


Sexpressions Teaching Manual


Understanding Adolescent Sexuality and Teaching Sex Ed


2013


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Published by Sexpressions, Montreal, Quebec

Library and Archives Canada Cataloguing in Publication

Sexpressions teaching manual : understanding adolescent sexuality and teaching sex ed.
Includes bibliographical references. Issued in print and electronic formats.
ISBN 978-1-926742-31-1 (spiral bound).--ISBN 978-1-926742-32-8
(pdf)
1. Sex instruction for youth--Handbooks, manuals, etc.
2. Education, Secondary--Handbooks, manuals, etc. I. Sexpressions

HQ57.3.S49 2013 612.6071'2 C2013-902461-1
C2013-902462-X

Printed in Canada

Thank you for your contributions...

Canadian Federation for Sexual Health www.cfsh.ca

Advocates for Youth www.advocatesforyouth.org

Kotex® kotex.com

The Sexual Health Centre for Cumberland County www.amherstsexualhealth.ca

Toronto Public Health www.toronto.ca/health

MediaSmarts mediasmarts.ca

Men For Change www.m4c.ns.ca

Unitarian Universalist Association www.uua.org

Planned Parenthood Ottawa www.ppottawa.ca

Planned Parenthood Federation of America www.plannedparenthood.org

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Introduction to Adolescent Sexuality + Sex Education

Notes for Educators

Sex education has been, and will always be, a controversial topic. While most of us recognize that talking about the subject helps students be more empowered about their choices in sexual health, there continues to be debate that surrounds many of the topics. Because of these politics, as educators we need to be aware that in doing our jobs, we may raise feelings of angst in others. As educators we must work within the framework of our school boards, cities, and our province or state. We must also work within the framework of parent committees and other social groups. While it is clear that the research indicates implementing a comprehensive sex education program helps to minimize some of the more undesired outcomes of youth sexual activity, we must complete this task under frameworks of policy makers and sometimes parental involvement that may not see this subject the same way. It is still a long held belief, held by many, that if we discuss certain topics, we are in fact promoting the behavior. We need to do a better job of informing people that when it comes to sexual health, it is the opposite that is true. Some of the more common subjects that can raise the eyebrows of certain policy makers, administrators, principals, and parents, included ECP (emergency contraceptive pill, also referred to as the morning after pill or Plan B), masturbation, homosexuality, the distribution of condoms, and the discussion of sexuality with students with special needs. These will continue to be hotly debated subjects within the framework of pedagogy. You may be faced with obstacles but it is important to continue to be an advocate for the discussion of sexuality (and all of its components) and to do the best that you can within your environment. Knowing the parameters of your work in this area can help you stay focused and more protected in your work.

The second note to educators is about creating personal boundaries. Some people are more naturally comfortable with the subject of sexuality than others. Many people in fact were not raised to discuss their bodies, their private parts, and what to do with them. It is important to understand your own personal boundaries, whether you are someone who is talking about sex for the first time, or makes their living talking about it all day. It is often helpful to think about which subjects might create a reaction in you as the educator before you begin your program in a class. Knowing which topics might create feelings of discomfort for you (we all have at least some that do) will help you to prepare an appropriate response for your class. Remember that body language communicates almost ninety percent of what we say. Crossing your arms, turning red, or raising an eyebrow can all be signs of being uncomfortable with a subject. If you feel that you are unable to address a subject in an objective way, you should be open with your groups about this. Keep in mind as well that not answering a question is actually answering it loud and clear—this sends the message that the subject is too scary or “bad” to talk about.

One final note about boundaries is about personal experience. Many students will ask you either directly or indirectly about your own sexual practice. Some of the time this is about curiosity, and

other times it is about permission seeking (e.g., “if the teacher did it then it’s okay for me”). Many educators have a very close bond with their groups and choose to disclose personal information. This is at your discretion. For many people it is not helpful to disclose personal information and can alter the way the group sees and responds to you. While this is not an easy decision to make, it is typically advised to air on the side of caution. Less is more here.

Preparing to Teach Sex Education

When doing sex education with a group, here are some issues to think about.

1. Evaluate your own values, beliefs and opinions

2. Evaluate your group’s needs:

- Who has ever taken a Sex Ed classes before?
- If yes, when was the last time?
- If yes, what did you learn?
- Have you ever spoken about sex at home?

3. Evaluate your group’s interests in learning Sex Ed:

- Are you happy with the information you have received so far?
- If no, for what reasons?
- What would you have liked to talk about?
- Why is it important that we talk about sexuality?

4. Present your approach:

- I am not here to tell you what to do, or what not to do
- I am not here to judge you
- I am here to share information and I encourage participation
- In my opinion, there is no such thing as “normal”

5. Establish ground rules for your class discussions:

- Proper vocabulary
- Comfort and safety
- Respect others
- Privacy and confidentiality

6. Select age appropriate lesson plans:

- **Grade 4-6:** puberty, anatomy, conception/pregnancy/birth, healthy relationships (basic explanation of these topics).
- **Grade 7-8**: puberty, anatomy, conception/pregnancy/birth, STI, contraception, condoms, gen-

The Necessity of Sex Ed

Unlike some subjects that are consistently part of the core curriculum, sex education is something that nearly everyone will use at some point in their lives. Having sex ed early on can save students from emotionally damaging relationships, unplanned pregnancies, and STIs while making the school community more accepting to all students. Despite this, some parents, politicians, school administrators, and students may argue against it! Here are some key reasons to teach and support sex ed programs.

1. To reduce the spread of STIs and the number of unwanted pregnancies.

In the US, people ages 15-25 are twice as likely to contract an STI than other sexually active age groups, and rates of gonorrhea and chlamydia continue to rise in the US and Canada[12]. Despite increased awareness, the annual number of new HIV/AIDS infections in Canada has remained stable for the last 3 years[3]. As of 2006, 2.8% of Canadian teen women become pregnant each year[4]. Although Canadian teens are using condoms more often, about 1 in 3 in one study hadn't used them the last time they had intercourse[5].

2. To help students make safe decisions using technology.

With national hearings, changing laws, and renowned cases such as Amanda Todd's, teaching about cyberbullying, digital citizenship, and digital privacy are becoming necessary parts of schooling, making sex ed more necessary than ever. While the media and many other classes may push for complete avoidance of sexting, realistic sex ed based in harm-reduction is the ideal place for teens to gain the skills to send or receive illicit pictures and text safely and consensually. The same approach can help avoid future harm by giving them the tools to keep their online activities private and safe. By challenging the ideas of gender expectations, body image, and homophobia that are often behind them, sex ed also shows a necessary perspective on online bullying, rumors, and outing.

3. To help students recognize abusive relationships

30-50% of Canadian teens of both sexes experience physical violence from dating partners, and around 60% face psychological violence[6]. Seeing teens' reactions to dating violence, the authors of one study even speculated that violence is treated as a normal part of dating in some teen cultures[7]. By giving teens the tools they need to recognize and address abusive relationships, sex ed can help reduce the chances of long-term emotional and physical damage.

4. To teach the necessity of consent

Statistics for sexual assault are staggering. In a recent study in the Atlantic provinces, about 40% of teens of both sexes faced sexual coercion of some kind. Across Canada, people ages 15 to 24 are more likely to be assaulted than any other age group[8]. Sexual education courses are one of the few places where rape culture can be questioned and students can learn what consent really looks like.

5. To make schools safe spaces

A 2011 Egale Canada Survey showed that 37% of transgender students, 21% of LGBTQ students, and 10% of non-LGBTQ students reported being physically harassed or assaulted because of their gender expression[9]. Sexual education is one of the few chances to include all students in discussions on gender and sexuality and talk about the impact of bullying, physical abuse, discrimination, and harmful language. As 58% of non-LGBTQ youth also reported being upset by homophobic comments, discussions around these issues would be welcome by, and directly help, the vast majority of students[10].

