better
to know

Comprehensive Sexual Health Education

Lessons for Grades K to 12

Yukon

Department of Health and Social Services
and Department of Education

2024

Acknowledgements:

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Resource Goals

The goals of this resource are as follows.

1. To provide educators with evidence-based research to help contextualize the importance of teaching Comprehensive Sexual Health Education (CSHE) in the classroom.
2. To provide educators with guidelines and a methodology to implement CSHE in the classroom.
3. To provide educators with age-appropriate, scientific and evidence-based lesson plans and resources that coincide with British Columbia's curriculum.

This resource is a condensed version of Health Promotion's Better to Know *teaching resources. Contact* ***bettertoknow@yukon.ca*** *for additional resources.*

Comprehensive Sexual Health Education Rationale

Sexual health is a "state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease and dysfunction...."[1] It is a major factor in determining the health and well-being of individuals, partners, families and communities. [2]

Comprehensive Sexual Health Education (CSHE) "is a process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives." [3]

CSHE can be delivered in formal and non-formal settings, and should be: [4]

- Scientifically accurat
  - The content is based on facts and evidence, opposed to personal experiences and opinions.
- Incremental
  - CSHE is a continuing educational process that starts at an early age, and new information builds upon previous learning.
- Developmentally appropriate
  - Content is responsive to the changing needs and capabilities of the child and the young person as they grow.

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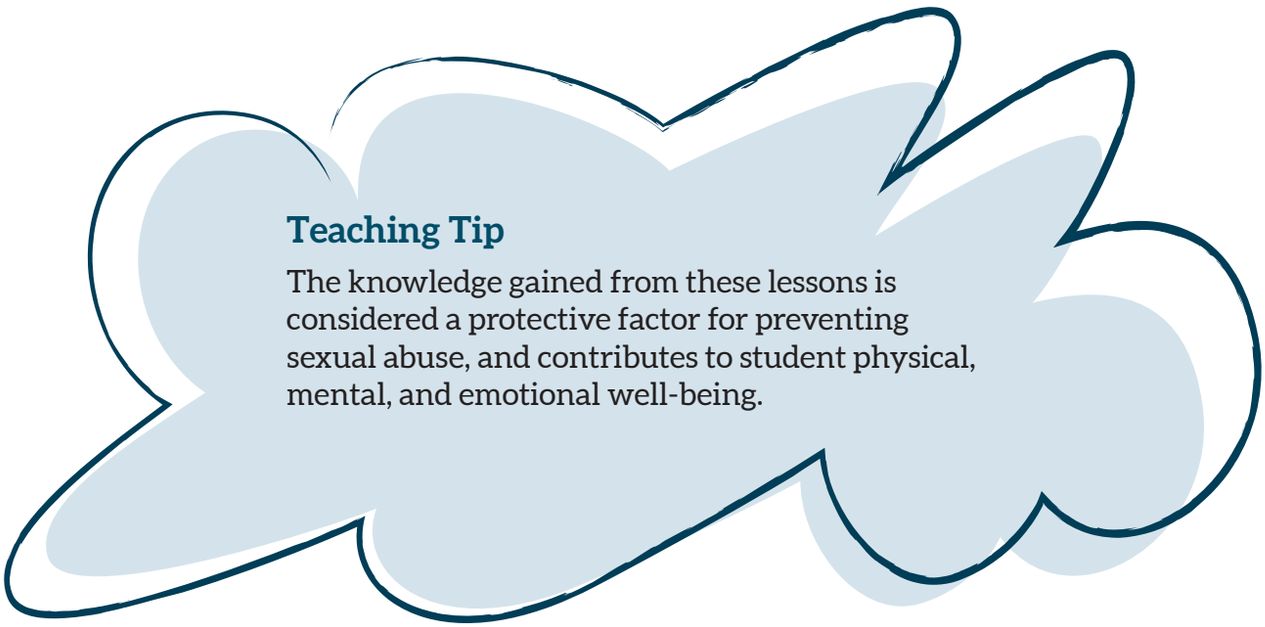
[1] "Sexual Health Definition." World Health Organization (2006), who.int/health-topics/sexual-health#tab=tab_2.

[2] "Canadian Guidelines for Sexual Health Education." Sex Information & Education Council of Canada (SIECCAN) (Toronto, ON, 2019).

[3] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

[4] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

- Curriculum-based
  - CSHE is included within a written curriculum that guides educators' efforts to support student learning.
- Comprehensive
  - Comprehensive refers to the breadth and depth of topics and to content that is consistently delivered to learners over time and throughout their education, rather than a one-off lesson or intervention.
  - It addresses sexual and reproductive health issues, including, but not limited to, sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS.
  - It teaches analytical communication and other life skills for health and well-being in relation to: sexuality; human rights; a healthy and respectful family life and interpersonal relationships; personal and shared values; cultural and social norms; gender equality; non-discrimination; sexual behaviour; violence and gender-based violence; consent and bodily integrity; and sexual abuse.
- Based on a human rights approach
  - CSHE promotes an understanding of universal human rights – including the rights of children and young people – and the rights of all persons to health, education, information equality and non-discrimination.
  - It provides young people with equal access to CSHE.
  - It respects young people's rights to the highest attainable standard of health, including safe, responsible and respectful sexual choices free of coercion and violence, as well as their right to access the information that they need for effective self-care.



Teaching Tip

The knowledge gained from these lessons is considered a protective factor for preventing sexual abuse, and contributes to student physical, mental, and emotional well-being.

Guidelines for Teaching Sexual Health Education

1. **Review the BC Physical and Health Education Curricular Competencies.**

    - Educators should be familiar with the Sexual Health Education Curricular Competencies, which fall under the physical and health education curriculum. This will ensure that teachers are meeting the sexual health curriculum for each year. For more details see the Curricular Competencies section or visit: curriculum.gov.bc.ca/curriculum/physical-health-education.

2. **Partner with parents and caregivers.**[5]

    - CSHE is most impactful when school-based programs involve parents/caregivers and other community programming.
    - At the beginning of each school year, communicate with parents/caregivers the Sexual Health Education Curricular Competencies that will be taught. This can be done via information session, letter, email, etc. Contact bettertoknow@yukon.ca for more support (e.g., sample letters).
    - Provide families with follow-up activities, for example, handouts and information sheets.

3. **Start at the beginning of each school year and use repetition.**[6]

    - Introduce the sexual health curriculum early in the school year, teach topics slowly, and be repetitive. This helps increase student comfort and avoids doing a one-off lesson or intervention that typically makes students uncomfortable and non-receptive.
    - As with other subjects, repetition is key. It helps transition knowledge from the conscious to the subconscious. Teach sexual health over several lessons using different activities.

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[5] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

[6] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

4. **Create a safe learning environment.**[7]

   - Sexual health education works best in classrooms where there is a mutual feeling of trust, safety and comfort. Classroom rules help create these feelings from the start. Examples of classroom rules include the following.
     - Raise your hand to talk.
     - Regulate awkward feelings by taking a deep breath and thinking "Hmm…interesting. I didn't know that about the body."
     - Use scientific names for body parts.
     - No put-downs.
     - No personal questions.
     - It's okay to pass on talking.
     - Classroom discussions are confidential.
     - Speak for yourself.
     - Be sensitive to diversity.
     - It's okay to have fun.

5. **Create an inclusive learning environment.**[8]

   - All students should see themselves reflected in the curriculum so they can feel engaged and empowered by their learning experiences.
   - Use language that includes a variety of family structures. For example, instead of saying "Go home and ask your mom and dad," try "Go home and ask the people that you live with."
   - Use gender-neutral language that focuses on anatomy. For example, instead of saying "Boys have wet dreams," try "Bodies with testicles have wet dreams."
   - Avoid using terminology like "guys" or "boys and girls"; instead use "students," "folks," "class" or "friends."

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[7] "Sexual Health Education Ground Rules." Alberta Health Services (2020), teachingsexualhealth.ca/teachers/sexual-health-education/understanding-your-role/get-prepared/ground-rules/.

[8] "Canadian Guidelines for Sexual Health Education." Sex Information & Education Council of Canada (SIECCAN) (Toronto, ON, 2019).

6. **Use a trauma-informed teaching approach.** [9]

   - Understand Yukon's sexual assault rate is high compared to the rest of Canada.
   - Establish the classroom as a safe place.
   - Let students know what is going to happen during the lesson, for example, you will be showing anatomy pictures of the private parts.
   - **Provide the Kids Help Phone numbers and website (1-800-668-6868; text 68-68-68; kidshelpphone.ca) and other counselling resources.**
   - Prepare for disclosures. Under the Child and Family Services Act all Yukon Education staff have a duty to report any suspected abuse or neglect of a child to Health and Social Services. For more information refer to (Staff Responsibilities) of the School Procedures Handbook on Mandatory Reporting of Suspected Child Abuse or Neglect.

7. **Teach all students at the same time.**[10]

   - All students need to understand how each body works, not just the one they were born in. This method reduces sexual health stigma and confusion, while building comfort, compassion and knowledge about all bodies.
   - It removes the notion that there are secret things about bodies that you only get to learn if you live in that body.
   - It teaches students essential sexual health communication skills. For example, starting in Grade 8, we teach sexual decision-making communication skills. We cannot expect students to understand how to talk to each other, if they have been segregated their whole school careers to learn about sexual health.

8. **Use general and factual language as opposed to personal experiences.**[11]

   - Sexual health education should be fact and evidence-based, opposed to opinion based.
   - Sexual health education should not involve personal stories from educators or students. For example, when talking about menstrual products, teach about the different products, but not which one you believe is better, for example, tampons or pads.
   - If students want to share stories or learn about sexual health values, they can talk to their family, First Nation, religious organization, etc.

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[9] "Future of Sex Education Initiative." *National Sex Education Standards: Core Content and Skills, K–12* (Second Edition) (2020).

[10] "Sexual Health Educator Certification." Options for Sexual Health (2017), optionsforsexualhealth.org/.

[11] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

9. **Reflect on personal biases.**[12]

   - Even the most open-minded educators can have biases and discomfort around teaching sexual health. As an educator, it's important to take the time to reflect on these biases to ensure you're deliv ring information in a balanced, inclusive way.
   - Think about what makes you uncomfortable when you think about sexual health education and manage those feelings before teaching, for example, through counselling and professional development. If you don't feel comfortable with the content, you won't necessarily be able to pass it on to students in a fact-based way.

10. **Use a sex-positive teaching approach.**[13]

    - To reduce stigma around sexual health, it's important to be a sex-positive, approachable educator.
      - Use a neutral expression when teaching (even when topics/student questions make you feel uncomfortable). This tells students you are an approachable adult that is non-judgmental and unbiased.
      - Use non-judgmental language, such as "Tell me more about that," "I understand why you feel that," and "It makes sense that you are laughing right now. This topic doesn't get taught enough."
      - Gently correct students if they use slang or ask inappropriate questions. (They might not have the correct language to talk about sexual health in appropriate ways.)
      - Avoid fear tactics. For example: "Cramps are awful when your period starts"; "Wet dreams are so embarrassing"; "STIs are life-threatening"; "Don't have sex."

11. **Create an anonymous question box.**

    - The question box gets introduced in Grade 4. It provides students with a safe space to get answers to questions that they do not feel comfortable to ask in person.
    - Anonymous questions tend to be harder questions to answer. See the Anonymous Question Box section for help on using this tool.

12. **Ask for help.**

    - Educators do not have to reinvent the wheel to teach sexual health. See the Additional Resource section for extra support.

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12. "Canadian Guidelines for Sexual Health Education." Sex Information & Education Council of Canada (SIECCAN) (Toronto, ON, 2019).
13. "Sexual Health Educator Certification." Options for Sexual Health (2017), optionsforsexualhealth.org/.

Teaching Tip

At the beginning of every class:

1. Provide external resources, such as:
    - Kids Help Phone – 1-800-668-6868; text 68-68-68; kidshelpphone.ca
    - School counsellors
    - Info websites, for example, amaze.org
2. Review your classroom rules.
3. Review the anonymous question box process.

Anonymous Question Box[14]

The anonymous question box gets introduced in Grade 4. It provides students with a safe space to get answers to questions that they do not feel comfortable to ask in person.

Note: With younger grades, open up questions at the end of each lesson, either privately or with the class. Set boundaries by asking students to raise their hand. Encourage students to ask questions only (why/how/what statements), instead of sharing a story, connection or personal experience.

To ensure anonymity, try the following.

1. Design a question box with a privacy slot at the top.
2. Provide uniform pieces of paper to each student.
3. Have every student submit either a question, something new they learned, a joke or a picture.
4. Read through the questions in private, prepare your answers, and read them to students in the following sexual health class.

TYPES OF QUESTIONS

Students typically ask three types of questions, either anonymously or in person. Students are usually:

1. Curious about a topic, for example, "What is a wet dream?"
2. Trying to be funny, for example, "What is a boner?"
    - **Note:** It can be hard to tell if students are asking questions to be "funny," or if they really do not know the answer. It's still important to answer these types of questions to reduce sexual health stigma and fill information gaps.
3. Crying out for help, for example, "I am scared to tell my mom that I got my period, and I can't afford pads. What can I do?"
    - **Note:** If it's an illegal disclosure (for example, "I was sexually abused, what should I do?"), do not read it aloud. Explain that if you did not answer a question, it means you want the student to come talk to you in private. Also provide the Kids Help Phone number: 1-800-668-6868; text 68-68-68; website: kidshelpphone.ca; and any local counselling resources.

14. "Sexual Health Educator Certification." Options for Sexual Health (2017), optionsforsexualhealth.org/.

QUESTION AND ANSWER FORMULA

It's educators' responsibility to answer all questions. If educators don't, students will seek other sources of information (for example, friends, internet, phone apps, porn sites), which can leave them with a distorted perspective on sexual health.

Educators may worry they are going to share too much information or give inappropriate answers. Rest assured: if students are asking the question, they are ready for the answer.

Use the following formula to guide your answers.

1. Normalize and validate. Affirm the question with phrases like:
    - "Great question."
    - "Lots of people ask this."
    - "Thanks for asking."
2. Be factual and brief.
    - "What is a boner? Great question. The scientific word for boner is erection. It happens when blood fills the penis and it becomes hard."
3. Check in.
    - "Are there any follow-up questions?"

QUESTION AND ANSWER BEST PRACTICES

1. Keep a neutral expression when reading and answering questions. It's important to be non-judgmental and unbiased.
2. Group together common questions. Tell the class "There were many questions about____, so I am addressing them all in this answer."
3. Use proper terminology whenever possible. It is important to acknowledge the slang term so that students who may not know the proper term will be able to match it with the proper term. For example, you might say "There's a question here about jerking off. Lots of people have questions about masturbation."
4. Respectfully acknowledge any questions that you could not understand or that seem off-topic. For example, say "There were a few questions that I couldn't read. Please see me individually if you don't hear your questions answered today, or resubmit them with some more information."
5. Defer lengthy discussions relating to future course content. Try to answer questions briefly and indicate that the topic will be discussed further during an upcoming lesson.
6. When you don't have an answer, it is important to say "I don't know the answer to that, but I will try to find out and get back to you **next** class."

QUESTION AND ANSWER EXAMPLES

The following are sample **Grades 4 to 7** student questions, and are based on real student questions.

- Why can't you wear a panty liner and go swimming?
  - Great question. Panty liners are very absorbent, kind of like a sponge. If you wear one while swimming, it will fill with water and won't absorb menstrual fluid.
- How do you have twins?
  - A lot of people wonder this. There are two different types of twins: identical and fraternal. Identical is when a fertilized egg splits and grows into two babies. Fraternal is when two eggs are released and fertilized.
- I don't feel comfortable talking to my parents. Please help.
  - You might be surprised at how open your parents will be to this discussion. You can prep them by saying, "I want to talk to you about something that is kind of awkward." If you REALLY feel you can't talk to them, you can talk to a teacher, counsellor or other trusted adult.
- What are pubes?
  - Thanks so much for asking. It's the slang term for genital hair, also called pubic hair.
- Can girls have wet dreams?
  - A lot of people wonder this. People without a penis cannot have wet dreams. Wet dreams happen when the testicles release sperm that exits the body via the penis.
- What does sexist mean?
  - This is another great question. Sexism is discrimination against someone because of their sex or gender.
- What causes your period?
  - Great question. Once a month, an ovary releases an egg and the uterus grows a lining of blood. If the egg is not fertilized by a sperm, the egg dissolves into the blood and the uterus lining of blood is shed.
- Why do people have sex?
  - A lot of people wonder this. People have sex for pleasure and/or to make a baby.
- Why do people have sex with children?
  - This is a really important and serious thing to talk about. This is illegal and people who do this suffer from a mental illness. If this happens to you, or someone you know, tell a trusted adult or use the Kids Help Phone (1-800-668-6868; text 68-68-68; website kidshelpphone.ca).

- What is rape?
  - This is another really important thing to talk about. Rape is when someone does not consent to having sex and it is forced upon them. It's illegal. If this happens, tell a trusted adult and ask for help.
- What is a condom?
  - Great question. A condom is a piece of latex that covers the penis during sexual activity. It helps prevent unwanted pregnancy and sexually transmitted infections.
- What is jacking off?
  - Thanks so much for asking. This is a slang term for masturbation. Masturbation is rubbing your genitals for pleasure.
- Why do people have crushes?
  - Great question. A crush is when you develop special feelings for a person. Crushes develop for different reasons. You may like the same things, or find that person attractive, but the reason can be different for everyone.
- How are babies made?
  - A lot of people wonder this. Babies are made when a sperm fertilizes an egg and implants into the uterus wall to grow for nine months.
- Does puberty affect your whole life?
  - Great question. You will eventually finish puberty and be in your adult body. Puberty will not last your whole life, but your body will be different after you finish puberty
- Can you have a penis and vagina?
  - A lot of kids are curious about this. Yes, this is called "differences in sexual development."
- Why do only girls have babies and not boys?
  - Great question. Babies can only grow in a uterus. The only way to carry a baby is to have a uterus.
- Does everyone get pimples during puberty?
  - A lot of students ask this. Yes, but some get more than others.
- What is the white stuff around the vulva?
  - Another great question. During puberty, the vagina starts to produce a clear white fluid called vaginal fluid. It helps keep the vagina clean and lubricated.

The following are sample **Grades 8 to 12** student questions, and are based on real student questions.

- Is it true that the average size of a penis is 5.5 inches?
  - These kinds of questions are very common. Yes, the average erect penis is 5 to 6 inches.
- If someone drinks cum, is that technically cannibalism?
  - Another great question. It's not considered cannibalism because it's not consuming the flesh of another human
- Do you have to be 18 to buy Plan B?
  - Great question. The answer is NO. You can go into the drug store and ask for it. You don't need a prescription.
- What is the most sensitive part of the penis?
  - Good question. It's typically around the head of the penis (the glans), or the underside below the urethral opening.
- Why does my penis grow?
  - Thanks for the chance to answer this. A penis will grow in size during puberty (everything grows during puberty). The penis will also grow and become hard more often, which is called an erection. This will happen if that person is thinking/looking/feeling something that gets them aroused, but it also happens spontaneously.
- Can girls cum?
  - This is a very common question. The answer is yes. Cum is a slang term for orgasm or when fluid leaves the genitals. People in bodies with a vulva orgasm when the genital muscles begin to spasm, at the height of sexual pleasure. Sometimes when this happens, extra vaginal fluid will come out.
- Why is my sperm blue?
  - Let's talk about different colours. Semen can appear different colours for different reasons. Clear and white are considered healthy. Other colours can be due to diet or certain illnesses or infections and should be checked out by a doctor.
- If you're 15 years old, could you have sex with a 9-year-old if their parents allow?
  - This is a really important question. The laws in Canada are that anyone under the age of 12 cannot legally consent to sexual activity, so this would not be allowed.
- Can I bite a guy's penis for pleasure and it still be legal?
  - Good question. As long as everyone involved is consenting and of legal age to consent, this sexual activity is legal.

British Columbia Curriculum: Physical and Health Education Curricular Competencies

The Yukon Department of Education follows the British Columbia school curriculum. The Sexual Health Education Curricular Competencies fall under physical and health education. Although, sexual health curricular competencies are a part of every grade, they tend to be passed over, minimally taught, and rarely repeated. This often leaves students with significant information gaps and presents a risk of sexual health education becoming a taboo topic.

This resource strongly recommends repeating lessons and reviewing the curricular competencies from the previous years. This will be a review for some students and new information for others.

Sexual health education is repetitive. The more students learn and review a topic, the more knowledgeable and comfortable they become. As students age and have new experiences, the information becomes more relevant.

In some cases, physical health and education teachers report not having enough time to teach sexual health. In these situations, connect with homeroom teachers, school counsellors, or other support staff to discuss alternative teaching options.

Additional Resources

There are many sexual health education resources on the internet. It can be hard to know what sources are up-to-date and accurate. Here are a few credible options.

Government of Yukon

- Health and Social Services' Health Promotion Unit: **bettertoknow@yukon.ca**; 867-332-6895
  - This resource was developed in partnership between the Yukon's Health Promotion Unit and Department of Education. It is a condensed version of their *Better to Know: Comprehensive Sexual Health Education* resources and services, which include:
    - professional development sessions with certified sexual health educators;
    - sexual health classroom presentations with certified sexual health educators;
    - *Better to Know: Comprehensive Sexual Health Education Body Parts and Safe Touch* video resource, Grades K to 3;
    - *Better to Know: Comprehensive Sexual Health Education Teacher Resource Books for Grades 4 to 7*; and
    - *Better to Know: Comprehensive Sexual Health Education Student Resource Books for Grades 8 to 12*.
  - To access the above resources, visit bettertoknow.yk.ca.
- Department of Education provides sexual health curriculum support that includes the following.
  - Curriculum support and assessment: curriculum@yukon.ca; lss.yukonschools.ca/curriculum--assessment2.html
  - Yukon's Sexual Orientation and Gender Identity Policy: education.gov.yk.ca/school-policies.html

Websites

bettertoknow.yk.ca

- The Government of Yukon's sexual health and information website includes a service for Yukoners to email anonymous sexual health and relationship questions and get answers from sexual health educators.

amaze.org

- AMAZE takes the awkward out of sex ed. Real info in fun, animated videos that give you all the answers you actually want to know about sex, your body and relationships.

optionsforsexualhealth.org

- This non-profit organization based out of British Columbia offers sexual and reproductive health care and education.

sexandu.ca

- The Society of Obstetricians and Gynecologists of Canada youth site provides accurate, credible and up-to-date information on topics related to sex, sexuality and reproductive health.

kidshelpphone.ca

- Canada's 24/7 support services offer counselling and information for youth in English and French.

actioncanadashr.org

- Action Canada is a voice for sexual health and rights in Canada and globally.

sieccan.org

- Sex Information and Education Council of Canada (SIECCAN) works with educators, health professionals, community organizations, governments and other partners to promote the sexual and reproductive health of Canadians.

Phone Numbers

1-800-SEX-SENSE (1-800-739-7367)

- Call this number to speak to a sexual health educator or nurse and receive sexual health information. This service is available Monday to Friday, from 9 am to 9 pm, Pacific Time.

1-800-668-6868 or text 68-68-68

- The Kids Help Phone line is available 24 hours a day, seven days a week for counselling, information and support in English and French. Use 68-68-68 as the number for texting.

811 Health Line

- Call this number to get general health information from Yukon registered nurses. This service is available 24 hours a day, seven days a week.

Sample Parent Letters

GRADES K TO 3: COMPREHENSIVE SEXUAL HEALTH EDUCATION INFORMATION LETTER

Dear Parent/Guardian,

The **Kindergarten to Grade 3** Physical and Health Education Curricular Competencies includes teaching Comprehensive Sexual Health Education (CSHE).

CSHE "is a process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives."[15]

Throughout the year, students will learn the following curricular competencies.

- Social and community health
  - Identify and describe a variety of unsafe and/or uncomfortable situations.
  - Develop and demonstrate respectful behaviour when participating in activities with others.
  - Identify caring behaviours among classmates and within families.
- Mental well-being
  - Identify and describe practices that promote mental well-being.
  - Identify and describe feelings and worries.

[15] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

- Content
  - Names for parts of the body, including private parts.
  - Appropriate (safe) and inappropriate (unsafe) ways of being touched.
  - Caring behaviours in groups and families.
  - Emotions and their causes and effects.
  - Reliable sources of health information.

The Canadian Guidelines for Sexual Health Education indicate that schools should focus on teaching facts, and not specific values. It is important for parents and guardians to follow up with students, and share their family values. Here are some things you can do at home.

- Ask students if they have any questions about what they are learning.
- Share family values related to sexual health topics.
- Read sexual health education books together (see below for recommendations).
- Complete follow-up activities together that the school sends home.

External sexual health education resources:

- Videos at AMAZE Junior – amaze.org/jr
- *The Family Book* by Todd Parr
- *What Makes a Baby?* by Cory Silverberg
- *What's the Big Secret?* by Laurie Krasny Brown and Marc Brown
- *It's Not the Stork* by Robie Harris

Please be in touch with your child's teacher if you have any questions or concerns about the Physical and Health Education Curricular Competencies.

Sample Parent Letters

GRADES 4 TO 5: COMPREHENSIVE SEXUAL HEALTH EDUCATION INFORMATION LETTER

Dear Parent/Guardian,

The **Grades 4 to 5** Physical and Health Education Curricular Competencies includes teaching Comprehensive Sexual Health Education (CSHE).

CSHE "is a process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives."[16]

Throughout the year, students will learn the following curricular competencies.

- Social and community health
  - Identify and describe avoidance or assertiveness to use in unsafe and/or uncomfortable situations.
  - Describe and assess strategies for responding to discrimination, stereotyping and bullying.
  - Describe and apply strategies for developing and maintaining positive relationships.
  - Describe and apply strategies that promote a safe and caring environment.
- Mental well-being
  - Explore and describe strategies for managing physical, emotional and social changes during puberty.
  - Describe factors that positively influence mental well-being and self-identity.

[16] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

- Content
  - Factors that influence self-identity, including body image and social media.
  - Practices that promote health and well-being, including those that prevent communicable and non-communicable illnesses.
  - Physical, emotional and social changes that occur during puberty, including those involving sexuality and sexual identity.

The Canadian Guidelines for Sexual Health Education indicate that schools should focus on teaching facts, and not specific values. It is mportant for parent and guardians to follow up with students and share their family values. Here are some things you can do at home.

- Ask students if they have any questions about what they are learning.
- Share family values related to sexual health topics.
- Read sexual health education books together (see below for recommendations).
- Complete follow-up activities together that the school sends home.
- Read sexual health education books together (see below for recommendations).
- Complete follow-up activities together that the school sends home.

External sexual health education resources:

- Videos at AMAZE – amaze.org
- *It's So Amazing* by Robie Harris
- Sex is a Funny Word by Cory Silverberg
- *It's Perfectly Normal* by Robie Harris

Please be in touch with your child's teacher if you have any questions or concerns about the Physical and Health Education Curricular Competencies.

Sample Parent Letters

GRADES 6 TO 7: COMPREHENSIVE SEXUAL HEALTH EDUCATION INFORMATION LETTER

Dear Parent/Guardian,

The **Grades 6 to 7** Physical and Health Education Curricular Competencies includes teaching Comprehensive Sexual Health Education (CSHE).

CSHE "is a process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives."[17]

Throughout the year, students will learn the following curricular competencies.

- Social and community health
  - Identify and describe strategies for avoiding and/or responding to potentially unsafe, abusive or exploitive situations.
  - Describe and assess strategies for responding to discrimination, stereotyping and bullying.
  - Describe and apply strategies for developing and maintaining healthy relationships.
- Mental well-being
  - Explore and describe strategies for managing physical, emotional and social changes during puberty and adolescence.
  - Explore and describe how personal identities adapt and change in different settings and situations.

