

Appendix C:

Resource Masters (For Teacher and Parent Use Only)

The resource masters (RMs) in Appendix C (also referred to in the lesson plans) include teacher background information on specific topics such as sexual intercourse, reproduction, pregnancy, contraception, and sexually transmitted infections.

- RM 1: Pressures on Sexual Decision Making
- RM 2: Reproduction: How New Life Is Formed
- RM 3: Contraceptive Methods and Considerations
- RM 4: Pregnancy Prevention and Youth
- RM 5: Consequences of Teenage Pregnancy
- RM 6: Fetal Circulation
- RM 7: Personal Care during Pregnancy
- RM 8: Pregnancy and Alcohol/Drugs
- RM 9: The Prevention of HIV/AIDS
- RM 10: Demonstration: Using a Male Condom Properly
- RM 11: Background Information on Special Sensitive Topics
- RM 12: Sexual Orientation Terms and Definitions

The RMs are intended for teacher and parent use. They are not recommended for use as overheads or as handouts for students.

Pressures on Sexual Decision Making



Pressures on Teenagers' Sexual Decision Making

A variety of pressures can have an impact on teenagers' sexual decision making, including the following:

- **Partner pressure**—one partner may pressure the other to have sex as proof of love.
- **Peer pressure**—the desire to be part of a group, to be popular, or to be “with it” may prevent an individual from making a personal choice based on his or her own family values.
- **Media pressure**—subtle and not-so-subtle messages from live and recorded music, performing groups, magazines, videos, television programs, and movies pressure teenagers to have sex to feel grown up.
- **Internal pressure**—the desire to establish independence from parents sometimes takes the form of challenging or defying family values. Physical desire may cause internal pressure.
- **Family pressure**—families may discourage youth from becoming sexually involved or send out mixed messages of various kinds (e.g., condoning male involvement while condemning female involvement).
- **Religious pressure**—religion may encourage young people to postpone sexual involvement until marriage.
- **Community pressure**—community institutions offer confusing and conflicting messages in the very types of services they provide, so that it is unclear whether or not they condone sexual involvement. Some, for instance, offer information on birth control methods and abortion, and advice on going ahead with pregnancy; others provide counselling, and offer placement of babies for adoption and assistance for single parents. Students need to be informed consumers.

Reproduction: How New Life Is Formed



Fertilization

All human beings begin in the same way. A sperm cell from the male joins with an ovum from the female (in the Fallopian tube) to form a single cell, the fertilized egg (zygote). The fertilized cell is smaller than a pinhead, but within the nucleus, there are 23 pairs of chromosomes, which contain all the instructions for the development of a new human being. The information carried by the chromosomes, half from the father and half from the mother, is what makes each person a unique individual (e.g., hair colour, eye colour, height, body shape, and so on).

Embryonic Development

A few hours after fertilization, the cell divides into two smaller cells by a process called mitosis. A few hours later, each cell divides again, resulting in four cells. Further division results in 8, 16, 32 cells, and so on. Three or four days later, a cluster of cells has formed. Soon after this stage, cell differentiation begins. In this way, the **embryo** begins to grow. It implants into the uterine wall about six to seven days after fertilization. The embryo develops inside the uterus, which provides nourishment and protects the developing embryo from injury and temperature changes.

It takes approximately 40 weeks for a baby to develop fully before birth. Most changes occur during the first eight weeks. In this stage, the new human is called an embryo.

Fetal Development

From eight weeks on, the new human life is called a **fetus**. During the last seven months, the organs develop and grow larger. The fetus increases in size and weight in preparation for birth.

The developing fetus can be compared to an astronaut. The structures that protect and nourish the baby (i.e., the uterine wall, fetal membranes, amniotic fluid, umbilical cord, and placenta) are similar to the astronaut's lifeline, protective clothing, head gear, and support gases. At the end of the ninth month, the fetus is ready to be born and leave the protection of the uterus.

Birth

The birth process takes about 12 hours, on average. There are three stages: labour, delivery of the baby, and delivery of the afterbirth. An average baby is about 46 to 56 cm and a mass of 2.5 to 3.5 kg.

Care of the Newborn

After birth, the baby breathes in oxygen and begins to eat and digest food provided by the mother and/or other caregivers. Care for the newborn is an important and exciting aspect of family life, which carries with it joys and responsibilities for all members.