1. Centers for Disease Control and Prevention. (2011, May 5). STDs in Adolescents and Young Adults.
2. Public Health Agency of Canada. (2012, October 26). The Chief Public Health Officer's Report on the State of Public Health in Canada, 2012, Chapter 3: Chapter 3: Sex, Gender and Health Outcomes.
3. Public Health Agency of Canada. (2012, Nov 29). Summary: Estimates of HIV Prevalence and Incidence in Canada, 2011.
4. McKay, A. & Barrett, M. (2010). Trends in teen pregnancy rates from 1996-2006: A comparison of Canada, Sweden, U.S.A., and England/Wales. The Canadian Journal of Human Sexuality, 19, (1-2), 43-52.
5. Michelle Rotermann. (2012, March 21). Sexual behavior and condom use of 15- to 24-year-olds in 2003 and 2009/2010.
6. Connolly, J. et al. (2010). "Adolescent dating aggression in Canada and Italy: A cross-national comparison." International Journal of Behavioral Development, 34, 98-105.
7. Sears, H. & Byers, S. (2010). Adolescent girls' and boys' experiences of psychologically, physically, and sexually aggressive behaviors in their dating relationships: Co-occurrence and emotional reaction. Journal of Aggression, Maltreatment & Trauma, 19, 517-539.
8. Ibid.
9. Taylor, C. & Peter, T., with McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin, S., & Schachter, K. (2011). Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report. Toronto, ON: Egale Canada Human Rights Trust, 18.
10. Ibid, 26.

Introduction Lesson Plans and Worksheets

1. **Where to Ask about SEX Poster**
2. **Cross the Room Icebreaker Activity**
3. **What do you Know about Sexual Health? Activity**
4. **I Heard it 'Round the Internet: Sexual health education and authenticating online information - Lesson**
5. **Teen Sexual Myths Worksheet**

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Where to Ask about SEX

With Pressing Questions

8-1-1. In most provinces this number will put you in touch with **a local nurse** who can tell you about health issues and services in your area.

Scarleteen.com has **free online chat** with trained sexuality experts. You can also text them in the US, and they have a huge range of articles and forums on sex, sexual health, gender, sexuality, and healthy relationships.

1-800-868-9688 is a cross-Canada helpline for lesbian, gay, bisexual, and transgender youth. They are also available by text message at **647-694-4275** or online chat at **youthline.ca.**

Websites

Sexualityandu.ca, the Society of Obstetricians & Gynecologists of Canada

Amplifyyourvoice.org, Amplify Youth

Goaskalice.columbia.edu, Go Ask Alice!

Free PDFs Online

Head and Hands Peer Educator's Manual

Native Youth Sexual Health Network's First Nations Sexual Health Toolkit

Books

***S.E.X.**: The All-You-Need-to-Know Progressive Sexuality Guide to Get You Through High School and College by Heather Corinna (2007)

***99 Things Parents Wish They Knew Before Having "THE" Talk**, by Chris F. Fariello, PhD. and Pierre-Paul Tellier, MD. (2010)

What You Really Really Want: The Smart Girl's Shame-Free Guide to Sex and Safety by Jacklyn Friedman (2011)

***QUEER:** The Ultimate LGBT Guide for Teens by Kathy Belge and Marke Bieschke (2011)

***Available at Sexpressions.com**

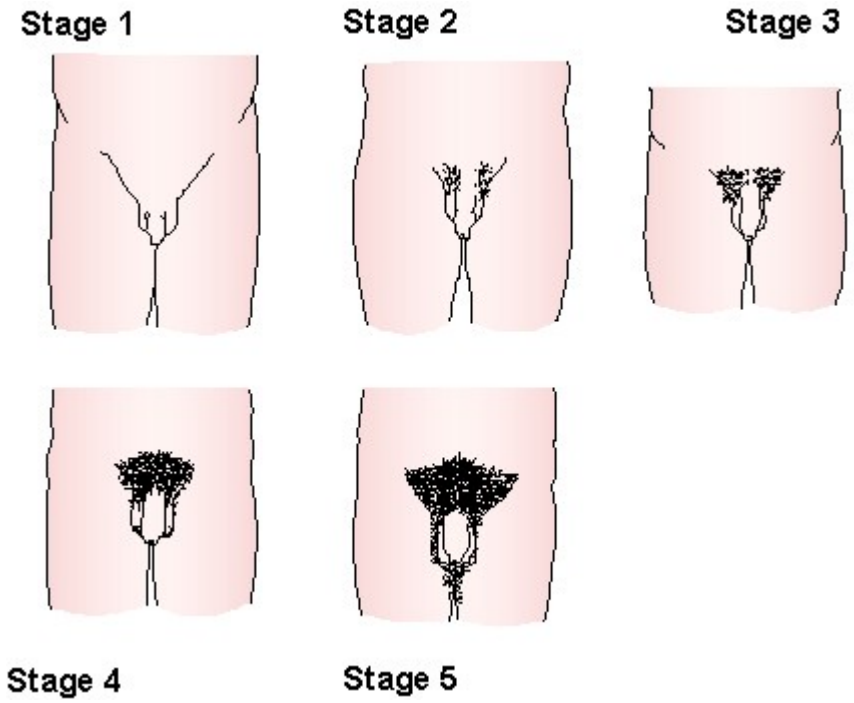
Download this list

Puberty

Overview of the Physical Changes in Puberty

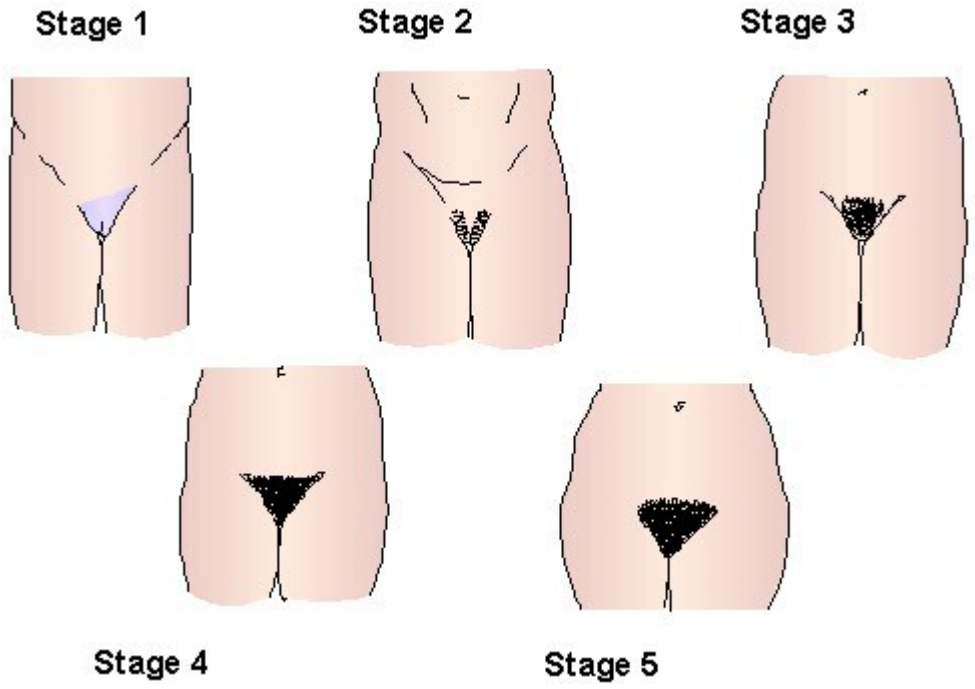
Stages of Male Puberty

- Hormone production (testosterone) – Age 10
- Body size (arms, legs, hands, and feet) – Age 12-13
- Body shape (shoulders, muscle gain) – Age 12-13
- Hair growth (arms, legs, and pubic area) – Age 12-14
- Testes, scrotum and penis development – Age 12-14
- Voice change (deeper) – Age 13-14
- Spontaneous erections – Age 14-15
- Nocturnal emissions or “wet dream” (semen) – Age 14-15
- Skin (sebum, acne, body odor) – Age 14-15
- Facial hair – Age 14-16



Stages of Female Puberty

- Hormone production (estrogen) – Age 8-11
- Body size (arms, legs, hands, and feet) – Age 8-11
- Body shape (hips and waist) – Age 11-12
- Breast development – Age 11-13
- Hair growth (arms, legs, and pubic area) – Age 11-4
- Vagina enlargement – Age 12-13
- Vaginal fluids – Age 12-13
- Ovulation (release of egg cells) – Age 13-14
- Menstruation – Age 13-16
- Skin (acne, body odor) – Age 14-15



Puberty Lesson Plans and Worksheets

1. **Menstruation, our Secret Word Activity**
2. **Ways to Cope Activity**
3. **Puberty Interview Activity**
4. **For the Girls: Kotex® First Period Q&A**
5. **Realistic vs. Ideal Body Image Activity**
6. **Changes Handout**
7. **Puberty Brochure**
8. **Puberty Brochure - Exceptions (optional page)**

Puberty Brochure

Puberty can start at any time between 8 and 16 years old, but **usually begins around 12 to 14 years old**. Everyone develops at their own pace, whether you start the changes earlier or later, you will get there!

