11. Hangovers or bad trips.
12. Deterioration of school grades.
13. Stealing money.
14. Using substance while alone.
15. Loss of control while using or drinking.
16. Health problems – less energy, stamina, more emotional ups and downs.
17. Suicidal thoughts or behaviours.
18. Relationships with friends become strained – loss of friends, boy/girlfriend
19. Violent behaviour when high or drunk.
20. Preoccupation – you think about the substance all the time.
21. Increase in frequency of use.
22. Increase in tolerance.
23. Memory loss.
24. Using substance in the morning.
25. Frequent broken promises.
26. Defensive when confronted.

Decision-Making Skills

Life is a continuous decision-making process. To help people gain more control over their lives and to enhance their lifestyle, they need to approach life in a thoughtful rather than in a haphazard way. Using a decision-making process can help serve as a plan of action, when you are faced with problem or a decision.

Decision-Making Process

1. Clearly define the problem.
2. Establish your criteria (what is important to you).
3. List your alternatives.
4. Evaluate your alternatives based on your criteria.
5. Make a decision.
6. Devise an action plan to carry out the decision.
7. Review and evaluate your decision and alter it as possible/necessary/appropriate.

W.W.I.N. Problem-Solving Process

Just as a mechanic or a doctor uses a checklist when inspecting a car or a patient, you may use a checklist when you are trying to solve problems. This checklist is called the W.W.I.N. Process. Each of the four letters has a special meaning presented below.

W – What do you really want?	To pass my Math test.
W – What are you doing to get that?	Paying attention in class, doing my work at school and at home.
I – Is it working?	Yes.
N – New plans, if necessary.	I may choose to make new plans, which will help me to do better.

TEACHING TIPS

Use facilitation skills

- React positively to questions.
- Be sensitive to non-verbal communication.
- If you are uncomfortable teaching the material, seek expertise from school/community sources.
- Use humour to ease embarrassment and create a comfortable environment.
- Be student-centred/driven.
- Listen.
- Ask participants what they want to learn about.
- Be patient.
- Encourage self-confidence and decision-making skills.
- Address different learning styles.
- Be yourself.

Use interactive teaching strategies to accommodate different learning styles

- Role-plays
- Guest speakers
- Peer educators
- Panel discussion with speakers from community services
- Journaling, creative writing, poetry
- “Dear Abby”
- Anonymous question box
- Creating posters, pamphlets, graffiti, etc.
- Brainstorming and reflection exercises
- Quizzes
- Hands-on activities
- Debates
- Theatre, songs, or videos
- Storytelling
- Current events (discuss, debate, write about newspaper/magazine articles, TV shows, movies)
- Experiments
- Decision trees
- Interviewing
- Surveys
- Case studies
- Reality-based teaching (e.g. What would it be like to be a teen parent?)
- Games
- Informal discussion

Be an askable teacher

- Respect students’ feelings, values, and opinions.
- Challenge harmful, unhealthy practices.
- Use gender-neutral and inclusive language (e.g. partner instead of boyfriend/girlfriend).
- Admit when you do not know an answer and commit to finding it.
- Allow youth the opportunity to pass, when discussing sensitive issues.
- Know where and when to send refer students for help.

SONG LYRICS: HEALTHY OR UNHEALTHY?

Instructions: Select a song to read or play, and answer the following questions.

Song title: _____

Singer: _____

What is this song about?

1. Describe the nature of the communication between the two people. Is there respect and an atmosphere of give-and-take, or is their communication one-sided?
2. Is the relationship described healthy or unhealthy? Why do you think so?
3. Describe the characteristics of the woman in this song (if there is one). Are these characteristics stereotypical of women? What do you think of these stereotypes? How do stereotypes play a role in relationships?
4. Describe the characteristics of the man in the song (if there is one). Are these characteristics stereotypical of men? What do you think of these stereotypes? How do stereotypes play a role in relationships?
5. Do the lyrics suggest violent solutions to problems?
 - a) If so, why does this sort of violence seem to be OK, within the context of the song?
 - b) What would be a healthier way to relate?

TELEVISION VALUE ANALYSIS

Objective: Participants will describe how the media depict and influence our values.

Structure: Individual activity followed by large-group discussion.

Time: 10 minutes.

Materials: “Television Value Analysis” handout.

Note: Depending on your group, you may need to define some of the terms on the worksheet (e.g. respect).

Procedure

1. **Distribute** the handout.
2. **Explain** that this activity gives participants the opportunity to explore the effect and influence of the media in the development and affirmation of their personal values.
3. **Conclude** by pointing out that the development of our values and attitudes does not occur in a social vacuum: the media may influence our perceptions and behaviour. While we may learn one set of values from our family, friends, school, culture, and religion, the media can reinforce, distort, or contradict this learning. For example, the media, especially TV, sometimes depicts a lack of respect for persons, abuse of sexuality, violence, and stereotyping.

(Adapted from: Ontario Conference of Catholic Bishops (1992) *Fully Alive Grade 6*. Don Mills: Collier Macmillan Canada. Reprinted with permission by Pearson Education Canada.)
Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

TELEVISION VALUE ANALYSIS

1. Choose a television show that emphasizes the following:

Honesty _____

Dishonesty _____

Beauty _____

Wealth _____

Violence _____

Disrespect for people _____

Power _____

Respect for people _____

Commitment _____

Respect for property _____

Casual sexual relationships _____

Faithfulness in marriage / lifetime commitment _____

2. Beside the name of the show use a plus (+) or a minus (-) sign to indicate whether it is a positive or negative example.
3. Choose two of your examples (one positive, one negative) and describe an event that illustrates the value. Use the other side of this sheet to write your answer. Prepare to discuss your answers with the larger group.

EVALUATING TELEVISION

- Objective:** Students will identify television messages regarding body image, sexuality and sexual violence.
- Structure:** Large group.
- Time:** 45 minutes.
- Materials:** “Checklist for Evaluating Television and Movies” handout, TV and VCR. Flipchart or blackboard.

Preparation

In preparation for the session, videotape ten to fifteen minutes of a television program that is popular with your group. You may want to get some suggestions from students regarding popular TV programs or even have one of your students do the videotaping for you (in which case, you will need to preview the clip).

Familiarize yourself with the subject by reading *How Television and Movies Portray Sexuality: Background Information for Educators*.

Procedure

1. **Ask** participants the following questions:
 - What do we mean by “the media”?
 - What are the different media?
2. **Introduce** today’s activity by saying something like, “One of the greatest changes in our society since the 1920s has been the advent of television. Through television and mini-cams, we are now able to see events as they occur throughout the world. One hundred years ago, news of an event would be communicated through newspapers and magazines days or weeks after the fact. The influence of television has been quite apparent in a number of fields, such as political campaigns, sporting events, and current events (hostage situations, car chases, and murders filmed live). There have been many accounts of the negative effects of television on habits of reading and conversation. Today, we’re going to look at the influence television has on the way we think about “body image,” “sexuality” and “sexual violence.”

Ask students if they think TV programs and the people in them are “real-life.” Ask them to describe some things that aren’t “real-life.” Ask students what they would look for if they were going to evaluate a favourite TV program for its messages about males, females, and relationships. Make a list of their responses on the board. Tell students that you have another checklist for evaluating television and that it includes many (or all, or some) of the same things that they would be looking for.

3. **Distribute** and **discuss** the handout, “Checklist for Evaluating Television and Movies.”
4. **Show** the TV clip. Students may work on the checklist while they are viewing the clip, but you should also give them time to complete the sheet afterwards.

5. **Discuss** the show, using student’s checklists as the basis. Start with some general questions, such as “So, what do you think?” or “Any surprises?” Ask several students to share their “Final Analysis.”
6. Conclude the lesson with a discussion based on the following questions:
 - Some psychologists say that the more frequently material is presented to people, the more likely they are to internalize it (make it a part of how they think and behave). What does this say about TV’s effects on body image, sexuality and sexual violence?
 - How can television create healthier portrayals of sexuality and body image and still be entertaining? What can you do to see that this happens?

Extension

- Divide students into teams, with each team monitoring a different program for three to four weeks. Pass out additional checklists for this purpose. After the monitoring time, have each team present its findings to the other teams.
- Another way to examine sexuality and body image in the media is in the selection of different kinds of programming. Examples of cartoons for children, soap operas, movies, music videos, or sitcoms can each provide an opportunity to see messages about sexuality and body image. Comparisons can be made within categories or between categories.

(Adapted with permission from: Cyprian, Judy, McLaughlin, Katherine and Quint, Glenn (1994) Sexual Violence in Teenage Lives: A Prevention Curriculum. Planned Parenthood New England. For related information or a copy of this curriculum, call 1-800-488-9638.)
Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

HOW TELEVISION AND MOVIES PORTRAY SEXUALITY: BACKGROUND INFORMATION FOR EDUCATORS

Body Image or Appearance

Characters' appearances tell who they are, and how they want to be viewed. A character can become a role model, with many viewers seeking the same kind of "look" either in themselves or in partners. The "sex appeal" of a character is often related to his or her attractiveness and style of clothing.

Ask yourself:

What do characters' appearances/body sizes say about who they are and how they want to be viewed? How do dress and mannerisms of stars affect the way we view and present ourselves to the world? Are bodies or body parts used to sell commercial products? How? Are people with certain body types ridiculed?

Emotional Expression

The open and honest discussion of feelings generally provides for healthy relationships; however, many popular television shows thrive on deceit and emotional manipulation. The role models and the examples of relationships may not be positive. The tone of voice, body language, and touching can be either loving or exploitative in nature.

Ask yourself:

How do characters show their feelings for one another? Do they touch each other in loving ways? Do they touch each other in exploitative ways (using one another selfishly to meet their own needs)? Do they discuss their real feelings, or do characters expect others to be mind readers?