Reproduction: How New Life Is Formed: Adapted, by permission, from *Elementary Family Life Education*.
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Contraceptive Methods and Considerations



Contraceptive Method/Product	Definition (Use/Application)	Considerations For	Considerations Against
Abstinence	<ul style="list-style-type: none"> conscious decision to refrain from vaginal, anal, and oral sexual intercourse; voluntarily not engaging in sexual activity that may result in the exchange of body fluids 	<ul style="list-style-type: none"> prevents pregnancy eliminates risk of sexually transmitted infections (STIs) if body fluids are not exchanged 	
Cervical cap	<ul style="list-style-type: none"> small latex cup that fits over the cervix to prevent sperm from reaching the ovum 	<ul style="list-style-type: none"> can be inserted just before intercourse 	<ul style="list-style-type: none"> can move/shift position during intercourse requires prescription and instruction from physician for proper fit
Condom	<ul style="list-style-type: none"> female condom: soft, thin, polyurethane (plastic) sheath with a flexible ring at each end <ul style="list-style-type: none"> inner ring at closed end inserts condom into vagina and helps keep it in place outer ring remains outside the vagina, protecting the labia (lip) area male condom: thin latex or polyurethane sheath fitting over penis 	<ul style="list-style-type: none"> can provide protection against STIs if used properly (for male, condom must be made of latex) is easily accessible 	<ul style="list-style-type: none"> may cause irritation to genitals if latex allergies are present
Depo-Provera	<ul style="list-style-type: none"> long-acting, synthetic progesterone injection given every 84 days to stop ovaries from releasing an egg each month 	<ul style="list-style-type: none"> may decrease cramping and menstrual bleeding reduces incidence of endometrial and ovarian cancer and pelvic inflammatory disease 	<ul style="list-style-type: none"> does not affect fertility but may take up to two years for normal ovulation to return may decrease bone mineral density (calcium) may cause side effects such as bleeding and weight gain
Diaphragm	<ul style="list-style-type: none"> thin flexible latex disk attached to a circular rim that fits over the cervix to block the opening of the uterus to sperm 	<ul style="list-style-type: none"> is effective immediately after insertion 	<ul style="list-style-type: none"> requires prescription and instruction from physician for proper fit may cause bladder infections due to pressure on urethra from rim may cause toxic shock syndrome (fever, vomiting, diarrhea, rash)
Intrauterine device (IUD)	<ul style="list-style-type: none"> small T-shaped plastic object, with a fine copper wire and a thread attached to the base, inserted into the uterus by a physician changes the lining of the uterus, making it hard for a fertilized egg to attach to its wall 	<ul style="list-style-type: none"> is effective does not require daily compliance 	<ul style="list-style-type: none"> must be inserted by a physician and changed every three to five years, depending on type of coil increases the risk of ectopic (tubal) pregnancy may cause heavy menstrual bleeding and/or cramping

(continued)

Contraceptive Method/Product	Definition (Use/Application)	Considerations For	Considerations Against
Oral contraceptive or birth control pill	<ul style="list-style-type: none"> • pill containing female hormones estrogen and progestin, which prevent ovaries from releasing an egg each month 	<ul style="list-style-type: none"> • may decrease cramping and menstrual bleeding • may reduce incidence of ovarian and endometrial cancer and pelvic inflammatory disease • improves menstrual cycle control 	<ul style="list-style-type: none"> • requires prescription and instruction from physician • must be taken at the same time every day • may cause bloating, headaches, sore breasts, and abdominal pain
Patch	<ul style="list-style-type: none"> • small, smooth, square patch worn on the skin • prevents ovulation 	<ul style="list-style-type: none"> • eliminates need to remember to take a daily pill • may improve menstrual cycle side effects 	<ul style="list-style-type: none"> • may cause irritation if allergic reaction occurs
Spermicide	<ul style="list-style-type: none"> • vaginal spermicidal product (in gel, foam, cream, suppository, film, or tablet form) consisting of a chemical agent able to kill sperm • applied just before intercourse 	<ul style="list-style-type: none"> • is available at pharmacies without prescription • is inexpensive • provides lubrication 	<ul style="list-style-type: none"> • should be used only in combination with another barrier method (e.g., gel/cream with diaphragm/cap) • requires use of applicator • may cause irritation if allergic reaction occurs

Other Considerations:

- **Emergency contraceptive pill (ECP)** formerly called “morning-after pill”
 - contains high doses of estrogen and progestin
 - is used in emergency/crisis situations within five days of unprotected sex
 - is most effective within 72 hours
 - must be prescribed by a physician or obtained from a clinic
 - will not affect a prior conception
- **Sterilization**
 - **Tubal ligation:** surgical division of Fallopian tubes and ligation of cut ends
 - **Vasectomy:** surgical cutting of vas deferens and ligation of each end
- **Unreliable Methods**
 - **Natural family planning (rhythm):** abstaining from intercourse for a specified number of days before/during/after ovulation. Women can ovulate more than once a month, and timing of ovulation may vary from cycle to cycle.
 - **Withdrawal:** removal of penis from vagina just before ejaculation due to sperm in the pre-ejaculate.