Puberty begins when the body releases certain chemicals, called hormones, which start a series of changes. Boys and girls have all of the same hormones in their bodies, but as they enter puberty, **boys will have more testosterone and girls will have more estrogen.** This makes their bodies develop in different ways.

Not all of the changes in puberty are in the body. As girls and boys grow, their emotions, the way they think, and the way they see themselves change as well. There are also a lot of changes happening that you can't see, even in the brain! Sometimes people can feel confused or frustrated by all the changes happening to them. This is normal, and all of the changes will either pass or become part of everyday life.

Hygiene

During puberty and onwards, it is important to wash your body with soap every day, as it will begin to **release more oil, sweat, and new smells** from the sweat glands. Both boys and girls usually start using a deodorant (an antiperspirant that smells fresh) under the arms. Some people develop acne (pimples) on their face, neck, chest, or back, which is also reduced by daily washing.

Both boys and girls will start to **grow hair in different areas of their bodies**: legs, genitals, under the arms, and sometimes, especially for boys, on the arms, face or chest. Many boys will start to grow hair on their cheeks, their chin, above their lip, and on the front of their neck.

Removing any of this hair is a personal choice. Many boys choose to shave their face and many girls choose to shave or use products to remove the hair on their legs and under their arms while other girls and boys may choose not to. Boys may also choose not to shave parts or all of their face, growing a moustache, sideburns, a beard, or any other type of facial hair.

Cramps

The **uterus** is a muscle that contracts to shed its lining. This causes cramps for some women, which is normal.

If you have cramps, it helps to go for a walk or put a heating pad or hot water bottle on your lower stomach. If they are particularly painful, a doctor will sometimes prescribe medicine to relax the muscles. Birth control pills are also sometimes prescribed to ease the pain of some girls' menstrual cramps.

Menstrual Products

During menstruation, girls can still enjoy all your favorite activities and go about their regular routine, but they may experience some differences, which will become more normal and predictable as you get older:

Some girls bleed a lot during their period and may need to use multiple menstrual products together.

Since it is controlled by hormones, some girls become sad before their periods, others do not.

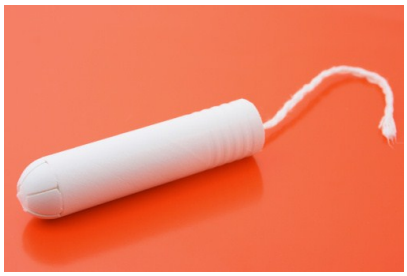
Some girls may experience soreness in their breasts.

Some may have more acne (pimples) around their period.

There are many products available to absorb or catch menstrual blood, including…

- Tampons (cotton wedges inserted into the vagina to absorb the blood)
- Pads (absorbent cotton or cloth sheets worn in your underwear)
- Menstrual cups (silicone cups that are placed around your cervix, where they catch the blood.

Tampons



A tampon must be changed every time a girl urinates (pees).

It can be dangerous to leave a tampon inside your body for too many hours, as this can cause serious health problems.

It is not recommended to sleep with one in, so you should use a pad or menstrual cup overnight.

Pads

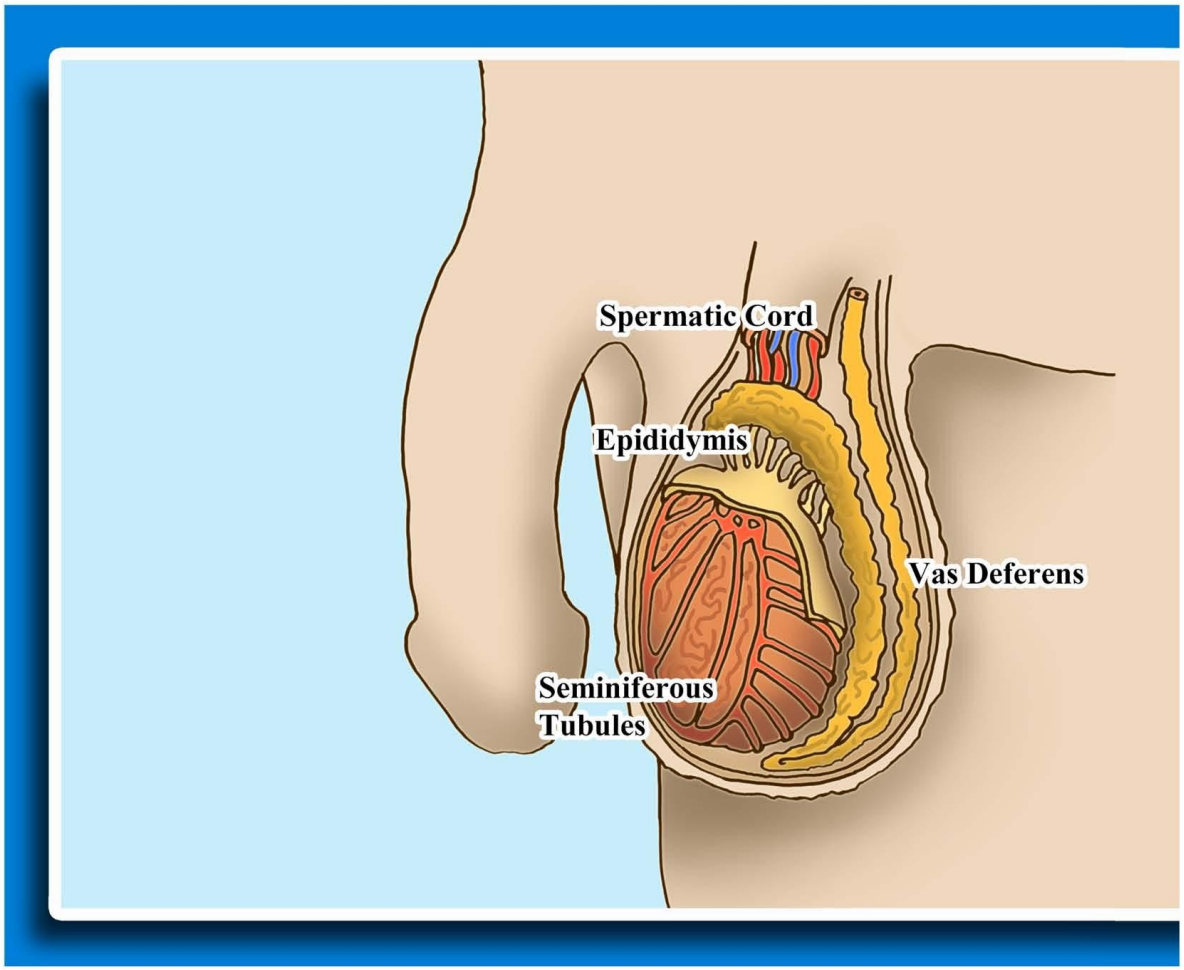
Pads can be disposable, made of mostly paper, or washable, made of cloth.