Romantic Relationships

People meet under strange circumstances in TV and movies; their relationships often progress at astounding rates. Sometimes they don't even seem remotely right for each other.

Ask yourself:

Are these people "meant" for each other? Is this relationship realistic? Who makes the decisions in this relationship? How is respect demonstrated?

Gender Roles

Female and male characters are often limited to stereotypical roles or to comic portrayals of a person fighting the stereotype. Too often, female characters are not allowed to be intelligent and strong, while male characters are not allowed to be sensitive and loving.

Ask yourself:

Are female and male characters limited by their gender to certain behaviours or activities? Are females allowed to be as smart and accomplished as males? Are they "bitches" if they're too successful? Are males allowed to be as sensitive and loving as females? Can they both be strong, physically and emotionally?

Sexual Behaviour And Consequences

Since it is nearly impossible to witness the intimate interactions of family and friends, the media often provide us with our only models of communication (or non-communication). On television, the possible physical and emotional consequences of the characters' behaviours are often not mentioned. The outcomes of sexual behaviour tend to be either simplistic or contrived.

Ask yourself:

Do characters talk before they act on their sexual desires? Do they discuss possible consequences? Are the outcomes of their behaviours realistic? What are the ages of characters involved in sexual situations?

Portrayal Of Violence

There are four aspects of violence that must be considered when evaluating its portrayal in the media. They are as follows:

1. Violence is often valued over discussion and compromise as a method of solving disagreements.
2. Violence is often viewed as an acceptable method of acquiring personal power. It is thought by some that characters, such as “Rambo,” have a particular appeal for those whose lives are not structured and secure, and who feel they are affected by things “out of their control.” It has been suggested that people who are alienated and feel they have no impact on society may vicariously obtain a sense of power by viewing films in which heroines and heroes gain control through violence. There are few films depicting peaceful resolutions of conflict. Many characters are portrayed as peace-loving individuals who resort to violence because they are pushed too far.
3. We are desensitized to the effects of violence because we see so much of it on TV and in the movies.
4. We are seldom shown the connection between violence and the suffering of victims and their families or the legal and social penalties for offenders.

Ask yourself:

Are conflicts resolved peacefully? Is violence glorified? Who wins the conflicts that are resolved through violence? Is the victor punished by a legal or social system?

The Relationship Between Sex And Violence

One of the media's worst aspects is its frequent linking of sex and violence. There are music videos that feature women who are tied down, physically threatened, or hit. There are TV shows in which characters fall in love with the person who raped them. Or, a TV show in which the sexy male and female detective team shoot the bad guy dead, and congratulate each other with a long kiss – standing over the body; gun still in hand. Many horror movies have underdressed, sexy women, in vulnerable situations, getting slashed.

Ask yourself:

Does violence play a part in sexual or erotic encounters? Who is the victim and who is the perpetrator?

Source:

Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

CHECKLIST FOR EVALUATING TELEVISION AND MOVIES

Evaluating television and movies for their handling of sexuality and sexual violence is no easy task. Here are some of the things to observe.

Body Image Or Appearance

A character's looks can say a lot about who that character is. Think about the heroines and heroes in most TV shows and movies. How do they look? A character can become a role model, with many viewers seeking the same kind of "look" either in themselves or their partners.

Emotional Expression

The open and honest discussion of feelings generally provides for healthy relationships; however, many popular television shows thrive on deceit and emotional manipulation. What are some examples?

Romantic Relationships

People meet under strange circumstances in TV and movies; their relationships often progress at astounding rates. Sometimes they don't even seem remotely right for each other. What are some examples?

Gender Roles

Too frequently, female characters are not allowed to be intelligent and strong, while male characters are not allowed to be sensitive and loving. What are some examples?

Sexual Behaviour And Consequences

The possible physical and emotional consequences of the characters' behaviours are often not mentioned. What are some examples?

Portrayal Of Violence

There are four aspects of violence that must be considered when evaluating its portrayal in the media. They are as follows:

1. Violence is often valued over discussion and compromise as a method of solving disagreements. What are some examples?
2. Violence is often viewed as an acceptable method of acquiring personal power. What are some examples?
3. We are desensitized to the effects of violence because we see so much of it on TV and in the movies.
4. We are seldom shown the connection between violence and the suffering of victims and their families or the legal and social penalties for offenders.

The Relationship Between Sex And Violence

One of the media's worst aspects is its frequent linking of sex and violence. What are some examples?

USE THE FOLLOWING CHECKLIST FOR EVALUATING A PARTICULAR TV PROGRAM OR MOVIE

	Yes	No
1. Do characters' appearances/body sizes say something about character?	_____	_____
2. Do characters discuss their real feelings?	_____	_____
3. Are relationships portrayed realistically?	_____	_____
4. Do males make the decisions in the relationships?	_____	_____
5. Do females make the decisions in the relationships?	_____	_____
6. Are female and male characters stereotyped?	_____	_____
7. Do characters talk before acting on sexual desires (e.g. condom use)?	_____	_____
8. Do characters discuss possible consequences of sex (e.g. STIs, pregnancy)?	_____	_____
9. Are conflicts resolved peacefully?	_____	_____
10. Is violence valued over gentleness?	_____	_____
11. Do males win the conflicts that are resolved through violence?	_____	_____
12. Do females win the conflicts that are resolved through violence?	_____	_____
13. Does violence play a part in sexual encounters?	_____	_____
14. Are males the victims in these sexual encounters?	_____	_____
15. Are females the victims in these sexual encounters?	_____	_____

Final Analysis

What does this TV program or movie say about sexuality?

Source:

Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

WHAT DO I VALUE?

Objective: Students will identify and discuss their values.

Structure: Activity with adult support person.

Time: 15 minutes in class.

Materials: “What Do I Value?” handout.

***Note:** Some young people may be reluctant to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult.*

Procedure

1. **Explain** that it is easier to deal with pressures if we know what’s important to us – or what we value.
2. **Ask students** to take home and complete the participant section of the “What Do I Value?” handout.
3. Once each person has individually completed the worksheet, instruct students to **ask an older person** they trust to complete the handout.
4. In order to maintain the privacy of students, ask students to **submit** the Declaration of Completion slip once the assignment is done.
5. In follow-up, ask the following **discussion questions**:
 - What was it like doing this activity? Was it easy or difficult?
 - What did you learn about yourself: your adult support person?
6. Conclude the activity by pointing out how useful it can be to consult with people we trust and care about when clarifying our values and making decisions.

(Adapted with permission from: Patriquin, Ruthie (1995) Can We Talk? Amherst: Cumberland County Family Planning.)
Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

WHAT DO I VALUE?

Students: Draw a circle around the number that shows how important each value is to you.

Adult support person: Draw a square around the number that shows how important it is to you that the student values each item on this list.

	Very Important	A little Important	Not Important
1. Being honest	1	2	3
2. Feeling good about myself	1	2	3
3. Being happy	1	2	3
4. Caring for others	1	2	3
5. Doing what my parents think is right	1	2	3
6. Having fun	1	2	3
7. Being popular	1	2	3
8. Looking good	1	2	3
9. Having the “right” clothes	1	2	3
10. Being good in sports	1	2	3
11. Having a boyfriend or girlfriend	1	2	3
12. Having a good education	1	2	3
13. Taking responsibility for my actions	1	2	3
14. Getting along with my parents	1	2	3
15. Standing up for a friend who is picked on	1	2	3

(Detach and hand in this slip only)

We completed the *What Do I Value?* Homework assignment.

Student

Parent/Guardian/Trusted Adult

Adult Comments: Please write any comments you may have about this activity.

SEXUAL BEHAVIOUR IN OUR CULTURE

Objective: Participants will define, identify, and explore sexuality and sexual behaviour in our culture.

Structure: Homework assignment followed by classroom activity.

Time: 20 minutes (in class).

Materials: “Sexual Behaviour in Our Culture” handout; flipchart paper and markers.

Preparation

A few days before this activity is taught, introduce the topic by discussing how sexuality is a part of our culture and that sometimes we are not aware of how many sexual images and messages we receive on a daily basis as we watch television, read advertisements, listen to music, or watch the people around us. Ask participants to complete the “Sexual Behaviour in Our Culture” handout (which asks them to list all of the social messages about sexuality that they observe in the next 24 hours, and list where and when they saw the behaviour). Schedule the following activity the day the homework is due.

Procedure

1. Tell the students they are going to discuss the theme that they began on the day the homework was assigned. Ask them to take out their homework where they observed and recorded social messages about sexuality.
2. Divide participants into groups of four to six students, and give each group newsprint and markers. Ask them to make a list of all of the sexual behaviours they have observed as well as the context within which they observed them. Ask them to write this information on the newsprint.
3. After they have completed their lists, ask them to post the lists on the wall. Allow a few minutes for participants to read the lists composed by the other groups. Lead a discussion by asking each of the groups to respond to these questions:
 - Which behaviours surprised you?
 - Which behaviours that you consider sexual are missing from this list?
 - Which behaviours are related to reproduction?
 - Which are related to pleasure?
 - Which behaviours made you uncomfortable?
 - How did you feel about the public nature of the behaviours?
 - In your view, what are the appropriate ages for these behaviours? (Infant, 8 years old, 14 years old, 16 years old, 20 years old, 50 years old, etc.)
 - Did anyone document seniors, people with disabilities, or gay/lesbian couples on their worksheets?
 - Did anyone document men being affectionate with one another?

Important points to bring out in this discussion are as follows:

- Sexuality is all around us; it is pervasive.
 - The expression of sexual behaviour is used for a variety of purposes (for love, pleasure, or procreation; to sell a product; for exploitation; etc.). A single sexual behaviour can have more than one purpose (pleasure and procreation for example).
 - There is a broad range of behaviour (hugging, sharing affection, holding hands) that is called sexual behaviour.
 - Point out that people with disabilities, seniors, and gay couples are often ignored as sexual beings. Point out stereotypes that are related to the sexual behaviour.
4. **Conclude** by pointing out how it is important that each person understands his/her own values as they relate to appropriate sexual behaviour at various ages, in public, and in private.