[17] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

- Content
    - Practices that reduce the risk of contracting sexually transmitted infections and life-threatening communicable diseases.
    - Sources of health information.
    - Strategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settings.
    - Physical, emotional and social changes that occur during puberty and adolescence.
    - Influences of physical, emotional and social changes on identities and relationships.
    - Influences on individual identity, including sexual identity, gender, values and beliefs.

The Canadian Guidelines for Sexual Health Education indicate that schools should focus on teaching facts, and not specific values. It is important for parent and guardians to follow up with students and share their family values. Here are some things you can do at home.

- Ask students if they have any questions about what they are learning.
- Share family values related to sexual health topics.
- Read sexual health education books together (see below for recommendations).
- Complete follow-up activities together that the school sends home.

External sexual health education resources:

- Videos at AMAZE – amaze.org
- *It's So Amazing* by Robie Harris
- *Sex is a Funny Word* by Cory Silverberg
- *It's Perfectly Normal* by Robie Harris

Please be in touch with your child's teacher if you have any questions or concerns about the Physical and Health Education Curricular Competencies.

Sample Parent Letters

GRADES 8 TO 12: COMPREHENSIVE SEXUAL HEALTH EDUCATION INFORMATION LETTER

Dear Parent/Guardian,

The **Grades 8 to 12** Physical and Health Education Curricular Competencies includes teaching Comprehensive Sexual Health Education (CSHE).

CSHE "is a process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives."[18]

Throughout the year, students will learn the following curricular competencies.

- Social and community health
  - Propose strategies for avoiding and/or responding to potentially unsafe, abusive or exploitive situations.
  - Propose strategies for developing and maintaining healthy relationships.
- Mental well-being
  - Describe and assess strategies for promoting mental well-being, for self and others.
  - Create and assess strategies for managing physical, emotional and social changes during puberty and adolescence.
  - Explore and describe the impact of transition and change on identities.
  - Explore and describe factors that shape personal identities, including social and cultural factors.

[18] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

- Content
  - Healthy sexual decision-making.
  - Sources of health information.
  - Potential short-term and long-term consequences of health decisions, including those involving nutrition, protection from sexually transmitted infections and sleep routines.
  - Strategies to protect themselves and others from potential abuse, exploitation and harm in a variety of settings.
  - Consequences of bullying, stereotyping and discrimination.
  - Influences of physical, emotional and social changes on identities and relationships.

The Canadian Guidelines for Sexual Health Education indicate that schools should focus on teaching facts, and not specific values. It is mportant for parent and guardians to follow up with students and share their family values. Here are some things you can do at home.

- Ask students if they have any questions about what they are learning.
- Share family values related to sexual health topics.
- Read sexual health education books together (see below for recommendations).
- Complete follow-up activities together that the school sends home.

External sexual health education resources:

- *S.E.X.* by Heather Corinna
- scarleteen.com
- Real Talk, the app
- bettertoknow.yk.ca
- Laci Green videos

Please be in touch with your child's teacher if you have any questions or concerns about the Physical and Health Education Curricular Competencies.

Grades K to 3

Private Parts and Safe Touch

30 minutes

CURRICULAR COMPETENCIES:

Social and community health

- Identify and describe a variety of unsafe and/or uncomfortable situations.
- Develop and demonstrate respectful behaviour when participating in activities with others.
- Identify caring behaviours among classmates and within families.

Mental well-being

- Identify and describe practices that promote mental well-being.
- Identify and describe feelings and worries.

CONTENT:

- Names for parts of the body, including male and female private parts.
- Appropriate (safe) and inappropriate (unsafe) ways of being touched.
- Caring behaviours in groups and families.
- Emotions and their causes and effects.
- Reliable sources of health information.

OBJECTIVES:

1. Students will learn about the private parts on all bodies.
2. Students will be able to identify and respond to safe and unsafe touch.
3. Students will learn about and identify their trusted adults.

Note: Each objective can be taught as a separate lesson.

MATERIALS:

- Chris and Chris dolls (resourceservices.gov.yk.ca).
- Lesson plan handouts (see end of lesson)
  - Chris #1
  - Chris #2
  - Safe and Unsafe Touch
  - Trusted Adult Name Tree
- Optional: Comprehensive Sexual Health Education: Body Parts and Safe Touch – a video resource for Grades K to 3: youtube.com/watch?v=wlsh0qRHh0U

RATIONALE:

- Children are very curious about bodies, but typically do not understand privacy and boundaries.
- It is common for them to show each other their private parts out of curiosity.
- This lack of knowledge leaves them vulnerable to inappropriate behaviour.
- The objectives in this lesson plan are intended to normalize all bodies and teach protective factors for responding to inappropriate behaviours.

Objective One: Private Parts

Ask:

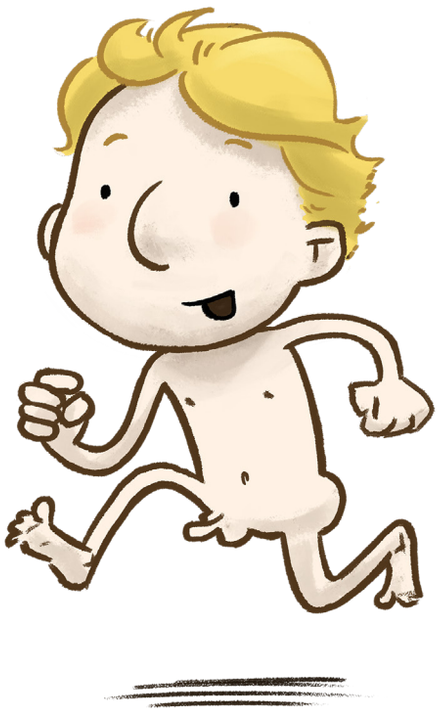
- Where is your favourite place to go swimming?
- What do you wear when you go swimming, for example, bathing suit, shorts and t-shirt?
- Why do you wear a bathing suit when you go swimming?
  - It's a public place so we cover parts of our body that are private.
- Do you wear a bathing suit when you have a bath or shower?
  - No, because that's a private place, and we need to be naked to clean our entire body.

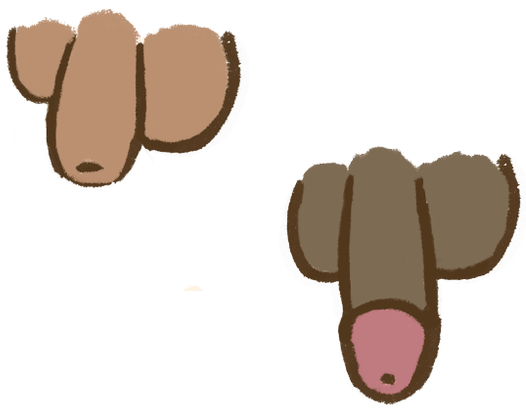
Explain:

- Today we are going to learn the scientific names for the private parts.
- Some of these parts get covered by a bathing suit, and some don't.
- To help us, we use Chris and Chris, the body science dolls.
- Chris and Chris are dolls that are designed to help teach body parts.
- We use the dolls or images because it's not appropriate to look at other people's private parts.
- We have permission to look at the dolls' private parts, but we don't have permission to look at other people's private parts.
  - **Note:** Students often mention bathing with siblings, friends, cousins, parents, etc. and being able to see each other's private parts. Explain that as long as everyone feels safe, and they are not touching or staring at each other, it should be okay.
  - Students also talk about visiting the doctor. Explain that sometimes we have to show the doctor our private parts for health reasons. But even then, we need to feel safe and should have a trusted adult with us.
  - Mention they can talk to you more in private if they like.

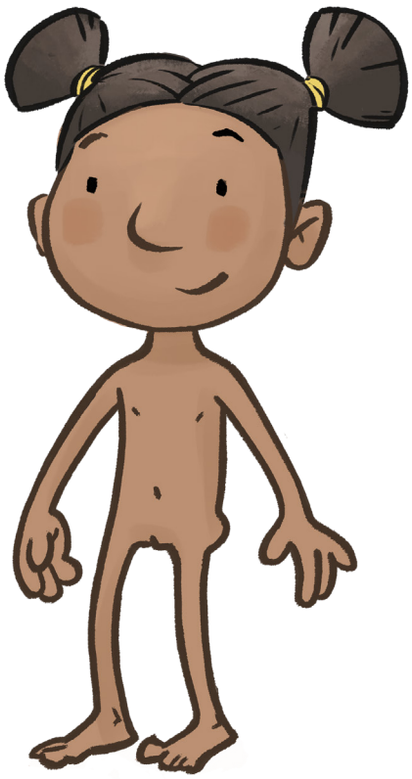
Note: If teachers do not have the Chris and Chris dolls, they can use the anatomy images provided at the end of the lesson.

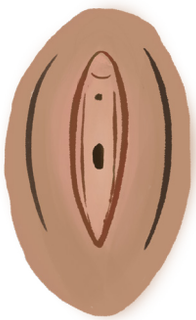
Chris #1:





Chris #2:





Chris #1:

Explain:

- For this part of the lesson you will teach the word, students will repeat after you, and then you will show the body part.
- **Mouth** – Say "mouth" and show on doll.
  - The mouth is a private part because we don't touch other peoples' mouths or put our mouth on other people without asking first
- **Nipples** – Say "nipples" and show on doll and then cover with hand.
- **Navel** – Say "navel" and show on doll and then cover with hand.
  - Sometimes this part is called the belly button, but the scientific word is the navel.
  - **Note:** Students often mention they see people walking around with no shirt on and can see their nipples and navel. Explain that sometimes we can see other people's private parts, but we don't stare or touch.
- **Bottom** – Say "bottom" and show on doll and then cover with hand.
- **Anus** – Say "anus" and show on doll and then cover with hand.
  - The anus is an opening on the bottom. When people eat food, the leftover parts they don't need leave out the anus and it's called stool or poop. Have students repeat the word "stool."

Chris #1:

Explain:

- **Genitals** – Say "genitals."
  - In between the legs, on everybody, is called the genitals, but they look different on different bodies.
- **Penis** – Say "penis" and show on doll and then cover with hand.
- **Urethra** – Say "urethra" and show on doll and then cover with hand.
  - At the end of the penis, there is an opening called the urethra. This opening is where urine leaves the body.
- **Scrotum** – Say "scrotum" and show on doll and then cover with hand.
  - Underneath the penis is a sack of skin called the scrotum.
- **Testicles** – Say "testicles" and show on doll and then cover with hand.
  - Inside the scrotum are two testicles, but you can't actually see them.

Teaching Tip

Students typically mention that Chris #1 is a boy and Chris #2 is a girl. We can respond to this by saying "I'm not sure because I haven't asked them yet. Not everyone with a penis likes to be called a boy and not everyone with a vulva likes to be called a girl. I just call them Chris and Chris because those are their names."

Chris #2:

Explain:

- For the second doll, you want students to take notice of what parts are the same on this body and what parts are different.
- **Mouth** – Say "mouth" and show on doll.
  - The mouth is a private part because we don't touch other people's mouths or put our mouth on other people without asking first
- **Nipples** – Say "nipples" and show on doll and then cover with hand.
- **Navel** – Say "navel" and show on doll and then cover with hand.
  - Sometimes this part is called the belly button, but the science word is the navel.
  - **Note:** Students often mention they see people walking around with no shirt on and can see their nipples and navel. Explain that sometimes we can see other people's private parts, but we don't stare or touch.
- **Bottom** – Say "bottom" and show on doll and then cover with hand.
- **Anus** – Say "anus" and show on doll and then cover with hand.
  - The anus is an opening on the bottom. When people eat food, the leftover parts they don't need leave out the anus and it's called stool or poop. Have students repeat the word "stool."

Chris #2:

Explain:

- **Genitals** – Say "genitals."
  - In between the legs, on everybody, is called the genitals, but they look different on different bodies.
- **Vulva** – Say "vulva" and show on doll and then cover with hand.
  - Explain the vulva is made up of a couple different parts.
  - Two folds of skin on the outside are called the **labia**.
  - **Urethra** – Say "urethra." Inside the vulva, there is an opening called the urethra. This opening is where urine leaves the body.
  - **Vagina** – Say "vagina." Another opening inside the vulva is called the vagina. It's where babies can leave the body from.

Objective Two: Safe and Unsafe Touch

Explain:

- Some touch makes us feel comfortable, happy or safe and some touch makes us feel uncomfortable, unhappy or unsafe.
- We all like and dislike **different kinds of touch** – meaning, a touch that you enjoy might not be so nice for someone else.
- Show me the face you make when you are being touched in a way you like, for example, smiling. We give this type of touch a thumbs up.
- Show me the face you might make when you don't like a type of touch, for example, an angry expression, or scared looks. We give this type of touch a thumbs down.

Activity

Explain:

- **You are going to show pictures of people being touched.**
- **If the touch looks safe, students will give it a thumbs up.**
- **If the touch looks unsafe, students will give it a thumbs down.**

Note: See the end of the lesson for full-page images on safe and unsafe touch.

Show picture 1:



Explain:

This picture gets a thumbs up because both people are smiling.

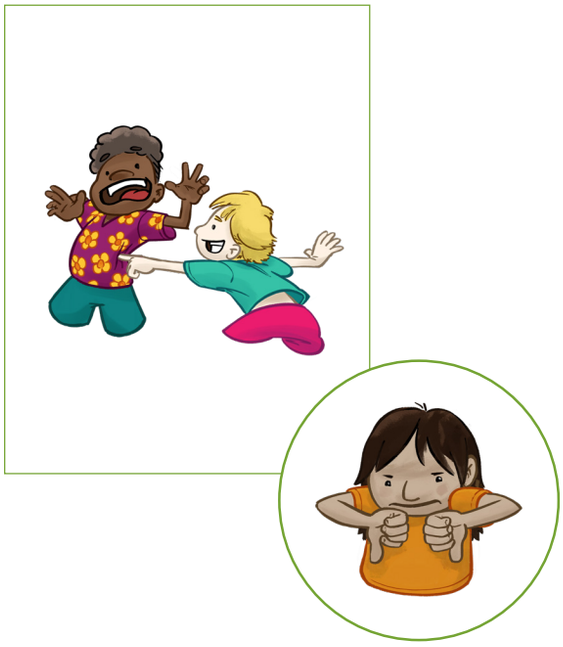
Show picture 2:



Explain:

This picture also gets a thumbs up because both people are smiling.

Show picture 3:



Explain:

- This image gets a thumbs down because one person looks scared, while the other looks happy.
- When these situations happen, the touch needs to stop.
- The first thing to do is to ask them nicely to stop.
  - Try saying:
    - "I don't feel comfortable; stop holding my hand."
    - "Please stop that."
    - "I don't want to hold hands right now."
- If they don't listen, the second thing to do is to use a strong voice and tell them to stop.
  - Try saying:
    - "STOP THAT NOW!"
    - "QUIT TOUCHING ME!"
    - "STOP!"
- If the person still doesn't stop, the third thing to do is to get away.
- Lastly, you tell a trusted adult. If that person doesn't believe you or won't help, tell another trusted adult.
- It is never okay to be touched if you don't want to be. It's your body, so you get to choose who touches you, when and how.

Objective Three: Trusted Adults

Explain:

- A **trusted adult** is someone students feel safe with and can talk to about their body, unsafe touch, or other problems they need help with, for example, a teacher, parent, cousin, foster parent or friend of the family.
- It is important that everyone has a trusted adult.

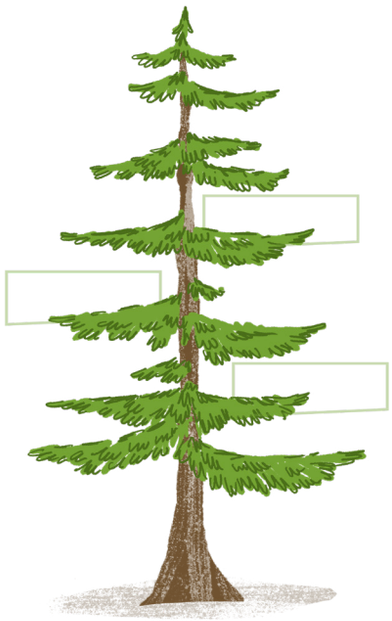
Activity

Ask:

- **Close your eyes and think of your trusted adult(s).**
- **When you have that person in mind, raise your hand, but don't open your eyes.**
- **If you are having trouble thinking of someone, we can brainstorm people together after class.**
- **All right. Everyone open your eyes.**

Write

Have students fill out the names of their trusted adult(s) on the leaves of the tree.



Show:

Optional K to 3 Video

- youtube.com/watch?v=wlsh0qRHh0U



CLOSING

Review:

- Today we talked about these topics.
  1. The scientific names for the private parts.
  2. Safe and unsafe touch.
  3. Trusted adults.
- If anything is confusing, or if they feel worried, or upset, they can talk to the school counsellor or come see you after class.

Handouts

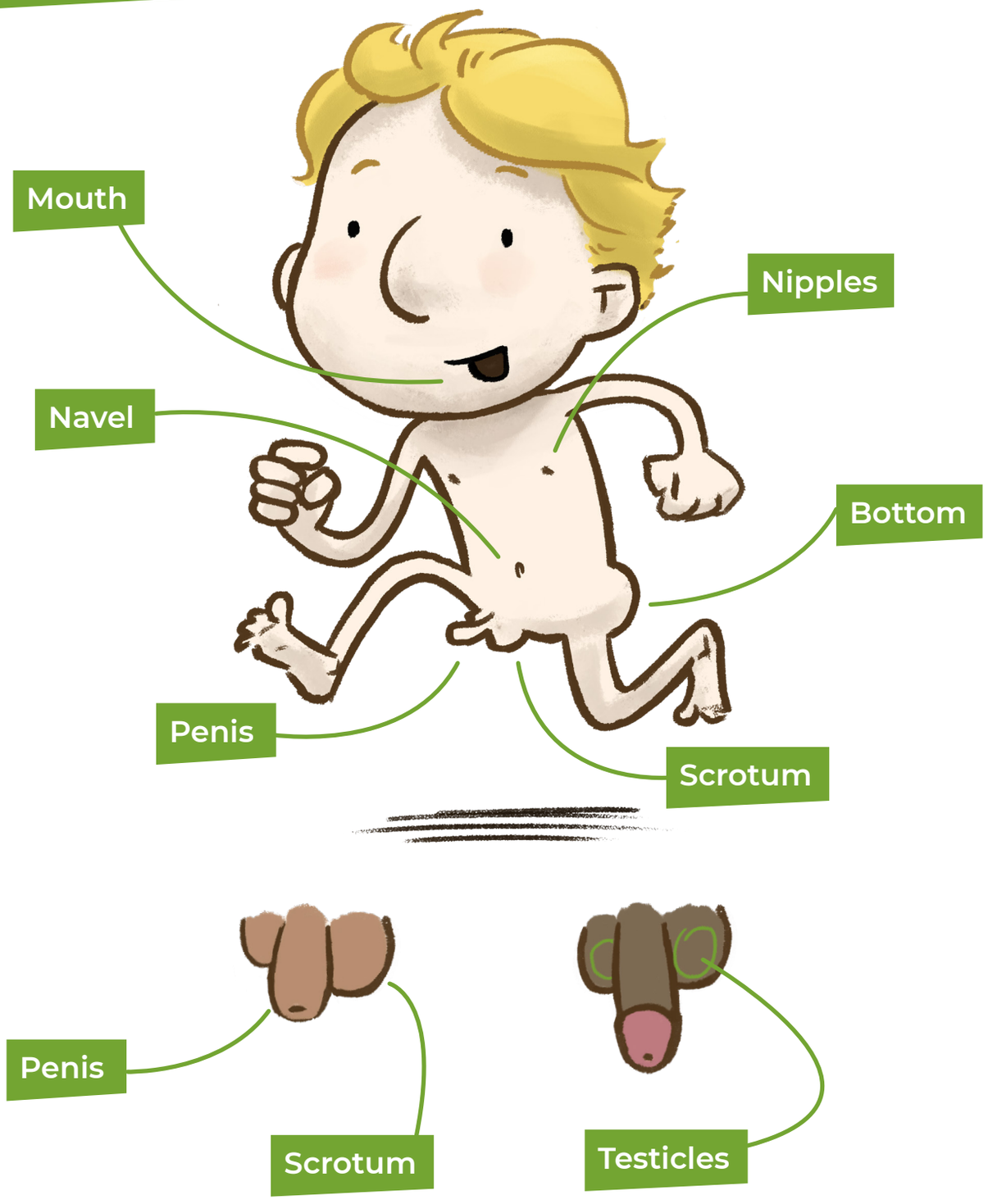
40 Chris #1

41 Chris #2

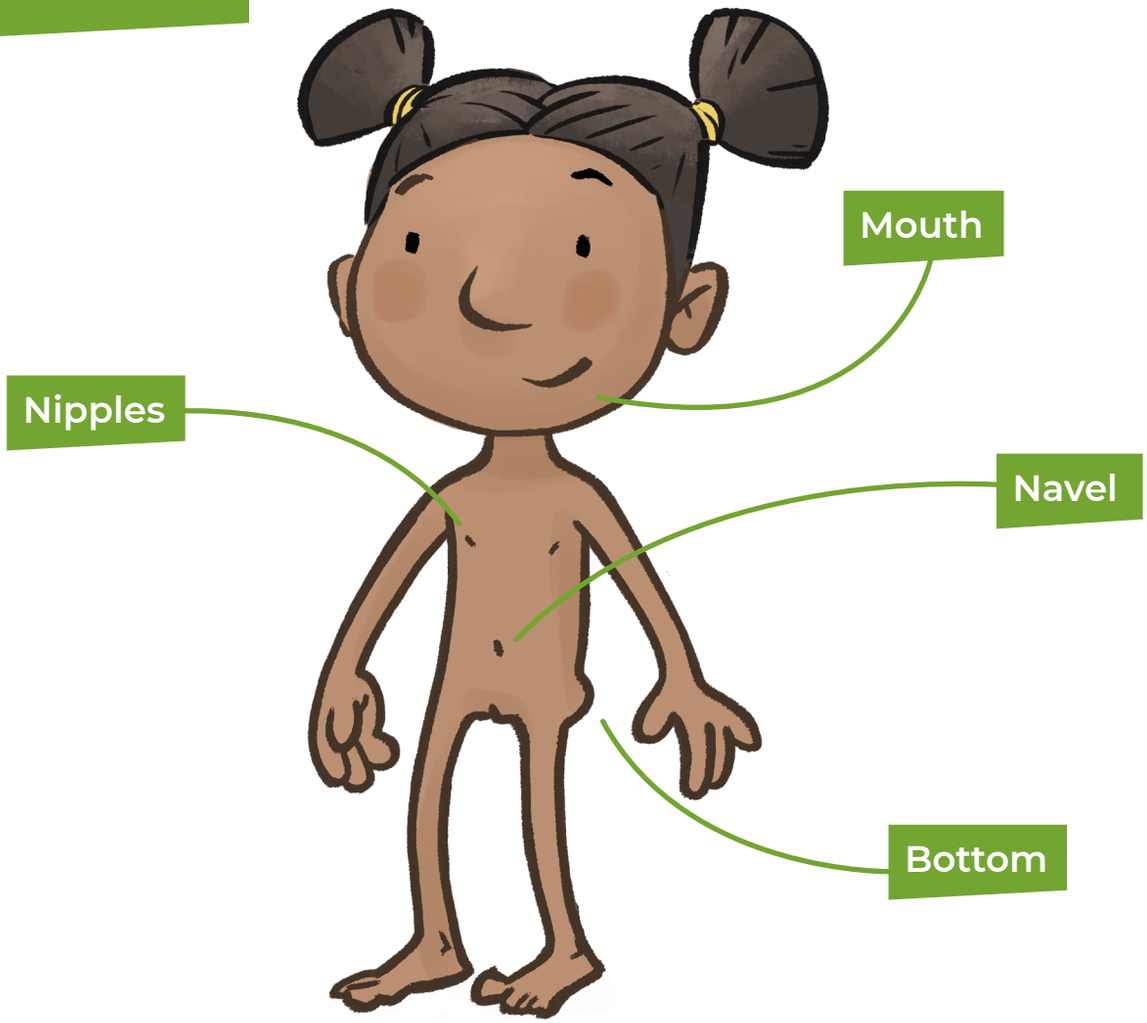
42 to 51 Safe or Unsafe Touch?

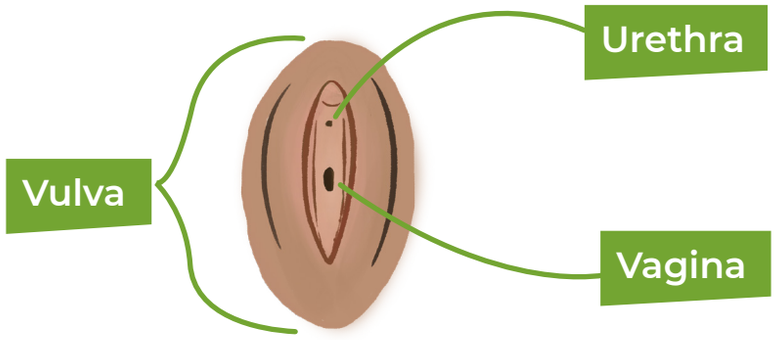
52 Trusted Adult Name Tree

Chris #1

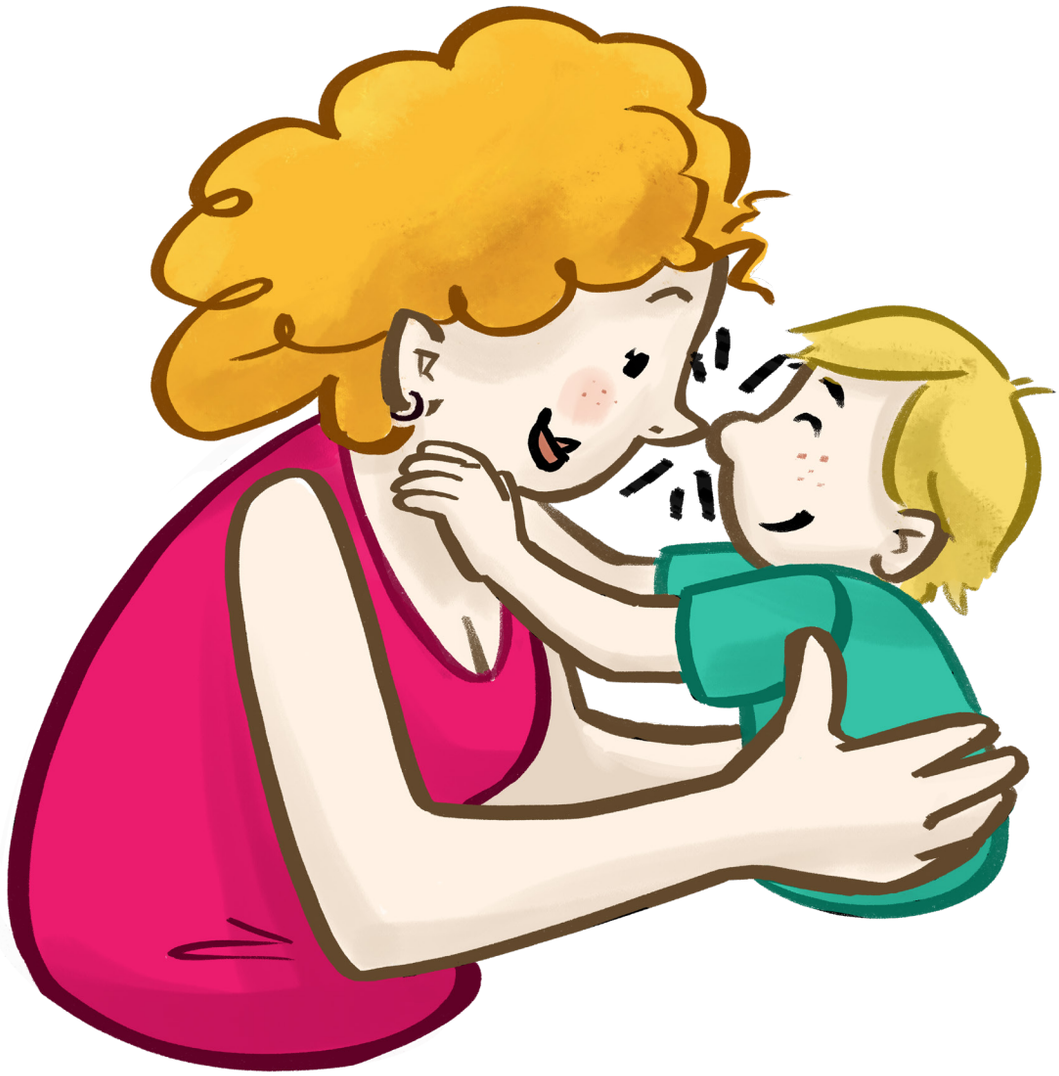

Mouth
Nipples
Navel
Bottom
Penis
Scrotum
Penis
Scrotum
Testicles

Chris #2





Safe or Unsafe Touch?