References:

- Ontario Physical and Health Education Association (OPHEA). *Ontario Health and Physical Education Curriculum Support: Grades K-10*. Toronto, ON: OPHEA, 2000.
- Ottawa, City of. People Services Department. *Teaching Sexuality Resource Kit*. 2nd ed. Ottawa, ON: City of Ottawa, People Services Department, 2002.
- Planned Parenthood Federation of Canada. *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*. Ottawa, ON: Planned Parenthood Federation of Canada, 2001.

Pregnancy Prevention and Youth



The worry of becoming pregnant or causing pregnancy is a major cause of stress among young people. Most sexually active adolescents wish to avoid pregnancy and want to be sexually responsible in using contraception. Both males and females must accept the risk that sexual activity involves (e.g., pregnancy, STIs, HIV) and both should take responsibility for using effective contraception consistently. This means that males must assume increasing responsibility for contraception.

Young people who plan to use effective contraception prior to their first intercourse are in the minority. Tending at first to rely on an undependable method such as withdrawal, they wait for long periods without seeking more effective protection. Only if they understand that pregnancy is a definite risk will they seek more effective methods. Teenage pregnancy statistics indicate, however, that young people have difficulty accepting the reality of this risk.

Consistent use of effective contraception is a mutual responsibility of sexually active males and females. Both should be prepared to accept the consequences if contraception fails and pregnancy results.

Birth Control

Parental Consent

Anyone who is sexually active may access birth control services. The mandate for physicians is to provide medical services that are in the best interest of the patient. Parental consent is not legally required.

Some physicians may, however, deny these services to their teenage patients. Alternatively, some physicians may request parental consent before providing contraceptive services to teenagers.

Students should be encouraged to communicate with their physician regarding his or her policy about contraception for teenagers and then to seek out services where their needs will best be met. This can be done with an anonymous telephone call to inquire about confidential birth control services for teenagers.

Confidentiality

Confidentiality must be maintained by medical staff. When the doctor submits the bill for medical service to Manitoba Health, a special category regarding confidentiality must be marked. When this is done, that billing will not be double checked by a random computer sampling, which involves sending a letter to the patient's residence. Patients should clearly inform the doctor's staff about how they can be contacted or where messages can be left.

The Personal Health Information Act (PHIA) is a Manitoba law that protects personal health information.

Contraceptive Supplies

Depending upon the type of contraceptive chosen, one may or may not need a prescription. Generally, the source of all supplies is a pharmacy, and some clinics have one directly on the premises. Many grocery stores also carry non-prescription types of birth control supplies.

If cost of supplies is a problem, some clinics will provide contraceptives at no charge, or charge only what one can afford. Students can contact their public health nurse for further information, counselling, or support. Parental consent is not required for teenagers to obtain contraceptive supplies.

Teaching about Pregnancy Alternatives

How to Reduce Risk-Taking Behaviour

The following are suggestions for reducing risk-taking behaviour that may lead to pregnancy or transmission of sexually transmitted infections:

- Develop/enhance self-esteem to decrease vulnerability to peer pressure.
- Learn and practise a decision-making process that depends upon personal values and goals.
- Clarify personal values and attitudes about sexuality and pregnancy.
- Communicate more effectively with partners and parents.
- Provide an environment that ensures safety and nurtures hope.
- View males and females as being equally responsible for and affected by contraceptive/sexual decisions.
- Learn and practise problem-solving skills to avoid using pregnancy as a solution to other life problems (i.e., loneliness, lack of power, status, independence, keeping boyfriend).
- Explore other ways (e.g., babysitting, taking care of others) of getting the perceived benefits of pregnancy.
- Correct misinformation about the perceived costs of contraception and provide accurate information about birth control options.
- Correct misinformation about the perceived lifestyle a teenage parent will live.
- Discuss positive expressions of affection that avoid the risks of pregnancy, STIs, and HIV/AIDS.

Tips for Teaching about Pregnancy Alternatives

The following are tips for teachers to consider when teaching about pregnancy:

- Promote abstinence as the only 100% effective method of preventing pregnancy, STIs, and HIV/AIDS.
- Present balanced, accurate information about all issues.
- Avoid making personal connections or examples and use the third person whenever possible.
- Validate the decision not to be sexually active (it's okay to say "no").
- Present information that students may need to use in the future.
- Encourage students to talk about issues with their parents and partners.
- Present the legal, medical, physiological, sociological, and economic aspects of issues.
- Help students develop skills in decision making, problem solving, communication, and assertiveness.