(Adapted with permission from: SIECUS (1998) Filling the Gaps – Hard to Teach Topics in Sexuality Education. New York: Author. For more information or for a copy of this program, visit www.siecus.org).

SEXUAL BEHAVIOUR IN OUR CULTURE

Directions

In the first column, list all of the sexual behaviours that you observe in the next 24 hours (e.g. as you watch television, read advertisements, listen to music, or watch the people around you). In the second column, list where and when you observed each behaviour.

Sexual Behaviours That You Observed	Where and When You Observed The Behaviour
A man and woman kissing.	Outside a restaurant; walking home from school.

POSTPONING INTERCOURSE VS. HAVING INTERCOURSE GROUP DISCUSSION

Objective: Students will list reasons why young people choose to postpone intercourse or have intercourse.

Structure: Large group.

Time: 20 minutes.

Materials: Flipchart or blackboard.

***Note:** Presenting the issues in this way allows students to reflect on the values of abstinence and offers them an opportunity to clarify their values towards this topic. Asking students to consider why young people in general would choose one course of action over another puts them in the position of “objective observer,” so that they do not feel obliged to share their personal beliefs or opinions.*

***Note:** This activity can be completed as a large group, or divide the class into smaller groups for discussion. The smaller groups will need someone to record their responses, and someone to report when the large group reconvenes. You can discuss each response as it is raised, and extend the activity by getting students to decide for themselves which reasons for having intercourse are “good enough” reasons.*

Procedure

On the board or flipchart paper, make a simple chart, as illustrated below. Have students brainstorm about the reasons why young people would choose to postpone having intercourse, and then about why youth would choose to have intercourse. Sample responses are included.

Reasons why young people choose to postpone having intercourse...

- Religious/cultural beliefs
- Not ready
- Not wanting to hide something from parents
- Avoid guilt, fear, and disappointment
- No worries about STIs or pregnancy (because abstinence is the only method that is 100% effective in preventing STIs and pregnancy)
- More time for friends and other activities
- More time for the relationship to develop
- Concern about reputation
- Personal belief that sex belongs only in a certain kind of relationship
- Belief that sex too soon can hurt a relationship (with a partner, friends, or parents.)
- Had sex once before and decided s/he is not ready for a sexual relationship (for any of the above reasons: just because someone says “yes” to sex once does not mean s/he has to say “yes” again)

Reasons why young people choose to have intercourse...

- “Hormones”/desire/curiosity
- To demonstrate love for partner
- Feeling pressured by your partner/or others
- “Social” pressure, feeling that everyone is doing it, and you’re not quite normal if you’re not
- Wanting to feel loved/wanted
- Feels good
- To get someone to love you to prevent the relationship from ending
- Influence of alcohol and/or drugs
- Not knowing how to say “no”, just “going along”
- Both partners really love each other, and want to express it this way
- Those questioning their sexual orientation may have sex in an attempt to “figure out” if they are attracted to opposite or same sex partners

(Adapted with permission from: Region of Ottawa-Carleton (2000) Ottawa-Carleton school-Based Sexual Health Program. Ottawa: Author.)

ACTIONS AND BEHAVIOURS

Give an example of each type of behaviour in the following situations:

	PASSIVE	AGGRESSIVE	ASSERTIVE
1. A person you do not know wants to drive you home from a rowdy party.			
2. Someone you do not want to date wants to go out with you.			
3. Your date wants to be more sexually intimate than you do.			
4. You are being sexually harassed.			
5. You do not want to have sex without contraception.			
6. Someone you want to date says you are not attractive enough			

VALUES AND ACTIONS

Consider the following situation:

Pat and Chris have been dating for some time. They like each other a lot. Tonight they are alone for the first time in several weeks.

Pat believes that it is okay for two people who care about each other to be intimate and really wants to be intimate with Chris.

Chris believes that the time should seem right for both people and wants to wait. Both Pat and Chris believe that it is important to consider each other's feelings, but both have strong personal feelings about this issue.

In ideal situations, each person's values would be reflected in his/her actions. But situations are seldom ideal.

Consider the values of both Pat and Chris. Describe, in a paragraph for each of the following, what might happen in this situation if

1. one person is confused about his or her values. (Discuss both sides of the issue.)
2. a decision is made very quickly.
3. a decision is made under pressure.
4. both people are drunk.
5. actions reflected values.

IT'S UP TO YOU (TEEN PREGNANCY OPTIONS)

Concept/Description: If a couple decides to have unprotected sex and pregnancy results, there are several options available.

Objective: To have students consider the options available if teen pregnancy occurs.

Materials: Teen Pregnancy Options Sheet
Pen or pencil

Directions:

1. Distribute the Teen Pregnancy Options Sheet.
2. Ask students to discuss the options available to an unwed mother and father. Discuss the pros and cons.
3. Have students fill in the sheet according to their individual beliefs and prepare to discuss as a class.

Variation: Have students debate their choices.

TEEN PREGNANCY OPTIONS

1. Keep baby: Marriage

PROS _____

CONS _____

2. Keep baby: Unmarried

PROS _____

CONS _____

3. Have baby: Adoption

PROS _____

CONS _____

4. Abortion

PROS _____

CONS _____

VALUES VOTING ♥

Objective: Students will explore their values regarding relationships and sexuality.

Structure: Large-group activity.

Time: 45 minutes.

Materials: “Values Statements” list; 3 signs: **AGREE, DISAGREE, UNSURE**; masking tape.

***Note:** All values, including abstinence, need to be discussed in a non threatening way. If students are all standing under one sign, explore the position that is not expressed. If necessary, give some of the beliefs from that point of view. Tell students that they can benefit from being exposed to all points of view and will be better prepared to respond when someone challenges their values. Participation in this activity encourages students to understand and respect others' values.*

Procedure

1. **Post the three signs** around the room, leaving enough space for students to gather beneath them. Signs may be arranged to allow students to reflect their views on a continuum; for example someone who is “Unsure” but leans towards “Agree” would stand in a location between those signs reflecting the strength of his or her opinion.
2. **Choose** six to eight of the statements from the Values Statements list. *The statements are intended to be hypothetical and get progressively more difficult. Teacher discretion, directed by knowledge of student sensitivities, is required in the selection of statements for discussion.*
3. **Explain** that this exercise is designed to explore personal values, and give the following directions:
 - I will read several statements to you, one at a time. Most of the statements are about relationships, dating, and sexual behaviour.
 - Go and stand under the sign that represents your response to the statement: **AGREE, UNSURE, DISAGREE**.
 - When everyone is standing where they want to be, I’ll ask volunteers to explain their positions.
4. **Read the first statement** and ask everyone to take a position under a sign. Ask volunteers to explain why they have chosen to stand where they are. Congratulate those willing to stand alone.
5. When the first statement has been fully discussed, **go on to the next one**. Pacing is important; don’t drag out the discussion, but make sure most points of view have been heard.
6. End with these **discussion questions**:
 - How easy was it to vote on these values?
 - Which statements were the hardest for you? Why?
 - If your parents voted on these statements, would their votes be similar to, or different from, those of this group?
 - How many of you have ever talked to your parents about any of these issues?
 - What happens when your family’s values are different from your own or your friends’ values? (Encourage students to discuss some of these value statements with their parents.)
 - What is one thing you learned about your own values from this activity? About the values in this group?
7. **Conclude** by pointing out how understanding our values and what’s important to us, even when they differ from the majority, is an integral part of decision making and fostering healthy behaviour.

VALUES STATEMENTS

1. Seventh and eight grades should be allowed to have parties at home without adult supervision.
2. Most 13 year olds are too young to “go out” with someone alone (no group and no adults).
3. Someone who comes to school wearing sexy clothing is asking to be sexually harassed.
4. It’s okay to make comments about people’s body parts, unless they say they don’t like it.
5. Gay, lesbian, and bisexual teenagers should be allowed to take their same-sex partners to school dances and other social functions.
6. It’s okay for two people of different races to date.
7. When a girl is out with a guy, it’s really up to her to make sure that things don’t go too far sexually.
8. Guys should only use condoms when they’re having sex with someone who has had many sexual partners.
9. It’s irresponsible for a teenager to have sex without using protection from pregnancy and STIs.
10. Talking someone into having sex before they are ready is taking unfair advantage of them.
11. Having sex with someone who you don’t really care about is wrong.
12. A girl who carries condoms in her purse is probably “easy.”
13. Choosing not to have sex is the best choice for teenagers.
14. If a guy and girl are having sex, and she gets pregnant, they should get married.
15. Teenagers are too young to be good parents.
16. There should be more restrictions on sexual images, language, and soliciting on the Internet.
17. Teen fathers should be forced to pay child support.
18. When faced with an unintended pregnancy, a woman should have the right to choose abortion.

(Adapted from: Wilson, Pamela M. (1999) *Our Whole Lives: Sexuality Education* for Grades 7-9. Boston: Unitarian Universalist Association. Reprinted with permission of the Unitarian Universalist Association.)
Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

WHAT I THINK

Objective: Students will identify their values regarding sexual expression.

Structure: Activity with trusted adult

Time: 15 minutes (in class).

Materials: “What I Think?” handouts (one for student, one for adult support person).

***Note:** Some young people may be reluctant to complete this assignment with their parent(s) or guardian(s). Allow them the opportunity to complete the assignment with another trusted adult.*

Procedure

1. Distribute the “What I Think” handouts. **Explain** that the homework involves values. It should involve an adult whom the student trusts and the student. There are separate sheets to complete. Students should discuss the activity with the adult after they each have completed their own sheet.
2. In order to maintain the privacy of students, ask participants to **submit** the Declaration of Completion slip once the assignment is done.
3. **Conclude** the activity with a discussion based on the following questions:
 - How difficult/easy was it to do this activity?
 - How similar/different were your answers from your adult support person?
 - What did you learn from the activity?
 - Would your adult support person’s answers be different if the teen referred to was 13 years of age? 19 years of age?
 - Will the activity influence your choices? How?

