

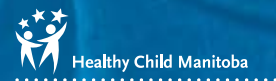
Sex - You Decide

Know the facts. Protect yourself.

Facilitator Resource



Partners:



Sex - You Decide

Know the facts. Protect Yourself.

Facilitator Resource

The purpose of the Think Again Campaign is to encourage teens and their friends, partners, and families to discuss relationships, decision making and other issues related to teen pregnancy, sexually transmitted infection (STI) and HIV/AIDS prevention.

This resource has been designed for use by teachers and other health educators, to support discussion about sexual health and safer sex with Manitoba teens. Pamphlets are available to accompany this resource.

Contact: www.thinkagain.ca for information and links related to

- Services for teens
- Supports for service providers
- Resources for parents

Or call Healthy Child Manitoba Office phone (204) 945-2266 or fax (204) 948-2585

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Facilitation Points:

- Facilitate group discussion to establish ground rules which respect the privacy and confidentiality of participants
- Most activities are reprinted to support the Think Again messages included in this package. They are rated as Level II (grade 8 – S1) and Level III (S2+). These are guidelines and you may select the activities that are appropriate for the level of your group.

Activities are reprinted from *Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education* by Planned Parenthood Federation of Canada, 2001, with permission.

(Ordering information for the complete book is available at the back of this package.)

- Assign project activities to enhance discussion and learning (i.e. posters, reports, field trips, interviews, drama, song, art...)
- Use a non-judgmental approach in discussing pregnancy options.
- Address referrals to non-judgmental teen-friendly resources for support.
- Refer to Contact Information (page 1) for further information on:
 - Pregnancy testing and counselling referrals in Manitoba
 - Emergency contraceptive pills
 - Birth control information
 - Facilitating discussions on teen pregnancy issues
 - Sexuality education programming

Supplement to the Health Curriculum:

The activities in this resource can be used to supplement related student learning outcomes in the Kindergarten to Senior 4 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles (Manitoba Education and Youth, 2000).

Some example applications include:

- GLO 4 – Personal and Social Management: decision making / problem solving
- GLO 5 – Healthy Lifestyle Practices: potential consequences of sexual behaviour, types of contraceptive methods, implications and prevention of teenage pregnancy, healthy relationships

ACTIVITIES

Making Decisions

- Objective:** Participants will identify decision-making skills.
- Structure:** Individual or small group activity.
- Time:** 40 minutes.
- Materials:** Flipchart/blackboard, "Making Decision" (level I) or "More Making Decisions" (level II) and "I.D.E.A.L." handout.

Procedure

1. Introduce the activity by pointing out that the ability to make decisions effectively has an on-going impact on our health. This activity will give participants a model for decision-making.
2. Introduce the I.D.E.A.L. model to the participants (write it on the blackboard/flipchart):
 - I Identify the Problem**
 - D Describe all possible solutions**
 - E Evaluate the consequences of each solution**
 - A Act – Choose a solution and try it**
 - L Learn – Did it work? Why or why not?**

For example:

I Jodi has to walk the dog every day after school, but she wants to spend time with her friends who hang out at the mall.

D Jodi can

- go to the mall
- tell her friends she will see them tomorrow at school
- ask her friends to take a walk with her and the dog.

E

- Going to the mall means letting her dog down, and her dog might misbehave.
- She won't get to spend extra time with her friends.
- She can walk her dog and spend time with her friends, which will also give her the opportunity to exercise and enjoy nature.

A Jodi decides to ask her friends to go for a walk with her.

L While not all her friends go for a walk, the one that does go with her turns out to be a very good friend. By inviting her friends to walk the dog with her, Jodi kept the lines of communication open with them without sacrificing her obligations to her beloved dog.

- 3.** Explain that, when making a decision, it is important to:
 - Think of all your choices.
 - Think of the most likely result of each choice.
 - Think of the risks involved with each choice.

- 4.** Give each participant a copy of the “Making Decisions” (level I) or “More Making Decisions” (Level II) and “I.D.E.A.L.” handouts. Individually or in small groups, instruct participants to work out each problem using the I.D.E.A.L. model. Participants can speculate the last two stages (“act” and “learn”).

- 5.** After 20 minutes, reconvene the large group. As each small group reports, invite reactions from others. Can they think of any other choices? Do they disagree with anything? What would they really do in this situation? Encourage people to be honest about how they would really handle these situations.

- 6.** Make the following points:
 - Consequences can be good or bad.
 - A good consequence might be to meet new people or to try a new skill or activity. These consequences are a little scary because you might be rejected or you might fail. However, we do not grow if we do not take risks.
 - Bad consequences are those that may result in getting hurt or getting into trouble. These risks are the kind that might adversely affect our lives and future plans.

- 7.** Conclude by explaining how difficult decision-making can be, but that with practice, we can all learn how to make good decisions for ourselves. Good decisions lead to healthy relationships and a healthy sense of self-esteem.

Making Decisions

- 1.** You deliver newspapers on a paper route. You really enjoy this job – especially the extra money you make to buy CDs. You love basketball, and you just found out that your school is in the finals. Your friends urge you to come and see the game with them after school. It’s going to be the best game of the season. But you have to do your paper route and can’t possibly do both. You could tell your boss that you’re sick and then go to the game, but you’re really unsure. What should you do?

- 2.** You have an agreement with your parent that you are to go home every day after school and do your homework until s/he gets home from work. Since this is an opportunity to get homework done, you are not allowed to have friends over after school. Today, however, a couple of friends try to talk you into hanging out with them after school. Since your parent doesn’t get home until almost 6 p.m., you could see your friends and then go home and s/he would never know. What should you do?

- 3.** Every Monday, you walk your neighbour’s six-year-old child home from school. However, you just found out that you got a part in the school play and rehearsals are on Mondays. What should you do?

- 4.** Tim has asked Carlos if he can borrow his bike to go to soccer practice. Tim is a friend that Carlos just started hanging out with. Carlos’ bike is new, and he is a little worried that something might happen to it. What should Carlos do?

- 5.** One of Kerri’s best friends is having a sleep over. However, a more popular friend invites her to a party scheduled for the same night. What should Kerri do?

More Making Decisions

- 1.** It's a hot day, and Clark and Beth have been playing hard. They find several cans of beer in the refrigerator at Beth's house. Clark suggests they have beer instead of water. What should Beth do?

- 2.** Brian invited Ricco to come over to his house after school to mess around with computers and spend time on the Internet. They discover a chat room and start some conversations that make Ricco feel pretty uncomfortable. Ricco is ready to move on to some other activity, but Brian seems to be really enjoying the chat room. What should Ricco do?

- 3.** Twelve-year-old Mia is out with her friend Cheryl, Cheryl's boyfriend Tony, and another friend Chris. After a while Cheryl and Tony start to kiss. Chris then starts kissing Mia. This feels pretty good to Mia. But then, Chris tries to get Mia to go into the bedroom. Mia says no, but her friend Cheryl tells Mia not to be so lame. What should Mia do?

- 4.** Vera and Jennifer find a pack of cigarettes on the kitchen table. Jennifer heard that smoking can help you keep your weight down, and wants to try one. She asks Vera to try one too. Vera isn't that interested because she thinks cigarettes stink, but she wants to support her best friend. What should Vera do?

- 5.** Rod thinks he's very cool. He hangs out with the older guys in his neighbourhood after school. Some of them smoke pot. Today, one of his friends passes him a joint. Rod doesn't want to smoke it, but he also doesn't want to look like a jerk to his friend. What should Rod do?

I.D.E.A.L.

I Identify the problem or choice.

D Describe possible solutions.

E Evaluate consequences of each solution.

A Act. Choose a solution and try it.

L Learn. Did it work? Why or why not?

A Decision Making Activity

- Objective:** Participants will apply decision-making skills to a scenario.
Structure: Small group activity and large group discussion.
Time: 40-60 minutes.
Materials: Decision making model, one scenario for each small group.

Procedure

1. Handout decision making model.
2. Practise application of the model, with an example, if required as preparation.
3. Break students into small groups; each will process one of the scenarios.
4. Regroup and process.

Scenarios

1. Kerry is staying over at Les's tonight, and isn't allowed to go to parties without permission. Les has made plans for both of them to sneak out and go to a party at another friend's house. Kerry would like to fit in and doesn't want to miss out, but is really nervous about going.
2. Lee and Lynn are at a party and lots of couples are making out. Lynn keeps asking Lee to go upstairs for some privacy. Lee is really turned on by Lynn and doesn't want to seem like a prude, but is pretty nervous, too.