Teaching about Contraception

Contraceptive-Health Belief Model

A decision related to the use of contraception is the responsibility of both the female and male involved. However, in order to use contraception, a female should

- perceive that she is personally susceptible to pregnancy
- perceive that the occurrence of pregnancy would have a serious effect on her life
- see that the benefits of using contraception outweigh the barriers to using contraception
- be prepared and confident to make safe and health-enhancing decisions
- be informed to deal with difficult or unsafe sexual encounters or situations

Contraceptive Process

Using contraception is not a natural process. It has to be learned. A number of psychological and behavioural decisions must be made before contraceptive vigilance is attained. For example, individuals need to

- decide to be sexually active (often not a conscious decision) and acknowledge to themselves that they are sexually active
- recognize the possibility of pregnancy and the implications this would have for themselves and for others
- think about, talk about, and plan methods of preventing pregnancy
- obtain a form of contraception for personal use
- keep the contraceptive available
- use the contraceptive method properly and consistently

Many people, especially teenagers, have not reached the point where they can conceptualize all these tasks and implications and then carry them out in an intimate situation. They must have many varied opportunities to process and discuss the concepts.

Suggested Approach for Discussing Birth Control

The following are suggestions for teaching about birth control and contraception:

- Explain that information regarding birth control, pregnancy, STIs, and HIV can be used throughout a person's lifetime; therefore, accurate, non-judgemental information should be presented.
- Present abstinence as the only appropriate decision for many young people, based on their beliefs.
- Promote abstinence as a method of birth control.
- Discuss psychological, sociological, and medical aspects of teenage sexual activity.
- Use the third person when discussing birth control methods or community resources (e.g., "if a person goes to a birth control clinic," not, "if you go to a birth control clinic").
- Validate adult/parental concerns about teenage sexual activity.
- Discuss how fear, embarrassment, awkwardness, and shame about sexuality may prevent youth from making healthy sexual decisions.
- Emphasize the importance of seeking help from parents, as well as from school or community resources.

Consequences of Teenage Pregnancy



Consequences of Pregnancy for the Teenage Parent

The teenage parent may

- drop out of school, thus limiting access to many career options
- feel compelled to marry
- have limited financial resources, which may compel her or him to seek financial aid
- be forced to choose low income housing and have to move frequently
- have to deal with the psychological effects of parenthood, such as loneliness and isolation
- need help with child care, finances, and emotional support from family members (if available)

The teenage mother may

- suffer pregnancy complications, such as poor diet, inadequate and late prenatal care, emotional stress, and numerous medical risks (e.g., postpartum hemorrhage, hypertension, pelvic inflammatory disease, toxemia, anemia, premature labour, lack of pelvic capacity, prolonged labour, placenta problems)
- suffer from fatigue resulting from an iron-deficient diet
- find that her own physical growth is affected

Consequences of Teenage Pregnancy for the Child

Many children born to teenage mothers may suffer from

- lower birth weight
- higher rate of infant mortality, deformities, and failure to thrive
- lower intellectual potential
- various effects resulting from drug use during pregnancy (e.g., smoking lowers birth weight and may cause premature babies; alcohol may induce fetal alcohol syndrome, characterized by malformed facial features, growth failure, central nervous system damage)
- more childhood diseases
- lower educational aspirations when a teenager
- decreased stimulation for development
- increased risk of child abuse or neglect

Supporting Teenage Parents

Clearly, teenage parents are at a disadvantage. Most have incomplete education and limited financial and emotional support. Without support systems, teenage parents struggle to survive and maintain their own well-being in the physical, emotional, social, spiritual, and economic dimensions of life. Generally, more teenagers parent as single mothers than as couples, since they are still in their developing and dependent adolescent years not involved in a committed relationship. These young people need assistance from a variety of sources, including community health and social service agencies. They may also need parenting programs and peer-group assistance to help improve their self-concept.

Note: Teenage parents who are well supported can be successful. Also, some cultures welcome pregnancy in adolescent years.

Consequences of Teenage Pregnancy: Adapted, by permission, from *Secondary Family Life Education*.
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Fetal Circulation



The fetus obtains all its oxygen and nutrients from the mother's circulation within the placenta and depends on her to eliminate wastes and carbon dioxide. Although there is no direct connection between the circulatory systems, exchanges take place across fetal capillary membranes, which are surrounded by pools of maternal blood.

Fetal Circulation Process

- Blood from the maternal side of the placenta flows into spaces that surround projections containing fetal capillaries.
- Blood flows from the fetus to the placenta through two umbilical arteries, which subdivide into capillaries within the projections.
- Oxygen and nutrients from the maternal blood diffuse across the thin membranes of the capillaries into the fetal blood; wastes and carbon dioxide diffuse into the maternal blood.
- Fully oxygenated blood returns to the fetus through the umbilical vein. The umbilical vein enters the abdomen of the fetus at the umbilicus and ascends to the liver where the vessel divides. One branch enters the liver, and the other branch joins a vessel that enters the right side of the fetal heart.
- Blood circulation to the entire fetus occurs. Nutrients are delivered and wastes are picked up.
- Blood returns to the placenta by two umbilical arteries. It circulates to the capillaries. Wastes are eliminated and nutrients are picked up.

Note: It is through the fetal circulation process that small disease organisms such as syphilis and the molecules of drugs such as alcohol, caffeine, and nicotine may be transported to the fetus.

