



Department of Education
English Programs

Prince Edward Island Health Curriculum

Health

Grade 8

CURRICULUM

2007
Prince Edward Island
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This curriculum guide is intended to provide teachers with an overview of the outcomes framework for grade 8 health education and to assist teachers in designing learning experiences and assessment tasks.

Program Rationale and Philosophy

Health education involves learning about the habits, behaviours, interactions, and decisions related to healthy daily living and planning for the future. The home, school, and community play important roles in contributing to the healthy personal development of students, by providing an opportunity for them to consider information and acquire, practise, and demonstrate strategies for dealing with the challenges of life and living.

The aim of the health curriculum is to enable students to make well-informed, healthy choices and to develop behaviours that contribute to the well-being of self and others.

- Choices are based on attitudes, beliefs, and values. The family is the primary educator in the development of student attitudes and values. The school and community play a supportive and crucial role in building on these attitudes and values.
- To make responsible and healthy choices, students need to know how to seek out relevant and accurate information. They learn health-related information from many sources, including home, school, peers, the community, and the media. This program assists students in identifying reliable sources of information and in becoming discerning consumers of health-related information.
- Students develop decision-making skills that support informed personal health practices and responsibility for health, learn to prevent or reduce risk, and have opportunities to demonstrate caring for self and others.
- Students focus on safety and injury prevention and develop strategies to assess risk, to reduce potential harm, and to identify support systems for self and others. Students learn about products, substances, and behaviours that may be injurious to their health. They also learn strategies to use in unsafe situations.
- Students are encouraged to promote and maintain health as a valued and valuable resource, and to examine health issues and factors that promote or limit good health. They gain an understanding of their individual behaviours as well as social and environmental factors which all have an impact on their health.
- In an environment of acceptance, understanding, respect, and caring, students can learn to acknowledge and express personal feelings and emotions, as well as to appreciate the strengths and talents of self and others. There are opportunities for students to accept and appreciate diversity and the uniqueness of self and others in our global society. There is an emphasis on healthy interactions and safe and caring relationships. Friendship skills are developed and then extended to incorporate skills for working in groups.
- Students build and expand upon safe and supportive networks for self and others that link the home, school, and community.
- Students develop the skill of goal setting and begin to realize their ability to influence or control many outcomes and results.
- Students acquire a strong foundation of knowledge, skills, and attitudes basic to employability. Successful careers are founded on a basis of self-knowledge, self-esteem, healthy interactions, lifelong learning, and skill development. A fundamental aspect of career education is to move students from being dependent learners to being independent and interdependent, contributing citizens.
- Students gain confidence and a sense of commitment to family, school, and community through opportunities for participation in cross-age interactions, volunteerism, and meaningful involvement in activities.
- Students develop practical skills directly related to further education, job seeking, and career path exploration.

Meeting the Needs of All Learners

Students learn in different ways and at different rates. Each student comes to class with varying interests, experiences, developmental maturity, background knowledge and skills. What is important is that within each lesson, there is something for everyone—something that meets the needs and learning styles of each and every student.

An effective approach for accommodating student differences is to begin lessons with a whole-group activity and shared experience. Students then choose from a variety of ways to process their thinking and represent their learning. This allows students to work on the same concept in ways that most suit their individual learning styles and developmental stages. Teachers should utilize materials and strategies that accommodate student diversity and ensure that all students have equitable opportunities to experience success as they work toward achieving designated outcomes.

Learning supports for students with special needs, including English as an additional language (EAL) students, could include

- alternate formats for print materials, such as audiotapes, large print, talking computer books, and read alouds
- a scribe for written assignments and/or tests
- access to computers
- content-area spelling and vocabulary word lists
- peer support
- questions to guide or focus reading
- demonstrations or modelled examples
- extra time to complete work
- highlighted or underlined sections in textbooks
- specific assistance with organization
- graphic organizers
- visual prompts and pictures

The variety of learning experiences described in this guide, and the suggestions for a variety of assessment practices, will assist teachers in accommodating the diversity of learners.