Processing

- Reporter from each group with scenario #1 will share the choice made and why.
- Discuss issues which may have been omitted.
- Have the large group choose one option from those presented.
- Discuss the process of evaluating that choice / learning from it.
- Repeat process with reporting from groups who discussed scenario #2.

Possible discussion questions for each scenario:

- What is the issue?
- What are the options?
- What are the pros and cons of each possible choice?
- How might everyone feel (the person making the decision, the other person, their families, their friends...) about each of the choices?
- Which options feel like the 'right' things to do?
- What if the people are two males or two females?

Rank Ordering

Objective: Participants will identify decision-making skills.

Structure: Small groups.

Time: 30-50 minutes

Materials: Paper and markers.

Procedure

- 1.** Create small groups and distribute paper and markers. Have groups appoint a recorder and a reporter. Allow 10-15 minutes for each group to create two listings:
 - a) reasons teens get pregnant; and
 - b) reasons for teens to postpone pregnancy.

Instruct groups to then rank order the top two items for each of their two lists.

- 2.** Reconvene the large group, and ask reporters to share the number one item from their A list. Record these onto a master list at the front of the class (master list can be divided into sections for items ranked by students as #1, #2, etc). Rotate reporters until all items have been shared for the first list.
- 3.** Ask participants which items came through as unanimous or very frequently mentioned, for the list you are discussing. Have them rank the top 3 reasons for that list.
- 4.** Repeat the same process for the B list.
- 5.** Facilitate a discussion about the work done, and observations made. What conclusions can the group make? Discuss the importance of considering one's values in making decisions. Incorporate discussion regarding:
 - how someone knows s/he is ready to parent a baby,
 - ways to have connection and affection without sex,
 - delaying pregnancy,
 - making plans for the future.
- 6.** Follow up by distributing and reviewing the handout "A Personal Bill of Rights".

A Personal Bill of Rights

Being assertive means knowing your goals and acting to reach them.

- I have the right to be myself.
- I have the right to be respected; and I will respect others.
- I have the right to make decisions that fit my values.
- I have the right to affection without having to have sex.
- If I do not want physical closeness, I have a right to say no.
- I have the right to start a relationship slowly, to say "I want to know you better before I become involved."
- When a relationship is ending, I will not change myself to try to keep it going.
- I have the right to ask for change in a relationship.
- I have the right to postpone pregnancy until I am truly ready to be a parent.
- I have the right to stay safe from sexually transmitted infections.
- I have the right to access reproductive health services in my community.
- I have the right to get a good education.
- I have the right to plan my future.
- I have the right to change my goals.

Sexual Decision-Making Case Studies

- Objective:** Participants will identify circumstances that would make having sex a good or poor choice.
- Structure:** Large group.
- Time:** 30 minutes.
- Materials:** Flipchart or blackboard.

Procedure

1. Read the following case study to your group:

Ann is seventeen years old. The summer after graduation, Ann was offered a job at a hotel outside of town. She took the job, even though it meant being away from her family for three months.

At the hotel, Ann felt lonely. The other girls had worked at the hotel for several summers and seemed to be in a clique that excluded her. Then Ann met James. He was a really hot lifeguard and all of the girls wanted his attention. James became really interested in Ann and asked her out.

Suddenly, the other girls paid attention to Ann. They included her in their activities and pumped her for information about James. Ann wanted to be popular, so she decided to go out with James. Everyone would think she were nuts if she didn't.

James very quickly began to pressure Ann to have sex with him. He even made it clear he wouldn't keep dating her if she refused. One night, after drinking beer and getting high on marijuana, James walked Ann back to the hotel and asked if he could go up to her room with her.

2. Ask your group:

Ann needs to decide if she is ready to have a sexual relationship with James or not. What factors does she need to consider (sample list follows)?

- Pressure (from James, from friends)
- Wanting to be popular, to belong
- Alcohol, drug use
- Attracted to James
- Looking back: will she feel good about her decision?
- STI protection
- Pregnancy prevention
- Alternatives to intercourse

3. Ask the group if, in this case, sex would be a good choice.

4. Next, read the following revised case study:

Ann is seventeen years old. The summer after graduation, Ann was offered a job at a hotel outside of town. She took the job, even though it meant being away from her family and friends for three months.

At first, Ann felt lonely. Although the other girls had worked at the hotel over several summers and seemed to be in a clique, Ann persisted and eventually made a couple of friends. One evening, Ann met James. He was a really hot lifeguard and all of the girls wanted his attention. James became really interested in Ann and asked her out.

James was really nice to Ann and they spent a lot of time together. James taught Ann how to swim and Ann taught James how to play tennis. They took long walks together and talked about everything. They were inseparable and seemed very happy.

At one point during the summer, Ann and James started talking about having sex. They wanted to demonstrate their love for each other. They both agreed that if they were to have sex, they should use condoms in order to protect each other from unintended pregnancy and STIs.

5. Ask your group:

What factors are present for Ann and James in deciding whether or not to have sex (sample list follows)?

- Good communication skills
- Equal relationship
- Sharing relationship (both contribute)
- Pleasure
- Love
- STI, pregnancy prevention
- Possible virginity

6. Ask the group if, in this case, sex would be a good choice.

7. Ask: Apart from the ones presented in these two case studies, what are some additional factors that people need to consider when deciding whether to have sex or not (sample list follows)?

- Comfort with own body
- Parent expectations
- Cultural expectations
- Religious expectations
- Freedom to say yes or no

8. Conclude by pointing out how difficult and important a decision it is to determine whether or not to start, or continue, a sexual relationship. Whether we are deciding for the first time ever or with a new partner, there are several factors that need to be considered. It is important that we weigh all factors in order to make good choices.

Extension

Instruct participants to write their own case studies and to determine which circumstances are present that would make sex a good or poor choice.

Considering the Consequences of Early Sexual Intercourse

- Objective:** Participants will identify the risks of early sexual intercourse.
- Structure:** Small group.
- Time:** 20 minutes.
- Materials:** “Consequences of Early Sexual 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 together to identify the consequences of early intercourse (e.g. having vaginal or anal intercourse at their age).
 - 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 raised by youth. Some issues for possible discussion:

Physical Consequences of Early Sexual Intercourse:

- Increased probability of pregnancy
- Increased probability of STIs (sexually transmitted infections) and 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.

*[Adapted with permission from: Region of Ottawa-Carlton (2002).
Ottawa-Carleton School-Based Sexual Health Program.]*

- 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.

What can be done to decrease the risk of consequences:

- Abstain from intercourse (or postpone it until older).
- Use condoms and effective contraception.
- Engage in lower risk sexual activities (kissing, hugging, touching, etc.).

4. Conclude by discussing the physical and emotional risks involved with having 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 Canadian Youth, Sexual Health and HIV/AIDS Study (2003), only 19% of grade 9 females and 23% of grade 9 males have ever had sexual intercourse at least once.

Considering Pregnancy Risk & Impact

- Objective:** Participants will gain an understanding of the significant risk of pregnancy associated with having unprotected intercourse, will increase their knowledge of the effectiveness of various methods of contraception, and will articulate the effects a pregnancy would have on their lives, relationships, and plans.
- Structure:** Large group and individual.
- Time:** About 30 minutes.
- Materials:** Index cards, coloured markers, "Pregnancy Impact" handout.

Preparation

1. Prepare a set of 39 index cards. Designate the index cards as follows:
 - 4 cards with a blue circle drawn upon it. (These represent the number of people who could experience a pregnancy after one year of using condoms only, for contraception.)
 - 1 card with a green circle (oral contraceptives, birth control pills).
 - 1 card with a purple circle (condom and spermicide).
 - 6 cards with an orange circle (spermicide only).
 - 27 cards with a red circle (sex without any protection).

The differently coloured cards illustrate the number of pregnancies that would be expected to occur in a group of 30 people, after one year of typical use of various methods of contraception. See the "Chances of Pregnancy" chart for percentages of women experiencing accidental pregnancy while using specific methods, as well as the numbers of women becoming pregnant. (Numbers of women have been calculated so that this activity can be used with groups of 15 or 20.) To accommodate the size of your group, use the percentage value to modify these calculations.