Personal Care during Pregnancy



Appropriate nutrition, exercise, rest, and medical care are vital to the health of the pregnant female and developing embryo/fetus.

Nutrition during Pregnancy

- Follow the nutrition suggestions for pregnancy in *Canada's Food Guide to Healthy Eating* (Health Canada).
- Eat from all food groups: grain products, vegetables and fruit, milk products, and meat and alternatives.
- Increase intake of calories.
- Keep in mind that calcium and iron are particularly important.
- Consume empty calorie foods only occasionally (e.g., candy, chips, soft drinks).
- Try eating dry toast or crackers in bed before getting up to help with morning sickness.
- Consider eating several small meals throughout the day to help with nausea.
- Avoid spicy and fried foods that may lead to heartburn.
- Avoid or reduce constipation by drinking extra fluids and eating fruits and grains.
- Note that 10 to 13 kilograms is a healthy weight gain for a pregnant female.

Exercise/Rest during Pregnancy

- Do moderate exercise to improve circulation.
- Remember to eat lightly before exercise (so that blood sugar does not plunge) and to be well hydrated.
- Choose from the many community or at-home exercise programs available for pregnant women.
- Check with a doctor before beginning a program.
- Get adequate rest, particularly in the first trimester (three months).
- Keep in mind that the amount of growth and development taking place demands extra sleep and frequent naps.

Medical Care during Pregnancy

- See a doctor as soon as possible after pregnancy is suspected.
- Obtain prenatal care.
- Have weight, blood pressure, and fetal heart rate checked regularly during pregnancy.
- Obtain the medical tests necessary to ensure the health of the pregnant female and fetus.

Illnesses during Pregnancy

- Avoid contact with rubella (German measles), as it can cause serious complications for the fetus.
- Avoid STIs (e.g., HIV/AIDS, syphilis, herpes, chlamydia), which can result in medical complications for the fetus.

Pregnancy and Alcohol/Drugs



A drug is a substance other than food that changes the way the body functions. Drugs act on different body cells in different ways. They may disturb the body's balance and harmony by affecting key organs such as the brain, heart, lungs, liver, and kidneys.

During pregnancy, small molecules of some common yet harmful drugs such as alcohol, tobacco, and caffeine readily cross the maternal side of the placenta and enter the fetal circulation. In addition, over-the-counter drugs such as Aspirin, prescription drugs such as birth-control pills, and illicit drugs such as marijuana may be hazardous to the health of the fetus. No drug or medication is advised during pregnancy without a doctor's approval.

Pregnancy and Alcohol

Ethyl alcohol or beverage alcohol is made from sugars found in grapes or in grains such as rye. Short-term effects of alcohol include drowsiness, dizziness, flushing, and euphoria. Larger doses cause confusion, slurred speech, double vision, and stupor leading to death. Long-term effects include damage to the liver, heart, stomach, and brain. A female who drinks alcohol when pregnant risks damaging the developing fetus.

Alcohol easily crosses the placenta into the fetus. The fetal liver detoxifies alcohol at half the rate of the mother's liver. Prenatal exposure to alcohol has the potential to cause physical, mental, and behavioural problems. *There is no safe level of alcohol for a pregnant female.*

Terminology for Children Who Are Alcohol-Affected

Medical practitioners use a variety of terms to describe the spectrum of children who are affected by prenatal exposure to alcohol. The following definitions are now in use:

- **Fetal Alcohol Syndrome (FAS):** Fetal alcohol syndrome is a birth defect caused by prenatal exposure to alcohol. The diagnosis is made by a medical practitioner when there is known, significant prenatal exposure to alcohol and the child exhibits three main characteristics:
 - evidence of growth retardation
 - evidence of central nervous system damage
 - evidence of facial abnormalities
- **Partial Fetal Alcohol Syndrome (pFAS):** A child with pFAS exhibits some, but not all, of the physical signs of FAS, and also shows learning and behavioural issues which imply central nervous system damage.
- **Alcohol-Related Neurodevelopmental Disorders (ARND):** A child with ARND exhibits central nervous system damage resulting from a confirmed history of prenatal alcohol exposure. This may be demonstrated as learning difficulties, poor impulse control, poor social skills, and problems with memory, attention, and judgement.
- **Alcohol-Related Birth Defects (ARBD):** A child with ARBD displays specific physical anomalies resulting from confirmed prenatal alcohol exposure. These may include heart, skeletal, vision, hearing, and fine/gross motor problems.

Today's Terminology

The term fetal alcohol effects (FAE) was used to describe a form of fetal alcohol syndrome with some, but not all, of the characteristics. Since 1996, it has been replaced with three new terms: partial fetal alcohol syndrome, alcohol-related neurodevelopmental disorders, and alcohol-related birth defects.