Assessment and Evaluation

The terms “assessment” and “evaluation” are often used interchangeably, but they refer to quite different processes.

Assessment is the systematic process of gathering information on student learning.

Assessment Techniques

- Formal/Informal Observation gather information while a lesson is in progress. When observation is formal, the student is made aware of what is being observed and the criteria being assessed. Informal observation could be a frequent, but brief, check on a given criterion. You might be observing the student’s participation level, use of a piece of equipment, or application of a process. You could record the results with a checklist, a rating scale, or written notes. Remember to plan the criteria, have recording forms ready, and be sure all students are observed in a reasonable time period.
- Performance encourages learning through active participation. This could be a demonstration/presentation. The performance is most often assessed through observation.
- Journals provide opportunity for students to express thoughts and ideas in a reflective way. They permit a student to consider strengths and weaknesses, attitudes, interests, and new ideas.
- Interview - promotes understanding and application of concepts. Interviewing a student allows the teacher to confirm that learning has taken place beyond factual recall. Interviews may be brief or extensive. Students should know what criteria will be used to assess formal interviews. This assessment technique provides an opportunity to students whose verbal presentation skills are stronger than their written skills.
- Paper and Pencil can be formative or summative. These assessments may be written assignments or tests.
- Presentation requires students to analyse and interpret information and to then communicate it. These may be given orally, in written/pictorial form, as a project summary, or by using video or computer software.
- Portfolio allows the student to be central in the process. Students can make decisions about what goes in it, how it is used, and how it is evaluated. It should provide a long-term record of growth in learning and skills.

Evaluation is the process of analysing, reflecting upon, and summarizing assessment information, and making judgments or decisions based upon the information gathered. The assessment provides the data, and the evaluation process brings meaning to the data. When students are aware of the outcomes for which they are responsible, and of the criteria by which their work will be assessed or evaluated, they can make informed decisions about the most effective ways to demonstrate their learning.

General Curriculum Outcomes

Three general outcomes serve as the foundation for the health curriculum.

Wellness Choices

- **Students will make responsible and informed choices to maintain health and to promote safety for self and others.**

Throughout the grades, students study active living, positive health habits, growth and change, body image, nutrition, substance awareness, and abuse awareness, as developmentally appropriate. Each grade level focuses on different aspects of these significant health issues.

Consideration about safety for self and others in the home, school, and community begins in the early grades and continues throughout the program.

Relationship Choices

- **Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.**

Students learn the characteristics of healthy relationships. They learn that the development and maintenance of effective relationships require the communication skills of listening, expressing needs and emotions, and providing feedback. They learn about support networks, mentors, and developing healthy relationships and positive interdependence.

Students learn how to maintain relationships and how to deal with change and transitions in a variety of life roles.

They also learn to value the strengths and gifts of self and others, as well as their uniqueness.

Life Learning Choices

- **Students will use resources effectively to manage and explore life roles and career opportunities and challenges.**

Students begin to develop practices, knowledge, and skills related to career development in grade one. They learn to respect the property of others and to understand the concepts of consequence and accountability.

Self-direction and personal responsibility are developed as students learn to organize and manage their own resources of time, energy, and personal property.

Students begin by recognizing the strengths, interests, attributes, and skills of self and others as a basis for understanding that opportunities and possibilities for learning are ever present and lifelong.

Service learning experiences and explorations provide students with opportunities to learn, practise, and refine skills while making meaningful contributions to their families, schools, and communities.

The general curriculum outcomes are interrelated and interdependent. Each is to be achieved through a variety of experiences. The emphasis is on overall well-being. Students learn to enhance attitudes and behaviours that reflect healthy choices and reduce the potential for harm. They develop personal responsibility for health and they demonstrate caring for others.