(Reprinted with permission from Williams, Dorothy L., ed. (1991) Values and Choices. (Minneapolis, MN: Search Institute. 1-800-888-7828.)
Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

WHAT I THINK

My Opinion

Directions: Please fill in the blanks with your own ideas. Then discuss your answers with an adult you trust.

1. What do you think about teenagers seeing restricted movies or viewing sexually explicit media?
2. What do you think about teenagers wearing revealing clothes?
3. What do you think about teenagers' use of swearing and slang?
4. What do you think about sexual activity for teenagers?
5. Is there some other question about how some teenagers dress, talk, or act that you'd like to ask an adult?

(Detach and hand in this slip only.)

We completed the "What I Think" homework assignment.

Student

Parent/Guardian/Trusted Adult

Adult Comments: Please write any comments you may have about this activity.

WHAT I THINK

Adult Opinion

Directions: Please fill in the blanks with your opinions about the following topics. Please feel free to discuss this with the participant.

1. What do you think about teenagers seeing restricted movies or viewing sexually explicit media?

2. What do you think about teenagers wearing revealing clothes?

3. What do you think about teenagers' use of swearing and slang?

4. What do you think about sexual activity for teenagers?

5. Is there some other question about how some teenagers dress, talk, or act that you'd like to ask a teenager?

Source: Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

CONSIDERING THE CONSEQUENCES OF EARLY SEXUAL ACTIVITY/INTERCOURSE

Purpose: Participants will identify the risks of early sexual activity/intercourse.

Structure: Small group.

Time: 20 minutes.

Materials: “Consequences of Early Sexual Activity/Intercourse” handout, blackboard or flipchart.

Procedure

1. **Divide** the group into small groups of about 5 or 6. Give one handout to each group and have them choose a recorder.
2. **Ask** the individual groups to brainstorm and identify the consequences of early sexual activity/intercourse (e.g. having vaginal or anal intercourse or engaging in oral sex):
 - the physical (health)
 - emotional consequences (including relationships with friends, parents, partner) for youth of their age
 - what can be done to decrease the risk of consequences.
3. Once the groups have completed the worksheets, ask for volunteers to share their results. Record the responses on the board or flipchart. **Discuss** and expand on the responses as they arise. You may wish to raise some issues yourself, if they are not raised by students. Some issues for possible discussion follow.

Physical Consequences of Early Sexual Activity/Intercourse:

- Increased probability of pregnancy.
- Increased probability of STIs (sexual transmitted infections) & associated complications (e.g. infertility).
- Increased probability of HIV.
- Increased probable risk of cervical cancer for women (because possibility of more sexual partners, cervix at puberty more vulnerable).

Emotional Consequences and Relationships:

- Reputation can be affected. (Would it be the same for girls as for boys?)
- Guilt (about keeping this from one’s parents).
- May damage the relationship with one’s partner – or change it.
- Relationship may not develop any further; partners may feel very awkward around each other.
- May not take the time to develop emotional closeness with partner.
- Friends may disagree.
- Worries about pregnancy, STIs, etc. could take time and energy away from other activities.
- May feel pressured, resentment in relationship.
- May have a negative effect on self-esteem, especially if person feels “used.”
- May feel regret.
- May find it more painful to cope if the relationship breaks up.
- Impact on body image.

What can be done to decrease the risk of consequences:

- Abstain from intercourse.
 - Use condoms and effective contraception.
 - Engage in lower-risk sexual activities (kissing, hugging, etc.).
4. **Conclude** by discussing the physical and emotional risks involved with being sexually active or having sexual intercourse at a young age. It is important to be aware of these consequences, as well as strategies to reduce the risk of consequences, before becoming involved in sexual relationships. Remind participants that the majority of youth their age are not having intercourse. According to the Canada Youth and AIDS Study (1988), only 12% of Grade 7 boys and 8% of Grade 7 girls have had intercourse at least once.

(Adapted with permission from: Region of Ottawa-Carleton (2000)
Ottawa-Carleton School-Based Sexual Health Program.
Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

**CONSIDERING THE CONSEQUENCES OF
EARLY SEXUAL ACTIVITY/INTERCOURSE**

Physical Consequences

+	-

Emotional Consequences and Effects on Relationships (with friends, parents, partner)

+	-

What do you think can be done to decrease the risk of unwanted consequences?

+	-

METHODS OF PREGNANCY PREVENTION AND STI PREVENTION QUIZ

True or False...

- _____ 1. If you are under 16 years of age, you need parental consent to obtain birth control pills.
- _____ 2. Condoms can be used with water-based lubricants.
- _____ 3. Spermicides, when used alone, are an effective method of birth control.
- _____ 4. Oral contraceptives (the birth control pill) should be taken at the same time every day.
- _____ 5. Women must receive Depo-Provera injections every 6 months.
- _____ 6. Spermicides are an effective protection against the AIDS virus.
- _____ 7. It is possible for a woman to become pregnant if she has vaginal intercourse during her period.
- _____ 8. Air must be squeezed out of the tip of the condom before putting it on.
- _____ 9. You can get an STI by engaging in unprotected oral sex.
- _____ 10. Withdrawal is an effective method of birth control.
- _____ 11. Emergency Contraception (Morning After Pill) can be taken up to 3 days after unprotected vaginal intercourse.
- _____ 12. Douching is an effective method of birth control.
- _____ 13. A condom can be used more than once.
- _____ 14. Abstinence is 100% effective in the prevention of STIs and pregnancy.
- _____ 15. Depo-Provera can be obtained from a physician.

Source: Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

METHODS OF PREGNANCY PREVENTION AND STI PREVENTION QUIZ

Objective: Students will identify effective methods of pregnancy and STI prevention.

Structure: Individual.

Time: 20 minutes.

Materials: “Quiz: Methods of Pregnancy and STI Prevention” handout.

Note: This quiz can be done as a pre-or post-test exercise.

Answer Key

- 1. If you are under 16 years of age, you need parental consent to obtain birth control pills.**
FALSE. There is no minimum age to prescribe contraception and parental consent is not required.
- 2. Condoms can be used with water-based lubricants.**
TRUE. Oil or petroleum based lubricants (e.g. vaseline or hand lotion) cause condoms to break.
- 3. Spermicides, when used alone, are an effective method of birth control.**
FALSE. However, spermicides, when used with condoms, are 98% effective.
- 4. Oral contraceptives (the birth control pill) should be taken at the same time every day.**
TRUE. To maximize efficacy, the pill should be taken at the same time every day.
- 5. Women must receive Depo-Provera injections every 6 months.**
FALSE. Women must receive Depo-Provera injections every 3 months.
- 6. Spermicides are an effective protection against the AIDS virus.**
FALSE. Condoms provide the best protection against HIV. The only 100% effective way to avoid HIV is to abstain from high-risk activities.
- 7. It is possible for a woman to become pregnant if she has vaginal intercourse during her period.**
TRUE. It is unlikely that a woman would become pregnant during her period. However, some women with shorter menstrual cycles ovulate earlier than day 14, and sperm can survive 4-7 days inside a woman’s body.
- 8. Air must be squeezed out of the tip of the condom before putting it on.**
TRUE. This helps to decrease the chance of breakage.
- 9. You can get an STI by engaging in unprotected oral sex.**
TRUE. Not having sex is the best way to avoid STIs. If you have oral sex, using a non-lubricated condom or oral dam every time is the most important thing you can do to protect yourself from STIs.

10. Withdrawal is an effective method of birth control.

FALSE. Withdrawal is not a reliable method.

11. Emergency contraception (the Morning After Pill) can be taken up to 3 days after unprotected vaginal intercourse.

TRUE. The earlier a woman takes emergency contraception, the more effective it is.

12. Douching is an effective method of birth control.

FALSE. Douching is not effective at all.

13. A condom can be used more than once.

FALSE. A condom can only be used once and should be discarded after use.

14. Abstinence is 100% effective in the prevention of STIs and pregnancy.

TRUE.

15. Depo-Provera can be obtained from a physician.

TRUE. A physician at a clinic or physician's office must prescribe Depo-Provera.

(Adapted with permission from: Planned Parenthood Federation of Canada (2001) Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education. Ottawa: Author.)

Methods of Pregnancy Prevention					
METHOD	How does it work?	How effective is it?	Where can you get it? Is it expensive?	Why choose this method?	Why not?
Abstinence					
Condoms and Spermicide					
Emergency Contraceptive					

	How does it work?	How effective is it?	Where can you get it? Is it expensive?	Why choose this method?	Why not?
Oral Contraceptive					
Withdrawal					
Depo-Provera					
Calendar/ Rhythm					

For best protection, an additional type of birth control is recommended.