Pads either have an adhesive strip that sticks to underwear or clasp around the front of them, holding them in place.

Unlike menstrual cups or tampons, you should not wear pads to go swimming.

Sexual Anatomy:
Male + Female

MALE TESTICLE- INTERNAL VIEW



Seminiferous Tubules- Tubes in the testicles where the sperm are produced.

Epididymis- Storage site for mature sperm to wait to exit the body.

Spermatic Cord- A set of cords including the vas deferens that connect the testicle to the abdomen.

Vas Deferens- The tube that carries sperm out during an ejaculation.

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Pregnancy + Childbirth

Conception and Pregnancy Summary

PREGNANCY
SOME QUICK FACTS

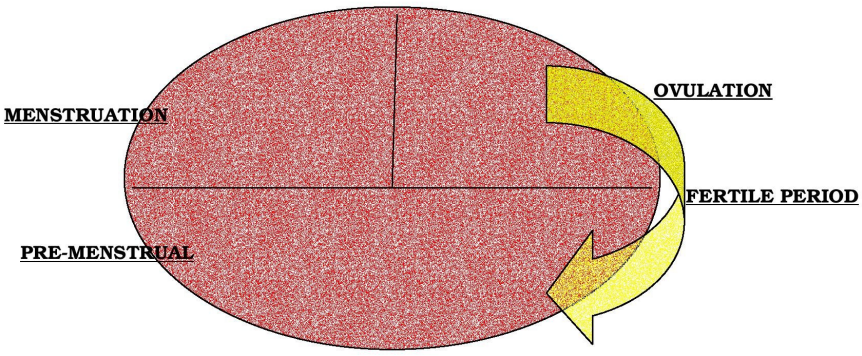
AS BOYS & GIRLS, OUR BODIES ARE DESIGNED FOR REPRODUCTION.
Did you know...

- IF YOU HAVE INTERCOURSE ONCE OR TWICE A WEEK FOR A YEAR WITH NO PROTECTION, YOU WILL HAVE AN 85% CHANCE OF GETTING PREGNANT IN THAT YEAR.
- EVERY TIME A BOY EJACULATES, HE RELEASES ABOUT 200 TO 500 MILLION SPERM! YOU ONLY NEED ONE TO GET PREGNANT!
- SPERM GET EJACULATED FROM THE PENIS AT ABOUT 30 MILES PER HOUR, AND THEY CAN SWIM!
- SPERM CAN SURVIVE UP TO 6 DAYS INSIDE SOMEONE ELSE'S BODY! THEIR ONLY JOB IS TO FIND AN EGG. THEY WILL EITHER FIND AN EGG OR DIE TRYING TO DO THAT.
- A BOY'S PRE-CUM (DROP OF FLUID THAT GETS RELEASED FROM THE HEAD OF THE PENIS AFTER AN ERECTION) MAY CONTAIN SPERM AND CAN BE ENOUGH TO GET SOMEONE PREGNANT!
- GIRLS DO NOT ALWAYS KNOW WHEN THEY ARE FERTILE. THEY COULD BE OVULATING (RELEASING AN EGG THAT CAN BE FERTILIZED) AND NOT EVEN KNOW IT!
- HORMONE BIRTH CONTROL METHODS (SUCH AS THE PILL AND THE PATCH) DON'T WORK WHEN TAKING SOME OTHER MEDICATIONS (SUCH AS ANTIBIOTICS).

Sexpressions™ Sexuality Education and Resources For Our Youth

MENSTRUAL CYCLE & FERTILITY

DAY 1 OF MENSTRUATION TO OVULATION IS HIGHLY VARIABLE-
OVULATION CAN BE UNPREDICATBLE



FROM OVULATION UNTIL THE NEXT BLEEDING IS ALMOST UNIVERSALLY 14 DAYS

OVULATION **MENSTRUATION**

A GIRLS' MENSTRUAL CYCLE CAN BE ANYWHERE FROM 20-42 DAYS LONG

Sexpressions™ Sexuality Education and Resources For Our Youth

Pregnancy and Birth Activity

Objective: Participants will describe the process of pregnancy and birth.

Recommended ages: 10-18 (grades 5-12)

Structure: Discussion in pairs

Time: 25 minutes

Materials: "Pregnancy and Birth" cards

Procedure

Divide participants into pairs. Give each pair a full set of "Pregnancy and Birth" cards in random order. Give participants 10 minutes to put the cards into sequential order. In the large group, discuss the sequence of the cards using the following answer key:

1. Decision to have a child

The first step toward pregnancy should be making the decision to have a child. This decision is based upon weighing parenting skills, understanding the day-to-day responsibilities of caring for a child, assessing finances and support of family and friends, and the age of the parents. The expense of raising a child from birth to age 21 is considerable.

2. Male's erect penis put into female's vagina

When a man and woman have vaginal intercourse, the man's erect penis is put into the woman's vagina. (For more mature groups, you may want to add that if a woman does not have a male partner or if her male partner is infertile, she can undergo artificial insemination where sperm is manually placed in her vagina.)

3. Ejaculation: sperm enter vagina

During ejaculation, millions of sperm spurt out of the penis and enter the vagina.

4. Sperm swim up vagina

The sperm swim up the vagina, using their tails to propel themselves forward. Some of the stronger sperm swim through the cervix to reach the uterus, or womb.

5. Some sperm meet ovum in fallopian tubes (if ovulation occurred)

Some of these sperm move through the uterus into the fallopian tubes. For fertilization to occur, the sperm must meet the ovum in the fallopian tube. (If ovulation occurred, whereby the ovary releases one egg per month, and if the egg is not fertilized, a woman has a menstrual period. Ovulation occurs about 14 days prior to a woman's menstrual period which makes this a woman's most fertile time of month.) Once the sperm get up into the uterus and fallopian tubes, they can live up to 6 days. Sperm usually reach the fallopian tubes within 1-1/2 hours of ejaculation.

Birth Control Methods

Testing Your Contraception Knowledge: True or False

Objective: Participants will learn what myths they may hold around different methods of contraception and solidify their understanding of the various types of birth control.

Recommended ages: 12-18 (grade 7-12)

Structure: Whole class activity and discussion

Time: 30 minutes

Materials: True or False Questions (provided below)

Procedure

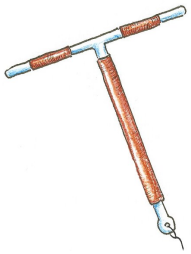
1. Write TRUE or FALSE on sheets of paper and stick it on each side of the room.
2. Move the desks to the side/back of the classroom where a large space is given for students to walk around in.
3. Ask each student to stand up and move to the side of the room (either TRUE or FALSE) that responds to the statements provided.
4. Have the teacher or volunteer (student) read the True or False Questions.
5. Ensure that we are all here to learn and that it's okay not to know all the answers.
6. After reading each statement and having students express their answers, ask students to sit back in their original places.
7. Process the activity with the following questions:
   - What information was new for you?
   - Do you have any other questions about contraception methods?
   - What method of contraception is best for teens who are sexually active? (*Promote condoms and the Pill.)
   - When should people use emergency contraception?
   - What was most significant for you during this activity?
   - Did you enjoy this activity?

Non-Hormonal Methods

Non-hormonal methods include barriers such as diaphragms and condoms, and the copper intrauterine device.

Non-hormonal methods can be very effective and most can be used with hormonal methods and natural methods.

Male (external) condoms and female (internal) condoms are the only methods of birth control that also protect against STIs, making them effective to use alone or with other methods.



Intrauterine Device: Copper (Paragard®)

A small t-shaped device made of copper that is inserted into the uterus, changing its chemistry to prevent implantation and kill sperm.

How does it work?

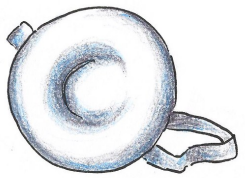
After it is prescribed and picked up at a pharmacy, a doctor uses drugs to cause the cervix to open, allowing them to place the IUD in the uterus. Once in place, it causes changes in the lining of the uterus and decreases the mobility of sperm. Two threads attached to the bottom of the device hang through the uterus and into the vagina, where the you can check that the IUD is still in place.