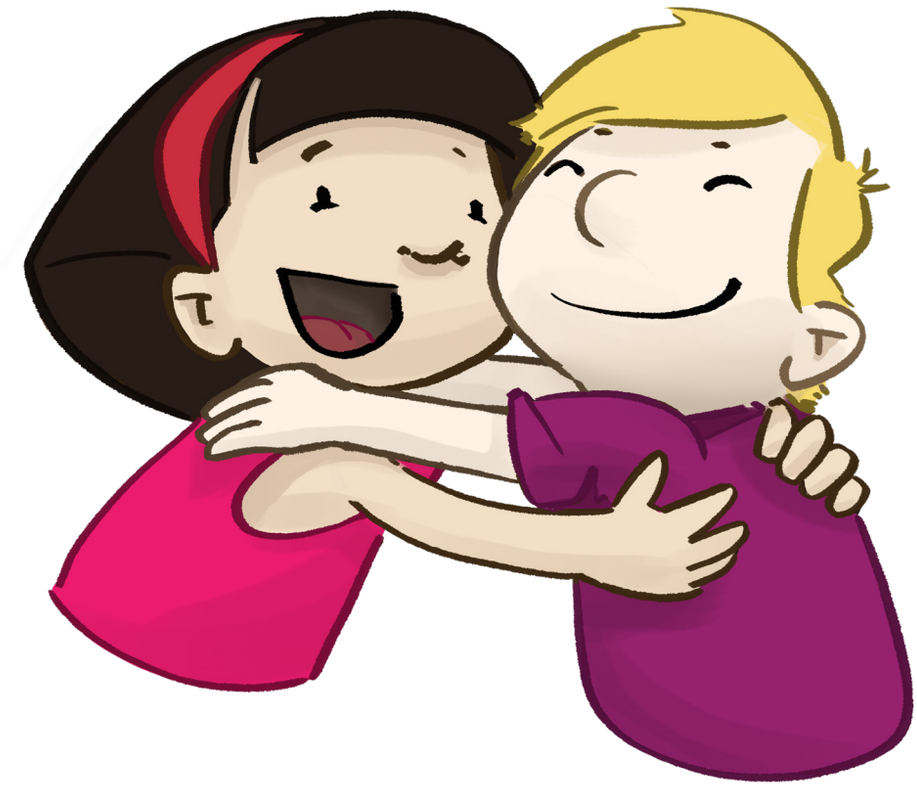
Safe or Unsafe Touch?



Safe or Unsafe Touch?



Safe or Unsafe Touch?



Safe or Unsafe Touch?



Safe or Unsafe Touch?



Safe or Unsafe Touch?



Safe or Unsafe Touch?



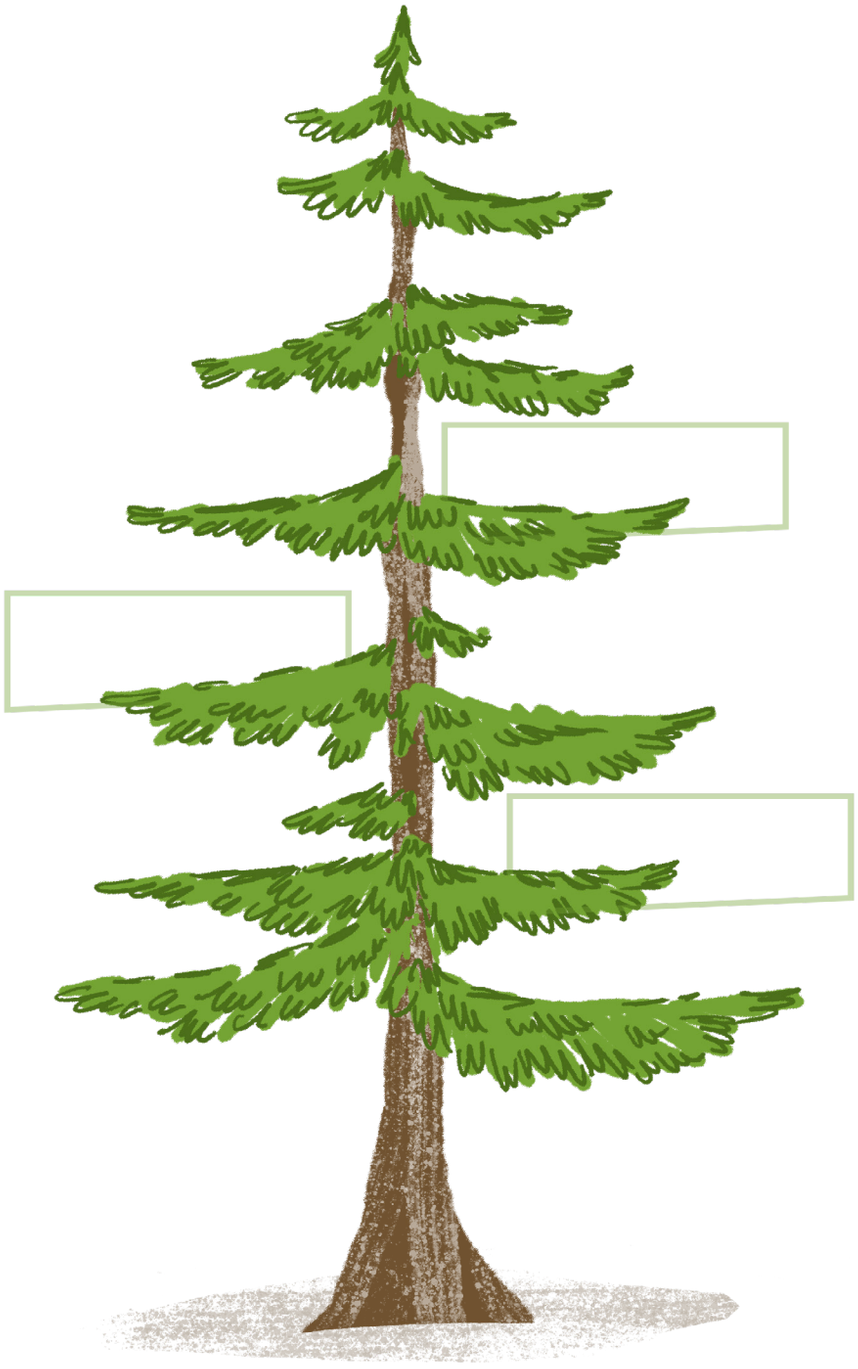
Thumbs Up



Thumbs Down



Trusted Adult Name Tree



Grades 4 to 7

Puberty Changes and Reproduction

90 minutes

CURRICULAR COMPETENCIES:

Mental well-being

- Explore and describe strategies for managing physical, emotional and social changes during puberty.
- Describe factors that positively influence mental well-being and self-identity.

CONTENT:

- Physical, emotional and social changes that occur during puberty, including those involving sexuality and sexual identity.

OBJECTIVES:

1. Students will learn about the puberty changes that everyone experiences.
2. Students will learn about the different puberty changes for different bodies.
3. Students will learn the connection between puberty and reproduction.

Note: Each objective can be taught as a separate lesson.

MATERIALS:

- Puberty kit containing pads, tampons, pain medication, shampoo/conditioner, deodorant, razors, soap, face wash and pimple cream.
  - **Note:** If you do not have access to sample products, use the handout at the end of the lesson.
- Lesson plan handouts (see end of lesson):
  - Puberty Changes That Everyone Experiences
  - Testosterone-Driven Puberty Changes
  - Foreskin Health Tip
  - Assigned Male: External and Internal Reproductive Anatomy
  - Estrogen-Driven Puberty Changes
  - Assigned Female: External Reproductive Anatomy
  - Assigned Female: Internal Reproductive Anatomy
  - Menstrual Cycle
  - Menstrual Products
  - Pregnancy
- Question box with sheets of paper.
- Optional puberty videos from amaze.org.

RATIONALE:

- As children enter puberty, they can experience feelings ranging from excitement to dread.
- We can help students manage these feelings by: teaching them why and how puberty happens; giving them tools to manage changes; teaching how these changes lead to reproduction; and providing them with sources of health information.
- Understanding how all bodies work is a physical, mental and emotional protective factor for students.
- **Note:** Grade 4 is the best time to start this lesson as students are just starting to enter puberty. However, this resource recommends re-teaching or reviewing this lesson each year through Grade 7. It might seem repetitive, but as students grow and develop, the material becomes more relatable. This lesson can also be taught in high school if students have never been introduced to puberty and reproduction.

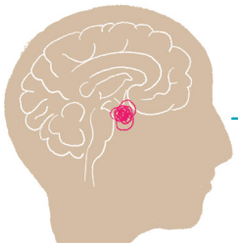
Teaching Tip

Review classroom rules, external support resources and the question box process at the beginning of every lesson. See teaching guidelines on page 6 for more information.

Objective One: Puberty Changes That Everyone Experiences

Explain:

- Our bodies are always changing.
- **Puberty** is the time in our lives when we grow into our adult bodies.
- After puberty, our bodies have the physical ability to make a baby.
- Most kids find this idea "gross" because they are not mentally **or** emotionally ready for a baby, but it is still important to understand how the body works.
- To start the lesson, we will read a story about a person named Chris who is going through puberty. Throughout the story I will stop and explain in detail what Chris is talking about.



Read:

Hi, I'm Chris, and I'd like to tell you about what's happening to me. It seems that every day brings a new change. It's almost like I'm getting a new body! They tell me I'm going through puberty.

Explain:

- In the middle of the brain is the pituitary gland. It's the size of a pea. During puberty, it releases hormones that cause the body to change. **Hormones** are chemical messengers that control how bodies work, but you can think of them as "growing juices."
- Puberty begins between ages 8 and 13 and takes about four years to finish.
- It starts and finishes at different ages for everyone.
- Understanding puberty changes and how to take care of yourself during this time makes it a lot easier.
- It's important to never comment or tease other people as they go through puberty. Puberty can be uncomfortable. Being kind to ourselves and each other makes it way easier.



Read:

I don't mind some of the changes I'm seeing. In fact, some things I even like. My feet are getting bigger and I am growing taller.

Explain:

- The **feet** grow first to support the growing body. Students might notice their shoes never seem to fit because their feet are growing so fast.
- The second thing to grow is body height. When people grow more than three centimetres in one year, it's called a **growth spurt.** There are four types of growth spurts.

Stair Master | **Ninja** | **Turbo Grower** | **Turtle Grower**



1. The Stair Master: Someone grows a little bit, then levels off. Then grows a little bit, then levels off. (Use your hands to show a stair-like image.)
2. The Ninja: Someone grows consistently and seemingly so slowly that nobody notices except for maybe a person who hasn't seen them in a long time. (Use your hands to show a diagonal line.)
3. The Turbo Grower: This type of grower shoots straight up quickly and seemingly out of nowhere. (Use your hands to show a backwards L shape.)
4. The Turtle Grower: This type of grower feels like they may never grow. They do grow – everyone does – but it's a bit slow or not very noticeable. (Use hands to show flat the curving upwards line.)

- Everyone grows at their own pace and with different types and combinations of growth spurts.
- When you go through a growth spurt you may also experience **growing pains** because as the bones grow the muscles and tendons stretch. Medication can help reduce pain. (Show a bottle of pain medication.)
- Always get a trusted adult to help you take any medication.





Read:

Another thing that's happening is this new hair that's growing in places it's never been before. Like under my arms and on my legs and genitals. I know this is normal and all, but it still takes getting used to.

Explain:

- Everyone grows body hair in a lot of places. Some people choose to remove their body hair and some choose to leave it. It's your body, so you get to decide.
- Shaving is a very common way people remove body hair. If you choose to shave it, make sure you ask a trusted adult for help because razors are very sharp. (Show samples of razors.)

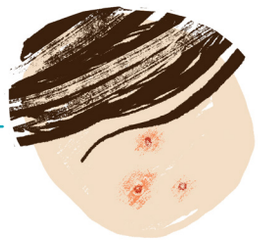


Read:

There are some changes that aren't so good. Like body odour. The first time I smelled it, I thought something was wrong with me. Now I realize it's not too bad if I wash and use deodorant.

Explain:

- There are sweat glands all over our body. When we get too hot, they release moisture to cool us down. We call this **sweating**.
- Before puberty, when we sweat there is no bad smell.
- However, during puberty, we grow a second set of sweat glands all over our body – in our armpits, around the genitals, on our feet, etc.
- When we sweat from the new sweat glands, it mixes with bacteria on our body and creates a smell. We call this smell **body odour**.
- To reduce the smell of body odour, wash and use deodorant every day. Make sure the soap gets all over your body, including in the arm pits and around the genitals. (Show sample of soap and deodorant.)
    - **Note:** Remind the students that deodorant is only for the armpits and to check with the people they live with for advice on which one to use.



Read:

One time when I was getting ready for school, I looked in the mirror and found a pimple on my face and noticed that I had really greasy hair.

Explain:

- Underneath the skin we have **oil glands** that release oil that keeps our skin soft.
- The oil leaves our skin through pores, which are small openings on the surface of our skin.
- During puberty, hormones cause the oil glands to produce extra oil.
- Sometimes the oil traps bacteria and dirt in the pores and creates a **pimple**.
- Some people get only a few pimples, but some people get a lot all over their face and body.
- To manage pimples, wash your face in the morning and evening with warm water and face wash. After washing, apply a pimple cream to the area. If these steps do not help, see a doctor for a prescription pimple medication.
- Lots of people like to pop their pimples. The safest way to do this is to follow these steps.

    1. Wait until you see a white dot on the top of the pimple. This means it's ready to pop.
    2. Wash your hands.
    3. Put pressure on either side of the pimple to release oil.
    4. Stop touching the pimple once oil has been released.

        - **Note:** If you keep digging at your pimple after it's been popped, you may create an infection and get a scar.

- The scalp also produces extra oil and hair becomes greasier.
- To manage **greasy hair,** wash your hair every day with shampoo and conditioner. It will also help with any pimples on your forehead. (Show sample of face wash, pimple cream, shampoo and conditioner.)



Read:

There's one thing I get a little embarrassed about. I'm starting to get special feelings for someone in my class. I am not mentioning any names because it feels strange, but also kind of nice. They tell me it's normal. Is it?

Explain:

- Hormones control our feelings. New hormones create new and stronger feelings.
- A **crush** is a word we use to describe special feelings we have for another person.
- Along with crushes comes changes in our **moods.**
- During puberty, our hormones are not balanced, which means our feelings are not balanced.
- This means we can go from being happy to sad to mad in very short periods of time.
- Getting enough sleep, eating healthy, taking time for ourselves, and talking with friends and trusted adults can help with these changes in mood.

Ask:

- After that story, do you think Chris is a boy or a girl? Or are you unsure?

Explain:

- It may be unclear because this story is explaining changes that everybody goes through, no matter what body they were born in.

Activity

Make puberty kits with students or provide pre-made kits with soap, deodorant, and menstrual products…this might also improve any smells that are brewing in your class.

Objective Two: Puberty Changes for Different Bodies

Explain:

- Testosterone and estrogen are the main hormonal triggers for puberty growth.
- People assigned male make more testosterone and some estrogen.
- People assigned female make more estrogen and some testosterone.
- Sex assigned at birth/biological sex, is determined by the genitals (external reproductive organs) someone is born with.
- People assigned male are typically born with a penis and testicles.
- People assigned female are typically born with a vulva, vagina, ovaries, and a uterus.
- Some people are born with a combination of genitals. This is called differences in sexual development (DSD), previously known as intersex.
- Note: assigned sex and gender identity are often confused with each other. Gender identity is one's sense of feeling male, female, both, neither or something entirely different.

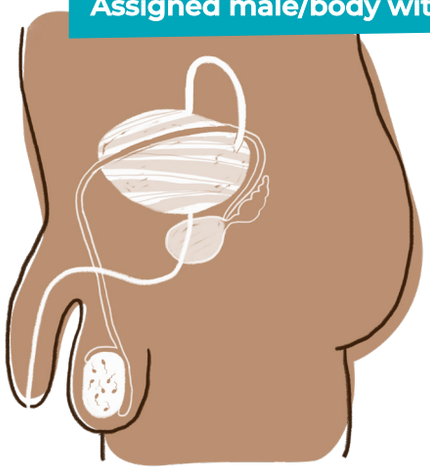
  Anatomy and hormones don't decide gender. Some people with a penis don't want to be called male and some people with a vulva don't want to be called female.

  When teaching this lesson use language that all students can identify with such as assigned male; body with a penis; testosterone-based body; assigned female; body with a vulva; estrogen-based body; etc.

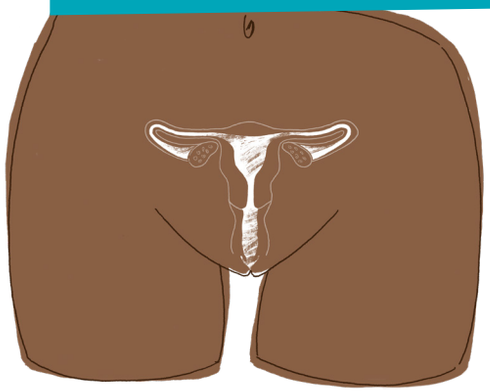
  Assigned sex at birth and gender identity are explored more in the Better to Know grade 6 and 7 resources.

- In this section, we will learn about the reproductive systems on very typical-looking bodies. It does not mean that all bodies will look and function like these. Every body is unique.

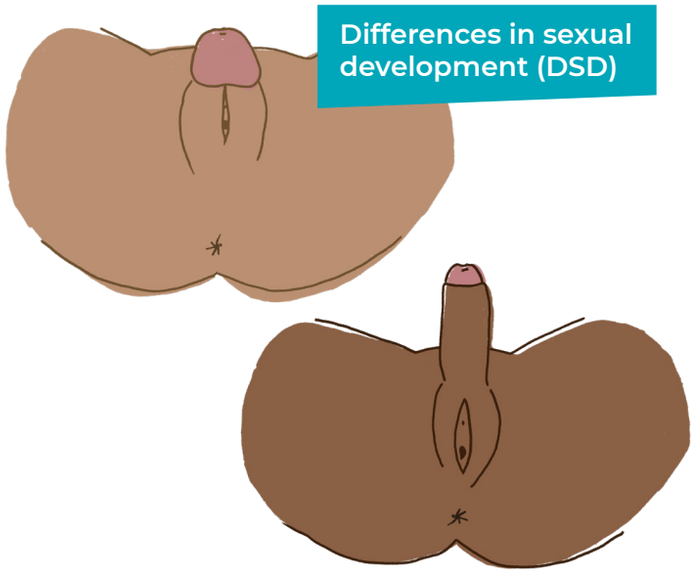
Assigned male/body with a penis



Assigned female/body with a vulva



Differences in sexual development (DSD)



TESTOSTERONE-DRIVEN PUBERTY CHANGES

Explain:

- Testosterone causes specific changes in the body
  - The shoulders and chest broaden, due to an increase in muscle mass.
  - The voice gets deeper, due to the larynx and vocal cords growing.

Fun Fact

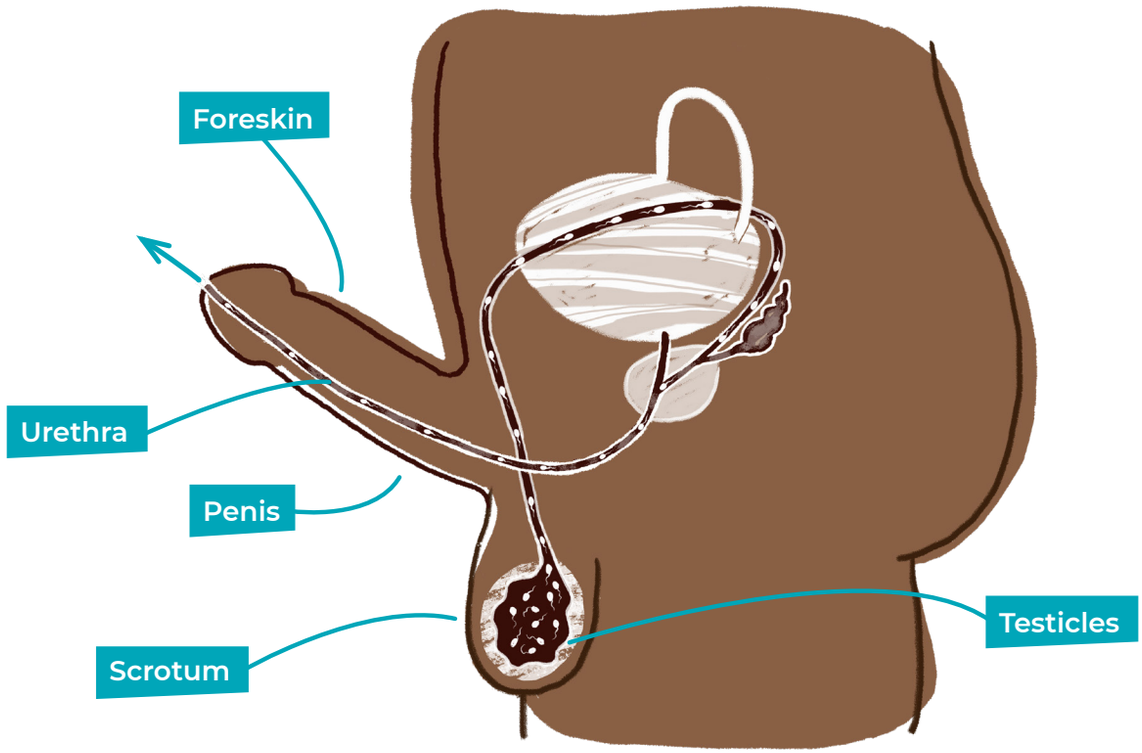
People born with a vulva and more estrogen still have testosterone in their bodies, and will experience growing muscles and a deepening voice – just not as much.

- The rest of the puberty changes we are going to talk about happen to the genitals and reproductive system. In order to understand these changes, we have to explain the reproductive system first

REPRODUCTIVE ANATOMY: ASSIGNED MALE/ BODY WITH A PENIS

Explain:

- Assigned male bodies include the following parts.
  - **Penis** – external reproductive organ.
  - **Foreskin** – a fold of skin covering the head of the penis. Sometimes the foreskin is removed in a procedure called circumcision.
  - **Scrotum** – a sack of skin containing the testicles.
  - **Testicles** – two oval reproductive glands inside the scrotum.
  - **Urethra** – the tube that carries both urine and semen out of the body.



Teaching Tip

Either draw this diagram on the board or provide students with the handout.

Explain:

- During puberty:
  - The penis and testicles grow bigger.
  - More erections happen:
    - Erections occur when blood rushes to the penis and it becomes hard.
    - Erections occur throughout life, even babies get them, but during puberty they happen more.
    - Erections can happen from touching, thoughts, images or for no reason at all.
    - Erections can happen at unexpected times, like in public. This is normal, but private, so cover it up until it goes away.
  - The testicles start to produce and release/ejaculate sperm:
    - Sperm are reproductive cells produced by the testicles.
    - Starting in puberty, the testicles produce and store billons of sperm cells.
    - Once the testicles produce sperm, ejaculations can happen.
    - Ejaculations happen when the penis is erect and stimulated through touch or thoughts. The stimulation singles the testicles to release sperm.
    - When sperm leave the testicles they mix with fluid, from the reproductive system, to create semen.
    - The semen is ejaculated/released out the tip of the penis (from the opening called the urethra).
    - The ejaculate is a couple of teaspoons of clear white fluid.
    - You can't see the sperm, in the semen, unless you use a microscope.
    - Ejaculations can also happen during sleep. People call them "wet dreams", but the science term is "nocturnal emission".

Fun Fact

When the penis becomes hard, the bladder closes so urine and semen can never leave the penis at the same time.

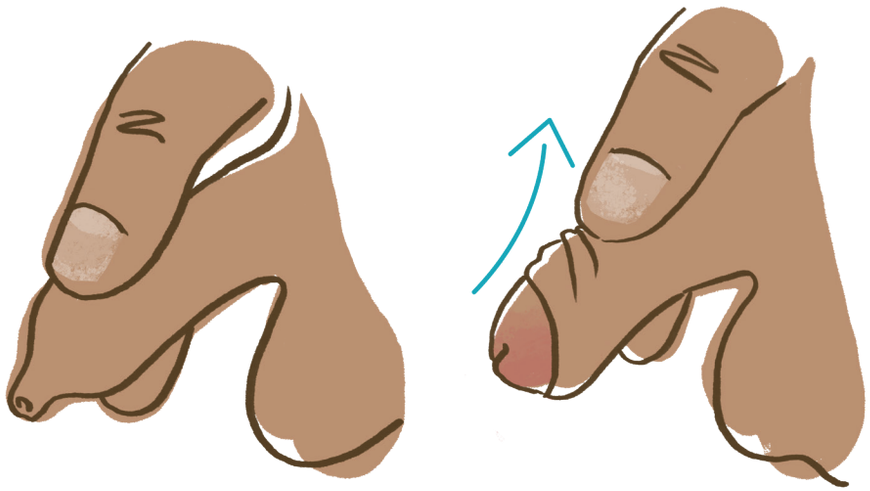
Foreskin Health Tip

Smegma is a naturally occurring lubricant that allows the foreskin to pull back. People with a foreskin need to wash underneath it – every day – to remove the buildup of smegma.

Here is how to wash the foreskin.

1. Gently slip the foreskin back in the shower.
2. Use a mild soap and warm water to wash the head of the penis and the inside fold of the foreskin.
3. Rinse the area well.
4. After the shower, pull the foreskin back to dry the head of the penis.

Note: Find the handout **at the end of the lesson**.



REPRODUCTIVE ANATOMY: ASSIGNED FEMALE/ BODY WITH A VULVA

Explain:

- Estrogen causes specific changes in the body
  - Hips widen to create room in the body to carry a baby if a person chooses to.
  - Breasts grow. If a person chooses to have baby, the breasts fill with milk to feed the baby. The breasts may feel tender when growing. Wearing a bra or tight-fitting shirt can ease discomfort.

Health Tip

During puberty, people with a penis also develop a small amount of breast tissue. The breast tissue will not grow into full-sized breasts. Exercise and a healthy diet will help turn the tissue into muscle. Wearing a tight-fitting undershirt can ease discomfort.