Terminology for Children Who Are Alcohol-Affected: Reproduced from *Towards Inclusion: Tapping Hidden Strengths: Planning for Students Who Are Alcohol-Affected*. Copyright © 2001 by Manitoba Education, Training and Youth.

Pregnancy and Drugs

Tobacco

When a woman smokes, the supply of food and oxygen to the baby is decreased, and the baby's ability to exercise the muscles that it will need to breathe on its own at the moment of birth is reduced. Babies born to mothers who smoke during pregnancy face an increased risk of miscarriage, premature birth, stillbirths, and low birth weight.

Marijuana (Cannabis)

Research suggests that this drug is toxic to the developing baby. Tremors, exaggerated startle reflexes, and abnormal responses to light are seen in babies born to users of marijuana. *There is no known safe amount of marijuana a pregnant female can use.*

Over-the-Counter Preparations

Over-the-counter preparations such as cough syrups, painkillers, antacids, nose drops, laxatives, sedatives, diuretics, and vitamin supplements are drugs that should be used carefully and only on the advice of a doctor.

Prescription Drugs

If a female is pregnant or thinks she might be, she must tell her doctor as well as her dentist. Use of barbiturates may slow down breathing in the newborn or may result in addiction of the baby. Tranquilizers such as diazepam have been linked to cleft palate. Birth control pills taken during pregnancy increase the risk of arm and leg malformations and heart defects.

Cocaine

Cocaine use can bring serious harm to the fetus. Babies born to mothers who use cocaine during pregnancy may suffer from extreme sensitivity to noise and external stimuli, excessive jitteriness, premature birth, low birth weight, small head size and probable brain damage, and increased risk of crib death. Following birth, the effects of cocaine use may be imposed on the infant through breast feeding. *There is no known safe amount of cocaine a pregnant female can use.*

Other Drugs

There is sufficient evidence of the risk of harmful effects of lysergic acid diethylamide (LSD) and phencyclidine (PCP, angel dust) to caution against their use. Narcotics may affect the embryo or fetus, resulting in infant withdrawal. Heroin and other narcotics, such as codeine and talwin, cause many complications, such as low birth weight, stillbirth, miscarriage, bleeding, and premature birth. Any drug obtained illegally is potentially dangerous. There is no way of knowing exactly what one is buying.

Male Partners Share Responsibility during Pregnancy

The male partner's importance in pregnancy does not end at the time of conception. Support for the female in her resolve to avoid alcohol and other drugs will be stronger if the male partner also stops smoking, drinking, or using other drugs during the pregnancy. Second-hand tobacco or marijuana smoke affects the fetus.

Pregnancy and Drugs: Adapted, by permission, from *A Healthy Start: Alcohol and Other Drugs Before, During and After Pregnancy*. Copyright © 2003 by Addictions Foundation of Manitoba.

Reference: Manitoba Education and Training. *Family Life Education, Grade 9*. Winnipeg, MB: Manitoba Education and Training, 1990. 137.

The Prevention of HIV/AIDS



How HIV Is Spread

HIV is spread by

- having sexual intercourse with an infected person
- sharing contaminated needles/syringes
- receiving contaminated blood/blood products (low risk in Canada in 2004)
- infected pregnant female to fetus
- infected mother to child in breast-feeding

How HIV Transmission May Be Prevented

Most effective methods:

- Abstain from intercourse.
- Do not share needles/syringes or other drug-use equipment.
- Use only clean, new needles/syringes.

Other methods:

- Maintain a mutual monogamous relationship with a partner who is HIV-negative.
- Practise safer sex:
 - Use latex condoms.
 - Reduce the number of sex partners.
- Use latex gloves if exposed to someone else's blood or body fluids.
- A female infected with HIV should not breast-feed her infant.
- If pregnancy occurs, seek medical care and request HIV testing. Early treatment can significantly reduce the chances of the fetus being affected.

Demonstration: Using a Male Condom Properly



In order for condoms to be effective in preventing unintended pregnancy and STI/HIV, they must be used correctly and consistently. When discussing condom use with youth, it is helpful to provide a demonstration of the correct way to put on a condom. Encourage students to practise putting on condoms at home before they are required.

When doing a demonstration, it may be helpful to have lubricated condoms for participants to examine—just ensure that all condoms are returned before the end of the session. A penis model could be used for the demonstration. Alternatively, the condom can be unrolled onto the index and middle fingers of one hand, although it will be very loose.