Advantages:

- More than 99% effective
- Can be used as an emergency contraceptive up to 7 days after having unprotected sex or another birth control method failed
- Hormone-free
- Provides up to 5 years of contraception
- Cannot be felt during intercourse

Disadvantages:

- Does not protect against STIs
- Periods may get heavier and women may have more irregular bleeding and cramping
- Insertion can be uncomfortable or painful
- Complications can occur (but are rare), such as perforation of the uterus or expulsion of the IUD
- Must be prescribed, inserted, and removed by a healthcare professional



Contraceptive Sponge

A disposable sponge filled with spermicide that sits at the cervix and kills sperm.

How it works

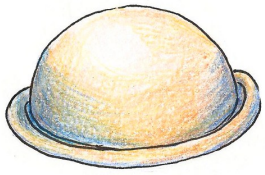
Sperm are impaired by the spermicide and sometimes trapped within the sponge, which blocks the entrance to the uterus. The sponge must stay in post-ejaculation for at least 6 hours to ensure the time for the sperm to die.

Advantages

- Hormone-free
- Can prevent pregnancy with multiple sessions of intercourse, as long as the sponge stays in for 6 hours afterwards in a 12 hour period
- Available in pharmacies

Disadvantages

- 68% effective with typical use
- Must be inserted in advance and stay in for at least 6 hours after ejaculation
- Spermicide may cause irritation, increasing the risk of transmitting STIs
- Cannot be used by people who are allergic to spermicides



Diaphragm

A latex dome that fits over the cervix to prevent sperm from entering; most effective when used with spermicide.

How it works

Blocks sperm from entering the uterus to fertilize the egg, must be left in the vagina for 6 to 8 hours after intercourse, as the spermicide disables sperm. Spermicide is put inside and around the edges of the diaphragm prior to insertion.

Advantages

- Hormone-free

Disadvantages

- 84% effective with typical use
- Needs to be inserted in a specific way
- Spermicide may irritate some people
- May become dislodged during sex

Sexually Transmitted Infections

Sexually Transmitted Infections: An Overview of Symptoms, Treatments and Prevention

By Stephanie Mitelman, MA, CCFE, CSE

The topic of sexually transmitted infections is an unpleasant one. The reported cases of many STIs have officially been at epidemic numbers in Canada and the US for many years.

AIDS is a frightening fact, yet only one of many STIs. The publicity around AIDS has left us slightly more ignorant about other STIs that may not be deadly, but pose wider threats. The problem with STIs is their tendency to go unnoticed. Many men and women carry STIs for years without visible symptoms and unknowingly pass them on to others. The most common symptoms of an STI, which should be examined by a healthcare professional as soon as possible, are pain or burning during urination or sex; sores, bumps, or blisters on or near a person's penis, vulva, or anus; lower abdominal pain; and any discharge from the penis or unusually colored or odored discharge from the vagina.

There are three types of sexually transmitted infections; bacterial, parasitic, and viral. While those of parasitic or bacterial natures can be completely removed, most viral STIs are not curable.

*Please note that the terms "sexually transmitted diseases" and "venereal diseases" are considered outdated as they are inaccurate and tend to stigmatise those with common infections.

Bacterial

STI	Transmission	Symptoms	Treatment
Chlamydia	Oral, vaginal, or anal sex, sharing sex toys, mother to child during birth.	Appear 1-3 weeks after exposure, around 80% of cases have no symptoms. Painful urination, unique discharge from the penis or vagina, or sore throat from oral contact.	Antibiotic
Gonorrhea	Oral, vaginal, or anal sex, sharing sex toys, mother to child during birth.	Appear within a few days of exposure. Burning during urination, yellowish, thick penile discharge; increased vaginal discharge; irregular menstrual bleeding.	Antibiotic
Syphilis	Oral, vaginal or anal sex or by touching an infectious chancre.	Within 2-4 weeks of transmission a hard, round painless chancre or sore appears at the site of infection, possibly internally. 3-6 weeks after sore first appears, a rash on hands and feet and sores on genitals.	Penicillin injection

Viral

STI	Transmission	Symptoms	Treatment
Oral Herpes (HSV-1)	Touching, kissing, sexual contact with sores or blisters. Can be passed without sores.	Appear 2-20 days after exposure. Cold sores or fever blisters on the lips, mouth or throat; or sores on the genitals.	No cure, symptoms can be minimized.
Genital Herpes (HSV-2)	Oral, vaginal or anal sex. Most contagious during active outbreaks.	Appear 2-20 days after exposure. Painful reddish bumps on or near the genitals, thighs, or buttocks. Can occur internally in the rectum, urethra, or vagina or on the cervix. Painful urination, fever, aches, pains, swollen glands.	No cure, symptoms can be minimized.
Viral Hepatitis: B	Vaginal or anal sex, injection with contaminated blood, from mother during pregnancy, childbirth or breast feeding.	Appear 90 days after exposure, on average. Ranges from no symptoms to severe fever, jaundice, vomiting, joint pain, and dark urine. Usually clears within a few weeks, but can last up to 6 months.	No cure and no treatment. A vaccine exists.
Viral Hepatitis: C	Contaminated blood enters the body. Sexual transmission rare.	May not appear for several years after exposure. Ranges from no symptoms to severe fatigue, jaundice, abdominal pain, and dark urine.	No cure, no vaccine exists.
HPV (Human Papilloma Virus) / Genital Warts	Vaginal, anal, oral sex, mutual masturbation, genital-to-skin contact	Appear 3-6 months after exposure. Painless warts often resembling cauliflowers on or near the vulva, penis, foreskin, scrotum, or anus; internally in the rectum or vagina or on the cervix. Strains that present no symptoms are linked to cervical, oral, and anal cancers.	Vaccine available for some strains.
HIV/AIDS	Contaminated blood, semen, pre-ejaculate, breast milk, or vaginal fluid enters the body, including by sharing needles, razors, or sex toys.	May be asymptomatic or experience flulike symptoms 2-6 weeks after infection, which may disappear for many years before the development of AIDS, (when the body's immune system has become very weakened from the HIV virus).	No cure, but can be treated to postpone AIDS.

Parasitic

STI	Transmission	Symptoms	Treatment
Trichomoniasis "Trich"	Vaginal sex, genital-to-genital contact, sharing sex toys. Can survive on wet towels or bathing suits for 24 hours.	Appear 3-28 days after exposure. Green, gray odorous discharge from the vagina, any discharge from the penis, itching, pain during sex or while urinating.	Anti-parasitic pill.
Pubic Lice "Crabs"	Genital-to-genital contact, shared bed or underwear.	Appear 4-5 weeks after exposure. Redness, itching, and inflammation.	Medicated shampoo, wash bedding and clothing
Scabies	Genital-to-genital contact. Sharing clothing, bedding, or towels.	Appear 2-4 weeks after exposure. Small bumps on skin, rash, and itching.	Prescription cream and wash clothing and bedding.

Minimizing Risk

Everyone who has ever been, or will ever be sexually active is at risk. Abstinence (the restriction of all sexual contact with a partner until a long-term monogamous commitment is made, usually marriage) is the only true form of protection against these infections. Many religious movements have emphasized this concept as a platform. Since abstinence is confining for too many people, other methods of control must be examined to reduce the risks of sexual contact.

Condoms

Latex condoms are effective in blocking nearly all sexually transmitted organisms and greatly reduce the chances of transmitting those they don't necessarily block (those transferred by skin-to-skin contact). Improper use is a common reason that condoms fail to prevent STI transmission. Condoms that are made from animal skins (ex: lambskin) are not effective in blocking STI organisms as they contain pores that can allow transmission. Polyurethane condoms do prevent pregnancy & STI transmission, making them ideal for those with latex allergies. Some people even prefer the feeling of polyurethane condoms to latex. Female condoms are also not latex and protect against STIs and pregnancy. They can be inserted up to 8 hours before having sex.