Procedure

1. Tell participants that this activity will help them to understand the number of pregnancies that would occur in the group through the use of various methods of pregnancy prevention. Tell them that, for the purposes of this activity, you'll be making the assumption that everyone in the class is having intercourse, even though in reality, many teens are not. (MOST grade 7, 8, 9 & 10 students have never had intercourse.) Remind the group that you are fully aware of the fact that, though young men do not get pregnant, they share the responsibility for a pregnancy. Young men are greatly affected when their partner becomes pregnant.
2. Distribute all of the cards with coloured circles. Some participants will have more than one card.

[Adapted with permission from: Region of Ottawa-Carlton (2002). Ottawa-Carleton School-Based Sexual Health Program.]

Source: Beyond the Basics, A Sourcebook on Sexuality and Reproductive Health Education, Planned Parenthood Federation of Canada, 2001.

Note

Cards for Depo-Provera and choosing not to have intercourse are not necessary, as pregnancies would not be expected if these methods were used for one year.

3. Discuss each method of pregnancy prevention in turn. Begin by asking everyone with a blue circle on their card to stand. Tell the group: "This is how many people in this group would experience a pregnancy after using condoms only as protection for one year."

Remind the group that the number of people standing reflects the failure rate (in terms of pregnancy prevention) of condoms with typical use (meaning that people may not use the method correctly or consistently for every act of intercourse). Methods of pregnancy prevention can be more effective if used perfectly. (We are, however, human). Ask those standing to sit down again before you address the next method of contraception.

- 4.** Continue with the other methods in the same manner:
- Blue: Male condoms only (described above).
 - Orange: Spermicide only.
 - Purple: Male condoms and Spermicide.
 - Green: Oral Contraceptives (Birth Control Pills).
 - Red: Vaginal intercourse with no protection.
 - Depo-Provera. (Since no one would stand up, tell the group that there would be no pregnancies in the group if they all used Depo-Provera for one year.)

Choosing not to have vaginal intercourse. (Since no one would stand up, tell the group that there would be no pregnancies if they all chose not to have vaginal intercourse for one year. Be sure to remind participants that there is a chance of pregnancy if the male ejaculates near the vaginal opening of his partner.)

5. Suggest to the group that you'd like to give them an opportunity to think about what a pregnancy would mean in their own lives. Distribute the "Pregnancy Impact" handout. Give participants 5 – 10 minutes to complete the worksheet.

6. Ask volunteers to share their responses to each question on the handout. Be sensitive to the possibility that some participants may have already experienced a pregnancy or "pregnancy scare".

- 7.** While facilitating the discussion, be mindful of these points:
- Both young men and young women are strongly affected by a pregnancy, regardless of whether or not the pregnancy continues.
 - Most people who choose to have an abortion do so after much thought, and they do not take the decision lightly.
 - Research indicates that having a child during one's teen years is associated with lower levels of education, employment, and enjoyment of life. Children of teen parents may also have more difficulties, as their young parents struggle with their own problems, often on a low income.
 - Acknowledge that teen parents who remain in school can find it very difficult to juggle the demands of school and the demands of their young child. (Those who succeed often say that this is extremely stressful.)

8. Conclude by focussing on the dreams and plans that participants have for the future. Point out how much easier it would be to achieve their goals if they do not have to be concerned about raising a child while still a teen.

Chances of Pregnancy

(Figures represent the percentage of women experiencing an accidental pregnancy, after using a particular method of contraception for a year.) "Numbers who would experience a pregnancy" have been rounded off to the nearest whole number for clarity, to avoid "0.3" of a person experiencing a pregnancy. Reference: Contraceptive Technology, 16th Edition, Hatcher, Robert A. p. 113.

Method of contraception	% of women experiencing a pregnancy after one year of use	# that would experience a pregnancy (group of 15)	# that would experience a pregnancy (group of 20)	# that would experience a pregnancy (group of 30)
Oral contraceptive (birth control pill)	3% (3 women in 100)	0	0	1
Depo-Provera	.3% (less than 1 woman in 100)	0	0	0
Spermicide only	21% (21 women in 100)	3	4	6
Female condom only	21% (21 women in 100)	3	4	6
Male condom only	12% (12 women in 100)	2	2	4
Condom & spermicide	3% (3 women in 100)	0	1	1
Unprotected sex	90% (90 women in 100)	14	18	27
Choosing not to have intercourse	0	0	0	0

Source: *Beyond the Basics, A Sourcebook on Sexuality and Reproductive Health Education*, Planned Parenthood Federation of Canada, 2001.

What's in a Relationship?

- Objective:** Participants will identify the qualities that are most important for them in a romantic relationship.
- Structure:** Large group.
- Time:** 20 minutes.
- Materials:** "Relationship Quality" cards, flipchart or blackboard.

Procedure

1. Distribute 1 – 2 relationship quality cards to each participant (if you have cards left over, ensure that you have distributed an even number of "healthy" and "unhealthy" cards).
2. Ask participants to look at the quality on the card and determine whether or not it is a quality that they value and would want in a partner.
3. Ask participants to stand up and move around the room to meet other participants to find out what qualities they have on their cards.
4. Explain to the group that if a participant has a card that is not a quality s/he values in a partner, s/he can try to switch cards by negotiating with other participants. If the other participant says "no" to switching cards, the person must move on to someone else.
5. Give the group 10 minutes to move about the room.
6. Bring the group back together. Have each participant read out her/his quality card(s). Ask the following questions:
 - Did anyone want to change their quality card?
 - If so, were you able to switch it with another participant? Why or why not?
 - Having only one (or two) quality cards is limiting. What other qualities would you have liked?
7. On the board/flipchart, create two columns: healthy relationship qualities and unhealthy relationship qualities. Ask participants to read aloud their cards again. Ask the group if the quality is a healthy or unhealthy quality in a relationship. Write the quality down in the appropriate column. Explore any differences that may arise in the group.
8. Ask what other qualities the group thinks are important for a healthy relationship. Ask what other qualities constitute an unhealthy relationship. Write these on the board/flipchart. Explore any differences that may arise in the group.
9. Discuss how each person tends to bring a mixture of qualities to a relationship. Pick one of the qualities from the unhealthy list and ask the group how to deal with this in a relationship. Use the example of a relationship that was good in many other ways but had this one issue that one of the partners wanted to resolve.
10. Conclude the activity by pointing out that it is important to think about what qualities are important to us in our relationships. No one and no relationship is perfect. However, it is important to prioritize what is important to us and to ensure that our relationships are as healthy as possible.

[Adapted with permission from: Planned Parenthood Toronto (1998) Community Health Promotion Team]

Source: *Beyond the Basics, A Sourcebook on Sexuality and Reproductive Health Education*, Planned Parenthood Federation of Canada, 2001.

Relationship Cards

Wants to have sex all the time	Never wants to have sex	Is confident	Is not motivated
Is a good kisser	Calls me every day	Is really smart	Knows how to please me sexually
Likes to hug and cuddle	Knows how to deal with conflict in a positive way	Puts a lot of time and effort into the relationship	Holds anger in
Tells me what to wear	Chooses my friends	Remembers important dates	Has a good sense of style
Puts me down in front of others	Doesn't like to talk about feelings	Likes to buy me lots of gifts	Makes time to see me
Doesn't follow through with promises	Sometimes hits during arguments	Doesn't like to say sorry when responsible for a problem	Won't let me go out with friends
Criticizes me	Complains all the time	Doesn't want long-term relationship	Often wants own way
Has lots of money	Likes to party	Religious	Sleeps with other people
Listens to me	Is accepting of others	Accepts me as a person	Has a good body
Trusts me	Communicates feelings	Doesn't try to change me	Can be trusted
Accepts differences	Shares some of my interests	Sexually attractive	Makes me feel special
Talks easily	Makes me laugh	Able to discuss sexual limits and safer sex	Puts up with tiredness, disagreements and mistakes

Values & Sexuality

- Objective:** Participants will compare their own values related to sexuality with those of their parents/guardians or friends.
- Structure:** Individual and large group discussion.
- Time:** 20 minutes.
- Materials:** "Values and Sexuality" handout.

Procedure

1. Make the following points:
 - Thinking about our values as they relate to sexuality can help us to make important decisions that we may face in our lives.
 - In making decisions about sexuality, we are often influenced by important people in our lives, like our family and friends.
 - This questionnaire is designed to help us identify our own perspectives and those of others who may be important to us with respect to sexuality issues.
2. Distribute the "Values and Sexuality" handout. Inform participants that their answers are confidential and that you will not be collecting them.
3. Allow sufficient time for participants to complete the handout.
4. Conclude by asking participants if there were statements where they put different responses for themselves, their parents, or friends. Briefly discuss how decisions about sexuality can be complicated, and that it is important to think carefully about our values when making decisions about sexuality.