- The rest of the puberty changes we are going to talk about happen to the genitals and reproductive system. In order to understand these changes, we have to explain the reproductive system first

REPRODUCTIVE ANATOMY: ASSIGNED FEMALE/ BODY WITH A VULVA

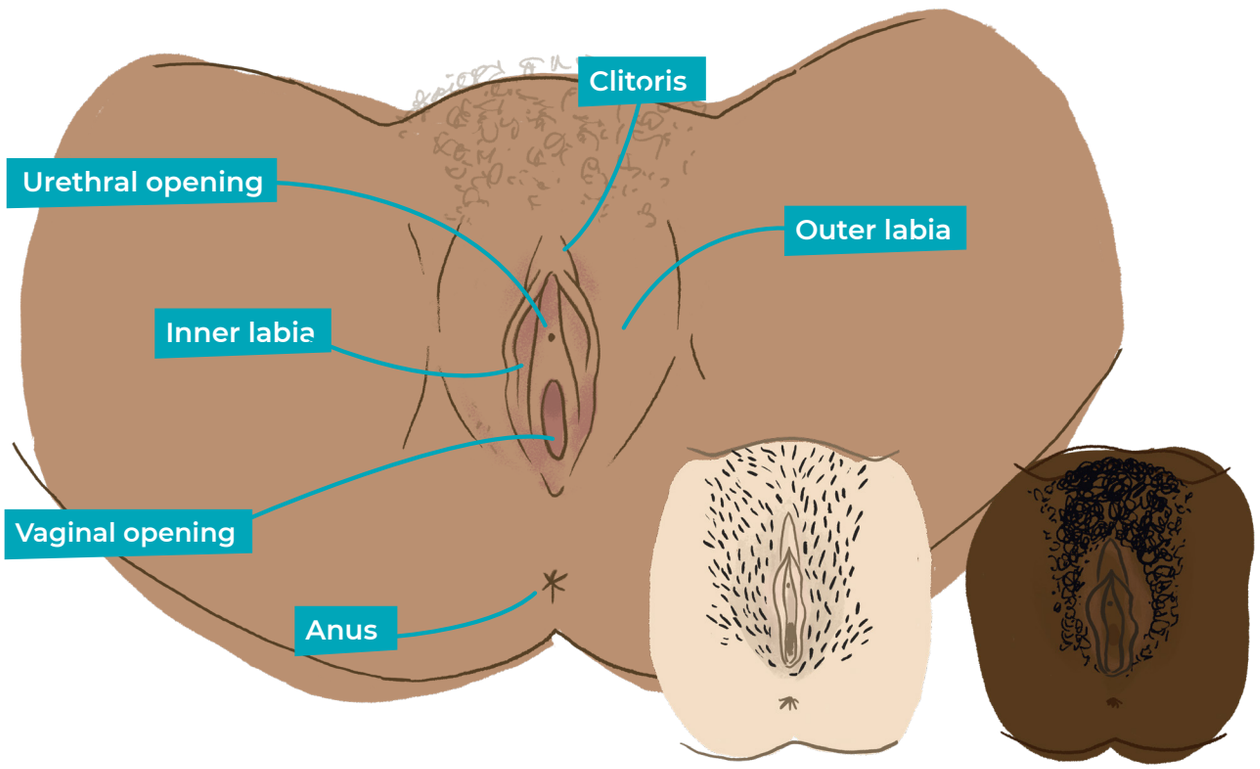
Explain:

- The anatomy on this body has to be taught in two different parts. First, I will describe the **external reproductive system**, which is called the vulva. Second, I will describe the **internal reproductive system**.

EXTERNAL REPRODUCITVE SYSTEM

Explain:

- The genitals on this body are called the **vulva**.
- The vulva is tucked beneath the legs and underneath the body, so we will illustrate it facing up.
- The vulva is composed of the following parts.
  - **Outer labia** – two folds of skin along the sides of the vulva.
  - **Inner labia** – two folds of skin between the outer labia that grow during puberty.
  - **Clitoris** – a bundle of nerves at the top of the vulva that grows bigger during puberty.
  - **Urethral opening** – a small opening where urine leaves the body.
  - **Vaginal opening** – the opening to the vagina where menstrual **fluid** leaves the body.



Explain:

- During puberty:
  - The vulva develops – the outer and inner labia and clitoris grow larger.
  - **Vaginal fluid** is produced.
    - The vagina and cervix start to produce a clear white substance that helps clean and moisten the vagina.
    - Vaginal fluid will be noticeable on the underwear
    - **Note:** If the vaginal fluid has an odour or is itchy, it could signal an infection and need medical treatment. See your doctor.

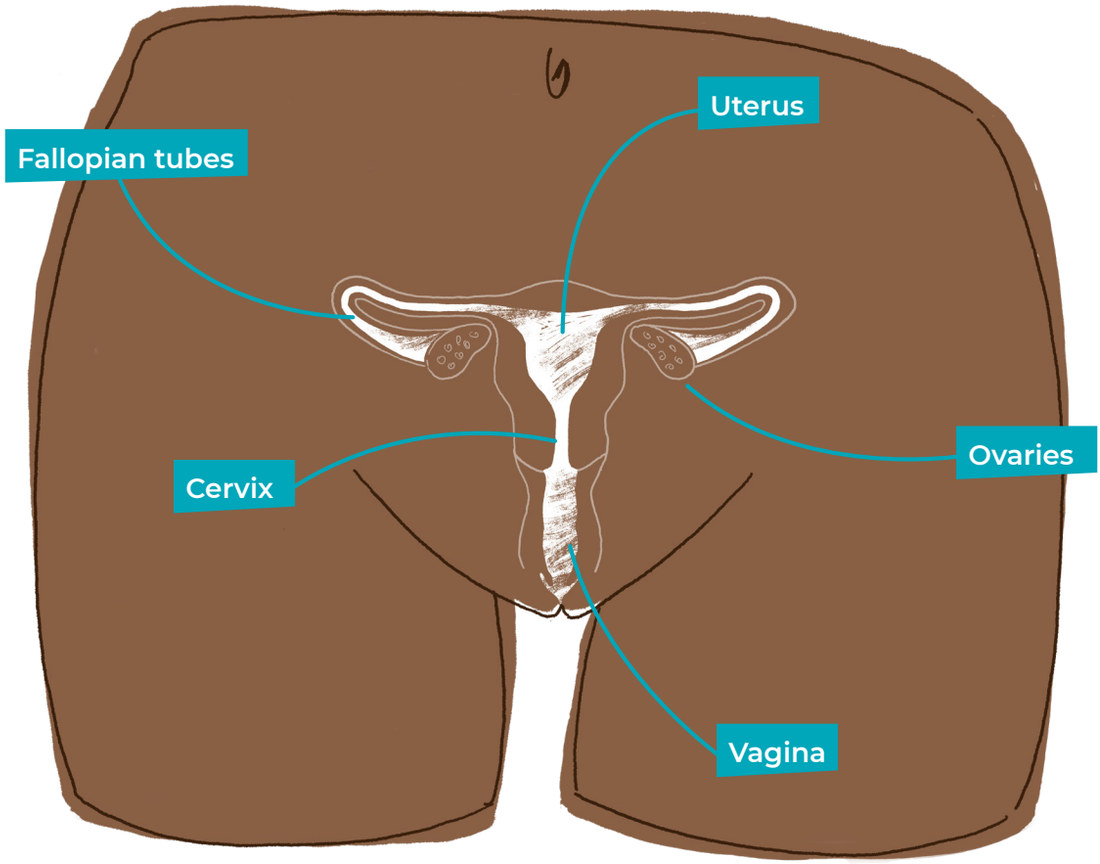
Health Tip

When using the bathroom, always wipe from the top of the vulva to the anus. This prevents bacteria from the anus entering the vagina and urethra.

INTERNAL REPRODUCTIVE SYSTEM

Explain:

- The vaginal opening leads to the **internal reproductive system**, which consists of the following parts.
  - **Vagina** – a muscular canal that extends up from the vaginal opening.
  - **Cervix** – the lower part of the uterus that extends into the vagina.
  - **Uterus –** a hollow pear-shaped organ where babies develop.
  - **Fallopian tubes** – tubes that extend from the uterus to the ovaries.
  - **Ovaries** – almond-shaped organs on each side of the uterus that hold eggs (ova).



Explain:

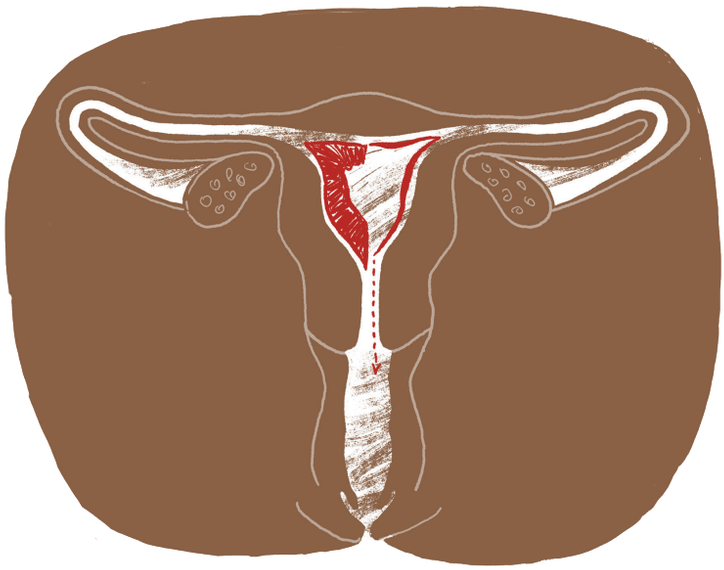
- During puberty, the **menstruation cycle** begins.
  - Once a month, an ovary releases an egg (ovum) and the uterus grows a lining of blood and tissue.
  - If the egg becomes fertilized by a sperm, it can implant into the uterus lining and develop into a baby.
  - If the egg is not fertilized, it will dissolve. The uterus lining of blood is then shed and leaves the body through the vaginal opening. This is called menstruation or a period.
  - **Menstruation takes about five days. The first day the fluid is a "light flow" and a dark brown colour. The second, third, and fourth days the fluid is a "heavier flow" and is dark red. The fifth day the fluid returns to the dark brown colour.**
  - Once the fluid is finished leaving the body the cycle starts again. The uterus lining regrows and an egg is released. This cycle takes around 28 days.
  - When the menstrual cycle starts, it may happen once and not again for several months. Once the puberty hormones balance out, the menstrual cycles become more regular.
  - Some people experience cramps when they get their period. Pain medication typically helps alleviate symptoms. If the pain is significant, visit a doctor.

Before a period

The uterus develops a thick lining of blood and tissue.

During a period

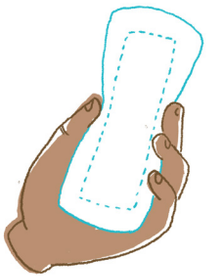
Most of the lining is shed in the menstrual flow.



Explain:

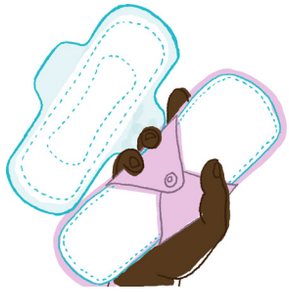
- **Menstrual products** are designed to collect menstrual fluid. There are several products to choose from. Start by introducing the basics.

Panty liners



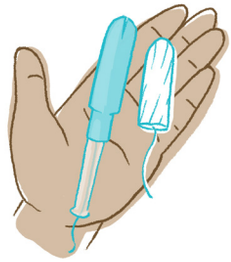
Panty liners are thin absorbent pads that are worn inside the underwear that collect menstrual fluid. Panty liners are used when the flow is light and should be changed every couple of hours, but they can be worn overnight. (Show sample and indicate that the sticky side is placed down.)

Pads



Pads are similar to panty liners, but are larger and hold more fluid. Pads are used when the flow is heavier and should be changed every couple of hours, but they can be worn overnight. (Show sample and indicate that the sticky side is placed down.)

Tampons



Tampons absorb menstrual fluid by being inserted into the vagina. Tampons should be changed every couple of hours. To remove a tampon, pull on the string and wrap in tissue before disposing in the garbage. Explain that it's very important not to leave a tampon in too long or else you can get a rare but serious infection. (Show sample of a tampon.)

Note: Students often ask if tampons hurt or if they can get stuck in the body. Explain that when you first use a tampon it might be uncomfortable, but it shouldn't be painful because the vagina is actually stretchy. If it is painful don't use them. Explain that a tampon cannot get stuck in the body. The vagina is the size of the middle finger and at the top of the vagina is the cervix. The tampon cannot pass the cervix so it's impossible for a tampon to get stuck. If the string does break off (which is very rare), they can "bear down" like they need to poop, place their fingers at the vaginal opening, and pull out the t mpon.

Teaching Tip

Some students might say "I won't get a period. Why am I learning about this?"

Explain that it's important to understand how all bodies work to build comfort, compassion and knowledge around all bodies.

Objective Three: Puberty Changes and Reproduction

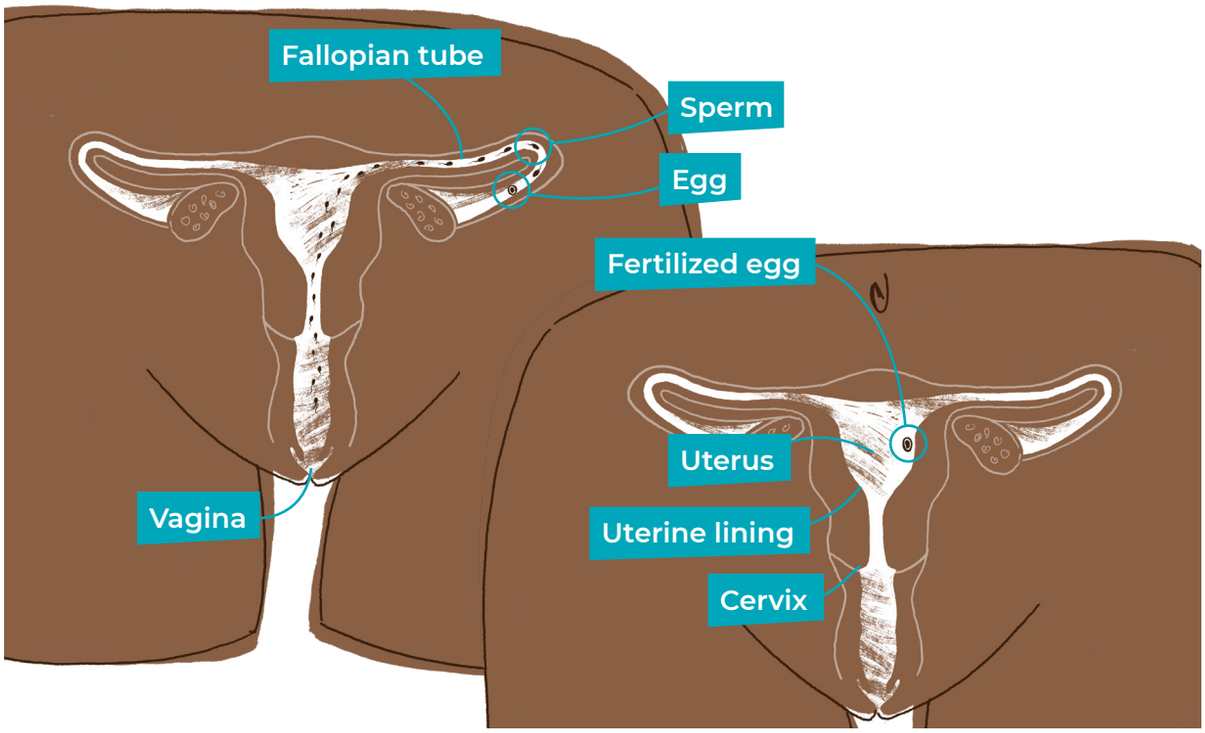
Explain:

- Before puberty, the body cannot make a baby.
- Once bodies start producing sperm and releasing eggs, they have the ability to create a baby.
- Most kids find this concept "gross" because they are not mentally or emotionally ready to have a baby.
- Making a baby is a big decision for consenting adults.
- Even though you are not ready to have a baby, it's still important to understand how the body works.

CONCEPTION/PREGNANCY

Explain:

- **Conception/pregnancy** happens when a sperm fertilizes an egg, the fertilized egg implants into the uterus lining and grows into a baby.
- This can happen during vaginal intercourse (penis into the vagina) or through different types of fertility treatments, for example, medication, sperm donation or egg donation.
- There are a few general steps that need to happen for the sperm and egg to meet.
    1. **Ovulation** – Once a month, an ovary releases an egg into the fallopian tube.
    2. **Intercourse** – A penis enters the vagina and semen, containing sperm, is ejaculated into the vagina. This step can also happen through fertility treatments, for example, medication, sperm donation or egg donation.
    3. **Fertilization** – A sperm connects with the egg in the fallopian tube.
    4. **Implantation** – The fertilized egg implants into the uterus and spends about nine months growing into a baby.
- After nine months, the baby is ready to leave the body.
- The cervix (the organ between the vagina and uterus) opens 10 cm and the baby leaves the uterus and out the vagina.
- Sometimes (for various reasons) a baby cannot leave through the vagina. In these cases, the baby is born by caesarean section (C-section) where a doctor will make an incision into the uterus and guide the baby out.



Fun Fact

Twins, triplets, quadruplets, quintuplets, etc.

A lot of students ask about twins and multiple babies because the recipe for a baby is one egg and one sperm. In the case of identical twins, a fertilized egg splits and develops into two babies with exactly the same genetic information. In the case of non-identical twins, two eggs are released and are fertilized by two different sperm and produce two different-looking babies.

In the case of triplets and multiple babies, it is more complicated, and each case would be unique. It may even be the result of using fertility treatments, for example, medication, sperm donation or egg donation.

CLOSING

Review:

- Today we talked about these topics.
  1. The puberty changes that everyone experiences.
  2. Testosterone-driven and estrogen-driven puberty changes.
  3. Reproduction.

Anonymous questions:

- Collect anonymous questions and answer them in the next class.
- **Note:** If you need assistance answering questions, contact bettertoknow@yukon.ca.

Handouts

77 Puberty Changes That Everyone Experiences
78 Testosterone-Driven Puberty Changes
79 Foreskin Health Tip
80 Assigned Male /Body with a Penis: External and Internal Reproductive Anatomy
81 Estrogen-Driven Puberty Changes
82 Assigned Female/Body with a Vulva: External Reproductive Anatomy
83 Assigned Female/Body with a Vulva: Internal Reproductive Anatomy
84 Menstrual Cycle
85 Menstrual Products
86 Pregnancy

Puberty Changes

That Everyone Experiences

Body odour

During puberty, a second set of sweat glands develops. When they release sweat, it mixes with bacteria on the body and creates an odour. Washing daily and using deodorant will manage the smell.



Growth spurts

Growth spurts occur when the body grows more than 3 cm in one year. During a growth spurt, people may feel growing pains caused by tendons lengthening. Medication and rest can help alleviate the pain.

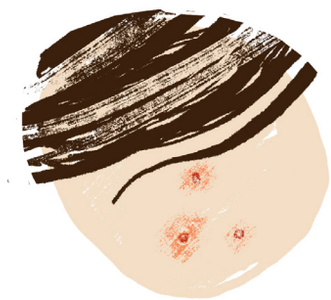


The feet grow bigger

Feet are the fi st body part to start growing during puberty.

Pimples and oily hair

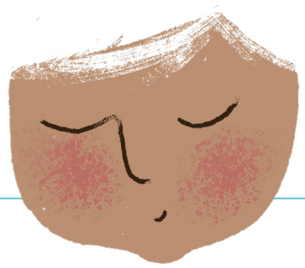
Oil glands, located underneath the skin, help keep the skin and hair soft. During puberty, the glands produce extra oil that can clog pores causing pimples and greasy hair. Daily washing will help manage the extra oil. If the pimples are too difficult to manage, they can be treated with medication.





Body hair

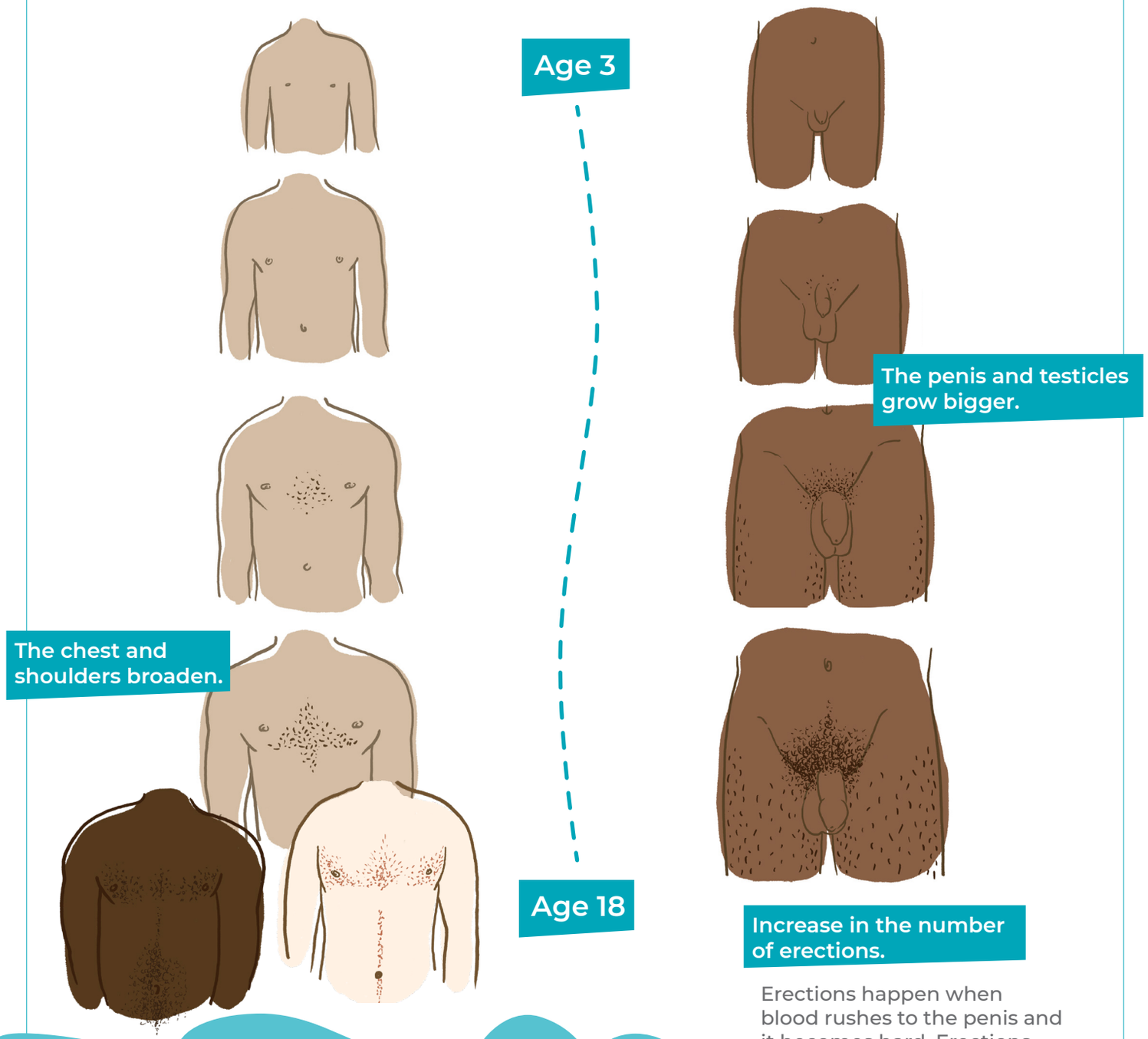
Hair will grow all over the body, including the armpits and genitals. It might be a different colour or texture than the hair on the head. Some people remove body hair, but some don't.



The sads, mads, and glads

During puberty, emotions can change dramatically. Exercise, healthy food and rest can help to manage emotions.

Testosterone-Driven Puberty Changes



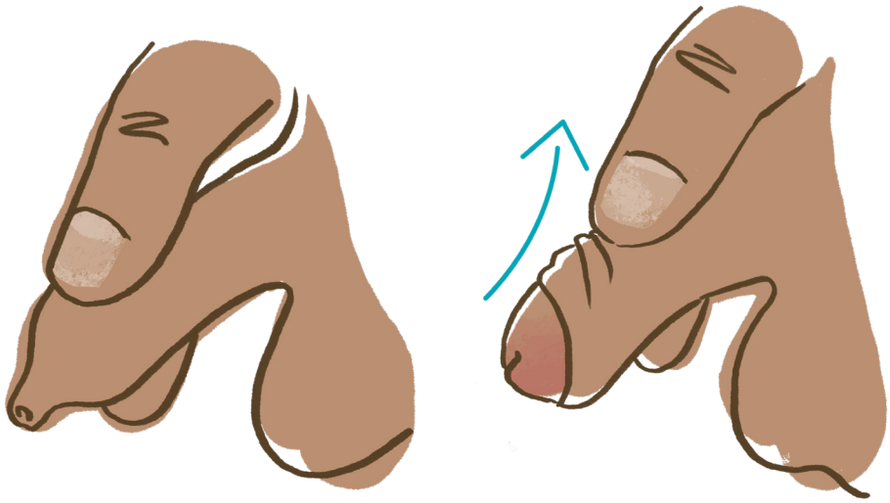
Increase in the number of erections.

Erections happen when blood rushes to the penis and it becomes hard. Erections happen for a lot of reasons including touching, pleasurable thoughts, seeing an image or person they like, or for no reason at all. If someone gets an erection in public they can sit down until it goes away.

Fun Fact

During puberty, males may develop a small amount of breast tissue. The breast tissue will not grow into full-sized breasts. Exercise and a healthy diet will help turn the tissue into muscle. Wearing a tight-fitting undershirt will ease discomfort.

Foreskin Health Tip



Smegma

Smegma is a naturally occurring lubricant that allows the foreskin to pull back.