Barriers for Oral Sex

Use a condom for fellatio and a dental dam (a square piece of latex rubber used by dentists during oral surgery) for cunnilingus or analingus. People can make dental dams by cutting condoms in half lengthwise, from the base to the tip, to create latex rectangles.

Healthy Relationships

Introduction

Canadian teens tend to make their sexual debuts around the age of 16. For years prior, teens may be experimenting with romantic and sexual relationships. As adults, many of us will acknowledge that, as fulfilling as partnerships can be, navigating intimate relationships can sometimes be complicated and difficult. Teens experimenting with different forms of emotional and physical intimacy may benefit from classroom discussions and activities pertaining to the characteristics of healthy relationships. In teaching about healthy relationships, we should strive to equip students with:

- strategies for improving communication in relationships;
- the ability to reflect upon their wants and needs (and whether they're being met in a relationship);
- the ability to recognize power imbalances or abuse in relationships;
- resilience in the face of break ups (or unrequited love).

The following lessons and handouts will help you teach your students each of these skills and prepare them for recognizing and making the most out of good relationships, recognizing and getting out of abusive relationships, and managing breakups when they occur.

Handout: How Do You Know Whether or Not You're Ready for Sex?

Sexuality is a natural and normal part of life. And so is sex. Being sexual with a partner—from masturbation to flirting, from kissing to touching, from oral sex to intercourse—is a big decision. It involves many feelings and responsibilities. Making decisions about sexual behaviors is something that people do throughout life—in their teens, 20's, 30's, 40's, 50's, and beyond—every time a sexual situation develops. Choosing to be in an ongoing sexual relationship is another big decision. There is a lot to consider.

Personal Values + Goals

Sexy images are everywhere. We see sex on television, the internet, and in books, magazines, and movies. We hear about it in songs. Sex is used in ads to sell products. The messages we get can be confusing and hard to sort out. Think about:

- What messages have you gotten from your family about sexual intercourse?
- What are your religious, spiritual, or moral views?
- Do you want a committed relationship before you have sexual intercourse?
- Will having intercourse now affect your plans for the future?
- Is having sex at your age with your partner legal where you live?
- What are your other conditions for having sexual intercourse?

Emotional Readiness

Being sexual with a partner can be wonderful—whether or not it includes intercourse. But it can make people very vulnerable, and they can get hurt. Think about:

- Do you feel excitement and desire when you're close to your partner?
- What if having sex with your partner turns out to be different than you expect?
- Will having sex make you feel differently about yourself? If so, how?
- How might your feelings about your partner change?
- Will you expect more commitment from your partner? What if you don't get it?
- What if having sex ends your relationship?
- What if having sex changes your relationship with your family and friends?

Diversity Education

Introduction and Terms

Sexual diversity is a key component of sexual health education. Current research shows about 2 to 10 percent of Canadians identify as non-heterosexual, with similar numbers of transgender Canadians.[12] The primary goal of diversity education is to raise awareness that youth and adults have diverse sexualities and genders.[3] From there, teachers can foster inclusive and supportive environments for youth to discover and accept their own sexualities and gender identities as well as those of their peers. Teachers can also give LGBT youth the resources, information, and support they need to be physically and mentally healthy.

1. Public Health Agency of Canada. (2003). Canadian Guidelines for Sexual Health Education
2. Public Health Agency of Canada. (2010). Questions and Answers: Gender Identity in Schools.
3. Ibid.

Defining Diversity

In sexual health terms, diversity refers to the complex ways that individuals experience sexuality, and the myriad ways individuals can define and express their sexuality and/or gender. The term "sexual diversity" usually refers to the differences between individuals with regards to their sexual orientation and gender identity.

As you can already tell, sexual diversity education relies on a large and rapidly evolving vocabulary. Here are some of the key concepts you should be familiar with when teaching. Please keep in mind that this list was chosen from a long list of sometimes conflicting terms in 2013. For further terms, see the glossary at the end of this manual.

Ally (noun): A non-LGBT person who supports LGBT people personally, communally, and/or politically.

Asexual (adj.): An umbrella term describing people who do not experience sexual desire or attraction, often used with other more specific terms. Asexual people may or may not experience emotional or romantic attraction.

BDSM (noun): An acronym that may include Bondage, Discipline, Dominance, Submission, Sadism, and/or Masochism. Includes a wide range of practices from power imbalances or role play of a sexual manner to more extreme forms. People who enjoy bondage or dominance or are sadists or masochists may describe themselves as "kinky" in opposition to "vanilla" people who don't practice BDSM.

Biological Sex (noun): The sex of a person's body, which can vary between male, female, and intersex. Believing a person's gender identity and biological sex must be the same can be insulting for some people, even in everyday use (ex. "women menstruate") (see: transgender).

Concerns of LGBT Students

Sex education is one of the few places where the concerns of LGBT students can be fully addressed, making it a perfect place to discuss the difficulties they face. Many government resources, such as the Public Health Agency of Canada's "Canadian Guidelines for Sexual Health" as well as their Questions & Answers documents "Sexual Orientation in Schools" and "Gender Identity in Schools" recommend broad-based sex education as an ideal place to support lesbian, gay, bisexual, transgender, and gender non-conforming youth.

The risks of not addressing these issues are real. Research has shown that sexual minority (LGB) youth are up to 7 times more likely to attempt suicide than heterosexual youth.[1] As many as one in three transgender or gender non-conforming youth attempt suicide.[2] Teen years are already particularly difficult and dangerous times, and LGBT youth are at even higher risk of mental, physical, and sexual health problems.

"Every Class in Every School," a national survey done by Egale Canada in 2011,shows more than 2/3rds of lesbian, gay, bisexual, Two-Spirit, transgender, queer, or questioning students (referred to as LGBTQ) and students with LGBTQ parents reported feeling unsafe at school. Contrary to popular depictions of gay male teens being the primary victims of bullying, lesbian, bisexual, and transgender women were the most likely to feel unsafe.

About half of Canadian LGBTQ youth surveyed reported hearing harmful language such as "faggot" or "dyke" daily. 58% of non-LGBTQ youth were also upset by these comments, meaning they can take away from any students' feeling of safety in a school or classroom.

Around 30% of LGBTQ students report being verbally harassed daily or weekly because of their sexual orientation. This is particularly harmful for heterosexual transgendered students as it shows their identity is not even understood. In addition to this, more than one in five LGBTQ and one in ten non-LGBTQ students report being physically harassed or assaulted because of their sexual orientation, or an assumption of it.

Youth of color are at particularly high risk of harassment and face challenges different than those of Caucasian youth. They are more likely to report negative classroom discussions during LGBTQ-inclusive lessons, potentially because the conversation is often around white role models, culture, and language. They are much more likely to feel they can never talk freely about their sexuality or gender identity.

1. Public Health Agency of Canada. (2010). Questions and Answers: Sexual Orientation in Schools.
2. Public Health Agency of Canada. (2010). Questions and Answers: Gender Identity in Schools.

Ways to Create a Safer Space

Having a safe space means everyone feels as little fear, shame, stigmatization, and alienation as possible, regardless of their sexual orientation, gender identity, or gender expression. It also means every student feels safe to honestly explore their ideas, assumptions, and prejudices in ways they know will not harm or insult people in the room.

While reaching both goals is difficult, establishing a safe space allows students to honestly and safely share, examine, and reconsider their life experiences, the ideas they hold, and the prejudices they've learned.

This can allow those who have not acknowledged parts of their own sexuality or gender to start to do so safely. It also lets people explore the ideological roots and the sources of homophobia, transphobia, and heteronormativity, hear the truth of the impact these may have, and become more open to other perspectives. It can even help people who feel they are open-minded or have accepted their identity as a sexual minority or transgender person to find aspects of their thinking that may still be hurting themselves or those around them.