Values & Sexuality

Directions: Use a check mark to indicate agreement with the statement.

Statement	I Agree	My Parents Agree	My Friends Agree
Having sex before marriage/life time commitment is wrong.			
It is important for teenagers to know how to use birth control and practice safer sex (use condoms).			
My religion should play an important role in how I make decisions about sexual behaviour.			
The most important thing about sex is having fun.			
It's important to be in love with your partner before you have sex with him/her.			
If two people are sexually attracted to each other, that's all that is needed to have a good relationship.			
Honesty and respect are essential to a good relationship.			
People who are gay or lesbian deserve as much respect as anybody else.			
There is too much pressure put on teenagers to have sex.			
There is too much pressure put on teenager not to have sex.			
Most teenagers would be better off waiting until they are older before having sex.			
It's OK for teenagers to masturbate.			
It's OK for a pregnant teenager to get an abortion, if that's what she decides is best for her.			

After completing this exercise, I learned:

Dealing with an Unintended Pregnancy

- Objective:** Participants will describe their attitudes and values concerning unintended pregnancy.
- Structure:** Individual.
- Time:** 20 minutes.
- Materials:** “Dealing with an Unintended Pregnancy” handout.

Procedure

1. Distribute the handout and ask participants to answer the questions individually. Allow 10 minutes for participants to complete the handout.
2. Reconvene the group and ask the following questions:
 - What values, beliefs, and issues would people need to consider when making a decision about an unintended pregnancy (e.g. attitudes/values about pregnancy, children, parenting)?
 - What information would people need to have about each option (e.g. cost of raising a child, medical information about abortion, rights of biological parents in adoption)?
 - Who would help a couple/individual as they make this decision (e.g. parents, clergy, counsellor, other trusted adult, health agencies)?
3. Conclude the activity by pointing out that dealing with an unintended pregnancy is a complex issue. It is important that, when faced with one, individuals consider the impact of their decision on themselves, and other important people in their lives. Support from parents, other family members, friends, and/or clergy are valuable during such a time.

Extension

Divide participants into groups of 4 – 5. Instruct each group to pick a topic related to parenting, abortion, and adoption (e.g. community services, abortion law and policy, media treatment of the issues, teen parenting issues, single parenting, adoption policies, etc.) and prepare a report, presentation, poster, video, etc.

Dealing with an Unintended Pregnancy

If you or your partner were to wake up tomorrow as the same person, but unintentionally pregnant, how would you feel?

- a) I would be happy because...

- b) I would be unhappy because...

- c) My greatest adjustment would be...

Use three words to describe your attitudes regarding each of the following:

- a) pregnancy

- b) adoption

- c) abortion

- d) parenting

If you were faced with an unintended pregnancy, what four issues would you consider before making a choice?

- 1.

- 2.

- 3.

- 4.

RESOURCES FOR PARENTS

Developmental Tasks of Adolescence

The 5 I's

Independence

Adolescents struggle with issues around independence. They need to develop an individual sense of self and this often involves a temporary pushing away of family. However, this stage is about individuation – not separation. Adolescents still need the support of their family and this stage is really about creating a new kind of connection.

Identity

Adolescents struggle to define themselves and what they want to accomplish. They are answering the questions “Who am I? What can I be?” This process often involves experimenting with hair, clothes, and attitudes. Adolescents need to develop a gender role identity, a positive body image, and a sense of esteem and competence.

Intimacy

This is a time of preparation for caring friendships and sexual relationships. Adolescents are learning to express and manage their emotions. They are developing the capacity to love and to be loved. They are learning how to be intimate in their varied relationships with others.

Integrity

Adolescents must develop a foundation for sorting out values. Parents have provided a basis for this. However, there is a tremendous amount of input at this time, as well, from peers, school and the media. Adolescents are deciding what they believe in and how to behave.

Intellect

Adolescents' intellectual capacities are increasing; they are moving beyond the concrete thinking characteristic of childhood to more sophisticated, abstract thinking. Many adolescents become capable of conceptual thinking and of understanding logic and deductive reasoning. This increased ability may heighten self-esteem. At the same time, some adolescents tend to overvalue their intellectual theories and see things from an unrealistic point of view. It is common for teens to behave in ways which demonstrate a belief that they are invincible, immortal, and infertile.

Adapted from: Sexuality Education: A Curriculum for Parent/Child Programs, Family Guidance Centre and Mathtech, Inc.

Sexuality Through the Lifespan

Some Major Landmarks

From the time we are born, until the time we die, every one of us is a sexual person. Our sexuality has many dimensions, and is only sometimes expressed in specific sexual behaviours. Our sexuality is about who we are and what we believe; how we see our places in the world; our biology and psychology; and our relationships with ourselves, our friends and those who might become our sexual partners. It is different at different times in our lives and there are some fairly predictable stages of development that we go through as human beings. Please note that every person is a unique individual and the following age categories should be used only as a general guideline.

Early Childhood (Birth - 3 years)

- Children learn about trust and love by how we hold and touch them.
- Most babies have a high need for sucking. Sometimes the sucking they get when breastfeeding is enough, but some babies need extra sucking time – fingers, soother, etc.
- You may notice that your baby boy sometimes has an erection or that there may be a discharge from your baby girl's vagina. This is normal and shows that our "sexual" bodies are with us from birth. Children touch and explore their bodies because it feels good and they are curious about their bodies. Your baby thinks that discovering his toes is just as important as discovering his penis. (Adults pass on the message that touching the toes is OK but touching the penis is not.)
- Young children are curious about the differences between boys and girls. Remember, babies and young children don't think about sexuality in the same way that adolescents or adults do.

Childhood (3 - 7 years)

- Children will often explore each other's bodies as part of their play. Adults often worry about children's "sex play" (playing doctor etc), but usually it is just about checking out differences in how their bodies look and work.
- Children learn appropriate sex role behaviour – how to behave like a girl or boy.
- Children often go through a stage of using "bathroom" talk. They think it is quite funny, although adults often get annoyed.
- Some children discover that touching their genitals feels good. Remember, masturbation at this age does not have the same meaning as it does for an adult.
- Children are able to learn about what is and what isn't acceptable behaviour. For example, "Masturbation is private so your bedroom is a good place to do that", or "I'm tired of hearing that bathroom talk; you and your friend can talk about that after you've finished your lunch".
- Children begin to pick up messages about sexuality and relationships, conflict resolution, the roles of men and women etc. from the media.

Early Adolescence (8 - 11 years)

- Children may begin to show modesty about their bodies. Often children who have been comfortable with nudity at home (e.g. after a shower or while getting dressed) will want to start closing bedroom and bathroom doors.
- The first signs of the physical changes of puberty start to happen. It is very important to remember that these changes occur in a different order and at different ages in everyone.
- Children may have very close relationships with friends of the same gender.
- Menstruation may begin for some girls as early as 9 or 10 years of age.

Adolescence (12-18 years)

- The physical changes of puberty continue. Most adolescents have periods of emotional highs and lows as their bodies adjust to physical and hormonal changes.
- Menstruation begins.
- Sperm production begins. Wet dreams (nocturnal emissions) may happen.
- As a result of all the changes happening to them, most teens have a self-focused view of life.
- Adolescents become more aware of their sexuality in more “adult” terms. Sexual fantasies and daydreams are fairly common.
- There is a greater awareness of being attracted to people of the same sex, the opposite sex or both.
- Masturbation (boys and girls) is a common form of sexual exploration either alone or with a partner.
- Relationships with family begin to change and teens need to figure out who they are. Their increasing independence and identification with friends help them do this. They still want and need connection with their families but want to be accepted as the individuals they are becoming.
- They may be involved in relationships that require decision-making about sexual behaviour, condom use, birth control etc.

(Most teens say they get too little information too late.)

Adulthood (19 - 45 years)

- People may be involved in sexual relationships. Many decisions are made during these years about careers, long term relationships and/or marriage, safer sex, birth control.
- Masturbation may be part of a person’s personal expression of their sexuality either on their own or with a partner.
- Ongoing learning about the various aspects of sexuality. Intimacy with others is an important part of adult life.
- Many women will experience childbirth.
- There is the possibility of parenting responsibilities, including the sexuality education of one’s own children.
- Women may notice changes to their menstrual cycles beginning mid/late thirties.