Washing foreskin

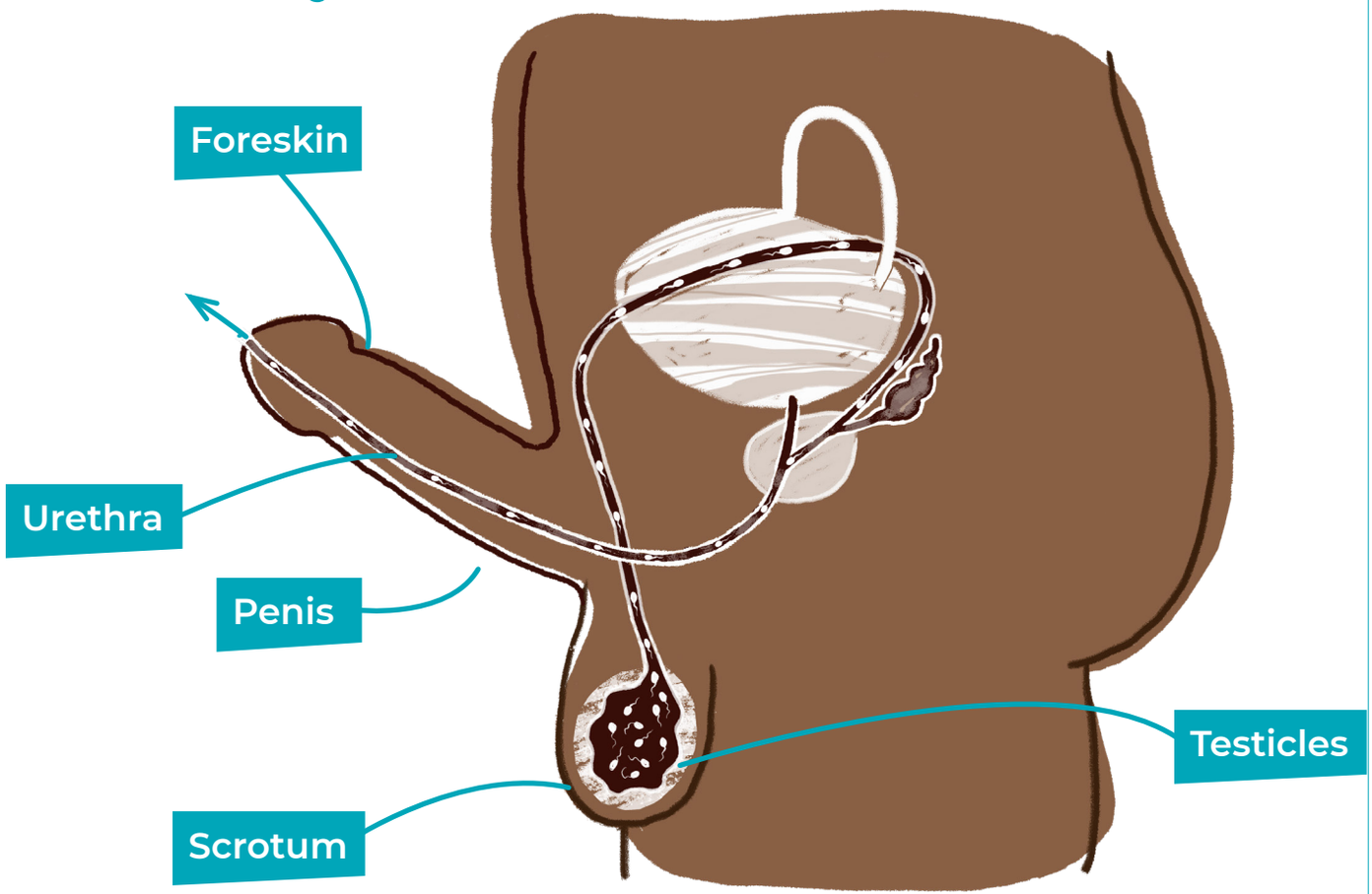
People with a foreskin need to wash underneath it, every day, to remove the buildup of smegma.

Here is how:

1. Gently slip the foreskin back in the shower.
2. Use a mild soap and warm water to wash the head of the penis and inside fold of the foreskin.
3. Rinse the area well.
4. After the shower, pull the foreskin back to dry the head of the penis.

ASSIGNED MALE/BODY WITH A PENIS:

External and Internal Reproductive Anatomy



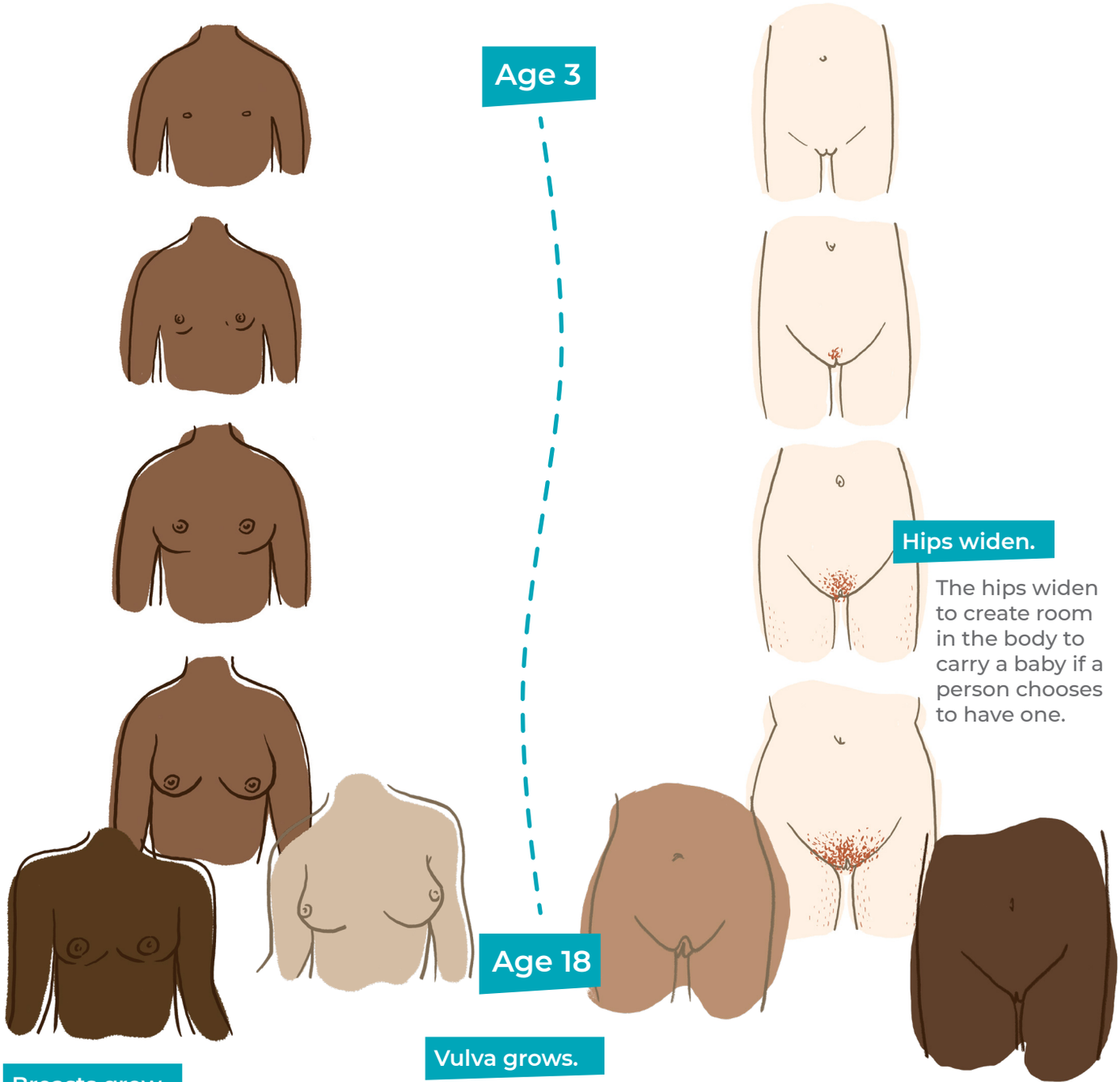
Fun Fact

When the penis becomes hard, the bladder muscle closes so urine and semen can never leave the penis at the same time.

Ability to ejaculate

Ejaculations become possible when the testicles begin to produce and release sperm. Sperm leave the testicles, mix with fluid from the reproductive system to create semen, and exit out the tip of the penis.

Estrogen-Driven Puberty Changes



Breasts grow.

The breasts grow larger (and have the ability to produce milk if a person gives birth). The breasts can be tender when they are growing. Wearing a training bra eases discomfort.

Vulva grows.

The outer and inner labia and clitoris grow and develop.

Vaginal fluid is produced.

The vagina and cervix start to produce a clear white substance that helps clean and moisten the vagina. Vaginal fluid will be noticeable on the underwear. If the vaginal fluid has an odour or is itchy, it could signal an infection and require medical treatment.

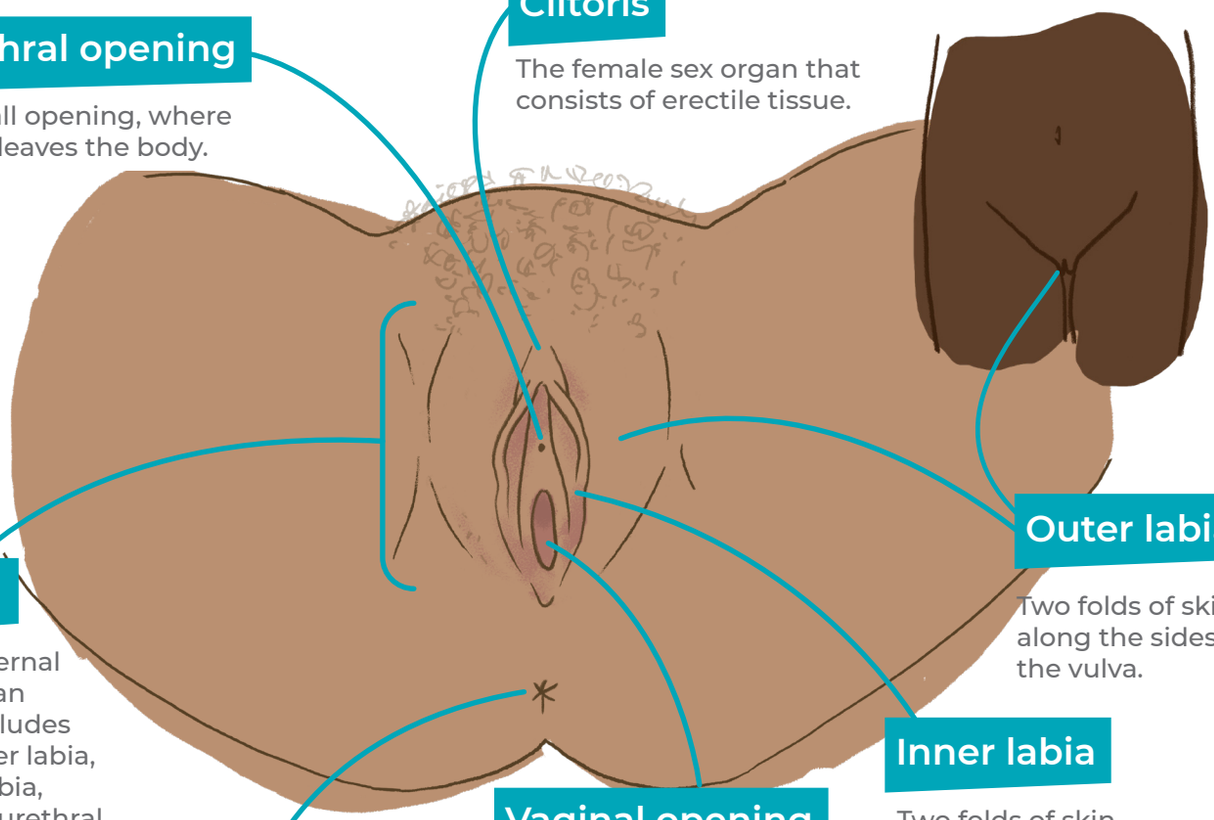
Hips widen.

The hips widen to create room in the body to carry a baby if a person chooses to have one.

Menstruation cycle begins.

ASSIGNED FEMALE/BODY WITH A VULVA:

External Reproductive Anatomy



Urethral opening

A small opening, where urine leaves the body.

Clitoris

The female sex organ that consists of erectile tissue.

Vulva

The external sex organ that includes the outer labia, inner labia, clitoris, urethral opening, and vaginal opening.

Outer labia

Two folds of skin along the sides of the vulva.

Inner labia

Two folds of skin between the outer labia.

Vaginal opening

The opening to the vagina.

Anus

The opening that stool leaves the body from.



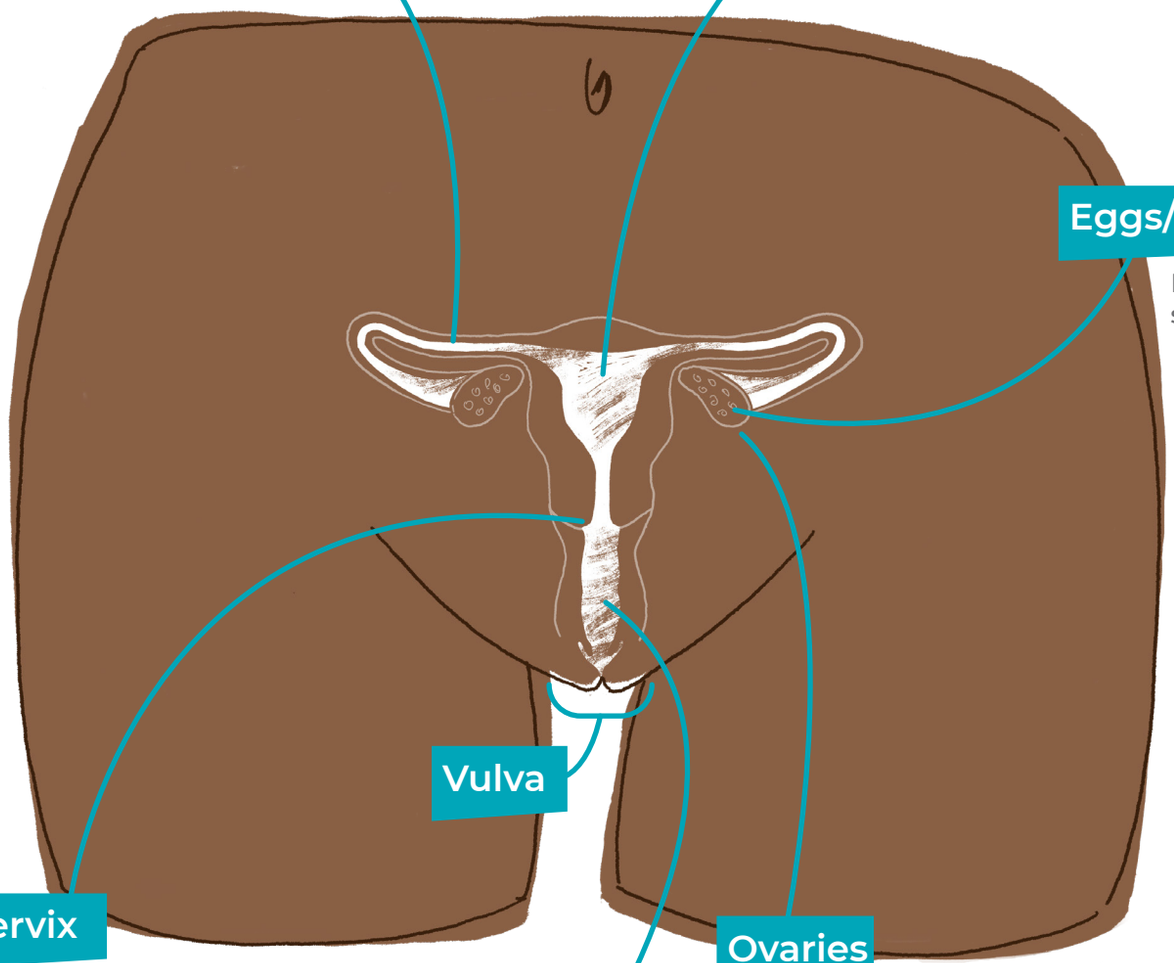
Note: Every vulva looks a little different.

Health Tip

When using the bathroom, always wipe from the top of the vulva to the anus. This prevents bacteria from the anus entering the vagina and urethra.

ASSIGNED FEMALE/BODY WITH A VULVA:

Internal Reproductive Anatomy



Fallopian tubes

Tubes that extend from the uterus toward the ovaries.

Uterus

A hollow, pear-shaped organ where babies develop.

Eggs/ovum

Female sex cells.

Vulva

Cervix

The lower part of the uterus that extends into the vagina.

Ovaries

Almond-shaped organs on each side of the uterus that produce eggs (ova).

Vagina

A muscular canal that extends up from the vaginal opening.

Menstrual Cycle

Once a month, one ovary releases an egg (ovum), and the uterus grows a lining of blood and tissue. If the egg becomes fertilized by a sperm, it can implant into the uterus lining and develop into a baby.

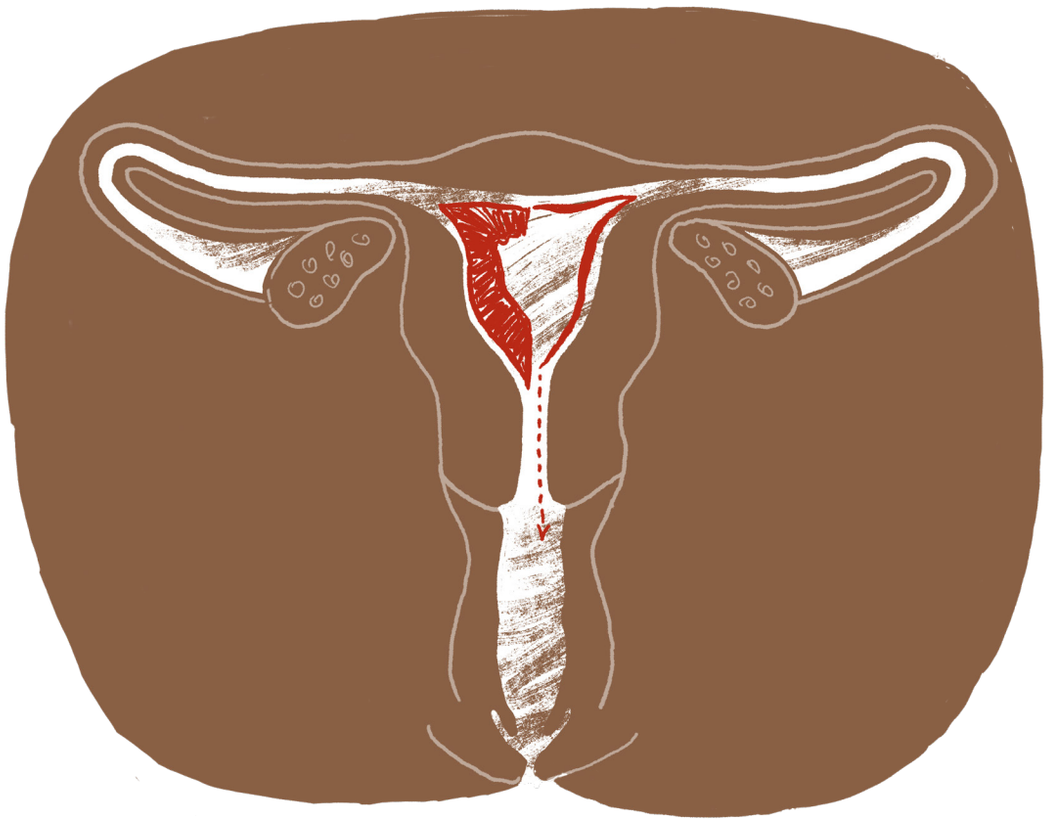
If the egg is not fertilized, it will dissolve and the uterus lining is shed through the vaginal opening. This is called menstruation or a period.

Before a period

The uterus develops a thick lining of blood and tissue.

During a period

Most of the lining is shed in the menstrual flow.

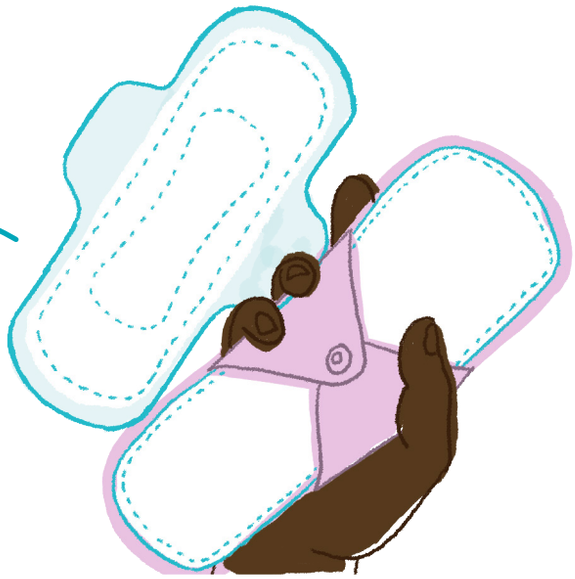


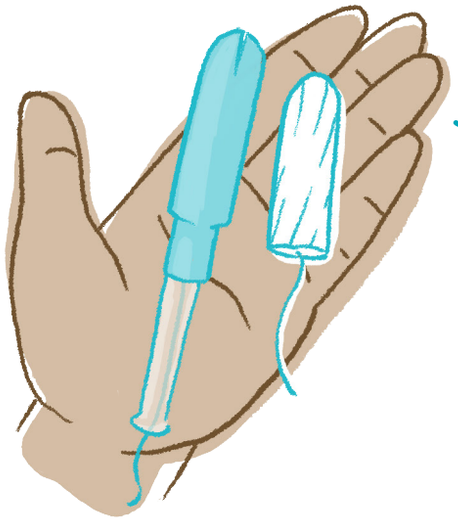
Menstrual Products

There are so many ways a person can manage their period. Here are some options.

Pads

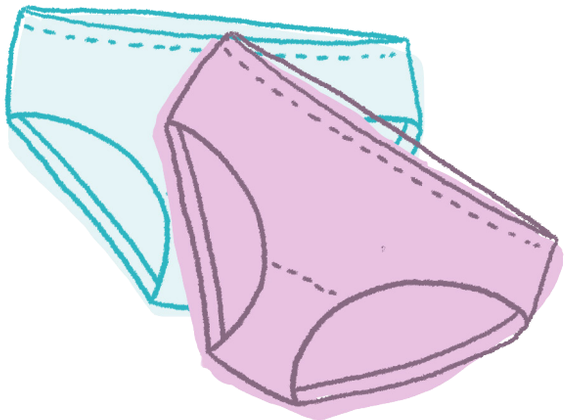
Place on top of underwear. It collects blood as it leaves the vagina. You can also find reusable pads that you can machine wash.





Tampons

Insert into the vagina. It absorbs blood before it leaves the body. Read the box to see how long you can safely leave tampons in.



Period underwear

Wear the same as regular underwear. Blood absorbs directly into the fabric. Rinse and machine wash to use during your next period.

Pregnancy

Pregnancy happens when a sperm fertilizes an egg that then implants into the uterus wall and grows into a baby. This can happen during vaginal intercourse or through different types of fertility treatments, for example, medication, sperm donation or egg donation.

Step 1: Ovulation

Once a month an ovary releases one egg into the fallopian tube.

Step 2: Intercourse or fertility treatment

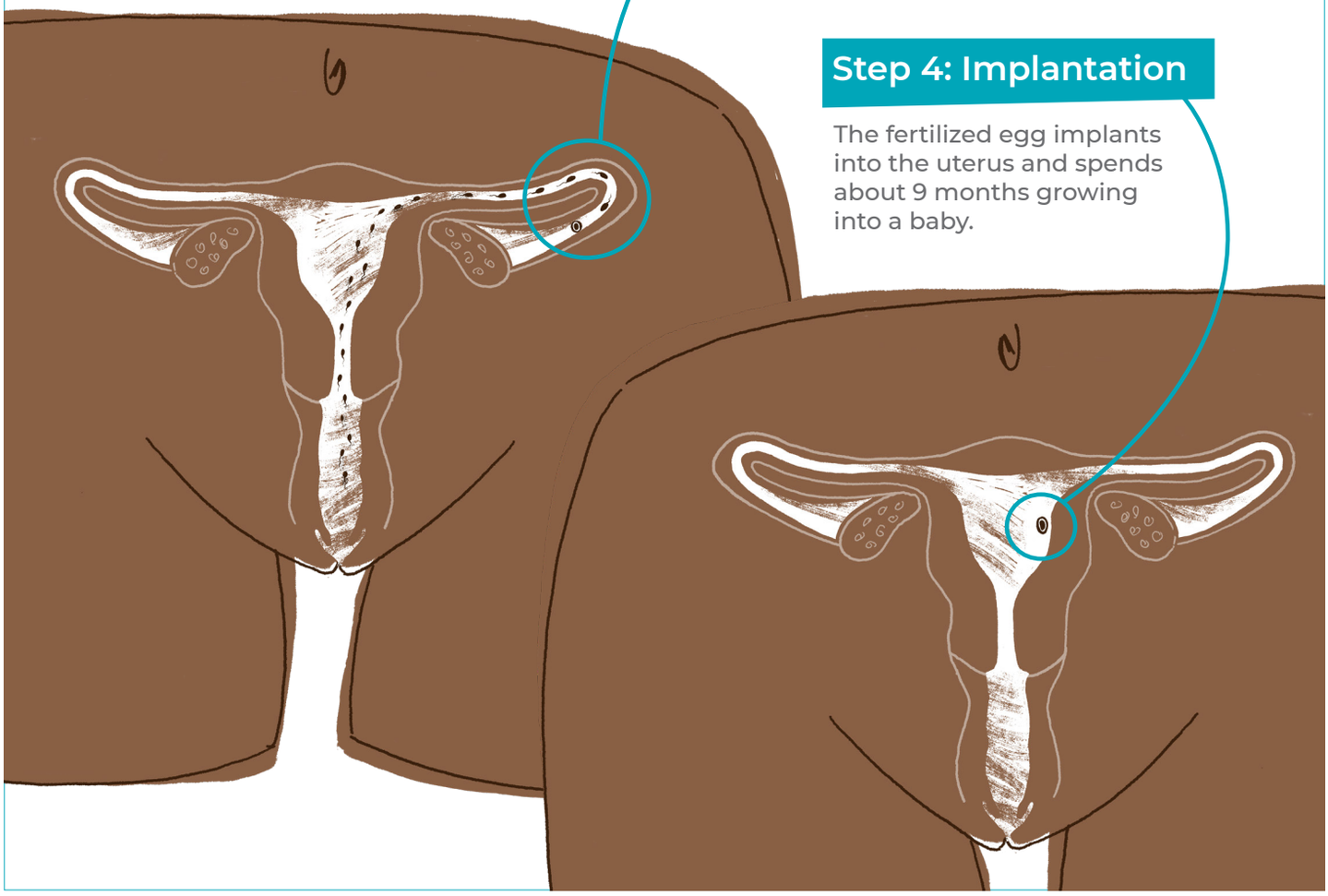
Semen containing sperm enters into the vagina. During intercourse this happens when the penis ejaculates into the vagina.

Step 3: Fertilization

A sperm connects with the egg in the fallopian tube.

Step 4: Implantation

The fertilized egg implants into the uterus and spends about 9 months growing into a baby.



Grades 6 to 7

Sexually Transmitted Infections (STIs)

60 minutes

CURRICULAR COMPETENCIES:

Social and community health

- Identify and describe strategies for avoiding and/or responding to potentially unsafe, abusive or exploitive situations.
- Describe and assess strategies for responding to discrimination, stereotyping and bullying.
- Describe and apply strategies for developing and maintaining healthy relationships.

Mental well-being

- Explore and describe strategies for managing physical, emotional and social changes during puberty and adolescence.
- Explore and describe how personal identities adapt and change in different settings and situations.

CONTENT:

- Practices that reduce the risk of contracting sexually transmitted infections and life-threatening communicable diseases.
- Sources of health information.
- Strategies to protect themselves and others from potential abuse, exploitation and harm in a variety of settings.
- Physical, emotional and social changes that occur during puberty and adolescence.
- Influences of physical, emotional and social changes on identit es and relationships
- Influences on individual identity, including sexual identity, gender, values and beliefs.

OBJECTIVES:

1. Students will learn about viruses and bacteria and how they spread.
2. Students will learn about the connection between viruses and bacteria and sexually transmitted infections.
3. Students will learn ways to reduce the spread of viruses and bacteria.

Note: Each objective can be taught as a separate lesson.

Teaching Tip

This lesson should only be taught after students have a full understanding of puberty and reproduction. If necessary, teach the Grades 4 to 7 Puberty and Reproduction lesson for review.

MATERIALS:

- Post-it notes.
- Latex gloves.
- Question box with sheets of paper.
- Optional: sexually transmitted microbes stuffed models (giantmicrobes.com).