Demonstration Guidelines

1. Latex (or polyurethane for those allergic to latex) condoms are necessary to prevent transmission of STI/HIV. Lubricated condoms should be used for anal and vaginal sex and must be put on before any genital contact. Non-lubricated condoms are generally used for oral sex, as the lubricated ones have a medicinal taste. **The expiration date should be checked.** Condoms must be stored where they won't be damaged by heat (e.g., do not store in drawers, coat pockets, wallets).
2. **Condom package must be torn open carefully, so as not to damage the condom.** Fingernails and jewellery can also damage condoms.
3. **Unroll the condom a little (about ½ in. or 1.25 cm) and then hold it by pinching the receptacle tip with two fingers and the thumb of one hand.** This is an easy way to hold a slippery condom, and doing this squeezes the air out of the tip at the same time. (Air trapped at the end of a condom can cause pressure to build up, and the condom can break or semen can back up to the rim.)
4. **Hold the condom onto the tip of the erect penis (still pinching the end), and with the other hand, roll the condom all the way down the shaft of the penis to the base.** Either partner can do this.
5. **Pull the penis out immediately after ejaculation by holding onto the base of the condom first.** If the penis begins to return to its normally flaccid (limp) state, the condom may slide off and semen may leak out.
6. The condom should be removed away from one's partner, and the **used condom thrown away** (preferably into a garbage can lined with a plastic bag). Condoms should never be used more than once.

Lubrication

While lubricated condoms are usually sufficient on their own, extra lubrication can be used to prevent excess friction. Lubrication can be put on the inside and outside of the condom. The only lubrication that is safe to use with condoms is water-based lubricant, as oil- or petroleum-based products (e.g., Vaseline, hand lotion) can damage latex. Water-based lubricants are often found in drugstores near the medication used for vaginal yeast infections or near the condoms.

Demonstration: Using a Male Condom Properly: Adapted, by permission, from *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*. Copyright © 2001 by Planned Parenthood Federation of Canada.

Background Information on Special Sensitive Topics



The following information on abortion, masturbation, and sexual orientation is provided to help administrators, teachers, and parents when discussing this potentially sensitive content with students.

Abortion

Abortion
is ending a pregnancy by removing the embryo or fetus from the uterus.

Facts about Abortion:

- legal in Canada
- not seen as acceptable in some religions and cultures
- a personal choice for every woman
- usually performed in the first 12 weeks of pregnancy
- may cause fewer complications if done earlier in pregnancy
- medical procedure done by a physician in a hospital or clinic
- procedure safer if done by a physician
- procedure takes about 15 minutes
- a suction device is used to remove the contents of the uterus (generally local anaesthetic used)
- some cramping and bleeding may occur after the procedure (controlled with medication)
- cost covered by Medicare if done in a hospital
- cost varies if done in a clinic
- females are able to have other pregnancies after abortion
- important to return for a checkup after two weeks
- if under 18, may need parental consent for procedure in a hospital
- counselling may be helpful in dealing with emotions after abortion
- not a method of birth control

Masturbation

Masturbation
is rubbing or touching genitals to make them feel good—may lead to orgasm.

Facts about Masturbation:

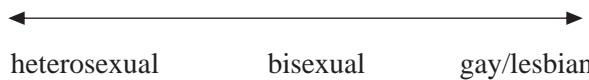
- natural expression of sexuality
- a personal choice
- common practice
- done by boys and girls, men and women
- will not cause mental or physical illness or harm
- deals with sexual feelings
- no risk of STIs or pregnancy
- some religions or cultures do not approve (students are encouraged to discuss questions about masturbation with parents)
- may be considered a problem if it interferes with other activities or relationships
- should be done in private

Sexual Orientation

Sexual orientation is an innate direction of attraction for intimate emotional and sexual relationships with people of the same gender (homosexual, gay, lesbian), other gender (heterosexual), or two genders (bisexual). Sexual orientation may be the same as or different from sexual identity and/or sexual behaviour.

Facts about Sexual Orientation:

- people do not choose their sexual orientation
- people attracted to those of the same sex are gay or lesbian
- people attracted to those of the opposite sex are heterosexual
- all people are worthy of respect, and prejudice should not be tolerated
- many GLBT* people are mistreated and denied rights in society
- GLBT demonstrate their love for their partners in a variety of ways (as do heterosexual partners)
- people cannot be converted from one sexual orientation to another
- adolescent sexual activity, experimentation, and fantasy do not always indicate sexual orientation
- there are differing religious and cultural beliefs about GLBT
- people of all sexual orientations can adopt children or have their own
- “coming out” may be a difficult process for GLBT, as society views heterosexual as normal
- help is available for those who have questions about their sexual orientation (see BLM G-8: Sexual Health Information and Crisis Lines for Youth)
- GLBT is not a mental illness
- sexual orientation occurs on a continuum:



* **GLBT** refers to gay, lesbian, bisexual, and transgendered

References:

- Bell, Ruth. *Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships*. 3rd ed. New York: NY: Three Rivers Press, 1998.
- McCoy, Kathy, and Charles Wibbelsman. *The Teenage Body Book*. New York, NY: Perigee, 1999.