Adulthood (46 years...)

- The physical changes associated with menopause may be noticed. This will vary from woman to woman.
- People will continue to pursue intimacy through relationships.
- Increased possibility of a relationship ending because of the death of a partner.
- The body’s sexual responses change; erection may take more physical stimulation and vaginal lubrication may decrease. However, many couples report an active and satisfying sex life and greater satisfaction with other aspects of intimacy.
- Need for physical affection and touch is just as strong as ever.

Talking with your Teens About Sexuality

It is important to have discussions about sexuality issues with your children. By talking about sexuality, you are showing that it is an important issue. Teens may appear more knowledgeable about sexuality issues than they really are; and they still want and need parent input. Remember -- when you talk to your children and teens about sexuality and related issues, you are telling them in a very real way that you care about them. It's never too late to start.

Some Suggestions:

- Talk things over with your partner/spouse or friends to help you clarify issues and the messages you want to give your teens.
- Recognize that the cultural climate in which we live promotes a "live now, grow up fast" sexual philosophy. Share your beliefs with your teen. The values you live by, and the discussions you have, are important.
- Don't be afraid to say you're embarrassed or uncomfortable. Often just saying so will make you and your teen more comfortable.
- Respect each other's privacy. Make it clear that you want to discuss information, choices and opinions – not your sexual experiences or theirs.
- Try to listen calmly, even when there is a difference of opinion. If you really listen to your children you'll learn a lot about what they think. They'll also feel heard, and that goes a long way toward building their self esteem. Be willing to stop, and to discuss the topic again later if the discussion gets too heated.
- Sometimes we are not ready for our children's questions/challenges. It's all right to say: "That's a good question. I need to think about my answer for a while." At other times you may need to reconsider a response you've given earlier: "I thought about what I said yesterday and I want to change something."
- Try not to jump to conclusions when your kids ask a question like: "How do you know if you're pregnant?" Answer such questions factually and in a calm manner. Ask them what they know and think about the issue.
- Learn about the facts, but be prepared to talk about more than just the facts. Teens also want to know about such things as the relationship issues involved with sexual decision making, alternatives to sexual intercourse, how to talk honestly with friends/partners about sex, birth control and condom use.
- Discuss the range of behaviours that are part of a sexual relationship, and about protection from sexually transmitted infections and pregnancy.
- Encourage your son/daughter to set his/her own limits. Stress the importance of clearly communicating those limits to a partner.
- Talk about abuse and assault with your teen. If your teen discloses abuse, remember never to blame her/him for the assault.

Getting Started:

- Choose a time when you both are relaxed and have time to talk.
- Discuss issues when you're doing some activity together—travelling in the car, preparing a meal, doing the dishes or other chores around the house.
- Leave books and magazine articles on a variety of sexuality issues lying around the house for your teens to read.
- Give a book or magazine article you've read to your teen and ask for his/her opinion.
- Post a newspaper clipping on the fridge and ask for the family's feedback on it.
- Watch a television show/movie together. Discuss the values and any (mis)information either of you think is important.
- Conduct interviews of each other to find out what each of you knows and believes. This is one way of giving both of you an equal opportunity to talk (and listen!).
- Ask about what your teen is learning at school. e.g. "Somebody at work said his daughter's class discussed condoms. What information have you received at school about condoms?"
- Find a regular time to be with each of your children so that there are built-in opportunities for discussion and sharing.

Get More Information By Contacting: www.thinkagain.ca

RESOURCES FOR EDUCATORS

Characteristics of an Effective Sexuality Program

Research shows that effective sexuality education programs share a number of common characteristics. These curriculum-based programs:

1. focus on small numbers of sexual behaviors
2. are based on theories that have been effective in reducing other risky behaviors
3. give a clear message about abstaining from sexual activity as well as using contraception when sexually active
4. provide basic accurate information
5. include activities that address peer and social pressures related to sex
6. allow students to practice communication, negotiation and refusal skills
7. use a variety of teaching methods
8. are tailored to the age, culture, and experience of students
9. last a sufficient length of time
10. are led by teachers who are genuinely interested in the topic and who receive adequate training

Adapted from: Emerging Answers, Douglas Kirby, 2001 and Science Says, Number 4, Sept. 2003, National Campaign to Prevent Teen Pregnancy.

What is Sexuality Education?

An opportunity for individuals to develop the knowledge, motivation, skills and critical awareness needed to enhance health and avoid problems.

Young People Benefit from Comprehensive Sexuality Education

Many parents and caregivers worry that teaching about sex is an invitation to their teens to have sex. However, scientific evaluations of sexuality education, HIV prevention education, and adolescent pregnancy prevention programs have consistently found that these programs can help delay intercourse, reduce the number of sexual partners, and increase condom and contraceptive use among teens who are sexually active.

These programs allow students to obtain the information and develop the skills they need to make healthy, responsible decisions about their sexuality throughout their lifetime.

Prepared by: Sexuality Education Resource Centre, 2003.

Sexual Health Education

Background

The Kindergarten to Senior 4 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles (2000), developed by Manitoba Education and Training, integrates physical and health education “to emphasize the importance of moving towards health promotion and of addressing risk factors facing our children and youth.” (page 4)

Research identifies the significant behaviors that contribute to today’s major health issues as:

- Inadequate physical activity
- Unhealthy dietary behaviors
- Drug use, including alcohol and tobacco
- Sexual behaviors that result in sexually transmitted diseases/infections and unintended pregnancies
- Behaviors that result in intentional and unintentional injuries (page 5)

The three General Learning Outcomes (GLOs) which address sexual health-related content are:

- Safety – demonstrate safe and responsible behaviors to manage risks and prevent injuries in physical activity participation and in daily living.
- Personal and Social Management – develop self-understanding, make health-enhancing decisions, work cooperatively and fairly with others, and build positive relationships with others.
- Healthy Lifestyle Practices – make informed decisions for healthy living related to personal health practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality.

Each of these areas is interrelated with the others in providing a comprehensive approach to the development of knowledge, attitudes and skills which will provide a critical foundation for healthy choices regarding relationships and other areas of sexual health.

Time Allotments

Physical education/health education is a compulsory subject area for K to S2. The following minimum time allotments for physical education/health education are recommended.

Kindergarten to Grade 6

- 11% of instructional time (25% spent on health education-related SLOs)

Grades 7 & 8

- 9% of instructional time (25% spent on health education-related SLOs)

Senior 1 & 2

- One credit for Senior 1 and another credit for Senior 2 (50% on health education-related SLOs for both years)

In a series of surveys of Canadians, 85% of parents, and 89% of adolescents agreed that sexual health education should be provided in the schools.

Canadian Journal of Human Sexuality, Vol. 9 (1), 2000, revised 2001.

Evaluations of comprehensive Sexual Health Education programs reveal that they delay the onset of sex, reduce the frequency of sex, reduce the number of sexual partners among teens, and/or increase the use of condoms and other forms of contraception.

Kirby, 2001. See Characteristics of an Effective Sexuality Education Program.

32% of grade 9 boys and 28% of grade 9 girls engaged in oral sex at least once.

23% of grade 9 boys and 19% of grade 9 girls engaged in sexual intercourse at least once.

Of these, 39% of the boys and 28% of the girls used alcohol or drugs before their last sexual intercourse.

The number one reason for their not using condoms the last time they had sexual intercourse was 'did not expect to have sex'.

Canadian Youth, Sexual Health and HIV/AIDS Study, Council of Ministers of Education, Canada, 2003.

Some Myths & Facts About Sexual Health Education

Myth: Students in elementary are too young to need information about sexuality.

Fact: In every subject, students are given a foundation in the early school years that is expanded upon in later years. Children are often curious about issues related to sexuality and need accurate, age-appropriate information. Children also need to learn the correct names of all their body parts so that they can tell someone if they have been sexually abused.

Myth: If you talk to kids about sex they will go out and experiment.

Fact: Children who are well informed and comfortable talking about sexuality with their parents are also the least likely to have intercourse when they are adolescents. Knowledge does not lead to inappropriate behavior, whereas a lack of information poses greater risks.

Myth: Kids will pick up what they need to know.