RATIONALE:

- Most students at this age are not sexually active, yet they are regularly exposed to messages about sexually transmitted infections (STIs) from the media and the internet. Hearing about STIs, without understanding what they are, creates fear and stigma that can lead to lifelong anxiety about getting tested and treated once they become sexually active.
- Teaching students from a young age what STIs are, how they are spread, and how to prevent and treat them alleviates confusion, normalizes sexual health, and helps safeguard them before they become sexually active.

Objective One: Viruses and Bacteria and Transmission

Explain:

- **Viruses** and **bacteria** are germs that can make us sick.
- Write virus and bacteria on the board in two columns.

Ask:

- Who has had the chickenpox or flu? Write **chickenpox** and **flu** under virus.
- Who has had strep throat or pink eye? Write **strep throat** or **pink eye** under bacteria.

Explain:

- Viruses and bacteria are transmitted from person to person, often through very casual contact, for example, breathing in virus particles after someone sneezes or coughs, ingesting virus particles from our hands when we eat, or sharing a drink or food.
- When a **virus** enters our body, the **immune system** will try to flush it out by making us sneeze, cough, run a fever, etc. Eventually, our immune system will figure out how to destroy the virus. If that virus tries to enter our body again, it won't be able to because our body knows how to fight it. Sometimes we can also take antiviral medication to help our body suppress the virus.
- When **bacteria** enters our body, we take **antibiotics** to kill the bacteria. If the bacteria enters our body again, we have to take antibiotics again.
- Some viruses and bacteria are preventable through **vaccinations**.
- A **vaccine** is a type of medicine that keeps you from getting sick. It does this by teaching your body to fight off certain viruses and bacteria. There are more vaccines for viruses than bacteria.

Activity

Explain:

- **You are going to play a game to illustrate how viruses and bacteria spread.**

Instructions:

1. Give each student and yourself a sticky note.
2. Give gloves to a few students.
3. Tell a few students that they are not going to participate and will just observe the activity.
4. Tell the rest of the students to move around and high-five at least five peers and jot down their names.
5. Once everyone has high-fived, have them sit down.

Explain:

- That you have the **high-five virus**.
- Whomever high-fived you got the virus, unless they wore a glove.
- The people you high-fived also got the virus.
- The virus may have even spread to the whole classroom if everyone high-fived someone who was infected.
- The people wearing gloves or not playing did not get the virus or bacteria.
- This activity reinforces the fact that there are invisible viruses and bacteria all around us that are spread in various ways, for example, sneezing, coughing and touching.

Objective Two: Viruses and Bacteria and Sexually Transmitted Infections

Ask:

- How do viruses and bacteria relate to sexually transmitted infections (STIs)?

Explain:

- **Sexually transmitted infections (STIs)** are viruses, bacteria and parasites that can be passed through sexual activity.
- STIs are similar to infections people get in their daily lives, but stigma/shame often prevents people from getting tested and treated.
- STIs can be passed through fluid-to-fluid and skin-to-skin contact with an infected partner.

Fluids that can transmit STIs are:

- Blood
- Semen
- Vaginal flui

Body parts that can transmit STIs are:

- Mouth
- Genitals
- Anus

Objective Three: Reducing the Spread of Viruses and Bacteria

Explain:

- In high school, lessons go into much more detail about STIs. For now, it's important to understand that there are several steps a person can take to reduce the **spread of STIs**, which include the following.

    1. **Abstain** from having sex.
    2. Use a **condom**. Condoms go over the penis and prevent the skins from touching and fluids from mixing, which can both transmit STIs.
    3. **Get tested** for STIs once sexually active.
    4. **Get treated** for STIs if necessary.

- A lot of stigma surrounds STIs, and because symptoms are rare, many people don't know when they have an STI.
- Left untreated, many STIs can have long-term health consequences. People can also infect other partners without realizing it!
- STI tests are quick and easy, and usually involve a urine sample, swab, blood test and/or visual exam. If a patient is found to have an STI, they can be treated at the same clinic where they got tested. Many STIs can be treated quickly by antibiotics. Other STIs can be managed with anti-viral medication.

STIs often have no symptoms. Testing is the only way to know.

Explain:

- There are several places throughout the Yukon where you can get tested for STIs. You can call your local care provider to make an appointment. See below for contact information.

    - **In Whitehorse:**
        - Yukon Communicable Disease Control (YCDC): 4 Hospital Road, 867-667-8323
        - Sexual Health Clinic: 406 Lambert Street, 867-393-6635
        - Your family doctor
    - **Note:** Community health centres are on the next page.

- **Community health centres:**
  - Beaver Creek: Mile 1202 Alaska Highway, 867-862-4444
  - Carcross: 1952 Tagish Avenue, 867-821-4444
  - Carmacks: 106 River Drive, 867-863-4444
  - Dawson City: 501 Sixth Avenue, 867-993-4300
  - Destruction Bay: Mile 1083 Alaska Highway, 867-841-4444
  - Faro: 111 Bell Avenue, 867-994-4444
  - Haines Junction: 131 Bates Street, 867-634-4444
  - Mayo: 21 Centre Street, 867-996-4444
  - Old Crow: Building 200, 867-966-4444
  - Pelly Crossing: Km 464 North Klondike Highway, 867-537-4444
  - Ross River: 14 Kulan Street, 867-969-4444
  - Teslin: 27 Johnstone Avenue
  - Watson Lake: 801 Ravenhill Drive, 867-536-5255

CLOSING

Review:

- Today we talked about these topics.

1. Viruses and bacteria and how they spread.
2. The connection between viruses and bacteria and sexually transmitted infections.
3. Ways to reduce the spread of viruses and bacteria.

Anonymous questions:

- Collect anonymous questions and answer them in the next class.
- **Note:** If you need assistance answering questions, contact **bettertoknow@yukon.ca**.

Grades 8 to 12

Sexual Decision-Making

90 minutes

CURRICULAR COMPETENCIES:

Social and community health

- Propose strategies for avoiding and/or responding to potentially unsafe, abusive or exploitive situations.
- Propose strategies for developing and maintaining healthy relationships.

Mental well-being

- Describe and assess strategies for promoting mental well-being, for self and others.
- Create and assess strategies for managing physical, emotional and social changes during puberty and adolescence.
- Explore and describe the impact of transition and change on identities.
- Explore and describe factors that shape personal identities, including social and cultural factors.

CONTENT:

- Healthy sexual decision-making.
- Sources of health information.
- Potential short-term and long-term consequences of health decisions, including those involving nutrition, protection from sexually transmitted infections and sleep routines.
- Strategies to protect themselves and others from potential abuse, exploitation and harm in a variety of settings.
- Consequences of bullying, stereotyping and discrimination.
- Influences of physical, emotional and social changes on identities and relationships.

OBJECTIVES:

1. Students will learn about reproductive anatomy.
2. Students will learn how to maintain their physical health – by preventing STIs and unwanted pregnancies.
3. Students will learn about protecting their mental health – by understanding consent and the different types of sexual activities.

Note: Each objective can be taught as a separate lesson.

MATERIALS:

- Condoms.
- Wooden penis.
- Sample birth control.
  - The above materials can be borrowed from the Health Promotion Unit (bettertoknow@yukon.ca).
- Lesson plan handouts (see end of lesson):
  - Sex Assigned at Birth
  - Assigned Male/Body with a Penis: External and Internal Reproductive Anatomy
  - Foreskin Health Tip
  - Assigned Female/Body with a Vulva: External Reproductive Anatomy
  - Assigned Female/Body with a Vulva: Internal Reproductive Anatomy
  - Ages of Consent in Canada
  - Conception/Pregnancy
  - Hormonal Birth Control
  - Barrier Birth Control
  - How to Use a Condom
  - Emergency Contraception (EC)
- Question box with sheets of paper.
- Laci Green: *Wanna Have Sex?*
  - youtube.com/watch?v=TD2EooMhqRI
- *Consent: It's as Simple as Tea*
  - youtube.com/watch?v=fGoWLWS4-kU

RATIONALE:

- A common sexual health education myth is that the more we teach teens about things like sex, birth control, STIs, condoms, consent, etc., the more likely they are to engage in risky behaviour. However, there is zero credible evidence or research that supports this myth.
- According to the World Health Organization, the United Nations[19] and Canadian Guidelines for Sexual Health Education,[20] the MORE sexual health education teens receive the LESS likely they are to: engage in risky sexual behaviour; be vulnerable to sexual abuse; experience gender-based violence; have unintended pregnancies; be exposed to STIs, etc.
- This lesson supports young people to protect their health, well-being and dignity. Because it is based on human rights principles, it advances gender equality and the rights and empowerment of young people.
- **Note:** If students have never had a sexual health lesson before, start with the Grades 4 to 7 lesson on puberty and reproduction. This may be repetitive, but as students grow and develop, the material becomes more relatable. This lesson can also be taught in high school if students have never been introduced to puberty and reproduction.



Teaching Tip

This lesson coincides with the *Better to Know* book and can be accessed by contacting bettertoknow@yukon.ca.

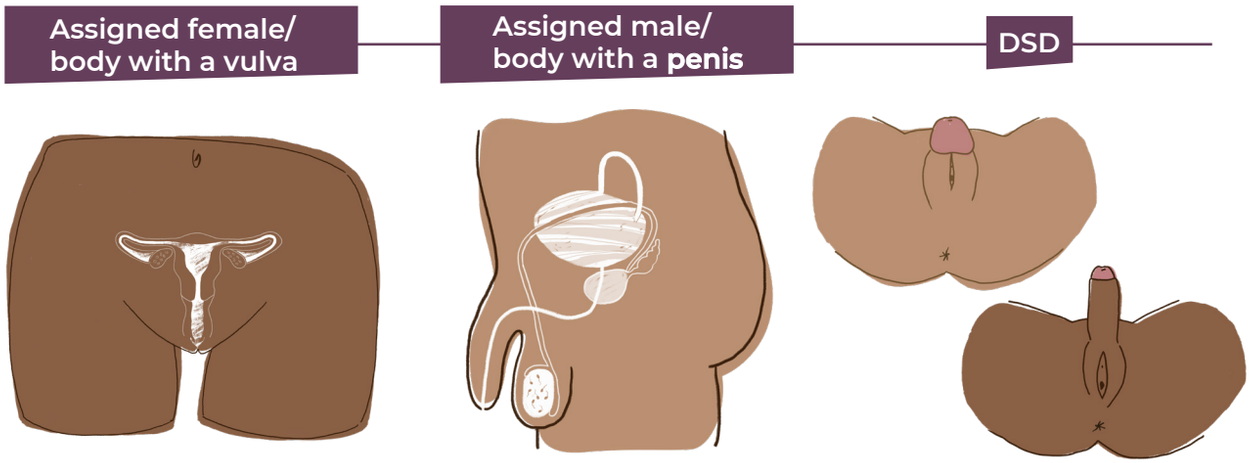
[19] "International technical guidance on sexuality education: an evidence-informed approach." United Nations Educational, Scientific and Cultural Organization (2018), en.unesco.org/news/why-comprehensive-sexuality-education-important.

[20] "Canadian Guidelines for Sexual Health Education." Sex Information & Education Council of Canada (SIECCAN) (Toronto, ON, 2019).

Objective One: Reproductive Anatomy

Explain:

- Before talking about anatomy, we are going to learn about sex assigned at birth vs. gender identity.
- **Sex assigned at birth** is based on the genitals and hormones someone is born with.
  - **Assigned female** means being born with a vulva and more estrogen.
  - **Assigned male** means being born with a penis and testicles and more testosterone.
  - Some people are also assigned with a **difference in sexual development (DSD).** This happens when someone is born with a combination of genitals.



- Note: assigned sex and gender identity are often confused with each other. Gender identity is one's sense of feeling male, female, both, neither or something entirely different.

  Anatomy and hormones don't decide gender. Some people with a penis don't want to be called male and some people with a vulva don't want to be called female.

  When teaching this lesson use language that all students can identify with such as assigned male; body with a penis; testosterone-based body; assigned female; body with a vulva; estrogen-based body; etc.

  Assigned sex at birth and gender identity are explored more in the Better to Know grade 6 and 7 resources.

- In this section, we will learn about the reproductive systems on very typical-looking bodies. It does not mean that all bodies will look like these or function like them. Every body is unique.

Gender identity words you might hear:

Cisgender – when your sex assigned at birth and your gender identity are the same.

Agender – someone who does not identify with a gender.

Gender flui – someone who does not identify themselves as having a fixed gender.

Transgender – when your sex assigned at birth and your gender identity are different.

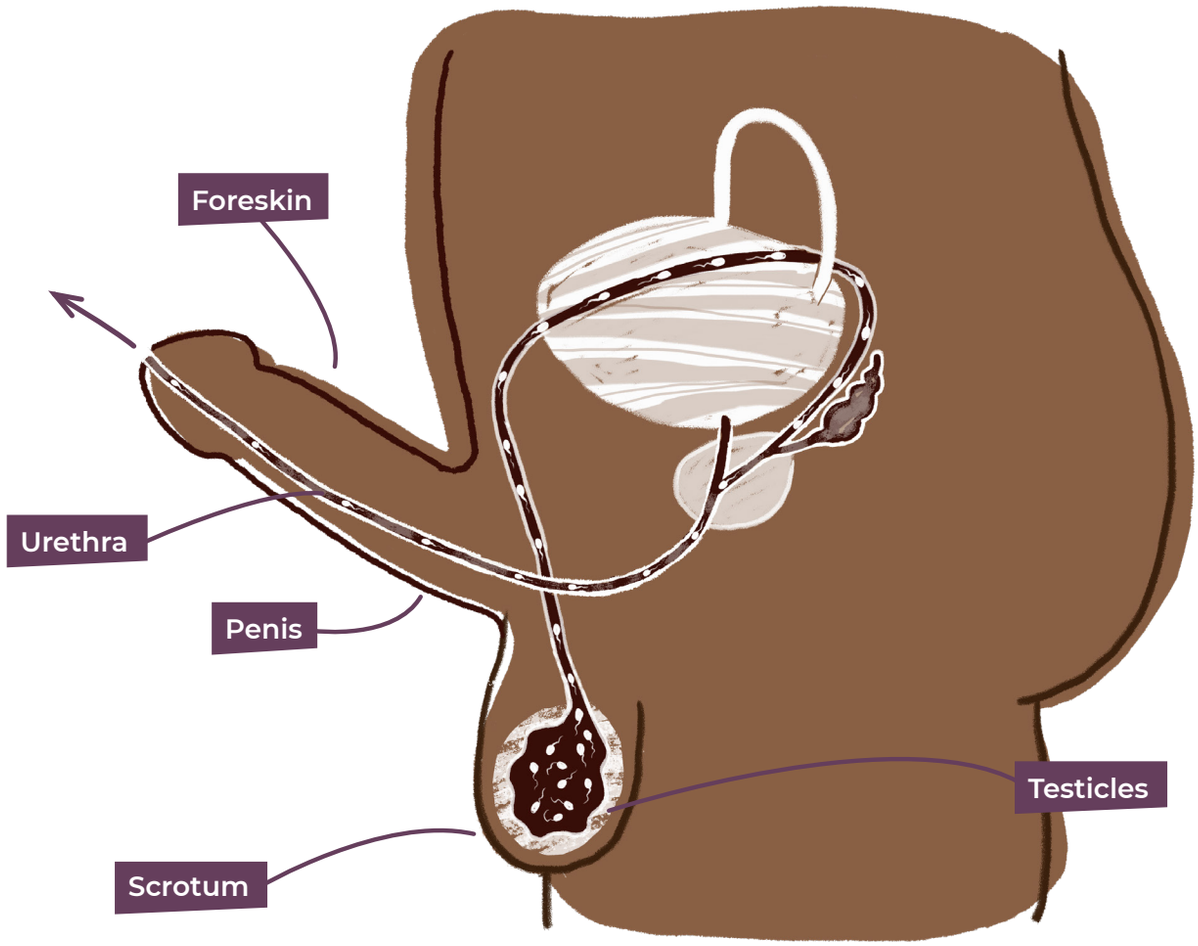
Two-Spirit – a term from North American First Nations culture that identifies people who have both the spirit of a man and a woman in one body. Traditionally, Two-Spirit people were regarded as having received a special gift.

Queer – someone that expresses a fluidity of gender expression, identity and/or sexual orientation.

REPRODUCTIVE ANATOMY: ASSIGNED MALE/ BODY WITH A PENIS

Explain:

- **Testosterone-driven bodies** include the following parts.
  - **Penis** – external reproductive organ.
  - **Foreskin** – a fold of skin covering the head of the penis. (Sometimes the foreskin is removed in a procedure called "circumcision.")
  - **Scrotum** – a sack of skin containing the testicles.
  - **Testicles** – two oval reproductive glands inside the scrotum that start to produce sperm during puberty.
  - **Urethra** – the tube that carries both urine and semen out of the body, but never at the same time.



Fun Fact

When the penis becomes hard, the bladder muscle closes so urine and semen can never leave the penis at the same time.



Health Tip

Smegma is a naturally occurring lubricant that allows the foreskin to pull back. People with a foreskin need to wash underneath it – every day – to remove the buildup of smegma.

Here is how to wash the foreskin.

1. Gently slip the foreskin back in the shower.
2. Use a mild soap and warm water to wash the head of the penis and the inside fold of the foreskin.
3. Rinse the area well.
4. After the shower, pull the foreskin back to dry the head of the penis.

REPRODUCTIVE ANATOMY: ASSIGNED FEMALE/ BODY WITH A VULVA

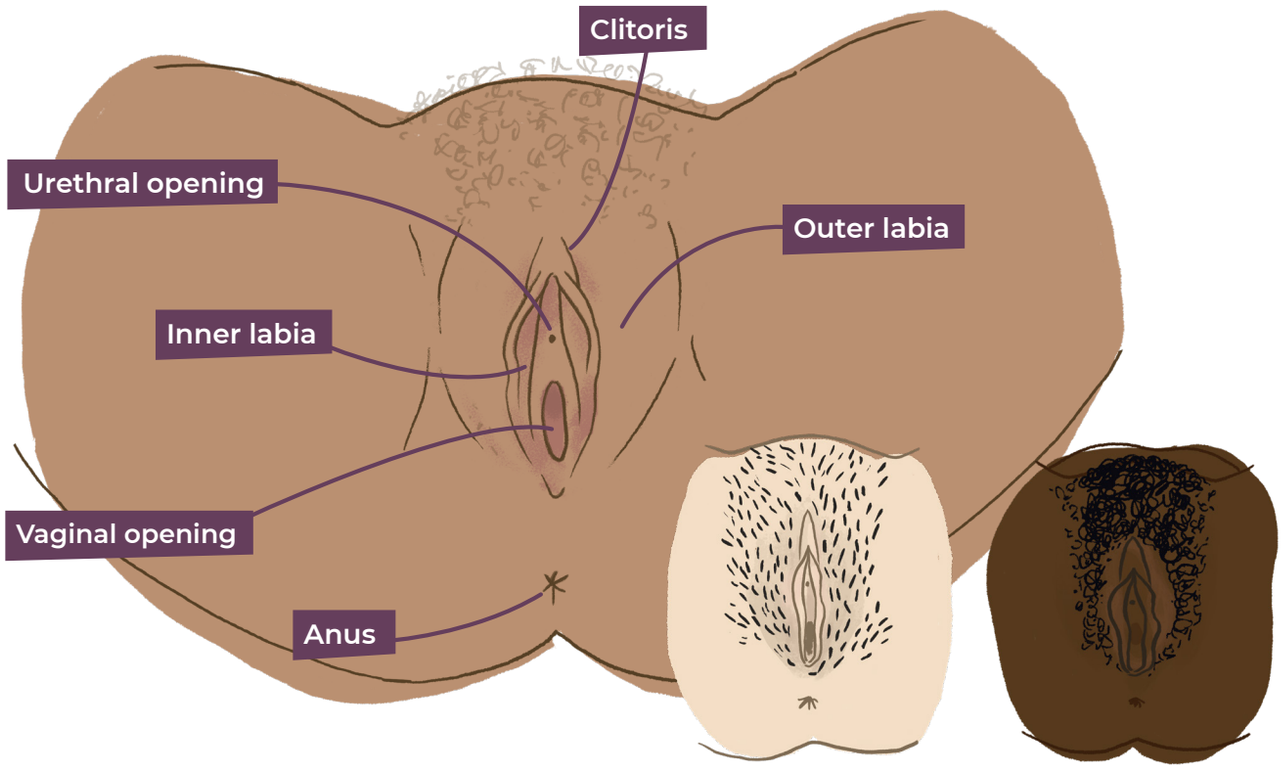
Explain:

- We will learn about estrogen-driven bodies in two different parts. First, I will describe the **external anatomy** and then the internal.

EXTERNAL ANATOMY

Explain:

- The genitals on this body are tucked beneath the legs and underneath the body, so we will illustrate it facing up.
- The specific name for these genitals is called the vulva
- The **vulva** is composed of the following parts.
  - **Outer labia** – two folds of skin along the sides of the vulva.
  - **Inner labia** – two folds of skin between the outer labia that grow during puberty.
  - **Clitoris** – a bundle of nerves at the top of the vulva that grows bigger during puberty.
  - **Urethral opening** – a small opening where urine leaves the body.
  - **Vaginal opening** – the opening to the vagina where menstrual fluid leaves the body.



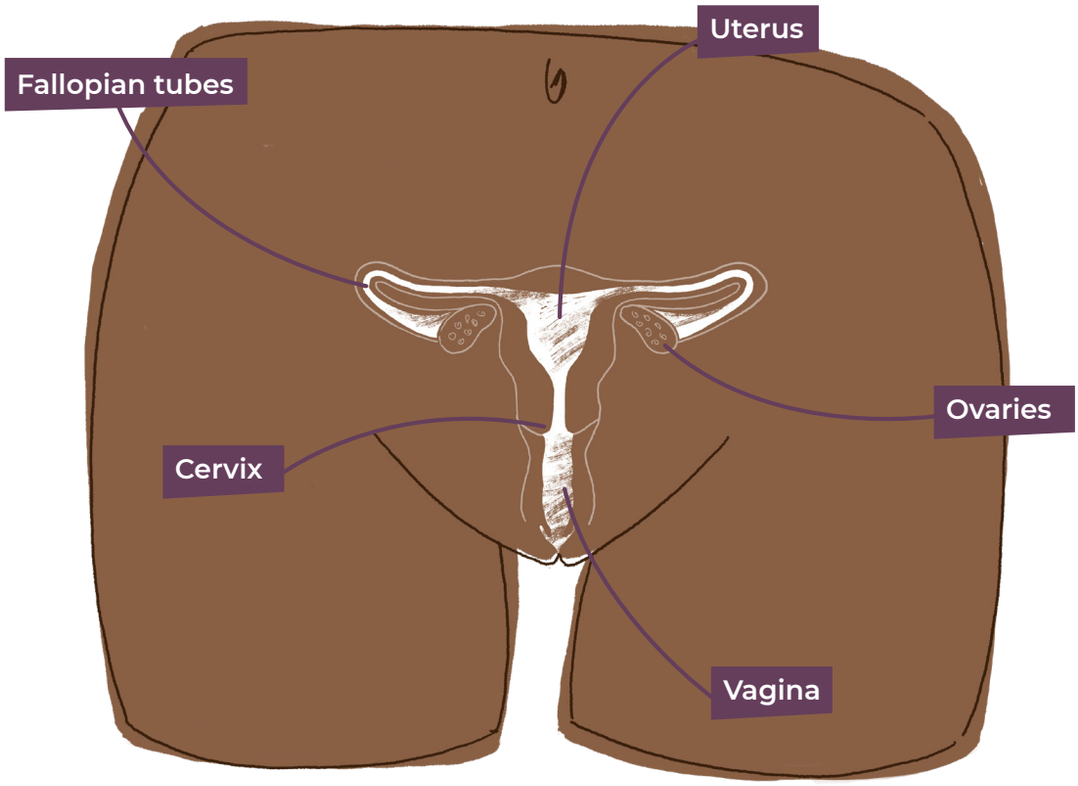
Health Tip

When using the bathroom, always wipe from the top of the vulva to the anus. This prevents bacteria from the anus entering the vagina and urethra.

INTERNAL ANATOMY

Explain:

- The vaginal opening leads to the **internal reproductive system**, which consists of the following parts.
  - **Vagina** – a muscular canal that extends up from the vaginal opening.
  - **Cervix** – the lower part of the uterus that extends into the vagina.
  - **Uterus** – a hollow, pear-shaped organ where babies develop.
  - **Fallopian tubes** – tubes that extend from the uterus to the ovaries.
  - **Ovaries** – almond-shaped organs on each side of the uterus that hold eggs (ova).

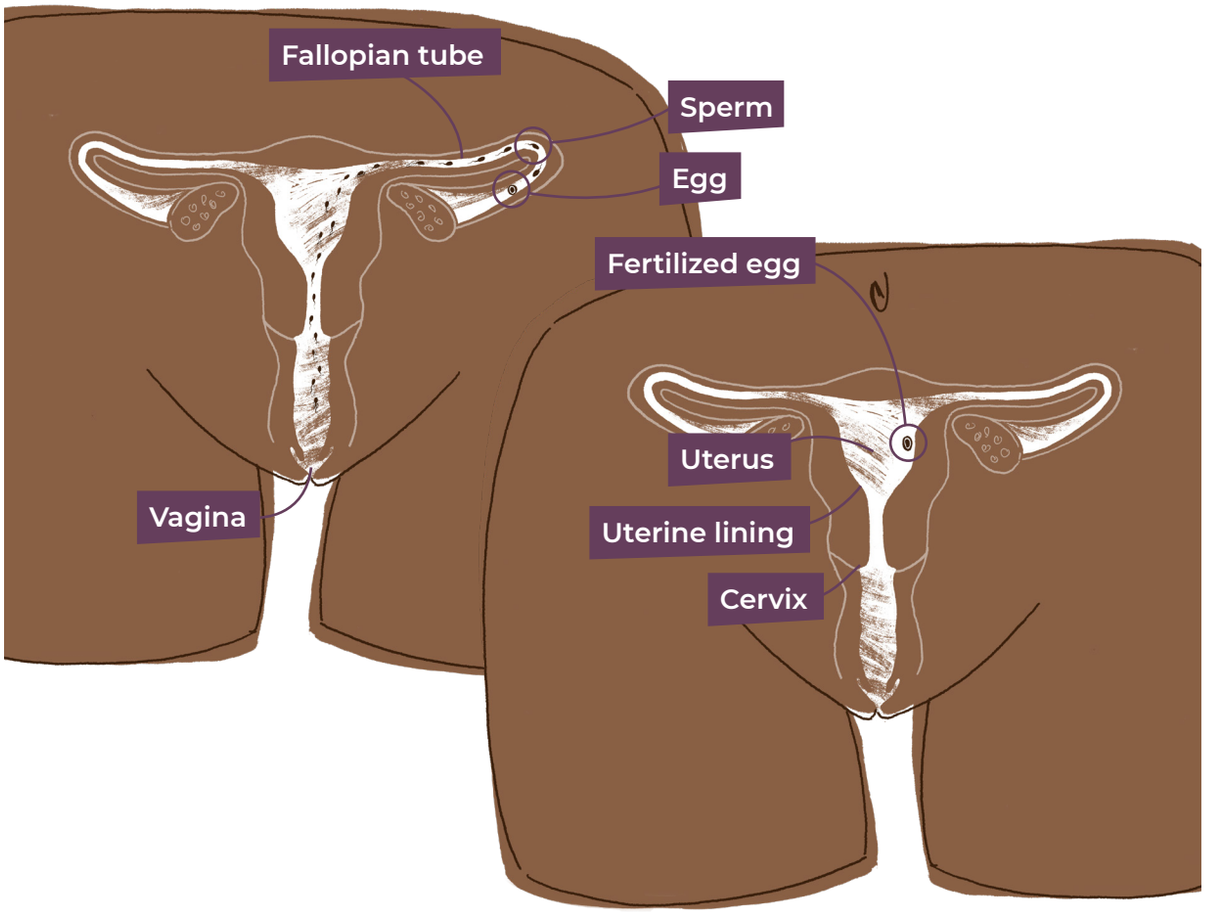


CONCEPTION/PREGNANCY

Explain:

- **Conception/pregnancy** happens when a sperm fertilizes an egg. The fertilized egg implants into the uterus lining and grows into a baby.
- This can happen during vaginal intercourse (penis into the vagina) or through different types of fertility treatments, for example, medication, sperm donation or egg donation.
- There are a few general steps that need to happen for the sperm and egg to meet.