Specific Curriculum Outcomes

Each general curriculum outcome includes specific curriculum outcomes that students are expected to achieve by the end of each grade. Specific outcomes within each grade are developmentally appropriate, building upon and making connections to prior learning.

Thus, the specific curriculum outcomes are progressive and lead to more developmentally complex thinking skills that address the interrelated dimensions of health: physical, emotional/social, mental/cognitive, spiritual. The specific outcomes incorporate the potential for students to extend and refine learning in real-life situations.

Depending on the learning context and developmental needs of students, outcomes can be integrated or reclustered within the grade, as appropriate.

How To Use The Four-Column Curriculum Layout

The curriculum has been organized into four columns to relate learning experiences to the outcomes by

- providing a range of strategies for learning and teaching associated with a specific outcome or a cluster of outcomes
- demonstrating the relationship between outcomes and assessment strategies
- suggesting ways that teachers can make cross-curricular connections
- providing teachers with resource suggestions

Column 1: Specific Curriculum Outcomes

Column 1 provides specific curriculum outcomes describing what students are expected to know, be able to do, and, hopefully, value by the end of the year.

Specific outcomes are identified with a coding system: for example (W-8.6, R-8.3, or L-8.7). The letter in the abbreviation refers to the general outcome — Wellness, Relationship, or Life Learning Choices. The number after the hyphen is the grade level, and the final number refers to the order number of the specific outcome. Sensitive Topics - The heart symbol ♥ is used to identify outcomes that should be addressed with sensitivity.

Column 2: Elaboration-Strategies for Learning and Teaching

The first part of this column contains an elaboration of the outcome and/or some background related to the outcome of the teacher. The bullets in the second column indicate suggestions for learning and teaching.

Column 3: Tasks for Instruction and/or Assessment

This column provides suggestions for ongoing assessments that form an integral part of the learning experience.

The suggestions are grouped into a variety of types of assessment.

Column 4: Resources/Notes

This column provides additional information for teachers, including resource titles, cross-curricular links, supplementary resources, and web links. Appendix items with teacher information, student information, and activity sheets are also indicated in this column.

The Four-Column Spread

The curriculum has been organized in four columns in a two-page layout as illustrated below. The content of these columns is explained on pages 9 and 10.

WELLNESS CHOICES	
GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.	
<p>Outcomes</p> <p>Students will be expected to</p> <ul style="list-style-type: none"> examine the relationship between choices and resulting consequences (W-8.1) 	<p>Elaborations-Strategies for Learning and Teaching</p> <p>Personal Health</p> <p>(This outcome examines the relationship between choices and their consequences. Some choices produce negative consequences, such as those that are a result of choosing to smoke. Some choices can result in bad habits. Students are given advice on how to break a bad habit and how to develop a good habit. See column 4)</p> <p>Consequence: the result that follows from an action or condition. Habit: a repeated behaviour, often done without conscious thought.</p> <ul style="list-style-type: none"> In small groups, brainstorm examples of healthy choices and unhealthy choices. (20-25 of each) Working with a partner, list three examples of positive health choices on one side of a page and identify potential benefits of these choices. On the opposite side, list three examples on poor health choices and the potential consequences of these negative choices.

WELLNESS CHOICES	
GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.	
<p>Tasks for Instruction and/or Assessment</p> <ul style="list-style-type: none"> List five choices that could positively affect the way you look, feel, and perform. Explain the effects of each. List five choices that could negatively affect the way you look, feel, and perform. Explain the effects of each. Find an article, brochure, or news story about health classes. Discuss the potential consequences of the different choices. 	<p>Resources/Notes</p> <p>Health for Life 2 Ch. 2 (pp. 32-34)</p> <p>Breaking a Bad Habit</p> <ul style="list-style-type: none"> Promise to break the habit. List reasons for breaking the habit and consult this list often. Plan how you will break the habit. Choose a stop day and keep to it. Remove objects that support your habit. Get support from people who care. Keep busy with something interesting. Avoid situations that encourage the habit. If you think of the bad habit, do something else immediately. Congratulate yourself each time you want to do it but don't. Give yourself time to break the habit. Seek professional help if you feel you need it. <p>Developing a Good Habit</p> <p>Think about, and then choose something you want to make into a habit. It should be simple, something that will improve your life, and something you will enjoy.</p> <p>Plan it in your day. Do the new habit as least once a day. Reward yourself. Practise!</p>