<i>Method</i>	<i>How Reliable</i>	<i>What is it and how does it work?</i>	<i>Advantages</i>	<i>Drawbacks</i>
Abstinence	100%	You don't get pregnant if you don't have sex.	You are protected from sexually transmitted disease and HIV.	Some adolescents do not wish to abstain from sex.
Norplant	99% or more	Six flexible capsules of hormones, about the size of a matchstick, placed under the skin surface of your arm by a doctor. Hormones released thicken the cervical mucus and prevent sperm from getting to the egg. May also prevent the release of the egg from the ovaries.	Very effective and simple to use. Lasts for 5 years and works well for those wanting this time before another possible pregnancy. Is removed by a health care provider. Safe for breastfeeding mothers.	Minor surgery for placement and removal. Payment in full is required at the time of placement of the capsules. Thus, the initial cost is high but the method lasts for five years. May cause some changes in periods with spotting and missed periods. No protection against sexually transmitted disease and HIV. Possible side effects include weight gain, headaches, or mood changes.
Depo-Provera (DMPA)	99% or more	A shot (hormone) is given every three months to prevent the ovaries from releasing an egg. Also, changes the lining of the uterus (womb). Will need to use another birth control method the first two weeks for protection against pregnancy. Available from a health care provider.	Safe and effective and simple to use. Usually have no menstrual periods while getting the injections. Safe for breastfeeding mothers.	Commonly causes irregular bleeding. Possible side effects include weight gain, headaches, or mood changes. No protection against sexually transmitted disease and HIV. Emerging concerns re bone metabolism and risk of osteoporosis in later life.
Oral Birth Control Pills	97-99% if you never miss a pill	Hormones that are taken by mouth each day that stop the ovaries from releasing an egg. Must get prescription from a health care provider.	Very effective, safe, and simple to use. Progestin-only (minipill) is suggested for breastfeeding mothers as it is less likely to affect milk supply. May want to use a different method of birth control until breastfeeding is well established (generally around six to eight weeks after delivery).	Pill must be taken at about the same time every day to be effective against pregnancy. Possible side effects include weight gain, headaches, and mood changes. No protection against sexually transmitted diseases and HIV.

IUD	97%	Health care provider inserts a small thin, flexible T-shaped device inside the uterus (womb) to prevent pregnancy. A small string attached to the device protrudes from the cervix and the woman can feel the string inside her vagina. This is to ensure the device is in place.	Safe, effective, and simple to use. Effective for eight or more years. Can be removed by a health care provider whenever you want to become pregnant.	May cause increased cramping during periods. Not a good choice for women at risk for sexually transmitted diseases. Does not protect against (and may promote development of problems related to) sexually transmitted diseases and HIV.
Condom	88% and up to 96% if used correctly every time with foam/gel/cream	Latex or rubber covering which fits tightly over the penis. Collects the sperm and semen. Most reliable if the woman also uses spermicidal foam, jelly, or creams.	Must be placed on an erect penis and removed after climax. Can buy in most drugstores and is inexpensive. Can offer some protection from sexually transmitted diseases and HIV.	Must be put on immediately before lovemaking. Can tear easily with rough handling. Can dull man's sexual feeling. Irritation of the penis may happen when used with spermicidal foams, jellies, or creams. Can only be used once and thrown away.
Diaphragm or Cervical Cap	82% and up to 94% if carefully used each time	Small rubber cup fits inside vagina and over the cervix (opening) of the uterus (womb). Best to use with spermicides. Must be fitted by a health care provider.	Can be put into place two hours before intercourse. Use only during intercourse.	Can be messy and needs to remain in place for six to eight hours after intercourse. Use of foam, jellies, and creams may cause irritation to the vagina and cervix.
Rhythm (Natural Family Planning)	80%	Woman looks for body signs each day to check for fertile periods: cervical mucus, body temperature, and day of cycle. Women need to chart the signs for a few months to make more accurate predictions of fertile and non-fertile times.	No medication. Calendar, thermometer, and chart are easy to get.	Takes time and practice to understand the meaning of daily charting. Protection against pregnancy occurs by avoiding fertile times. Does not protect against sexually transmitted diseases and HIV.

Pregnancy Rates for Female Teens (15-19) for New Brunswick by County 1991-2001

Rates per 1,000 Females											
County	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Albert	21.9	36.2	19.6	28.3	24.0	23.9	18.1	34.5	17.6	28.6	22.0
Carleton	49.8	54.9	38.2	49.5	37.0	41.3	41.2	44.2	32.2	36.3	20.5
Charlotte	40.3	46.0	59.7	62.4	59.7	39.8	40.5	34.2	34.6	31.8	27.7
Gloucester	23.8	28.5	22.0	26.7	26.4	24.3	24.1	27.8	24.7	24.5	22.9
Kent	35.1	39.8	31.8	50.9	44.6	37.6	29.9	41.0	28.0	26.3	39.1
Kings	26.9	34.0	33.1	24.9	24.6	22.3	18.1	22.0	20.1	13.7	17.8
Madawaska	24.7	21.8	21.9	20.3	22.3	16.8	15.6	18.1	13.9	20.8	18.2
Northumberland	45.2	39.5	42.5	37.8	37.5	32.4	29.7	33.9	37.0	22.2	32.7
Queens	30.7	51.8	38.4	30.6	42.2	35.4	27.2	27.3	44.7	50.0	29.7
Restigouche	27.3	43.6	36.3	38.1	36.7	28.6	23.7	38.6	21.9	18.4	23.7
Saint John	49.1	52.7	56.2	53.9	51.6	48.2	47.7	44.2	41.8	31.5	29.5
Sunbury	50.4	43.4	45.6	45.9	50.2	47.9	45.9	41.0	31.9	47.2	35.5
Victoria	37.9	56.1	37.1	30.6	56.6	41.4	45.1	31.4	32.0	39.2	27.1
Westmorland	43.8	38.9	39.4	44.0	40.8	33.7	31.0	37.8	31.5	27.2	24.4
York	48.4	51.8	54.2	47.7	46.0	40.6	39.8	39.6	35.9	37.3	32.5
New Brunswick	37.6	41.0	38.5	39.1	38.4	33.3	31.1	34.4	29.7	27.9	26.3

* The total also include live births and stillbirths for New Brunswick residents which occurred outside of New Brunswick

Sources: Vital Statistics, DHCS, New Brunswick Statistical Agency (Population Estimates - January 25, 2001), and PSS (HFUMS), DHCS

NOTE - The calculation of teenage pregnancies involves the compilation of the following vital events:

- Registered Live Births for females aged 19 and under.
- Legal Therapeutic Abortion for females aged 19 and under in accredited N.B. hospital (performed in accredited hospitals in accordance with the 1969 abortion law).
- Registered Still Births for females aged 19 and under with at least 20 weeks gestation.
- Females aged 15-19 years at the time of the pregnancy outcome (rather than conception)

Not included in calculations:

- Therapeutic abortions performed in clinics or outside of the province.
- Spontaneous abortions or other fetal losses.

Prepared by Planning and Medicare Services, N.B. Department of Health & Wellness - January 31, 2005

The information below allows a comparison between New Brunswick teen pregnancy rates and those for Canada as a whole.

The differences in the data from the table above and the one below are caused by the ability of Statistics Canada (see table below) to include abortions conducted in private clinics and New Brunswick residents' abortions conducted outside the province.

Pregnancy Rates for Female Teens (15-19)

Rates per 1,000 Females											
Year							1997	1998	1999	2000	2001
Canada							42.8	42.4	40.1	38.0	36.1
New Brunswick							34.6	37.8	35.0	33.3	30.2

Source: Statistics Canada, using counts from May 26, 2004

STI QUIZ

Objective: Students will explain the prevention, transmission, symptoms, and treatment for a variety of STIs.

Structure: Individual

Time: 20 minutes

Materials: “STI Quiz” handout

***Note:** This quiz can be done in a group (orally) or individually (written). It can be used as a pre-test or as a post-test.*

ANSWER KEY

1. A person can have an STI and not know it. **TRUE**
2. It is normal for women to have some vaginal discharge. **TRUE**
3. Once you have had an STI and have been cured, you can’t get it again. **FALSE**
4. HIV is mainly present in semen, blood, vaginal secretions, and breast milk. **TRUE**
5. Chlamydia and gonorrhea can cause pelvic inflammatory disease. **TRUE**
6. A pregnant woman who has an STI can pass the disease on to her baby. **TRUE**
7. Most STIs go away without treatment, if people wait long enough. **FALSE**
8. STIs that aren’t cured early can cause sterility. **TRUE**
9. Birth control pills offer excellent protection from STIs. **FALSE**
10. Condoms can help prevent the spread of STIs. **TRUE**
11. If you know your partner, you can’t get an STI. **FALSE**
12. Chlamydia is the most common STI. **TRUE**
13. A sexually active woman should get an annual pap test from her doctor. **TRUE**
14. What advice would you give someone who thinks s/he might have an STI?
Go to a Sexual Health Centre or physician’s office for a check-up.
15. How can you avoid getting an STI?
Abstain from sexual intercourse.
Engage in lower-risk sexual activities.
Use condoms every time you have sexual intercourse.
Get a hepatitis B vaccination.
Refuse to share needles.

(Adapted with permission from: Planned Parenthood Federation of Canada (2001) *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*. Ottawa: Author.)

STI Quiz

True or False?

1. A person can have an STI and not know it.
2. It is normal for women to have some vaginal discharge.
3. Once you have had an STI and have been cured, you can't get it again.
4. HIV is mainly present in semen, blood, vaginal secretions, and breast milk.
5. Chlamydia and gonorrhea can cause pelvic inflammatory disease.
6. A pregnant woman who has an STI can pass the disease on to her baby.
7. Most STIs go away without treatment, if people wait long enough.
8. STIs that aren't cured early can cause sterility.
9. Birth control pills offer excellent protection from STIs.
10. Condoms can help prevent the spread of STIs.
11. If you know your partner, you can't get an STI.
12. Chlamydia is the most common STI.
13. A sexually active woman should get an annual pap test from her doctor.

Short answer

14. What advice would you give someone who thinks s/he might have an STI?

15. How can you avoid getting an STI?

STI RESEARCH

Objective: Students will identify and describe the most common STIs.

Structure: Small group.

Time: 30 minutes plus one class/session for presentations.