Sexual Orientation Terms and Definitions



English is a fluid language in which definitions and connotations change over time and geography. The following definitions are suggested for the purposes of this document at the time of publication.

gay	a term once associated with either homosexual males or females, but is increasingly becoming associated specifically with male homosexuals.
lesbian	a female homosexual.
bisexual	someone who is physically and emotionally attracted to people regardless of gender.
queer	originally a derogatory label used to refer to lesbian and gay people or to intimidate or offend homosexuals. Recently, this term has been reclaimed by some lesbians, gays, bisexuals, and transgendered people as an inclusive and positive way to identify all people targeted by heterosexism and homophobia. Some lesbians and gays have similarly reclaimed <i>dyke</i> and <i>faggot</i> for positive self-reference.
straight	a common term for heterosexual.
heterosexual ally	a heterosexual person who supports and honours sexual diversity, acts accordingly to interrupt and challenge homophobic and heterosexist remarks and actions of others, and is willing to explore these forms of bias within himself or herself.
transgender	an umbrella term that includes transsexuals, cross-dressers, drag queens and drag kings, gender outlaws, and all those whose gender roles are ambiguous. This identification challenges traditional notions of sexuality and gender. Transgendered people may be heterosexual, bisexual, or homosexual.
transsexual	those who recognize that their sexual identity conflicts in a fundamental way with the biological sex into which they were born. A person who has taken measures (e.g., surgery or hormone therapy) to change, or intends to change, his or her physical sex.
two-spirited	an Aboriginal term used to describe people who embody both the male and female spirit. Two-spirit people were highly valued in traditional Aboriginal culture because they brought harmony and balance and could sit in both the male and female camps. Many lesbian, gay, bisexual, and transgendered Aboriginal people are reclaiming this term.
cross-dressing/drag	dressing in clothes commonly worn by the other gender for entertainment or to make a political statement against the rigid gender roles demanded by society.
transvestite	someone who enjoys dressing in clothing commonly worn by the other gender, for the purpose of emotional or sexual gratification.

sexual orientation	innate direction of attraction for intimate emotional and sexual relationships with people of the same gender (homosexual, gay, lesbian), other gender (heterosexual), or two genders (bisexual). Sexual orientation may be the same as, or different from, sexual identity and/or sexual behaviour.
sexual behaviour	sexual orientation may not be as relevant as actual sexual behaviour. For example, a man who is married to a woman but who has sex with men may refer to himself as heterosexual; a self-identified lesbian may have sexual relations with men.
natal sex	the biological sex at birth. Society assumes a bipolar outlook on sex, including male and female only, while others may exist.
sexual identity	an individual's physical sense of being male or female.
gender identity	an individual's sense of place in the socially constructed role of male or female.
gender-role expectations	gender-based patterning—includes all the characteristics and traits culturally attributed to male and female roles in a given society.
gender behaviour	actions that may or may not reflect the gender-role expectations of a given society.
sexism	the societal/cultural, institutional, and individual beliefs and practices that privilege or subordinate either gender and denigrate gender-identified values.
heterosexism	the belief in the inherent superiority of heterosexuality over other patterns of loving and, thereby, the right to dominance. This privileges heterosexuals, oppresses homosexuals, and denigrates alternate sexuality and genders.
heterosexual assumption	the assumption that everyone is heterosexual unless otherwise indicated. This assumption is an aspect of heterosexism and perpetuates its existence.
heterosexual privilege	the benefits that heterosexual people automatically have and that are denied lesbians and gay males in a heterosexist culture. Also, the benefits that lesbians, gay males, and bisexuals receive as a result of claiming heterosexual identity and denying homosexual or bisexual identity.
homophobia	fear, hatred, or intolerance of those who are perceived to be gay, lesbian, or bisexual, or who exhibit behaviour that is deemed to fall outside traditional (heterosexual) gender roles. Homophobic acts may range from verbal harassment to violence targeting gay, lesbian, or bisexual people.
biphobia	fear, hatred, or intolerance of bisexual people.
transphobia	fear, hatred, or intolerance of transgendered people.
AIDSphobia	fear, hatred, or intolerance of people living with HIV/AIDS.
oppression	the systematic subjugation of a disempowered social group by a group with access to social power (Blumenfeld).
coming out	a process of coming to terms with and defining one's homosexual or bisexual orientation.

outing	the public exposure of an individual's homosexuality or bisexuality.
lifestyle	a term used to describe the way individuals live their lives. For example, some people like living in the country, while others like the city life. The word lifestyle is sometimes used incorrectly to describe a person's sexual orientation: "She is living a gay lifestyle." This usage is misleading because gay people live many different lifestyles. Being homosexual or bisexual does not define the style of one's life any more than being heterosexual does.

Sexual Orientation Terms and Definitions: Adapted by permission. Copyright © 2004 by Rainbow Resource Centre.

Reference:

Blumenfeld, Warren J., ed. *Homophobia: How We All Pay the Price*. Boston, MA: Beacon Press, 1992.