Fact: Kids are constantly picking up sexual messages, many of them ones that do not promote healthy sexuality. They will pick up the commercial and exploitive messages that are in the interest of advertisers to promote, and they will pick up misinformation from their uninformed peers. From adults, they may pick up the message that there is something wrong with feeling comfortable about sexuality.

Myth: If I don't feel completely comfortable talking to my students about sexual issues, it's better not to say anything at all.

Fact: It is quite common to be uncomfortable talking about sexuality. However, we should not let this stop us from educating our students. It is important for educators to provide comprehensive Sexual Health Education that is culturally and socially appropriate, and that meets students' needs. Talking about facts rather than values is an effective way to combat apprehension. Educator training is an effective method for developing comfort and skill.

Myth: Comprehensive sexual health education doesn't address abstinence.

Fact: Comprehensive Sexual Health Education stresses abstinence as the preferred sexual behaviour among teens. Abstaining from sexual activity that involves exchange of bodily fluids and/or genital-to-genital or skin to genital contact is the only way to be absolutely sure of avoiding the risk of pregnancy or sexually transmitted infections. Postponement of initial sexual activity until maturity, adherence to one sexual partner and protected sexual intercourse are sequentially offered as the next best alternatives. The programs that have been most effective in helping young people to abstain discuss both abstinence and contraception.

Adapted from SIECUS, 1996-2003.

According to the Canadian Guidelines for Sexual Health Education:

“Since schools are the only formal educational institution to have meaningful contact with nearly every young person, they are in a unique position to provide children, adolescents, and young adults with the knowledge and skills they will need to make and act upon decisions that promote sexual health throughout their lives.” (*Health Canada, 2003, p. 17*)

What Can We Do?

- Establish an implementation committee
- Ensure that you have a formal policy and guidelines on sexual health education
- Survey parents and students
- Provide support and training for teachers
- Ensure that programs are effective
- Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appears to be one of the most important characteristics that distinguishes effective from ineffective programs.
- Provide examples of and practice with communication, negotiation, and refusal skills.
- Employ teaching methods designed to involve participants and which have them personalize the information.
- Schedule a sufficient length of time (i.e., more than a few hours).
- Focus on parental involvement
- Send home a letter
- Show parents the materials you are using
- Provide information to assist parents in their role
- Organize an information evening or workshop

Online

SERC - SEXUALITY EDUCATION RESOURCE CENTRE
www.serc.mb.ca

SIECUS – SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE U.S.
www.siecus.org

SIECCAN – SEX INFORMATION AND EDUCATION COUNCIL OF CANADA
www.sieccan.org

CANADIAN GUIDELINES FOR SEXUAL HEALTH EDUCATION
www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/cgshe_index.htm

Youth, Sex & Pregnancy

Research below shows that many sexually active youth are at risk for unplanned pregnancy and sexually transmitted infections (STIs) including HIV/AIDS.

Many factors — such as social support networks, education, gender, our sense of control over our lives and the things affecting our lives — affect the choices we make, our behaviours, and our ability to exercise our choices around sex and sexuality.

The research also shows that there are effective ways to reduce the risk.

You, as a young person, parent, educator, or as a member of the community, have an important role to play in talking about the issues and creating an environment that will promote health and wellness.

Youth in Manitoba

- In 2000 Manitoba had a population of 157,653 people between the ages of 15 and 24 years. This group represents about 14% of the total population in Manitoba [*MB Health Population Report, 2000*].
- In 1995, 21% of children under 18 years of age in Canada were living in poverty [Report on the Health of Canadians, 1999].
- Youth who feel there is no clear path through education to employment are likely to take less responsibility in many aspects of their lives, including their sexuality [*Steering Committee on Adolescent Pregnancy, Manitoba Children and Youth Secretariat, 1996*].

Youth & Sex

- About one-third of grade 9 students and more than one-half of grade 11 students reported having had oral sex at least once [*Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS), 2003*].
- 46% of grade 11 girls and 19% of grade 9 girls reported having had sexual intercourse [*CYSHHAS, 2003*].
- 40% of grade 11 boys and 23% of grade 9 boys reported having had sexual intercourse [*CYSHHAS, 2003*].
- Teenagers tend to feel invulnerable and take risks in many aspects of their lives, including sexual activity [*The Canadian Contraception Study, 1995*].
- Almost one quarter of sexually active young people aged 15-24 report having sex without a condom because they were drinking or using drugs at the time [*Kaiser Family Foundation, 2002*].
- 18% of grade 9 boys and 13% of grade 11 boys, plus 26% of grade 9 girls and 21% of grade 11 girls state that they would be too embarrassed to buy condoms [*CYSHHAS, 2003*].
- Sexually abused girls report an earlier age of first intercourse [*CYS Steering Committee on Adolescent Pregnancy, 1996*].

Sexuality Education Resource Centre (SERC) Manitoba, Inc.

2nd Floor, 555 Broadway Ave.
Winnipeg, MB R3C 0W4
Phone: (204) 982-7800
Fax: (204) 982-7819
E-mail: info@serc.mb.ca

161 8th Street
Brandon, MB R7A 3W9
Phone: (204) 727-0417
Fax: (204) 729-8364
E-mail : brandon@serc.mb.ca

Provincial Web Site:
www.serc.mb.ca

Facts of Life Line

In Winnipeg call
947-9222

In Manitoba call
1-800-432-1957

Talking Yellow Pages

See our listing in your local yellow pages directory for information on sexuality and reproductive health.

Youth & Pregnancy

- Manitoba has one of the highest teen pregnancy rates in Canada; 48.9 pregnancies per 1000 girls aged 15 - 19 years [*Manitoba Health, 2005*].
- There were 2,018 pregnancies among 10 - 19 year olds in 2003/2004 [*Manitoba Health, 2005*].
- 90% of youth who deliver a baby choose to parent [*CYS Steering Committee on Adolescent Pregnancy, 1996*].
- Teen pregnancy causes many young people to drop out of school [*CYS Steering Committee on Adolescent Pregnancy, 1996*].
- Children born to single parent mothers have an increased risk of growing up poor [*Children and Youth Secretariat—CYS, 1997*].
- Babies born to teen are at a significantly greater risk for prematurity, infant mortality, developmental delays, school failure, emotional and behavioral problems, and sexually transmitted diseases [*Children and Youth Secretariat, 1997*].
- The children of adolescent mothers are at increased risk for being teen parents themselves [*Children and Youth Secretariat, 1997*].

Prevention

- Adolescent pregnancy prevention initiatives are most effective as multi-component programs with intensive sexuality and youth development components [*Kirby, 2001*].
- Research indicates that access to contraception does not lead to increased sexual activity [*Kirby, 2001; and CYS Steering Committee on Adolescent Pregnancy, 1996*].
- Research consistently shows that positive sexual health outcomes are most likely to occur when sexual health education integrates knowledge, motivation and skill-building opportunities and occurs in an environment conducive to sexual health [*Canadian Guidelines for Sexual Health Education, Health Canada, 2003*].
- Young people want to participate in defining their needs and in defining solutions to meet their needs [*Caputo, 1998*].
- Every group of youth consulted reported concern about a dire lack of education on adolescent sexuality issues [*Regional Youth Consultations, Manitoba Association of School Trustees, 1998*].
- Good sexuality education programs help to delay first intercourse and protect sexually active youth from HIV, STDs and pregnancy [*United Nations, 1997*].

Sexual Health Education S.A.K.E.

Educators have traditionally provided youth with information, hoping to affect their behaviour. We know that providing information alone is a poor use of our limited sexuality education time with youth. In order to influence healthy choices, educators need to address the barriers that inhibit teens from practicing safe and safer behaviours.

Successful sexuality education includes opportunities for youth to address their attitudes and to learn and apply skills, in addition to acquiring knowledge, within a supportive environment.