Materials: “STI Research” handout, “STI Research” answer key, flipchart/blackboard

Procedure

1. Divide the class into 8 groups. Distribute the “STI Research” handout to each group. Each group will pick one of the following STIs to research and present: Chlamydia, gonorrhea, human papilloma virus (HPV), herpes, syphilis, human immunodeficiency virus (HIV), hepatitis (B and C) and vaginal infections (yeast, vaginitis and trichomonas).
2. Explain the group assignment:
 - Complete the worksheet by using the Internet, resources in the library, or fact sheets/pamphlets (call your Regional Sexual Health Centre, Department of Health and Wellness, or Planned Parenthood affiliate for copies).
 - Prepare a presentation on an STI for the class.
3. Have groups make their presentations.
4. Discuss the group assignments. Ask participants:
 - What are some common symptoms of STIs?
 - How are STIs transmitted?
 - Do any of these diseases have the same treatment?
 - What are some of the common treatments?
 - What generalizations can we make about preventing transmission of STIs?
5. Conclude by pointing out that abstaining from intercourse is the only 100% effective method of prevention. Engaging in lower-risk sexual activities also decreases risk. If having sex, it is important to use condoms each and every time.

Extension

Instruct each small group to create a poster, pamphlet, or fact sheet using the information collected from the “STI Research” handout. These items can be displayed/distributed to increase awareness, particularly during STI or HIV awareness week.

Answer Key

STI Research

STI	Symptoms	Transmission	Effects	Treatment	Prevention
Chlamydia (bacteria)	Often no symptoms. Discharge from genitals. Burning/pain while urinating. Pain in pelvic area/during intercourse. Unusual vaginal bleeding.	Unprotected vaginal, oral, or anal sex.	Can cause sterility, pelvic inflammatory disease.	Cured with antibiotics.	Abstaining from intercourse. Condom use reduces risk.
Gonorrhea (bacteria)	Often no symptoms. Discharge from genitals. Burning/pain while urinating. Pain in pelvic area/during intercourse. Increased pain during menstrual periods.	Unprotected vaginal, oral or anal sex.	Can cause sterility, pelvic inflammatory disease.	Cured with antibiotics.	Abstaining from intercourse. Condom use reduces risk.
Human Papilloma Virus (HPV) (virus)	Often no symptoms. Symptoms can sometimes take years. Cervical changes. Warts that have cauliflower-like appearance.	Direct contact of the skin or lining of the vagina or rectum.	Increased risk of cervical cancer. More warts can grow.	Cannot be cured. Symptoms treated with liquid nitrogen, laser treatment or other medications.	Abstaining from intercourse. Condom use reduces risk. Regular pap test.
Herpes (virus)	Incubation can last years. Flu-like feelings. Small, painful blisters on genitals or mouth (cold sores).	Direct contact of the skin.	Blisters may recur.	Cannot be cured. Symptoms managed with drug therapy.	Abstaining from intercourse. Condom use reduces risk.
Hepatitis B & C (virus)	Often no symptoms. Flu-like symptoms. Jaundice.	Unprotected sex. Sharing needles. Mother to child transmission.	Liver disease. Cancer of liver.	Cannot be cured. Sometimes the virus goes away on its own. Antiviral medication for Hepatitis C.	Hepatitis B vaccination. Abstaining from intercourse. Condom use reduces risk. Do not share needles or other drug equipment. Do not share toothbrushes or razors. Universal precautions.
Syphilis (virus)	Often no symptoms. 1 st stage: painless, open sore on mouth or genitals (will disappear). 2 nd stage: rash, flu-like symptoms. 3 rd stage: damage to vital organs	Unprotected vaginal, oral, or anal sex. Mother to child.	If untreated, can cause damage to heart, liver, brain and eyes.	Cured with penicillin injections.	Abstaining from intercourse. Condom use reduces risk.
Vaginal infections (yeast, vaginitis, trichomonas) (bacteria)	At times no symptoms. Females: unusual vaginal discharge or odour; vaginal itching & redness; burning with urination; pain during intercourse. Males: may have itching or rash on penis.	Sometimes spread through sexual contact but some types are not (e.g. antibiotic use).		Cured with antibiotics and antifungals.	Abstaining from intercourse. Condom use reduces risk. Wipe from front to back. Do not douche. Wear cotton underwear.
Human Immunodeficiency Virus (HIV) (virus)	Often no symptoms. Flu-like feelings, unexplained weight loss, night sweats, persistent diarrhea.	Unprotected vaginal, oral, anal sex. Sharing needles. Mother to child transmission.	Can lead to AIDS & many life-threatening diseases.	Cannot be cured. Many medications available to manage the virus.	Abstaining from intercourse. Condom use reduces risk. Do not share needles or other drug equipment. Universal precautions.

Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

STI RESEARCH

Name of STI:

1. What are the symptoms of this STI?
2. How is this STI transmitted from person to person?
3. What are some of the effects of this STI?
4. How can this STI be treated?
5. How can this STI be prevented?

STI NOTES

NAME: _____

STI	SYMPTOMS	TRANSMISSION	EFFECTS	TREATMENT	PREVENTION
Chlamydia					
Gonorrhea					
Human Papilloma Virus (Genital Warts)					
Herpes					

STI NOTES

NAME: _____

STI	SYMPTOMS	TRANSMISSION	EFFECTS	TREATMENT	PREVENTION
Hepatitis					
Syphilis					
Vaginal Infections					
HIV					

STI EXPERIMENT

Purpose – to show students how easily and quickly STI’s are spread when people participate in unprotected sex.

* Students wear safety goggles during the whole experiment.

Procedure

- Teacher prepares a test tube/cup half-filled with liquid (water or distilled water).
- One test tube/cup contains a fictional STI/STD (sodium hydroxide) *Teacher will want to know which container has the sodium hydroxide and may number each container.*
- Students randomly select a number from 0 to 5 from a teacher prepared box to indicate the number of exchanges they will make (simulating the number of sexual partners). *Teacher should consider one or two 0’s and a few 1’s several 2’s and 3’s and fewer 4’s and 5’s.*
- Each student will exchange a small amount of liquid (about half) from their test tube with another student.
- This step is repeated between 0 and 5 times, with different students in the class.
- An indicator (one drop of phenolphthalein in each test tube) is used to show whether the student’s test tube has contracted the fictional STI/STD.
- A pink colour is a positive test. Your test tube has an STI/STD.
- No reaction means you are STI/STD free.

Results and Discussion

1. Has your test tube contracted the STI/STD?
2. How many of your classmates are now infected?
3. How many are STI/STD free? How many exchanges did they make?
4. What would have happened if we had more exchanges ?
5. Could you tell who had the STI/STD by looking at the test tubes before the indicator was added?
6. How could you have protected yourself from getting the STI/STD?
7. What is the most important thing you learned from this experiment?

Note: *This is a truly random experiment and there is a possibility that it may not show a significant spread. This might occur if, for example, the STI were shared on the first exchange by a 1 exchange person to another 1 exchanger (thus there would only be two positives). That is why it is important that the teacher knows who has the sodium hydroxide. It may be necessary to repeat the experiment.*

OBJECTIONS TO CONDOMS

Purpose: Students will identify ways to negotiate condom use.

Structure: Individual.

Time: 20 minutes.

Materials: “Objection to Condoms” worksheet.

Procedure

1. **Introduce** the activity by saying that not everyone is sexually active, but if now, or in the future, a student chooses to become sexually active there are ways to deal with objections people may have to using condoms.
2. **Distribute** the “Objections to Condoms” worksheet. Have students read the worksheet, and match up the lettered responses to the “objections” that they feel would be appropriate. If they have time, they can list a few objections and/or responses of their own.
3. When everyone has completed the worksheet, reconvene the group, and **ask** for volunteers to share their responses to each objection. Ask if anyone came up with additional objections or responses.
4. **Conclude** by pointing out that it is often helpful to anticipate possible objections in order to communicate assertively and efficiently.

(Adapted with permission from: Social Program Evaluation Group (1994) *Skills for Healthy Relationships*. Queen’s University, Kingston: Author)

OBJECTIONS TO CONDOMS

Read through these partner objections to condom use and then the possible responses below. Record the letter (or letters) of appropriate responses to these objections on the line beside each objection. If you have time, list a few objections and/or responses of your own (on the back of this sheet).

Possible Objections:

1. Don't worry; I'm on the pill. _____
2. I'm clean; I don't run around, and I don't have any infections. _____
3. Condoms don't feel good. It won't be natural. _____
4. By the time you put a condom on, you've lost the mood. _____
5. I feel stupid buying condoms, and trying to hide them from my parents. _____
6. I'd be embarrassed to use one. _____
7. Condoms are gross; they're messy; I hate them. _____
8. Just this once; we hardly ever have sex. _____
9. I don't have a condom with me. _____
10. They cost too much. _____

POSSIBLE RESPONSE(S) TO PARTNER OBJECTIONS

- A. Maybe I can help by keeping the condoms for you.
- B. Once is all it takes to get pregnant or to get an infection.
- C. I'd like to use a condom anyway. It protects both of us from infections we may not realize we have.
- D. Let's satisfy each other without having sex.
- E. Let's put sex on hold, until we have a chance to work out our differences.
- F. We can buy them together.
- G. Condoms may be a little awkward.
- H. I'll get the condom – it'll only take a few minutes.
- I. I can help pay for them, or we can get them for free at a clinic.
- J. Millions of people are infected without knowing it. Isn't it better to be safe?
- K. Maybe we're not ready for sex, if we can't talk about condoms.
- L. Embarrassment never killed anyone.
- M. For the short time it takes we can keep the mood going.

Can you think of any other objections that people may have? List them here with a possible response.