Here are some specific ways you can create a safer space for all students:

1. Set ground rules before beginning discussion.

- State the goals of the rules: to make sure everyone feels safe being themselves and expressing their personal ideas.
- Potentially ask students to create some or all of the rules themselves to get them to begin thinking about the concerns of others.
- These may include...
  - Keeping everything said in the lesson private
  - Remaining anonymous when referring to the experiences of people in the class or those who aren't present (ex. "someone I know...." rather than "my cousin...")
  - Not chastising or making fun of anyone for their questions
  - Not insulting anyone for their sexual orientation, gender identity, sexual behavior, or gender expression.
  - Being patient with anyone who is uncomfortable
  - Allowing anyone to "pass" on a question or discussion without repercussions
  - Allowing everyone to hold the rights to their own beliefs and opinions
  - Agreeing that arguments and disagreements are ok, but judging is not
  - Requiring everyone to use and accept "I" statements that don't target specific other people (ex. "I think homosexuality is strange" rather than "homosexuality is strange" or "I

Cross the Room Activity

Objective: Participants will look critically at stereotypes, myths, and assumptions they may hold about LGBTQ people and see how their beliefs compare to those of their peers.

Recommended ages: 12-18 (grades 7-12)

Structure: Whole class activity and discussion

Time: 30 minutes

Materials: List of "cross the room if…." statements

Procedure

1. Ask the entire class to move the desk and chairs along the sides of the wall.
2. Make a line across the room using masking tape.
3. State that they must cross the room IF they agree with the statements.
4. Teacher's tips and responses (R:) are provided below.
5. Thank participants for their honesty and participation.

Cisgender Questionnaire

Objective: To give cisgender people a glimpse of the different questions transgender people are often asked.

Recommended ages: 12-18 (grades 7-12)

Structure: Small group and whole class discussion

Time: 40 minutes

Materials: "Cisgender Questionnaire" Handout

Introduction

Transgender people identify with a different gender than the gender they were assigned when they were young, usually based on their biological sex. They may or may not be **transsexual**, desiring to or actively changing their bodily sex with hormones, surgery, or both to feel more comfortable with their body or align with what people expect of their gender. **Cisgender** people identify as the same gender as they were assigned or assumed to be when they were young.

This exercise will help your class think about transphobia and cisgender bias.

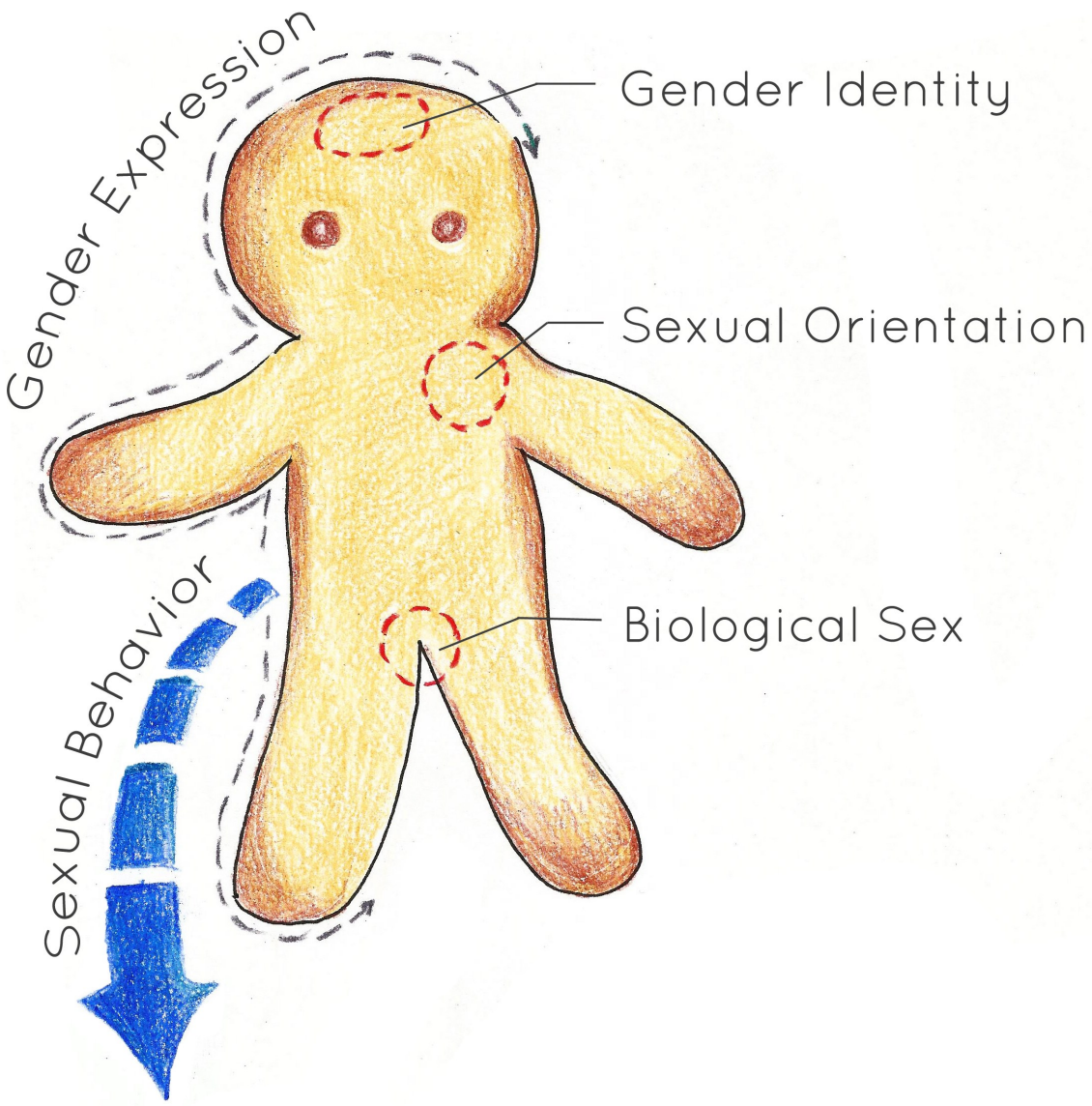
Transphobia is the idea that cisgendered people are normal and transgender and transsexual people are strange, acting, cross-dressing, or trying to fool people.

Cisgender bias is the assumption that your gender is something you're born with and is visibly proven by your biological sex, and to identify with another gender is unnatural, strange or wrong.

Transgender and transsexual youth and adults face daily challenges related to their gender identity and expression. Like gay, lesbian or bisexual youth, trans youth may face a barrage of questions about their gender and sexuality. This is especially true when they begin to transition from living as one gender to another or come out, revealing that they are transgender or revealing their biological sex. These questions can be hard or impossible to answer, and can feel hurtful or oppressive. By hearing such questions used to question a cisgender person about their sexuality and gender identity, students can gain a small sense of the difficulty and discomfort of constantly being challenged to explain or justify gender identity.

Procedure

1. Define transgender and cisgender for students, or review these ideas if they have already learned them.
2. Explain that transgender people have a difficult time with many daily tasks, such as using public restrooms, getting school uniforms, interviewing for a job, or being asked very personal or insulting ideas onto them.
3. Divide the class into groups of four to five



LGBTQuoi?

Getting to Know Gender and Sexuality Words and Distinctions

Do you know the difference between transgender and transsexual people? Do you know what it means when someone is asexual? pansexual? Do you wonder if being feminine or masculine makes someone homosexual? Are you unsure how to support friends who come out to you, or may be queer? Are you wondering which term or terms may fit you best? This helpful guide spells it all out.

Sexual Orientation

Sexual orientation is who you are attracted to. It's often called your sexual identity or sexuality. If you are mainly attracted to the opposite gender, you may be heterosexual (straight), if you are mostly attracted to the same gender, you may be homosexual (gay or

lesbian), and if you're attracted to all genders in varying degrees, you may be bisexual or pansexual. If you are not or not often sexually attracted to people of any gender, you may have not reached this stage of puberty yet or you may be asexual, which means you consistently have little or no sexual attraction to people. These are the most common terms people use to describe sexuality, but there are many others people may be more comfortable with.