S - Skills that are practiced repeatedly

- Communication and negotiation
- Accessing community resources
- Self-advocacy
- Decision making
- Evaluation and analysis
- Application of information

A - Attitudes that are discussed and affirmed

- Accept sexuality as a positive, integral part of who we are
- Planning for sex is responsible
- Right to demand abstinence or safer sex
- Responsibility to protect self and partner(s)
- Acknowledge possibility of becoming pregnant and/or contracting STIs
- Want to delay pregnancy until well prepared to parent
- Have plans and goals for the future

K - Knowledge that empowers

- Reproductive anatomy and functioning
- Rights and responsibilities in relationships
- Methods of birth control and STI protection available
- Where and how to access methods, services, and further information
- Rights as a teen health care consumer
- Positive, enjoyable expressions of affection
- Pregnancy options

E - Environment that supports healthy choices

- Accessible, youth-friendly services for youth
- Non-judgemental service providers
- Positive role models in school and community
- Enforced policies that support positive sexual health messages
- Accurate, relevant informational resources
- Social supports: safety, nurturing, educational/recreational/employment opportunities, comprehensive sexuality education, sexuality-positive societal and media messages

Websites for Educators

Planned Parenthood Federation of Canada:

www.ppfc.ca

Canadian Health Network:

www.canadian-health-network.ca

Sex Information and Education Council of Canada:

www.sieccan.org

Canadian Guidelines for Sexual Health Education:

www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/cgshe_index.htm

Health Canada's Sexual and Reproductive Health Unit:

www.hc-sc.gc.ca/hppb/srh

Canadian Association for Health, Physical Education, Recreation & Dance:

www.cahperd.ca

Canadian Mental Health Association:

www.cmha.ca

National Eating Disorders Information Centre:

www.nedic.ca

Suicide Information and Education Centre:

www.suicideinfo.ca

Canadian Abortion Rights Action League:

www.caral.ca

Adoption Council of Canada:

www.adoption.ca

Canadian Women's Health Network:

www.cwhn.ca

Manitoba Healthy Living:

www.gov.mb.ca/healthyliving

The National Campaign to Prevent Teen Pregnancy:

www.teenpregnancy.org

Rainbow Resource Centre. Helping Out:

www.helpingout.ca

Sexuality Education Resource Centre (SERC) Manitoba:

www.serc.mb.ca

Sexuality Information & Education Council of the United States (SIECUS):

www.siecus.org

The Society of Obstetricians and Gynaecologists of Canada – Sexuality and U for Parents and Teachers:

www.sexualityandu.ca

Training & Development for Service Providers

Presentations and workshops: (tailored to meet participants' needs)

- Sexuality / Family Life Education
- Sexuality Policy and Guidelines
- Sexual Development
- Adolescent Sexuality
- Birth Control Options and Issues
- Reproductive Health
- Adolescent Pregnancy
- Sexually Transmitted Infections
- Date Rape Awareness
- Intercultural Awareness and Communication
- Culturally Sensitive Programming
- Cultural Beliefs and Childbirth
- Working with a Health Interpreter
- Relationships and Decision Making
- Sexuality and Aging
- Family Sexuality Education
- Sexuality and Developmental Disabilities
- Sexuality and Chronic Illness
- Teaching / Facilitation Skills

SERC promotes:

- Access to information and services
- Choice in all decisions regarding sexual health
- Comprehensive education

Scheduling options:

- Individual workshops or presentations
- Consecutive days or weekly / monthly series
- Day or evening

Our approach to education includes:

- Attitudes / Awareness
- Information / Updates / Concepts
- Skills Development
- Environmental / Systemic Issues

Teen Talk

Who We Are

Teen Talk is an established Youth Health Education Service of Klinik Community Health Centre. We provide services from a youth perspective to youth in school, youth at risk and service providers. We believe that realistic prevention education focusing on sexuality, reproductive health, body image, mental health and anti-violence issues is essential for the promotion of one's well being. We adhere to the belief that by providing youth with accurate, non-judgmental information they will make healthier decisions and choices for themselves!

What We Do

Teen Talk has 2 program areas:

Workshops For Youth

Our skilled Youth Health Educators develop and deliver interactive workshops to youth aged 14-19 in high schools, custody, care or treatment facilities, and alternative schools. The Workshops for Youth Program also acts as a community link by disseminating resources to youth on all related topic areas such as reproductive and sexual health, mental health, dating violence, body image, communication skills, decision making, and diversity. All workshops are available throughout Manitoba. City workshops are available Tuesday through Friday (Friday AM only).

Peer Support

Peer Support is an exciting, youth-directed volunteer opportunity for students from 14 to 19. We provide a 38-hour comprehensive training program to educate youth about healthy relationships, birth control, sexuality, mental health, teenage pregnancy and body image. After training is complete, newly trained peer supporters initiate activities in their schools and communities such as skit presentations, information tables and educational events. Youth are then prepared to act as a link to community resources for their friends and peers. Training takes place throughout the year and across the province.

For more information about Teen Talk, please call (204) 784-4010.

Why We Do It

- For each \$1.00 spent on child and youth prevention support we save \$7.00 on intervention services -Healthy Child Manitoba 2001
- On issues of sexual behavior, girls with low self-esteem are more likely to engage in risky sexual behavior. – Health Canada 2003
- In Manitoba, 6 teenagers become pregnant every day -Manitoba Health 2002
- In Canada, Manitoba has one of the highest rates of sexual assaults -Stats Canada 2003
- Sexually Transmitted Infections (STI) rates and the transmission of HIV/AIDS for 15-24 year old youth are on the rise -Manitoba Health
- Youth feel most comfortable discussing violence issues, sexuality and reproductive health concerns with other youth -Dialogue with Youth - March 1996

Teen Talk

Workshops for Youth

If your group has special needs, time constraints, or if you have any other concerns which may impact the workshop, please include this information on the booking form provided.

Youth Sexuality: What is sexuality? In this workshop we attempt to answer this question as well as facilitate discussion on youth sexuality by examining the factors that affect sexuality including our values, body, mind, and society. Students will have a chance to explore responsible choices regarding their sexuality through discussions and small group work.

Teen Dating Violence 1: A video and discussion will be used to help participants identify various forms of abuse that occur in teen dating relationships. The cycle of abuse and typical warning signs of abuse will be discussed with participants and appropriate community resources will be provided.

Birth Control 1: Participants will have the opportunity to consider reasons for using birth control and gain direct hands-on knowledge of the most common forms of birth control ranging from abstinence to condom use. Information on the effectiveness, the availability and proper usage of various methods of birth control will be covered in detail.

STI (Sexually Transmitted Infections)/HIV: This workshop will introduce students to the most common STIs - highlighting the key symptoms, risky behaviors, and important preventative measures. Additional emphasis will be given to the importance of responsible decision-making, regular medical testing, and open dialogue with sexual partners.

Appreciating Diversity 1: The purpose of this workshop is to discuss the destructiveness of discrimination in society and to identify the linkages existing between different forms of discrimination (sexism, racism, homophobia, etc.). We will dispel myths surrounding prejudice and provide visualization on what it is like to be different.

Mental Health 1: This workshop helps youth understand and recognize symptoms of various mental issues. We then address myths associated with mental health, exploring support, treatment options, coping strategies, and where to go for help.

Additional Workshops

Communication Skills: This workshop looks at effective communication skills with a focus on passive, aggressive, and assertive styles of communication in relationships. The harmful effects of rumors are also discussed as well as a look at how media and gender roles can influence the ways that we communicate. Emphasis is placed on issues of consent, sexual decision-making and negotiating safer sex.

Body Image: This workshop helps youth look at ways to prevent/deal with negative body image by examining harmful messages presented in the media and common attitudes and myths in society at large. We also explore the link between negative body image, unhealthy behaviors (such as disordered eating and over-exercising, sexual risk-taking, and low self-esteem) and depression. Youth are asked to brainstorm ways to feel good about their bodies and themselves.

Pregnancy Options: Participants will be given a presentation that outlines all three legal options (adoption, abortion, and parenting) available to youth in Manitoba after a pregnancy has occurred. The workshop is designed to give youth a realistic picture of all choices and resources available to them. Students will also participate in a game that focuses on the realities of teen parenting.

HIV/AIDS Prevention: The HIV/AIDS workshop is designed to give participants accurate information on HIV/AIDS including how the virus is transmitted, how it compromises the immune system, and where to go for testing. Activities include an interactive game on risk behaviors and prevention.

Decision Making: This is a compilation of various Teen Talk workshops that centers on a basic model for how to make decisions. Topics include dating violence, mental health, birth control, STIs, and pregnancy options. This workshop is booked in consultation with the Teen Talk Coordinator.

Part 2 Workshops

Teen Dating Violence 2: Building on the issues examined in Teen Dating Violence 1, this workshop introduces a more systemic look at misconceptions regarding abusive behaviors as depicted in media portrayals of teen relationships. Youth will learn to design action plans and brainstorm ideas concerning helping themselves, or their peers in abusive situations.