Objection: _____

Response: _____

Objection: _____

Response: _____



Source: NB Department of Health and Wellness, Provincial Epidemiology Service February 7, 2005

Number of Cases of Selected Sexually Transmitted Infections by Age Group, New Brunswick, 1999-2003

YEAR REPORTED	DISEASE	AGE GROUP					Grand Total
		10-14	15-19	20-24	25-29	30+	
1999	AIDS	0	0	1	0	7	8
	CHLAMYDIA	8	407	513	137	70	1135
	GONORRHEA	0	2	4	2	3	11
	HEPATITIS C	0	9	13	19	144	185
	GENITAL HERPES	1	35	43	33	69	181
	HIV	0	0	1	0	4	5
	SYPHILIS	0	0	0	0	3	3
1999 Total		9	453	575	191	300	1528
2000	AIDS	0	0	0	0	4	4
	CHLAMYDIA	13	407	554	177	89	1240
	GONORRHEA	0	1	3	2	5	11
	HEPATITIS C	0	8	15	20	167	210
	GENITAL HERPES	1	43	63	44	87	238
	HIV	0	0	2	2	10	14
	SYPHILIS	0	0	0	0	3	3
2000 Total		14	459	637	245	365	1720
2001	AIDS	0	0	0	0	3	3
	CHLAMYDIA	6	398	559	145	94	1202
	GONORRHEA	0	1	5	2	4	12
	HEPATITIS C	0	5	13	19	142	179
	GENITAL HERPES	1	30	59	37	94	221
	HIV	0	0	0	2	9	11
	SYPHILIS	0	0	0	0	12	12
2001 Total		7	434	636	205	358	1640
2002	AIDS	0	0	0	0	2	2
	CHLAMYDIA	6	419	589	192	107	1313
	GONORRHEA	0	5	14	4	7	30
	HEPATITIS C	0	3	20	22	123	168
	GENITAL HERPES	2	49	77	44	102	274
	HIV	0	0	2	1	5	8
	SYPHILIS	0	0	0	0	3	3
2002 Total		8	476	702	263	349	1798
2003	AIDS	0	0	0	0	5	5
	CHLAMYDIA	9	444	606	205	116	1380
	GONORRHEA	0	6	11	10	8	35
	HEPATITIS C	0	5	34	30	144	213
	GENITAL HERPES	3	52	68	39	111	273
	HIV	0	0	2	1	7	10
	SYPHILIS	0	0	1	1	12	14
2003 Total		12	507	722	286	403	1930
Grand Total		50	2329	3272	1190	1775	8616

Source: NB Department of Health and Wellness, Provincial Epidemiology Service February 7, 2005

PREGNANCY & PREGNANCY OPTIONS ♥

Some Reasons for Unintended Pregnancy

- Many couples don't talk about intercourse, condom use, birth control, and pregnancy. It's easier to have sex than to talk about it. Advertising, television, movies, and videos give messages that promote sex and the idea that "it just happens." There are few messages about respecting ourselves and taking responsibility for our behaviour.
- Sometimes a couple uses birth control, but doesn't use it consistently or correctly every time. Even when used correctly, birth control can fail. No method is 100% effective.
- Sometimes pregnancy is a result of sexual assault or coercion.
- Birth control is not easily available in all communities. People may not know how or where to get it or are concerned about confidentiality or cost.
- Drugs and alcohol affect judgment. Even a couple who plan to use birth control can get "carried away" and have unplanned intercourse or forget to use birth control.
- Everyone wants to be loved and needed: some people believe a baby will meet this need.

Facts about Teenage Pregnancy

- 90% of teenage pregnancies are unplanned.
- 1 out of 10 teenage girls will be pregnant before 18 years of age.
- About 50% of these pregnancies will end in abortion.
- 85-90% of teens who deliver a baby choose to parent.
- Over half of teens that parent do not finish school.
- 2 out of 3 women who become mothers as teens spend their lives in poverty.

Three options exist for women who are pregnant: ¹

- 1) Terminate the pregnancy by having an **abortion**.
- 2) Continue the pregnancy and place the child for **adoption**.
- 3) Continue the pregnancy and become a **parent**.

Teacher Note: ¹ *Discussing pregnancy options can be difficult and challenging. Young people need information on all available options. It is important to present and discuss each option openly, accurately, and without judgment.*

Abortion

- Abortion is legal in Canada.
- An abortion is the termination of a pregnancy by the removal of the embryo or fetus from a woman's uterus.
- The earlier an abortion is performed, the safer and less complicated the procedure. The majority of abortions are performed within the first 12 weeks of pregnancy.
- Abortions performed in hospitals are free under medicare. The cost of an abortion at an abortion clinic varies: at some it is free, and at others the client may have to pay a part of the cost. This varies from province to province.
- Women under 18 may need a parent's or a guardian's consent to have an abortion in a hospital.

Adoption

- There are 2 kinds of adoption in New Brunswick:
 1. **Public Adoption:** New Brunswick Department of Family and Community Services places children with adoptive families. The birth parents have the option of participating in the choice of adoptive parents. The Department has the legal responsibility for ensuring that placements are based on the best interests of the child and offers support services to adoptive families after adoption.
 2. **Private Adoption:** Birth parents choose the adoptive parents, and have the legal responsibility for ensuring that the placements are based on the best interest of the child. No services are automatically offered to help the birth and/or adoptive parents and children should there be a disruption in the adoption.

Parenting

- Parents are legally responsible to provide care for a child until the child is 16 years old.
- There are resources in the community to assist mothers with housing, education, and training.
- Mothers may be entitled to welfare assistance if they have no other means of support.
- Mothers are entitled to some financial support from the child's father, even if he has no contact with the child.
- The child's father may request access to the child, whether or not he's providing financial support.
- Studies show that most teen mothers end up raising their children alone.
- 90% of youth who deliver a baby choose to parent.

SEX, DRUGS & ALCOHOL

- Drugs and alcohol, associated with many health risks. They impair your decision making so you may end up having sex when you wouldn't if you were sober. People may take advantage of you in this situation – sex without consent is sexual assault.
- If you're drunk or stoned, you might have unsafe sex, putting yourself at risk of sexually transmitted infections (STIs) and unintended pregnancy. If you've had unprotected sex, or can't remember what happened, get tested for STIs.
- If you share needles or other drug equipment, you will be at high risk of contracting HIV and Hepatitis B and C. Needles must be clean to be safer. Do not share equipment!
- Pregnant women using alcohol, drugs, or tobacco risk harmful effects on the developing fetus.
- People may be influenced by peer pressure to use drugs and alcohol. If friends are pressuring you, they're not really your friends. If a partner pressures you, it's not a healthy relationship. You deserve better – find people who respect you!
- Some gay, lesbian, and bisexual youth may use drugs and alcohol to cope with feelings of loneliness, shame, fear, and harassment. Getting drunk or high won't make coming out any easier. Remember that you are not alone.
- Tips for being safer:
 - Choose abstinence.
 - Choose not to use drugs and alcohol. If you do, set limits for yourself.
 - Be a buddy! Friends can watch out for each other.
 - Do not share needles and drug equipment.
 - If you're going to have sex, practise safer sex: Don't exchange bodily fluids like semen, vaginal fluids, and blood. Be prepared, with lubricated latex condoms. Choose less risky activities. Get more information about safer sex from a clinic or doctor.
 - To protect yourself from date-rape drugs, don't drink anything you didn't open yourself and never leave a drink unattended. Don't drink something that looks or tastes odd.
- Substances can reduce our inhibitions, but they also involve a lot of risks. If you need drugs and alcohol in order to have sex, maybe you're not really ready to have sex at all!

Sober is Safer!!!

Adapted from: Planned Parenthood Metro Clinic, Halifax

THE PORCUPINE GAME

Objective: Students will identify aspects of sexual identity and which are most important to them.

Structure: Large group.

Time: 20 minutes.

Materials: Flipchart or blackboard.

PROCEDURE

1. **Draw** a circle on the board and label it sexual identity. Define sexual identity as how we feel and express ourselves as sexual beings.

Point out that

- we are all sexual beings, whether we have sex or not; and
- our sexual identity is formed by a number of factors.

2. **Ask** students to identify these factors. Draw a spoke from the circle for each descriptor. You may need to give a few examples to get the ball rolling and/or provide definitions for the following factors:

- | | | |
|--------------------------------------------|-----------------|--------------------------|
| - sex | - religion | - thoughts/fantasies |
| - gender | - experiences | - social skills |
| - sexual orientation | - media | - reproductive decisions |
| - culture | - relationships | - sexual health |
| - age | - biology | - body image |
| - exceptionality (physical, developmental) | - values | - self-esteem |
| | - feelings | |

3. **Ask** students to think about which factor is the most important aspect of their sexual identity, and which is least important (some can be equally important). Ask them to think about why one is more important to them than another.
4. **Ask** the following questions:
 - Which spoke is the most important to you? Least?
 - Do you think your spokes will change over time? Why or why not?
5. **Conclude** by informing students that everyone has a unique set of “spokes” that make up their sexual identity. This identity is fluid and changes over time as you grow, develop, make new friends, and change your level of sexual involvement. Let students know that understanding their sexual identity will help them make decisions about their sexual expression.

Extension

If you notice that students had problems with specific “spokes,” you can supplement your lesson plans with activities that address these issues more directly.

Source: Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

VISUALIZATION

Objective: Students will discuss and challenge heterosexual privilege.

Structure: Large group.

Time: 30 minutes.

Materials: “Visualization Story”.

Procedure

1. **Ask** students to relax and listen to the story.
2. **Read** the story from the handout.
3. **Ask** students to take a few moments to think about the story.
4. **Facilitate** a discussion:
 - What is your response to the story?
 - Was this real?
 - What did you think or feel while listening to the story?
5. **Conclude** by pointing out that gay, lesbian, transgendered, two-spirited and bisexual people face certain challenges in our society. We live in an inclusive society and respect should be shown for all persons.

A glossary of terms is found in the Teacher Resource section at the end of this document.

VISUALIZATION STORY

It is a beautiful spring morning as you awake. You take a shower, dress, and sit down to your breakfast. You glance outside and enjoy the tulips and daffodils that are finally starting to grow. It is a school day, but unlike any other because today, for one day in your life, you are a heterosexual person living in a gay world – and you are the minority.