1. **Ovulation** – Once a month, an ovary releases an egg into the fallopian tube.
2. **Intercourse** – A penis enters the vagina and semen, containing sperm, is ejaculated into the vagina. This step can also happen through fertility treatments, for example, medication, sperm donation or egg donation.
3. **Fertilization** – A sperm connects with the egg in the fallopian tube.
4. **Implantation** – The fertilized egg implants into the uterus and spends about nine months growing into a baby.



- After nine months, the baby is ready to leave the body.
- The cervix (the organ between the vagina and uterus) opens 10 cm and the baby leaves the uterus and out the vagina.
- Sometimes (for various reasons) a baby cannot leave through the vagina. In these cases, the baby is born by caesarean section (C-section), where a doctor will make an incision into the uterus and guide the baby out.
- ANYTIME a penis enters a vagina, pregnancy is possible. However, there are many ways to try and prevent the egg and sperm from meeting.
- When an unwanted pregnancy occurs, several options are available in the Yukon, which include referrals for adoption, abortion or ongoing pregnancy care. To learn more, talk to the Yukon Sexual Health Clinic, visit your local health centre, or family doctor (see pages 93 and 94 for contact info).

Objective Two: Physical Health and Sexual Activity

Explain:

- There are many **types of sex**: kissing, hugging, masturbation, making out, touching genitals, oral sex, vaginal intercourse, anal sex, etc.
- In this section, we are going to talk about two topics.
    1. How to prevent the sperm and egg from meeting during penis-to-vagina sex using birth control.
    2. How to prevent sexually transmitted infections (STIs) during all types of sex.

BIRTH CONTROL

Explain:

- **Birth control methods** are tools people can use to prevent the sperm and egg from meeting.
- Birth control falls into two categories.
    1. Hormonal birth control.
    2. Barrier birth control.

HORMONAL BIRTH CONTROL

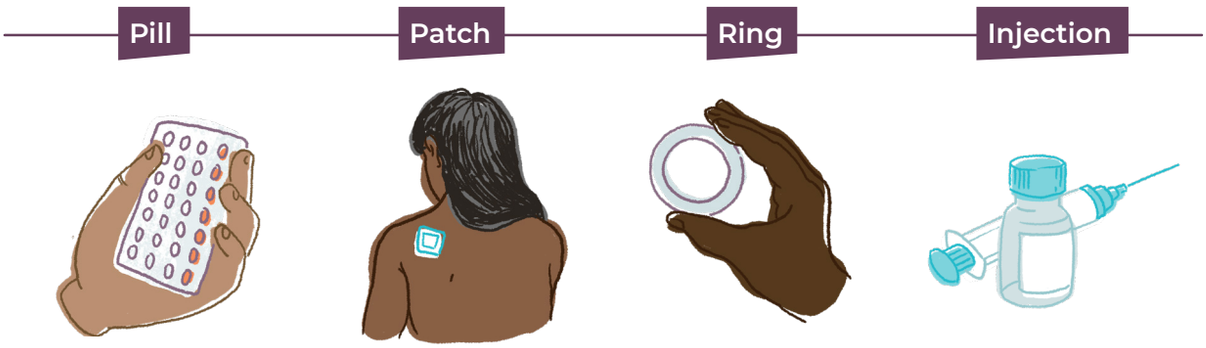
Explain:

- **Hormonal birth control** mimics the hormones estrogen and/or progesterone. These hormones prevent pregnancy by doing the following.

    1. Stopping ovulation – without an egg, sperm have nothing to fertilize.
    2. Stopping the uterus lining from growing – even if an egg gets fertilized, the uterus lining is not strong enough for implantation.
    3. Thickening the cervical mucus – which makes it difficult for sperm to enter the uterus.

- There are many different types of hormonal birth control. For all of them, you need a prescription from a doctor or nurse practitioner.
- If you don't have a family doctor, you can book an appointment at the Yukon Sexual Health Clinic to see a nurse practitioner: 406 Lambert Street, Whitehorse, 867-393-6635.
- In rural Yukon, you can visit a health centre. The address and number will vary depending on what community you live in.

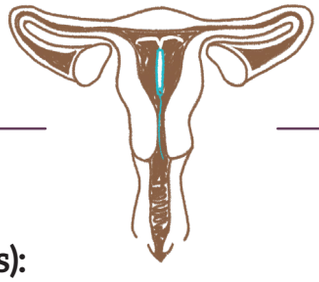
Note: See handout at the end of lesson for more details on the types of hormonal birth control.



BARRIER BIRTH CONTROL

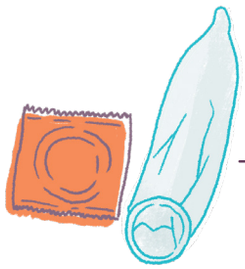
Explain:

- **Barrier birth control** blocks the sperm from meeting the egg.
- Barrier birth control includes the following.
  1. Intrauterine devices (IUDs).
  2. Condoms.



Intrauterine devices (IUDs):

- An IUD is a small T-shaped device that is inserted into the uterus by a doctor or nurse practitioner.
- It stays in place for three to ten years (depending on which kind) or until it is removed.
- There are Hormonal and Copper IUDs.
  - **Hormonal IUDs**:
    - Are made of plastic and contain a small amount of the hormone progesterone.
      - The hormone is slowly released at low levels, which thins the uterus lining and thickens cervical mucus. This makes it difficult for the sperm to fertilize an egg and attach to the uterus wall.
    - Are effective for three to five years depending on the brand used.
    - Require a health care professional to insert.
  - **Copper IUDs:**
    - Are made of plastic and copper.
    - Copper destroys sperm so it can't fertilize an egg.
    - If the sperm does meet an egg, the IUD prevents it from attaching to the uterus wall.
    - Require a health care professional to insert.



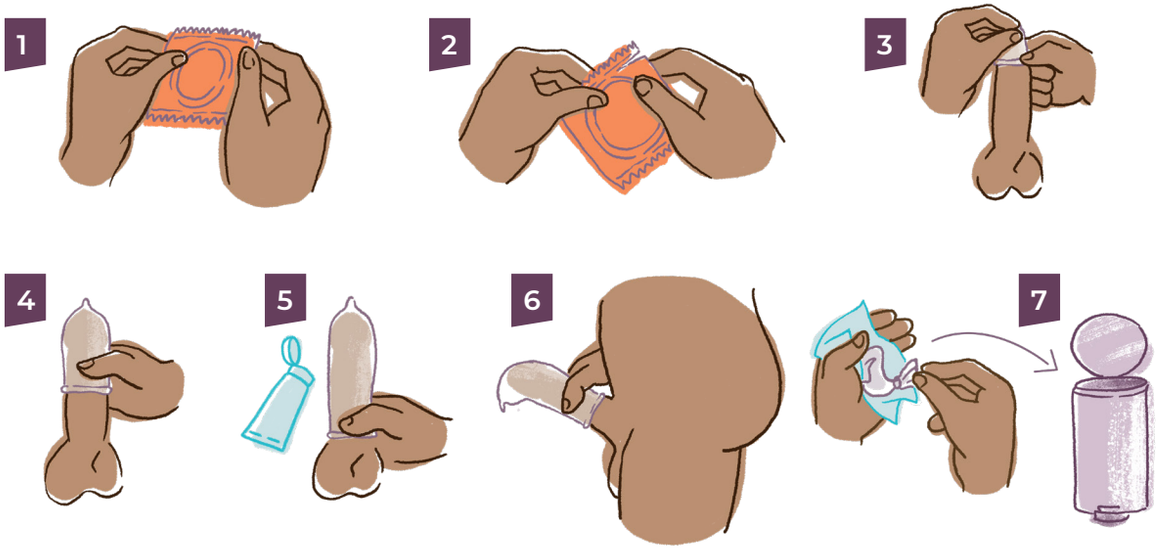
Condoms:

- Are made out of latex or polyurethane.
- Cover an erect penis.
- Block sperm from meeting the egg.
- Should only be used with a water-based lubricant.
- Can be used with hormonal birth control methods to increase effectiveness.
- Are the only birth control method that also prevents sexually transmitted infections (STIs).
- Are easily accessible from the drug store.

To use a condom:

1. Check the expiry date and the package for an air bubble by pressing on it. If there is no air bubble, do not use the condom.
2. Open the package on the serrated edge with fingers.
3. Pinch the tip of the condom and place it on an erect penis.
4. Roll the condom down to the base of the penis.
5. Lube, with a water-based lubricant.
6. When finished, hold the condom and pull the penis out. Remove condom from the penis while the penis is still erect.
7. Check that the condom has not broken and that semen has not spilled. (If it has, seek emergency contraception and/or STI testing.) Wrap the condom in tissue and throw away in a garbage with a lid.

- **Note:** See handout at the end of the lesson for more details on barrier birth control.



SEXUALLY TRANSMITTED INFECTIONS (STIs)

Explain:

- What are STIs?
  - **Sexually Transmitted Infections (STIs)** are viruses, bacteria and parasites that can be passed through sexual activity. STIs are similar to infections people get in their daily lives, but stigma/shame often prevents people from getting tested and treated.
- How are STIs transmitted?
  - STIs are passed through certain fluid-to-fluid and skin-to-skin contact with an infected partner.

Fluids that can transmit STIs are:

- Blood
- Semen
- Vaginal flui

Body parts that can transmit STIs are:

- Mouth
- Genitals
- Anus

- How are STIs prevented?
  - Get an STI test before and after every partner. Complete any treatment, if necessary.
  - During sexual activity, use a condom or oral dam (a piece of latex used between the mouth, vagina and anus during oral sex).
  - Limit the number of partners.
  - Keep sex toys clean and cover them with a condom.
  - Avoid oral and genital sex if there are cuts or sores present.
  - Keep up to date on immunizations.
- What is an STI test?
  - STI tests are quick and easy.
  - Depending on what is being tested for, a blood or urine sample, or a swab of the mouth, genitals or rectum are used to diagnose STIs.

- There are several places throughout the Yukon where you can get tested for STIs.
    - In Whitehorse:
        - YCDC (Yukon Communicable Disease Control): 4 Hospital Road.
        - Sexual Health Clinic: 406 Lambert Street.
        - Your family doctor: addresses will vary depending on who your doctor is.
    - In Yukon rural communities:
        - Health clinic or nursing station.
- How are STIs treated?
    - Bacterial infections can be cured with antibiotics, if diagnosed and treated soon after transmission.
    - Viral infections can be treated, but never cured, with antiviral medication to keep the virus under control, or prevented through vaccinations.
    - Parasitic infections can be cured with either medication or shampoo.

STIs often have no symptoms. Testing is the only way to know.

What are some common STIs?

Bacterial STIs:

- **Chlamydia and Gonorrhea** are both very common and can be passed during vaginal, anal or oral sex with an infected partner. If left untreated they can damage the reproductive organs. A urine test is used to diagnose them and they can be cured with antibiotics if caught early.
- **Syphilis** can be passed during vaginal, oral, and anal sex. If left untreated, it damages the brain, heart and nervous system, and can lead to death. A blood test is used to diagnose. Syphilis can be cured with antibiotics if caught early.

Viral STIs:

- **Hepatitis B** can be passed during vaginal, oral or anal sex with an infected partner. It can also be transmitted when using infected needles. If left untreated, it damages the liver. A blood test is used to diagnose. Hepatitis B can be treated with antiviral medication. Hepatitis B can be prevented through vaccinations.
- The **Human Papilloma Virus (HPV)** is very common and has several strains. It can be passed during vaginal, anal or oral sex with an infected partner. Depending on the strain it can cause certain cancers or genital warts. A visual exam or cervical swab are used to diagnose. The type of HPV will determine the kind of treatment. Some strains of HPV can be prevented through vaccinations.
- **Herpes simplex virus (HSV)** is very common and classified as an STI, but is easil passed through casual skin-to-skin contact (such as a kiss on the cheek) or during vaginal, anal and oral sex with an infected partner. Symptoms include an outbreak of sores on the genitals or mouth. The stigma of herpes is often much worse than the condition. Antiviral medications help reduce the severity of outbreaks.

- **Human Immunodeficiency Virus (HIV)** can be passed during anal, vaginal and oral sex with an infected partner. It can also be passed through childbirth, breastfeeding, or by sharing infected needles. HIV weakens the body's immune system. A blood test is done to diagnose. HIV can be treated with antiviral medication.
- If untreated, HIV leads to **Acquired Immune Deficiency Syndrome (AIDS)**. AIDS occurs when the immune system is so badly damaged that it becomes vulnerable to common infections like the flu. AIDS eventually leads to death.

Parasitic STIs:

- **Pubic lice** are passed through genital contact with an infected partner or by sharing infected clothes, towels or bedding (although this is rare). Symptoms include very itchy genitals. Pubic lice can be cured with medicated shampoo.
- **Trichomoniasis** is caused by a protozoal infection in the vagina or urethra. It is passed through penis-to-vagina or vulva-to-vulva sex. A vaginal swab or urine test are used to diagnose it. Trichomoniasis can be cured with antibiotics.

Did you know?

Sexual orientation and gender identity do not influence the transmission of STIs.

Teaching Tip

Focus on modelling a sex-positive and shame-free perspective, and spend little, if any, time attempting to describe symptoms (and certainly **don't show photos of infections**). If students ask for detailed symptoms, repeat that the most common experience is to have no apparent symptoms, but some people might notice a rash or bumps around their genitals, feel pain when they pee, or have unusual discharge from their penis or vagina.

Objective Three: Emotional Health and Consent

Explain:

- There are **emotional, mental and spiritual health risks** that can come with sex. It's important to be very mindful of these risks when engaging in sex. The first step to protecting your emotional, mental and spiritual health is consent.
- **Consent** is an enthusiastic and voluntary **YES** to any type of sexual activity. Getting or giving consent is an ongoing process. A person can change their mind at any time.
- No one has the right to pressure or force someone into sexual activity. This is even true for sending nude photos, cybersex and sexting.
- **In Canada, the legal age of consent is 16.**
    - The exceptions to this are:
        - A 12- or 13-year-old can consent to sexual activity with a partner who is less than two years older. However, there can be no legal consent if the 12- or 13-year-old is dependent on the partner, or if the partner is abusing or taking advantage of the 12- or 13-year-old.
        - A 14- or 15-year-old can consent to sexual activity with a partner who is less than five years older. However, there can be no legal consent if the 14- or 15-year-old is dependent on the partner, or if the partner is abusing or taking advantage of the 14- or 15-year-old.
    - **There are times when consent is NOT legally possible.**
        - A child under 12 years of age can NEVER give consent.
        - Consent cannot be given when a person is drunk, drugged, asleep or passed out.
        - There cannot be legal consent when one person is under the age of 18 and the other is in a position of authority or trust, for example, a coach or boss.
        - Even though the legal age of consent is 16, the age for sending nude images and for cybersex is 18. If a sex video or nude photo is created of someone who is under 18, it is considered child pornography.

- Always remember:
  - No means No.
  - Silence means No.
  - Drunk means No.
  - Stoned means No.
  - "I don't know" means No.
  - Only "Yes" means Yes.
  - Just because a person says yes to one type of sexual activity, doesn't mean that they agree to everything.
- Being involved in a sexual relationship requires clear and direct communication by everyone involved.
- People can often change their mind during sex and want to stop. When this happens, the activity has to end.
- Any sexual activity without consent is sexual assault. Sexual assault includes, but is not limited to: unwanted oral sex; vaginal sex; anal sex; touching, kissing or grabbing; forcing another person to touch you; or masturbating over another person.
- People who have been sexually assaulted often feel embarrassed, guilty, or that it was their fault.
- It is never the victim's fault.
- The person who committed the assault is at fault. No one has the right to force another person into any kind of sexual activity.

NO always means NO. STOP always means STOP.

- For immediate help and treatment in the Yukon:
  - Local RCMP, call 911.
  - Your community health centre (see page 94 for details).
  - Local hospital emergency department.

Show:

Optional consent videos:

Laci Green: *Wanna Have Sex?* (Consent 101):

- youtube.com/watch?v=TD2EooMhqRI

Consent: It's as Simple as Tea

- youtube.com/watch?v=fGoWLWS4-kU



CLOSING

Explain:

- Today we talked about sexual decision-making, which included these topics.
  1. Reproductive anatomy.
  2. Physical health and sexual activity.
  3. Emotional health and consent.

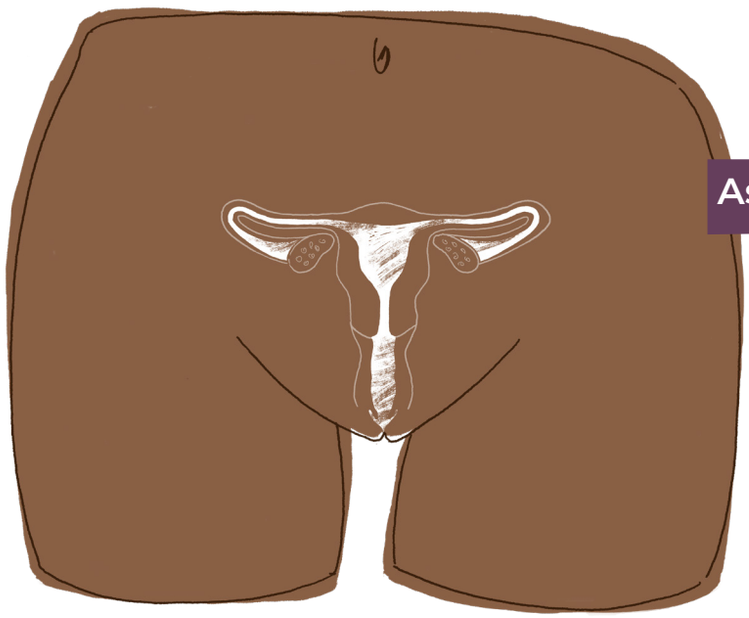
Anonymous questions:

- Collect anonymous questions and answer them in the next class.
- **Note:** If you need assistance answering questions, contact **bettertoknow@yukon.ca**.

Handouts

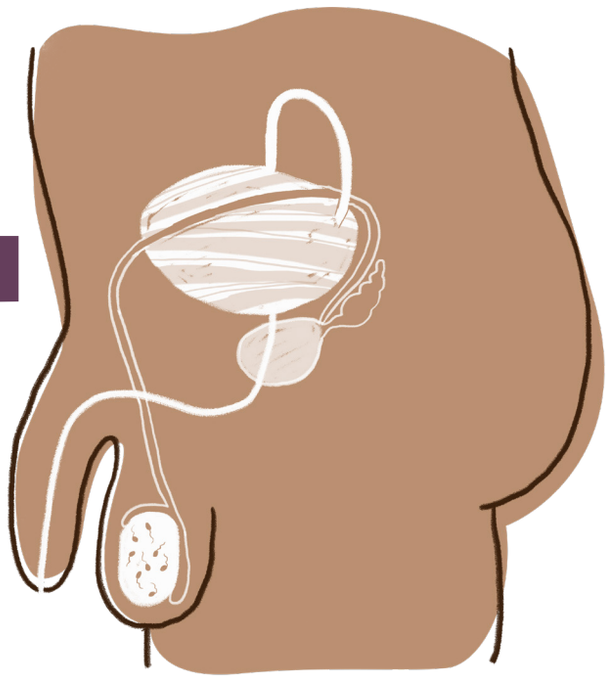
117 Sex Assigned at Birth
118 Assigned Male /Body with a Penis: External and Internal Reproductive Anatomy
119 Foreskin Health Tip
120 Assigned Female/Body with a Vulva: External Reproductive Anatomy
121 Assigned Female/Body with a Vulva: Internal Reproductive Anatomy
122 Ages of Consent in Canada
123 Conception/Pregnancy
124 Hormonal Birth Control
128 Barrier Birth Control
130 How to Use a Condom
131 Emergency Contraception (EC)

Sex Assigned at Birth



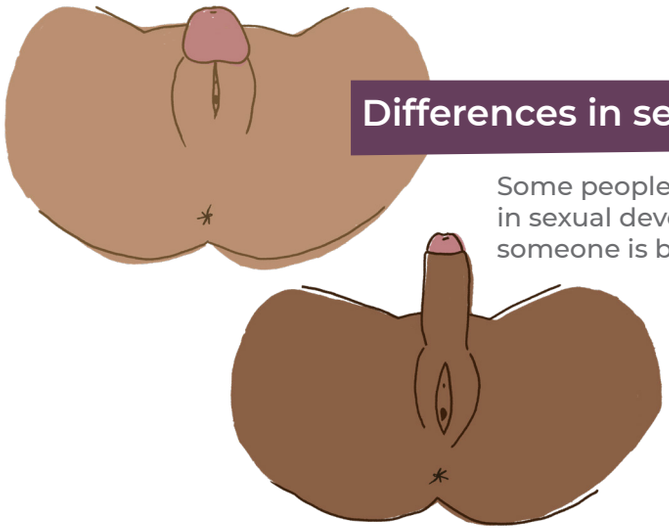
Assigned female/body with a vulva

Assigned female means being born with a vulva and more estrogen.



Assigned male/ body with a penis

Assigned male means being born with a penis and testicles and more testosterone.

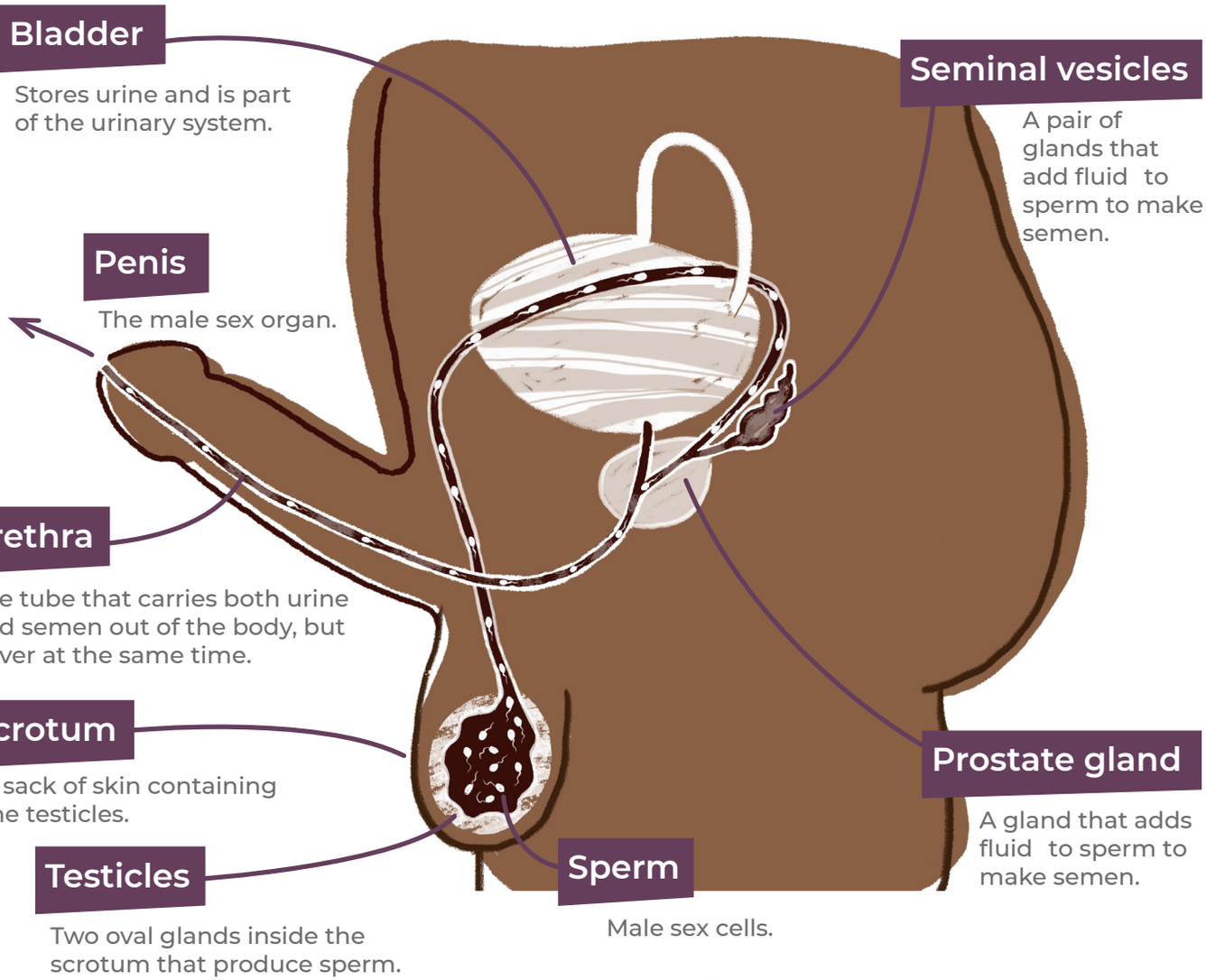


Differences in sexual development (DSD)

Some people are also assigned with a difference in sexual development (DSD). This happens when someone is born with a combination of genitals.

ASSIGNED MALE/BODY WITH A PENIS:

External and Internal Reproductive Anatomy



Bladder

Stores urine and is part of the urinary system.

Seminal vesicles

A pair of glands that add fluid to sperm to make semen.

Penis

The male sex organ.

Urethra

The tube that carries both urine and semen out of the body, but never at the same time.

Scrotum

A sack of skin containing the testicles.

Prostate gland

A gland that adds fluid to sperm to make semen.

Testicles

Two oval glands inside the scrotum that produce sperm.

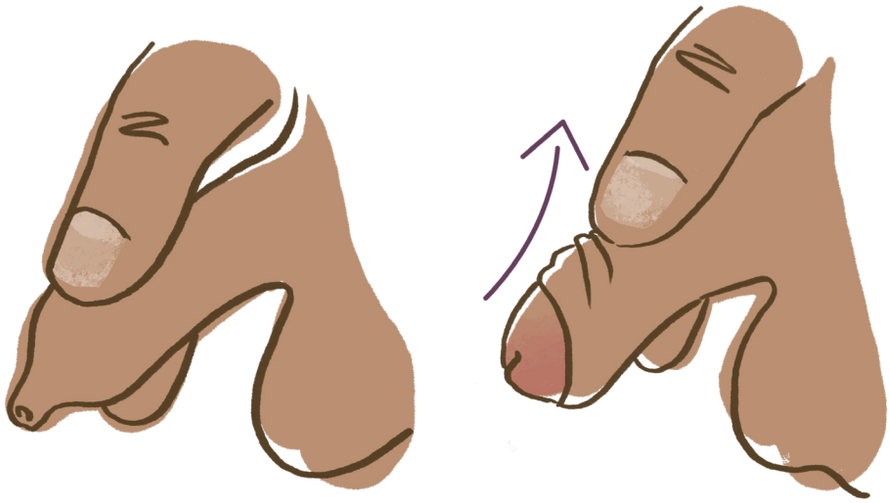
Sperm

Male sex cells.

Fun Fact

When the penis becomes hard, the bladder muscle closes so urine and semen can never leave the penis at the same time.