Birth Control 2: Designed to compliment the information presented in the first Birth Control workshop, this session equips youth with strategies to communicate effectively with partners and stand firm about protecting themselves. A variety of interactive games allow youth to learn more about anatomy, what is involved in choosing a birth control method, and negotiating condom use.

Appreciating Diversity 2: This workshop expands on the discussion of diversity and discusses the implications of both positive and derogatory labels for the individual and for society. Youth are also encouraged to explore how ones identity relates to diversity, and to create action plans for creating change on an individual, community, and national level.

Mental Health 2: Coping and Giving Support for Mental Health Issues: This workshop addresses the different ways that youth dealing with mental illnesses can practice self-care, access resources, and develop healthy coping methods. In addition to this, information is given regarding appropriate measures that friends and family can take in order to support loved ones with mental illnesses.

Workshops for Youth

1. All workshops need a minimum of 60 min, although a 75 minute session is preferred.
2. All workshops need a minimum of between 6 youth and maximum of 40 youth.
3. A teacher/staff must always be present for classroom management purposes only.
4. All groups will receive a condom demonstration unless we are notified otherwise.
5. Due to a high demand for our services, we reserve the right to limit the number of workshops a school or group can book.
6. Part 1 workshops are a prerequisite for Part 2.

School/Organization _____

Street Address _____ **Postal Code** _____

Contact Person _____ **Phone/Fax** _____

Number of Youth _____ **Average age/grade** _____ **Room Number** _____

Specific issues concerning your group? _____

Workshop	Date(s) & Times(s) Available
Youth Sexuality	
Communication Skills	
Teen Dating Violence 1 TV/VCR	
Teen Dating Violence 2	
Body Image	
Birth Control 1	
Birth Control 2	
Sexually Transmitted Infections	
HIV / AIDS TV/VCR	
Pregnancy Options TV/VCR	
Appreciating Diversity 1 TV/VCR	
Appreciating Diversity 2 TV/VCR	
Mental Health 1- Illnesses and Issues	
Mental Health 2 - Coping and Support	
Decision-Making Skills	

Please return this form by any means indicated below.

Peer Support Training Program

Teen Talk, a program of Klinik Community Health Centre, offers an approximately 38-hour training program for youth ages 14-19. This program is designed to provide young people with accurate, non-judgmental information, and to assist them in their efforts to share that information with their peers.

BENEFITS of this training include:

- direct training experience you can put on your resume
- networking with youth + service providers
- comprehensive knowledge in the areas of sexuality, reproductive health, anti-violence and mental health
- free comprehensive training manual
- improved communication + public speaking skills
- ongoing support through meetings and updated resources
- an exciting and challenging volunteer opportunity
- the ability to help peers deal with tough issues through support and referrals
- volunteer hours that can be put towards a high-school credit

Through this youth-directed program, Peer Supporters have accomplished:

- developing, preparing and presenting educational skits
- creating a 'zine
- coordinating and answering Betty and Johnny Notes in schools
- organizing events such as a community action to fight poverty
- presenting at and attending conferences
- giving peers non-judgmental support and youth-friendly resources
- winning the 2003 and 2005 Mayor's Volunteer Service Award
- the options are limitless!!!

Training Topics Include: Youth Sexuality, Communication Skills, Birth Control, Pregnancy Options, Appreciating Diversity, Teen Dating Violence, Mental Health and Suicide Prevention, Sexually Transmitted Infections (including HIV/AIDS), and Body Image

Within Winnipeg, trainings are FREE for participants. In order to ensure accessibility, we may limit the number of participants per school to four. Outside of Winnipeg, trainings may be sponsored by schools and other organizations and can be adapted to meet your group's needs. Please call us for more details.

If you are interested in becoming part of the Teen Talk Peer Support Program or booking a training for your school, community or region please call us or fill out this form and return it to Vycki Atallah, Teen Talk Coordinator, by mail, fax, or e-mail.

Name: _____ **Age (if student):** _____

Address: _____ **Postal Code:** _____

School/Organization: _____

Phone #: _____ **Fax #:** _____

Student Advocacy Initiatives



The Manitoba Association of School Trustees (MAST) is a voluntary organization of elected school boards in Manitoba. The Association's mandate includes working with government and community agencies to meet the learning and developmental needs of children and youth in Manitoba. Some of the projects and initiatives sponsored by MAST or developed in partnership with other organizations to fulfil this aspect of MAST's mandate include:

Youth Business Institute (YBI) Executive Challenge sponsorship 2005-2006

- computer-simulated learning activity for the development of business and entrepreneurial skills at the secondary school level

Baby's Message to My Parents 2005

- jointly sponsored publication with Retired Teachers of Manitoba to educate new parents about infant development and care needs

Manitoba Theatre for Young People 2004-2006

- promotional campaign sponsorship 2004-2005
- Community Education sponsor - "The Invisible Girl" 2005-2006

Safe Schools Manitoba 2001-on-going

- an organization that works with multiple partners to enhance the safety and security of Manitoba school communities; office is housed in the MAST building at 191 Provencher Boulevard

Student Perspective in Educational Decision-Making 2001-2003

- a partnership project with the Manitoba Schools Improvement Project (MSIP) designed to create opportunities for students to express their views about their educational experiences and to create regular communication channels between students and school board officials

Educaring 2000-on-going

- partnership initiative with Manitoba Child Care Association and Healthy Child Manitoba to foster effective linkages between the child care sector and education systems

Manitoba Council on Child Nutrition 1999-ongoing

- a coalition of individuals and organizations dedicated to providing access to food and nutrition information and programs for Manitoba children and youth, primarily in the 6 to 14 years age group

Adolescent Pregnancy Prevention Program 1998-on-going

- multi-partner initiative aimed at reducing the incidence of teen pregnancy among Manitoba youth
- creation of six videos and a poster series distributed to Manitoba schools 1998-99
- television ad campaign - spring 2000
- winter multi-media campaign 2002-2003
- on-going management partnership with Klinik, SERC and Healthy Child Manitoba

Manitoba School Improvement Program (MSIP) 1998-2000

- operational funding support over three years to further MSIP's work with Manitoba secondary schools

Community Involvement Project 1997-2000

- partnership project with selected MSIP high schools aimed at stimulating and supporting grassroots community involvement and student participation in school improvement efforts

Students at the Centre 1996

- MAST annual convention featuring student participation and student-led presentations about issues of the day from their perspective

Students Speak Out 1995

- a MAST sponsored series of regional seminars for students to share with educational decision-makers their views and suggestions about improvements or changes to high school education in Manitoba

Inquiries about MAST's role in any of these programs/initiatives may be directed to:

Carolyn Duhamel, Executive Director
phone: (204) 233-1595
fax: (204) 231-1356
email: duhamelc@mast.mb.ca.

PPFC Publications Order Form

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

Now available in English or French for \$85 (including shipping in Canada & handling).

Youth Talk Back: Sex, Sexuality, and Media Literacy.

Now available at the low price of \$8 each (including shipping in Canada & handling).

Youth Talk Back: A Teacher's Guide.

Now available at the low price of \$8 each (including shipping in Canada & handling).

Finding Our Way: A Sexual & Reproductive Healthy Sourcebook for Aboriginal Communities

Co-produced by PPFC and the Aboriginal Nurses Association of Canada. Available for just \$55 (including shipping in Canada & handling).

To order these publications, please complete the order form provided below.

Part A: Customer Information

Your Name: _____

Organization's Name: _____

Shipping Address: _____

E-mail Address: _____

Telephone & Area Code: _____

Part B: Choice of Publication(s)

Please enter the quantity desired in the space provided below.

The Sourcebook (Eng.) (\$85 each) _____ @ \$85 each = _____

The Sourcebook (Fr.) (\$85 each) _____ @ \$85 each = _____

Youth Talk Back (\$8 each) _____ @ \$8 each = _____

Youth Talk Back: A Teacher's Guide (\$8 each) _____ @ \$8 each = _____

Finding Our Way: A Sexual & Reproductive Health Sourcebook for Aboriginal Communities (\$55 each) _____ @ \$55 each = _____

Part C: Method of Payment

Cheque (amount enclosed: _____)

Visa #: _____ Exp. Date: _____

M C #: _____ Exp. Date: _____

Cardholder's Signature: _____

Please return completed order form with payment to:

Planned Parenthood Federation of Canada
1 Nicholas Street, Suite 430
Ottawa, ON K1N 7B7
Tel: (613) 241-4474
Fax: (613) 241-7550

Thank you from PPFC!