You don't feel any different, and you wonder how your day will go. You glance at a magazine and listen to the radio. It's almost time to go to school, but wait...a magazine ad catches your eye. Two women models hold each other, sensuously displaying bathrobes on sale for half price. The cartoon on the opposite page tells of a funny mishap in a family of two men and their dog.

You listen again to the radio playing a catchy song about the love between two women and the distance that keeps them apart. The doorbell rings and you grab your coat. Your friends have arrived and it's time to leave for school.

On the way to school, your friends are talking about their latest same-sex love interests. It seems normal: no one is surprised and the conversation continues. You would like to tell your friends about what you did this weekend and about the cute opposite sex person that you met, but now you are kind of afraid of how your friends will react.

When you arrive at school, you go to your locker. At the locker next to you there is a group of students laughing as a joke about heterosexuals is shared. You leave, wishing you could have told them to shut up. On your way to class, a group of guys purposely bumps into you, and they tell you they hate heterosexuals and that you had better stay out of their way.

You make your way to class and take a seat. Your teacher is asking everyone to get into small groups. Today you are going to talk about the characteristics you would look for in a perfect life partner. You feel like you are being forced to lie. You don't feel that you can tell your group how you would look for someone of the opposite sex. You look out the window as the bright spring day continues...

(Adapted with permission from: Mercier, Joanne and Claire, Carolyn (1996)
Anti-Homophobia Program. Calgary: Calgary Birth Control Association

Source: Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education

TEACHER RESOURCES

PRINT RESOURCES FOR TEACHERS

Aids New Brunswick Pamphlets

Aids New Brunswick www.aidsnb.com

Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education

Planned Parenthood Federation of Canada (2001)

Focus on the appropriate activities for middle level students (Level I & II).

Choices for Life

Workplace Health, Safety and Compensation Commission of New Brunswick

Education for Sexuality and HIV/AIDS

Meeks, Linds; Heit, Philip; and Burt, John

Meeks Heit (1993) (ISBN 0-9630009-2-6)

Exploring Your Horizons: Career and Personal Planning

Misener, Butler

McGraw-Hill Ryerson, (1998) (220800)

Fight Bac! For Food Safety, Food Safety Information for Grades 4 to 7

Canadian Partnership for Consumer Food Safety Education (2001)

Health Issues 7

Gillda Leitenberg, Editor

McGraw-Hill Ryerson (2002) (ISBN 0-07-091406-0)

Health Issues 7, Teacher's Resource Guide

Jaime Johansson

McGraw-Hill Ryerson (2003) (ISBN 0-07-091407-9)

Health Issues 8

Gillda Leitenberg, Editor

McGraw-Hill Ryerson (2002) (ISBN 0-07-091408-7)

Health Issues 8, Teacher's Resource Guide

Jaime Johansson

McGraw-Hill Ryerson (2003) (ISBN 0-07-091409-5)

Health Issues 9

Gillda Leitenberg, Editor

McGraw-Hill Ryerson (2002) (ISBN 0-07-091410-9)

Health Issues 7, Teacher's Resource Guide

Jaime Johansson

McGraw-Hill Ryerson (2003) (ISBN 0-07-091413-3)

Human Sexuality: Responsible Life Choices

Ryder, Verdene and Smith, Peggy B.

Goodheart-Wilcox Co. (2000) (ISBN 1-56637-455-3)

It's Up To Me: A Kit on Dating Violence

Coalition Against Abuse in Relationships, 770 Main Street, 9th Floor, Moncton, NB, E1C 1E7, (506) 392-5120

Physical Education Safety Guidelines

NB Department of Education (2002)

Elementary & Middle Level (840560)

High School (840570)

Seeing the Rainbow: Teachers Talk about Bisexual, Gay, Lesbian and Transgender and Two-spirited Realities

Canadian Teacher's Federation (ISBN 0-88989-339-1)

Skills for Adolescence

Lions Club International, Lions Quest (2001) (ISBN 1-56095-278-4)

Teen Health Course 1

Merki, Mary Bronson

Glencoe McGraw-Hill (1995) (ISBN 0-02-651774-4)

WEBSITES FOR TEACHERS

- Aids NB
www.aidsnb.com
- Body Sense
www.bodysense.ca/resources.html
- Calgary Health Region
www.teachingsexualhealth.ca
- Canada's Food Guide to Healthy Eating
www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html
- Canada's Physical Activity Guide to Healthy Active Living
www.hc-sc.gc.ca/hppb/paguide/
- Canadian Cancer Society
www.cancer.ca
- Canadian Institute for Health Information
www.cihi.ca
- Coalition Against Abuse in Relationships (CAAR)
www.coalitionagainstabuse.com
- Dietitians of Canada
www.dietitians.ca/english/frames.html
- Focus on Bullying
www.safeschools.gov.bc.ca
<http://www.bced.gov.bc.ca/specialed/bullying.pdf>
- Go Smoke Free
www.gosmokefree.ca
<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/>
- Health Canada
www.media-awareness.ca
- Heart & Stroke Foundation
www.heartandstroke.ca
- Just Add Milk
www.justaddmilk.ca/index.html

- MADD Canada
www.madd.ca
- Making Waves
www.mwaves.org
- New Brunswick Parents' Ideas About Sexual Health Education
<http://www.gnb.ca/0000/publications/ss/nbparentidea.pdf>
New Brunswick Teachers' Ideas About Sexual Health Education
<http://www.gnb.ca/0000/publications/ss/nbteachersidea.pdf>
New Brunswick Students' Ideas About Sexual Health Education
<http://www.gnb.ca/0000/publications/ss/studentsexeducation.pdf>
- Nutrition on Labelling Tool Kit for Educators
www.hc-sc.gc.ca
http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/labelling-etiquetage/toolkit_educators_e.html
- Sexual Information and Education Council of the United States
www.siecus.org
- Sexuality and You (teacher reference site)
www.sexualityandu.ca
- Statistics Canada
www.statscan.ca
www.statscan.ca/english/ads/estat/index.htm
- Teaching Tools
<http://school.discovery.com/teachingtools/teachingtools.html>
- Volunteer Canada
www.volunteer.ca
- Weather Network
www.weathernetwork.ca
- Your Life, Your Choice
www.schoolnet.ca/alcohol/e/mainmenu

GLOSSARY FOR TEACHERS

Abstinence	Not engaging in sexual activity. Definitions may vary from person to person. Some may abstain from any form of sexual activity while others choose not to have any kind of sexual activity that leads to an exchange of body fluids; this includes oral sex, vaginal sex, anal sex and any activity that involves skin-to-skin contact in the genital area.
Anal Sex	A sexual act in which a person's penis is inserted into another's anus.
Bisexual	A woman or man who is emotionally and sexually attracted to both women and men.
Dental Dam	See Oral Dam
Gay	A slang word for a homosexual man. It may also refer to a lesbian.
Heterosexual	A person who is emotionally and sexually attracted to people of the opposite sex.
Homosexual	A person who is emotionally and sexually attracted to people of the same sex.
Lesbian	A woman who is emotionally and sexually attracted to women.
Oral Dam	A sheet of latex material that can be placed over the anus or vagina during oral sex. Its purpose is to help avoid the mixing of body fluids that can lead to the transmission of infections.
Oral Sex	Sexual act in which one's mouth is used on another's genitals or anus.
Transgendered	People who feel that their gender identity conflicts with their sexual anatomy. A boy may feel as if he should have been a girl or a girl may feel as if she should have been a male.
Two-spirited	Aboriginal people who are emotionally and physically attracted to people of their sex or to people of both sexes. It is an ancient term and is increasingly being used by others.

Legal Status

<i>Sexual Activity / Sexual Offence</i>	<i>Having sexual activities with a person who does not consent is a crime called a “sexual offence”. Sexual activity may include many things such as, among others, touching another person directly or indirectly, with a part of the body (like hands) or an object for sexual purposes.</i>
<i>Consent</i>	<i>Consent means that the persons engaged in the sexual activity voluntarily agreed to engage themselves in the sexual activity. When individuals are accused of a sexual offence, they sometimes raise the defence of consent. To be a valid defence, the consent to sexual activity must be very clear. There is no consent if a person agrees to sexual activity because the person is pressured, afraid, forced, lied to, or threatened.</i>
<i>Age of Sexual Consent</i>	<i>The defence of consent is never valid if one of the persons engaged in the sexual activity is under the age of 14 years old, except for a small exception. The <u>Criminal Code</u> clearly states that the touching of a person under the age of 14 years old for sexual purpose or an invitation to sexual touching made to a person under 14 years old is a sexual offence. An invitation to sexual touching means asking another person to touch himself or herself or another person for sexual purpose. Here again the touching includes direct and indirect touching with a part of the body or an object.</i>
<i>Exception to Age of Consent</i>	<i>The only exception where consent may be a defence to criminal accusation of sexual offences against a person under 14 years old (the complainant) is if the complainant is at least 12 years old and 3 other conditions are present: (1) the accused is between 12 and 16 years old, (2) the accused is less than two years older than the complainant and (3) the accused is not in a position of trust or authority towards the complainant and there is no relationship of dependence between the accused and the complainant. This means that a person under the age of 12 years old can never consent to sexual activities and a person under 14 years old can only consent in the particular circumstance mentioned above.</i>
<i>Adults and those Under 18 Years of Age</i>	<i>Also, it is a criminal offence for an adult in a position of trust or authority toward a person under the age of 18 years old or in a relation of dependency with that person under 18 years old to engage in sexual activities with that person younger than 18 years old. No defence of consent would be valid in such a situation. (p. 7)</i>

Legal counsel also suggests that a more extended explanation particularly regarding the meaning and importance of the consent of sexual activity and that a person who consented may change his or her mind at any moment would be a good idea.

Counsel also suggests that teachers clearly mention to students that they are not encouraged to engage in sexual activity at such a young age. [31.1 of the *Education Act* and Policy 701 provide more information]