Foreskin Health Tip



Smegma

Smegma is a naturally occurring lubricant that allows the foreskin to pull back.

Washing foreskin

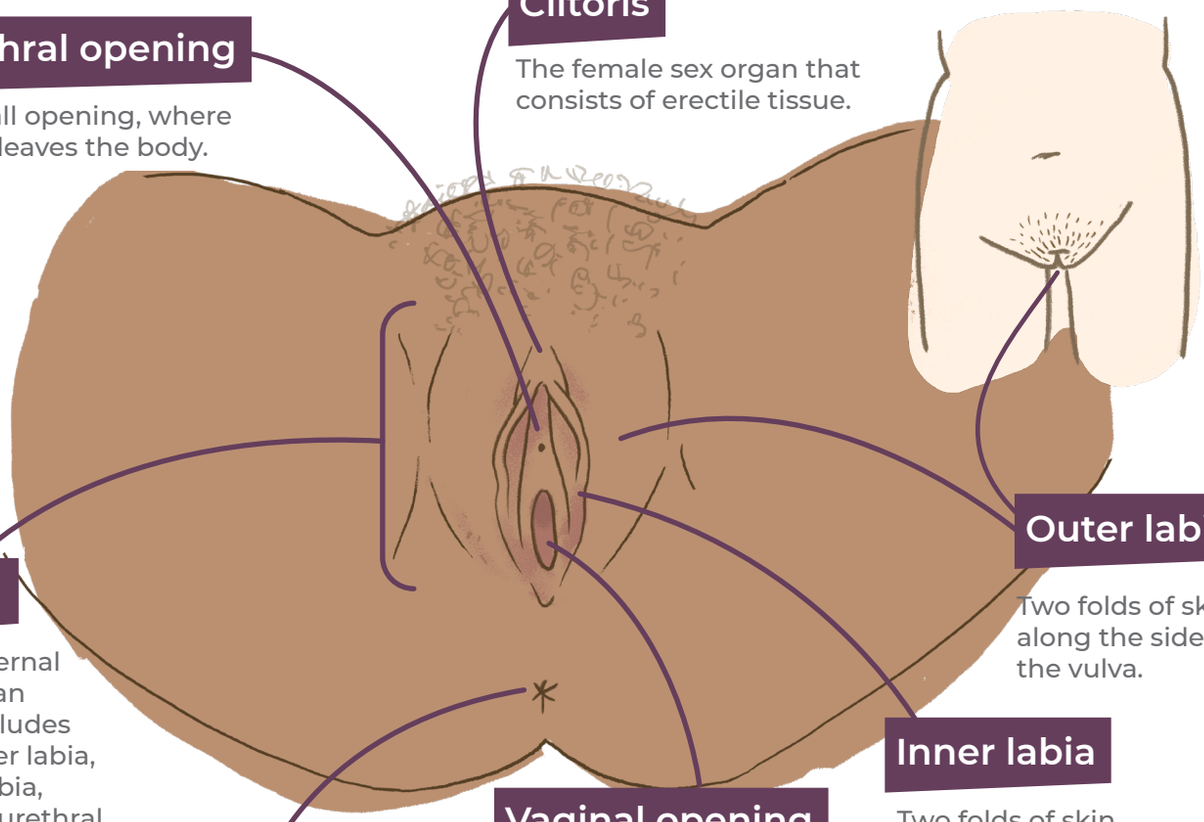
People with a foreskin need to wash underneath it, every day, to remove the buildup of smegma.

Here is how:

1. Gently slip the foreskin back in the shower.
2. Use a mild soap and warm water to wash the head of the penis and inside fold of the foreskin.
3. Rinse the area well.
4. After the shower, pull the foreskin back to dry the head of the penis.

ASSIGNED FEMALE/BODY WITH A VULVA:

External Reproductive Anatomy



Urethral opening

A small opening, where urine leaves the body.

Clitoris

The female sex organ that consists of erectile tissue.

Vulva

The external sex organ that includes the outer labia, inner labia, clitoris, urethral opening, and vaginal opening.

Outer labia

Two folds of skin along the sides of the vulva.

Inner labia

Two folds of skin between the outer labia.

Vaginal opening

The opening to the vagina.

Anus

The opening that stool leaves the body from.



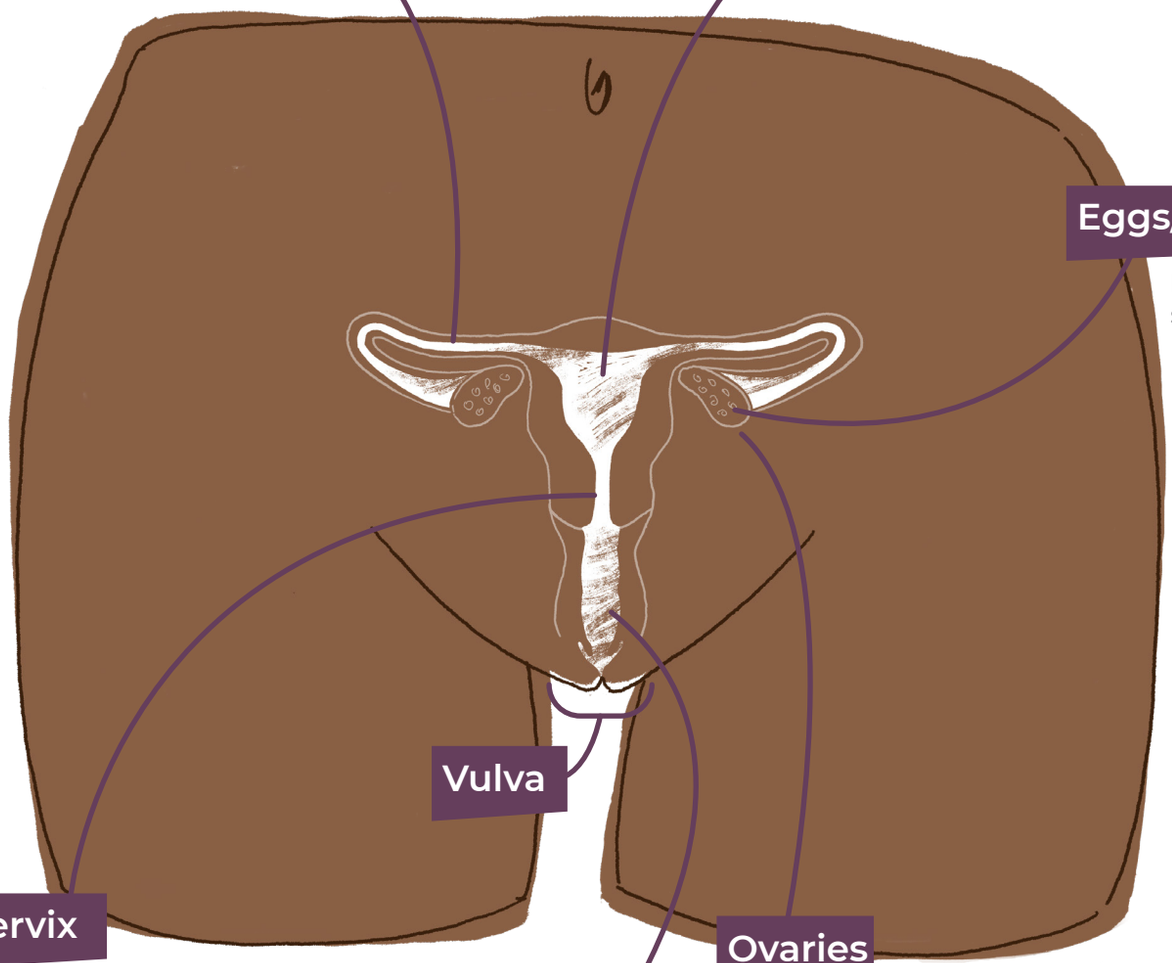
Note: Every vulva looks a little different.

Health Tip

When using the bathroom always wipe from the top of the vulva to the anus. This prevents bacteria from the anus entering the vagina and urethra.

ASSIGNED FEMALE/BODY WITH A VULVA:

Internal Reproductive Anatomy



Fallopian tubes

Tubes that extend from the uterus toward the ovaries.

Uterus

A hollow, pear-shaped organ where babies develop.

Eggs/ovum

Female sex cells.

Vulva

Cervix

The lower part of the uterus that extends into the vagina.

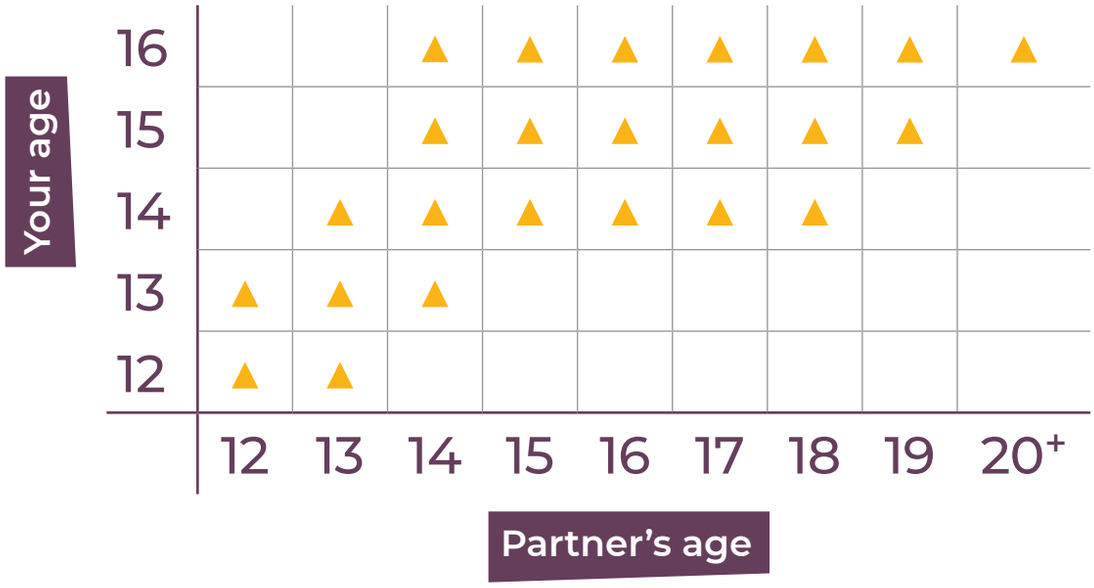
Ovaries

Almond-shaped organs on each side of the uterus that produce eggs (ova).

Vagina

A muscular canal that extends up from the vaginal opening.

Ages of Consent in Canada



Conception/Pregnancy

Pregnancy happens when a sperm fertilizes an egg that then implants into the uterus wall and grows into a baby. This can happen during vaginal intercourse or through fertility treatments, for example, medication, sperm donation or egg donation.

Step 1: Ovulation

Once a month an ovary releases one egg into the fallopian tube.

Step 2: Intercourse or fertility treatment

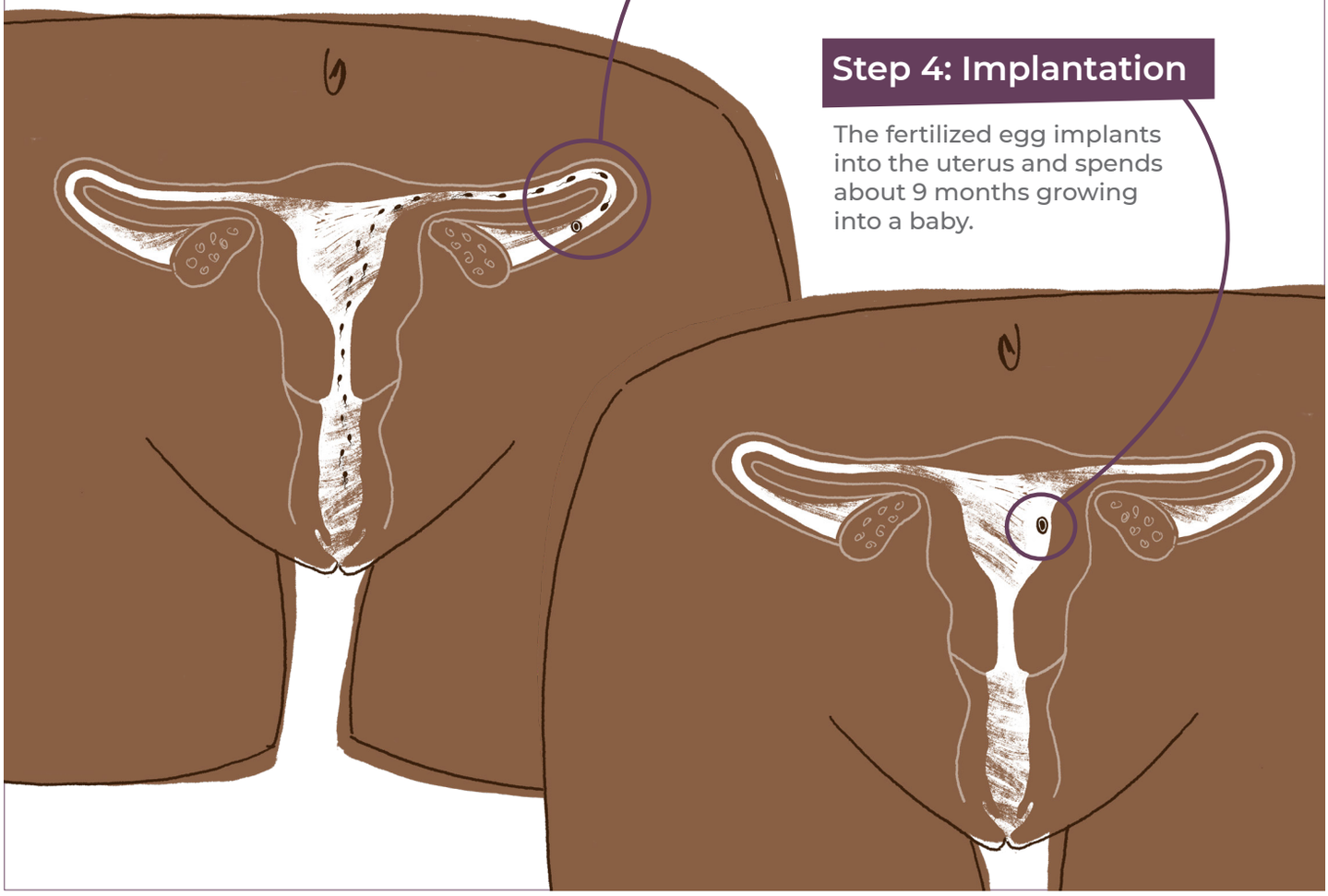
Semen containing sperm enters into the vagina. During intercourse this happens when the penis ejaculates into the vagina.

Step 3: Fertilization

A sperm connects with the egg in the fallopian tube.

Step 4: Implantation

The fertilized egg implants into the uterus and spends about 9 months growing into a baby.



Hormonal Birth Control

Hormonal birth control mimics estrogen and progesterone and prevents pregnancy by doing the following.

- Stopping the ovary from releasing an egg (i.e., stopping ovulation).
- Thinning the uterus lining to prevent a fertilized egg from implanting in the uterus lining.
- Thickening cervical mucus to prevent the sperm from entering the uterus.

Birth Control Pills



How Does It Work?

- A pill is taken once a day.
- Comes in 21- or 28-day packs.
- Contains either the hormone progestin or a combination of progestin and estrogen.
- Stops the ovary from releasing an egg (stops ovulation).
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus.
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus.
- Requires a prescription.

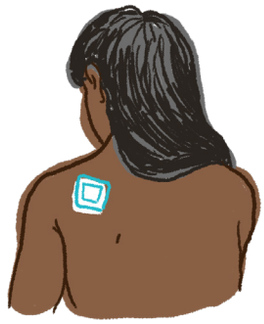
Advantages:

- 92 to 99.7% effective.
- Menstrual periods may be shorter in length and lighter in flow with less cramping.
- Regulates periods.
- May reduce the risk of some cancers of the reproductive system.
- May improve acne.
- Easily reversible.
- Allows for unplanned sex.

Disadvantages:

- No protection against STIs.
- Should be taken about the same time every day to keep a steady level of hormones in the body.
- Some side effects, for example, stomach upset, breast tenderness, bleeding between periods, headaches.
- People with certain conditions may not be able to take the pill due to increased risk of blood clot, for example, smokers over the age of 35 or people with high blood pressure.
- The combination pill containing progestin and estrogen is not recommended for people who smoke.

Hormonal Birth Control



Transdermal Patch (The Patch)

How Does It Work?

- The patch is a 4-cm square of polyester containing the hormones estrogen and progestin.
- Hormones are absorbed through the skin.
- Stops the ovary from releasing an egg (stops ovulation).
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus.
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus.
- A new patch is placed on the skin once a week for three weeks.
- On week four no patch is worn.

Advantages:

- 92 to 99.7% effective.
- May reduce the risk of some cancers of the reproductive system.
- Menstrual periods may be shorter in length and lighter in flow with less cramping.
- Regulates periods.
- Wear the same patch for seven days in a row.
- Not swallowed so there is less chance of stomach upset.
- May improve acne
- Easily reversible.
- Allows for unplanned sex.

Disadvantages:

- No protection against STIs.
- May be less effective for people who weigh more than 198 lbs (90 kg).
- Possible skin irritation where the patch is placed.
- Must remember to change the patch as directed for it to work.
- Some side effects, for example, breast tenderness, stomach upset, bleeding between periods, headaches.
- Small chance of the patch becoming loose or falling off.
- People with certain conditions may not be able to use the patch due to increased risk of a blood clot, for example, smokers over 35 years or people with high blood pressure.

Hormonal Birth Control

Contraceptive Ring



How Does It Work?

- Flexible ring is inserted into the vagina and releases the hormones estrogen and progestin.
- Hormones are absorbed through the lining of the vagina.
- Stops the ovary from releasing an egg (stops ovulation).
- Thickens the cervical mucus and makes it difficult for the egg to attach to the wall of the uterus.
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus.
- Stays in the vagina for 21 days.
- Then removed for seven days and allows for a regular period.
- The ring is inserted and removed by the user, not by a nurse or doctor.
- Requires a prescription.

Advantages:

- 92 to 99.7% effective.
- Does not need to be removed before or after intercourse.
- Rarely felt by user and/or partner.
- If felt during intercourse, it can be removed but cannot be out longer than three hours.
- Regulates periods.
- Less chance of stomach upset.
- Can be used by a healthy, non-smoking person of any age.
- Allows for unplanned sex.
- Easily reversible.

Disadvantages:

- No protection against STIs.
- Some side effects, for example, stomach upset, bleeding between periods, headaches, breast tenderness.
- May accidentally slip out under certain conditions.
- Some people may not be able to use the ring due to increased risk of a blood clot, for example, smokers over 35 years or people with high blood pressure.

Hormonal Birth Control

Injection Method



How Does It Work?

- Injection that contains only the hormone progestin (there is no estrogen in this method).
- Must get the injection every 12 weeks.
- Stops the ovary from releasing an egg (stops ovulation).
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus.
- Requires a prescription.

Advantages:

- 97 to 99.7% effective.
- Each injection last 12 weeks.
- Effective right away if injection occurs during the first five days of a normal period.
- Allows for unplanned sex.
- Periods may be shorter in length and lighter in flow or may no longer occur at all.
- Can be used by those who are unable to use estrogen, for example, people who are 35 and older who smoke.
- Reversible.

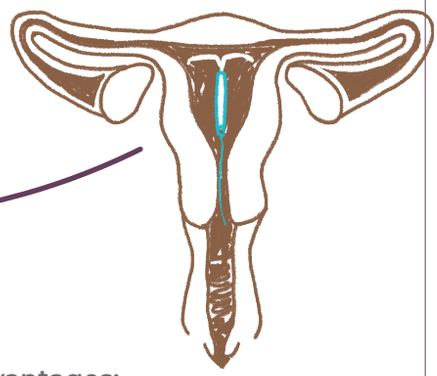
Disadvantages:

- No protection against STIs.
- Side effects may include changes in menstrual bleeding patterns, weight changes, breast tenderness, mood changes, headaches.
- Slower return of fertility — not recommended if you plan to become pregnant in the next one to two years.
- Side effects can last up to six to eight months after the last injection.
- Affects bone density and is not recommended for long-term use.

Barrier Birth Control

Barrier birth control methods block the sperm and egg from joining.

Intrauterine Devices (IUDs)



An IUD is a small T-shaped device that is inserted into the uterus. There are two types of IUDs.

Hormonal IUDs:

- Are made of plastic and contain a small amount of the hormone progesterone.
- The hormone is slowly released at low levels, which thins the uterus lining and thickens cervical mucus. This makes it difficult for the sperm to fertilize an egg and attach to the uterus wall.
- Are effective for three to five years depending on the brand used.
- Are 99% effective.
- Require a prescription.
- Require a health care professional to insert.

Copper IUDs:

- Are made of plastic and copper.
- Copper destroys sperm so it can't fertilize an egg. If the sperm does meet an egg, the IUD prevents it from attaching to the uterus wall.
- Can be inserted as emergency contraception within seven days of unprotected intercourse.
- Are effective for three to ten years depending on the brand used.
- Are 99% effective.
- Require a prescription.
- Require a health care professional to insert.

Advantages:

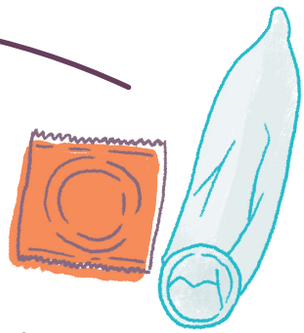
- A good method for people who are breastfeeding.
- Immediately reversible with no long-term effects on fertility.
- Allows for unplanned sex.

Disadvantages:

- No protection against STIs.
- May cause irregular menstrual periods.
- Requires a visit to a health care provider.
- May cause increased bleeding during periods, periods that last longer, or more cramping.
- Have a higher rate of pregnancy (8 in 1000 pregnancies yearly).
- Hormonal IUDs may have side effects such as breast tenderness, mood changes, and increased acne.

Barrier Birth Control

Condoms



A condom is a thin sheath usually made of latex. Also available in polyurethane (for people with latex allergies).

How do they work?

- A condom:
  - Covers an erect penis.
  - Blocks the sperm from meeting the egg.
  - Should only be used with a water-based lubricant.
  - Can be used with hormonal birth control methods to increase effectiveness.
  - Is easily accessible.

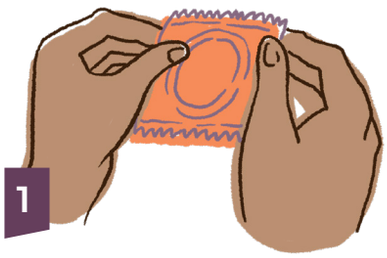
Advantages:

- Helps prevent STIs.
- 85 to 98% effective.
- Available from a variety of locations such as pharmacies, grocery stores and community health centres.
- No need to see a doctor or health care provider.
- Both partners can buy and carry condoms.

Disadvantages:

- Need to have a condom before engaging in sexual activity.
- Lubricants on condoms or latex allergies may cause irritation.
- May break.
- A new condom needs to be used every time.

How to Use a Condom



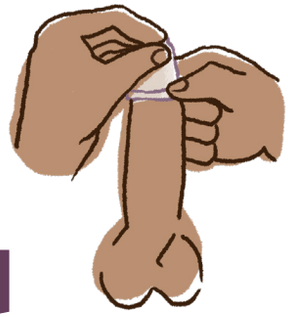
1

Check the expiry date and the package for an air bubble by pressing on it. If there is no air bubble, do not use the condom.



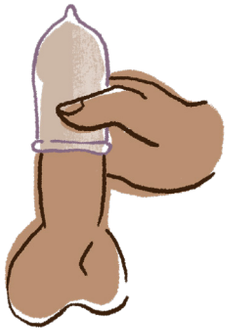
2

Open the package on the serrated edge with fingers.



3

Pinch the tip of the condom and place it on an erect penis.



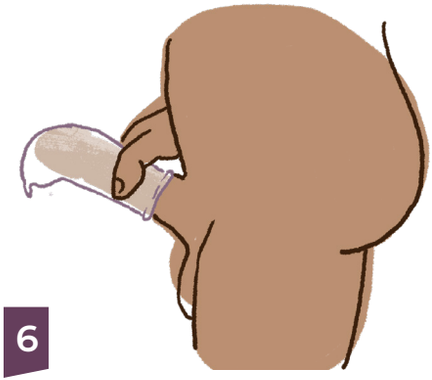
4

Roll the condom down to the base of the penis.



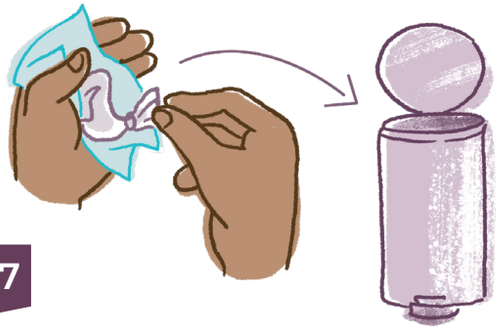
5

Lube, with a water-based lubricant.



6

When finished, hold the condom and pull the penis out. Remove condom from the penis while the penis is still hard.



7

Check that the condom has not broken and that semen has not spilled. (If it has, seek emergency contraception and/or STI testing.) Wrap the condom in tissue and throw away in a garbage with a lid.

Health Tip

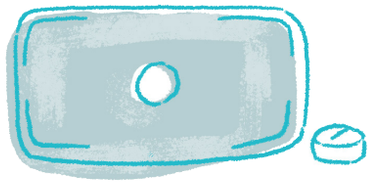
Water-based lubricants help condoms feel more comfortable. Condoms need to be stored at room temperature. Animals are attracted to the smell of latex; make sure you throw them away in a garbage that has a lid.

Note: Condoms are available for FREE at community health centres, hospitals and Yukon Communicable Disease Control #4 Hospital Rd in Whitehorse. Some restaurants, bars, community organizations, and First Nations Offi es provide condoms for free, e.g. Blood Ties Four Directions. Condoms and water-based lube are available in the pharmacy section of many stores.

Emergency Contraception (EC)

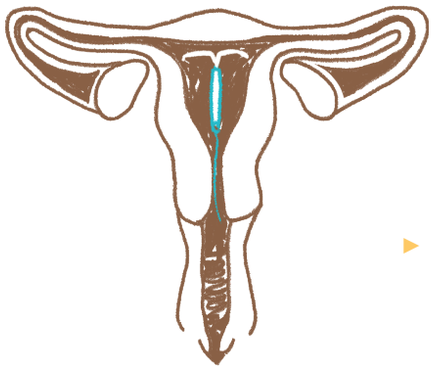
Even if birth control is used, accidents can happen, but it is still possible to prevent pregnancy with emergency contraception (EC). There are two kinds of ECs available: hormonal methods and the copper intrauterine device (IUD).

Hormonal Methods



Two options are available which delay the release of an egg when taken before ovulation. They do not replace regular methods of birth control. In the Yukon, these medications are available from a pharmacy, the Yukon Sexual Health Clinic, Yukon Communicable Disease Control or your community health centre.

1. Plan B® – one pill taken within 72 hrs of unprotected sex.
2. Ella® – one pill taken within five days of unprotected sex.



Copper IUDs

- Can be used as emergency contraception within seven days of unprotected intercourse.
  - Copper destroys sperm so it can't fertilize an egg.
  - If a sperm does fertilize an egg, the IUD prevents it from attaching to the uterus wall.
- Requires a prescription.
- Requires a health care professional to insert.
- Can be left in place for three to ten years depending on the brand used.
- Requires a health care provider to remove.

Notes

Yukon