Queer is also a general term including lesbian, gay, bisexual, and transgender (LGBT) people that has been reclaimed, or slowly used enough by LGBT people to make what used to be an insult more neutral. Some people may also use it to describe a sexual orientation similar to bisexual or pansexual . While many people use the word "bisexual" to describe all people who are attracted to more than one gender, bisexual, pansexual, and queer mean slightly different things.

Sexual Behavior

Your sexual behavior is the sexual things you do. This includes types of sex (vaginal, manual (hands), oral, anal, etc.), masturbation, the gender of sexual partners, and the number of sexual partners. Sexual behavior is often, but not always, related to sexual orientation. For example, someone can identify as homosexual but still occasionally have sex with people of other genders. In their teen years, many people will have sex with a variety of partners, and none of these experiences necessarily change their sexual orientation. Nobody has to have a certain kind of sex to "prove" their sexual orientation—orientation is how you feel about people, not what you do. Sexual behavior is what you should talk about with a doctor, nurse, or other healthcare worker during conversations about birth control or testing for Sexually Transmitted Infections (STIs).

Biological Sex

Your biological sex is the body you are born with. Bodies are usually considered male, female or intersex. Intersex bodies aren't easily classed into male or female because of their chromosomes, hormones, and reproductive organs, among other factors. Around 1.4% of people's bodies are intersex, but hardly anyone's bodies fit a complete idea of male or female. You can see this in the fact that many men have larger breasts and many women have some facial hair. Most people with intersex bodies identify as men or women.

Gender Identity

Gender identity is the way you see your gender, so it is in your brain and has nothing to do with your body. You can identify as a man, a woman, or another gender. Many cultures have specific roles for people who aren't necessarily men or women, and some people from First Nations or Aboriginal backgrounds may identify as Two-Spirit. Two-Spirit people embody spirits of both men and women, and have historically been respected for the ability to understand both perspectives. It is important to note that while many cultures in Europe and North America distinguish sexual orientation and gender identity, people who may be

Appendix + Resources

Recommended Resources

General Websites

- Society of Obstetricians & Gynecologists of Canada, www.sexualityandu.ca
- Canadian Federation for Sexual Health- formerly Planned Parenthood, www.cfsh.ca
- Planned Parenthood Federation of America, www.plannedparenthood.org
- Sexuality Information & Education Council of Canada, www.sieccan.org
- Sexuality Information & Education Council of the United States, www.siecus.org
- Health Canada- Sexual & Reproductive Health, www.hc-sc.gc.ca
- The Kinsey Institute, kinseyconfidential.org
- The Guttmacher Institute, www.guttmacher.org
- Columbia University, www.goaskalice.com
- Scarleteen, www.scarleteen.com
- Planned Parenthood USA, www.teenwire.com
- Rutgers University, www.sexetc.org
- Planned Parenthood BC, www.optionsforsexualhealth.org
- Alberta Health Services, www.teachingsexualhealth.ca
- American Social Health Association, www.iwannaknow.org
- Internet Sexuality Information Services www.isis-inc.org

General Books

- o Paul Joannides, (2009) Guide to Getting It On: For Adults of All Ages, 6th Edition
- o Heather Corinna (2007), S.E.X.: The All-You-Need-to-Know Progressive Sexuality Guide to Get You Through High School and College
- Michael J. Basso (2009), The Underground Guide to Teenage Sexuality: An Essential Handbook for Today's Teens and Parents

o = **Available on our online marketplace at sexpressions.com**

Sexuality Education Teaching Resources

Books

- Canadian Federation for Sexual Health (2005), Beyond the Basics (2005), 2nd ed. www.cfsh.ca
- Canadian Federation for Sexual Health (2000) Youth Talk Back: Sex, Sexuality, and Media Literacy www.cfsh.ca
- Nova Scotia Department of Health and Wellness (2013), Sex? A Healthy Sexuality Resource, www.gov.ns.ca
  - Amy Vogelaar (1999), Positive Encounters: Essential guidebook for talking one-to-one with teens about sexual health decisions
  - Jessica Shields, Melissa Degloia (2012), GAME ON! The Ultimate Sexuality Education Gaming Guide
  - Steve Brown and Bill Taverner (2012), Streetwise to Sex-wise: Sexuality Education for High-Risk Youth, 2nd ed.
  - Bill Taverner (2005), Sex Ed 101: A Collection of Sex Education Lessons
  - Bill Taverner ed. (2012), Teaching Safer Sex, 3rd ed., volumes 1 + 2
  - Peggy Brick (1989), Bodies, Birth and Babies: Sexuality Education in Early Childhood Programs
  - Peggy Brick (1993), Healthy Foundations: The Teacher's Book - Responding to Young Children's Questions and Behaviors Regarding Sexuality
  - Stephanie Mitelman, Sex Ed Activities Manual
  - Stephanie Mitelman, Guide to Integrating Sex Ed By Subject

Websites

- Canadian Guidelines for Sexual Health Education, www.hc-sc.gc.ca
- Advocates for Youth, www.advocatesforyouth.org
- Sexuality Information & Education Council of the United States, www.sexedlibrary.org
- Alberta Health Services, teachers.teachingsexualhealth.ca
- Society of Obstetricians & Gynecologists of Canada, www.sexualityandu.ca/teachers
- Planned Parenthood (US), www.plannedparenthood.org/resources/
- HEALTH EDCO, www.healthedco.com
- Total Access Group, www.totalaccessgroup.com
- Spectrum Nasco, education.spectrum-nasco.ca
- Sexpressions marketplace: www.sexpressions.com

Glossary

Male Anatomy / Anatomie masculine

Circumcision (Circoncision): The foreskin of the penis is removed.

Corpus cavernosa (Corps caverneux): Two sponge-like regions in the body of the penis that contain blood during an erection.

Corpus spongiosum (Corps spongieux): Spongy tissue surrounding the urethra in the penis.

Corona (Couronne): Circumference of the base of the glans; a visible ridge.

Cowper's Gland (Glandes bulbo-urétales de Cowper): The gland that makes pre--ejaculatory fluid (pre-cum) and also contributes fluid to semen during ejaculation.

Epididymis (Épididyme): Storage site for mature sperm to wait to exit the body.

Ejaculatory duct (Canal éjaculateur): Begins where the vas deferens and opening of the seminal vesicle meet. The ejaculatory ducts (two; one per testicle) pass through the prostate and open into the urethra.

Foreskin (Prépuce): Double-layer of skin and mucous membrane that covers the glans of the penis when not erect, and retracts when erect.

Frenulum (Frein): Band of tissue that connects the foreskin to the shaft of the penis; located just below the corona on the underside of the penis.

Glans of Penis (Gland): Head of the penis. Most sensitive part.

Meatus (Méat urinaire): The opening of the urethra, from which urine exits the body; located at the tip of the glans penis.

Penis (Pénis): Component of external male sexual genitalia; has reproductive function and also serves as urinary duct.

Pre-cum (Fluide pré éjaculatoire): Fluid that exits through the penis before ejaculation; has been shown to contain semen.

Prostate (Prostate): Gland that contributes protein (food) for the sperm in the mixture of semen.

Scrotum (Scrotum): The sac that the testicles rest in. The scrotum protects the testicles and keeps them cooler than the rest of the body.

Semen (Sperme): Mixture of sperm and fluids; ejaculated from penis.

Seminal Vesicle (Vésicule séminale): Gland that contributes sugar (for energy) for the sperm in the mixture of semen.

Seminiferous Tubules (Tubes séminifères): Tubes in the testicles where the sperm are produced.

Shaft of Penis (Verge): Main body of the penis.

Sperm (Spermatozoïde): Carries the DNA information to fertilize an egg; composed of head, midpiece and tail for motility.

Testis (Testicules): The largest site of production of testosterone (male hormone) and the site of