Teacher Notes

- Health is a compulsory subject for grades 7-9. The time allotment based on the Minister's Directive No. MD 99-05 is as follows:
4-6 % (12-18 minutes/day or approximately 37-55.5 hours/year)
- Authorized Resources:
 - Grade 7 - *Health For Life 1*, Student Text
 - *Health For Life 1*, Teacher Resource
 - Prince Edward Island Health Curriculum Guide, Grade 7
 - Grade 8 - *Health For Life 2*, Student Text
 - *Health For Life 2*, Teacher Resource
 - Prince Edward Island Health Curriculum Guide, Grade 8
 - Grade 9 - *Choice For Positive Youth Relationships*, Instructional Guide
 - *Smart Start*, Binder
 - Prince Edward Island Health Curriculum Guide, Grade 9
- Human Sexuality outcomes are boldfaced and included with Wellness Choices. Before addressing any of these outcomes, you must provide parents with information about the content. The minimum expectation is to inform them by letter. An “opt-in” form must be signed by the parent/guardian and returned to the school. (A sample letter is available in the appendix.) Schools may decide to have an information meeting or discuss the program at events such as “Meet-The-Teacher Night”.
- Life Learning Choices outcomes L-8.1 and L-8.2 should be addressed early in the school year to help students organize their time and to plan for success.
- Life Learning Choices outcome L-8.5 should be addressed early in the school year to give students an opportunity to collect data for their personal portfolio.
- *Teens and Sex: What You Need To Know* (DVD) is available in your school library and may be used to address specific outcomes W-8.15, W-8.16, and W-8.17.
- In column 4, **Other Suggested Resources** (books, videos, web sites) are listed. Teachers are encouraged to use a variety of resources to address the curriculum outcomes (e.g., videos, posters, reference materials, community programs, web sites, resource people). Please ensure that the material being used is appropriate, engaging, and accurate.
- Eastern School District teachers have access to a selection of materials from the Teachers' Resource Centre. Western School Board teachers are encouraged to visit the Little Red School House for resources. All teachers are encouraged to use the Confederation Centre Library and to consult with the teacher-librarians in their schools for updated video curriculum lists as well as other resources.
- Each school has a *School Healthy Eating Toolkit* from the PEI Healthy Eating Alliance.
- The heart symbol ♥ is used to identify outcomes that should be addressed with sensitivity. It is important to know your students and to consider what outcomes/issues should be handled with care.
- Consider community opportunities when planning. Look for designated weeks or months such as Verbal Abuse Prevention week or Heart and Stroke Month, to address topics that complement the health curriculum.

Student LifeWork Portfolio Matrix

Student LifeWork Portfolio outcomes are embedded throughout the curriculum from grade 7 to grade 9. This matrix has been prepared to provide teachers with a comprehensive understanding of how the portfolio outcomes are addressed from grade 7 through to grade 9. Portfolio work is continued at the high school level.

Grade	Outcome <i>Students will be expected to</i>	Resources and Expectations
7 Health	<ul style="list-style-type: none"> Collect data for a personal portfolio showing evidence of interests, assets, and skills (L-7.5) 	<ul style="list-style-type: none"> Introduction to Portfolios. Begin collecting Portfolio pieces Identify Personal Skills and Interests <i>Career Cruising</i> Software <i>Health For Life 1</i>, Student Text and Teacher's Resource
8 Health	<ul style="list-style-type: none"> Collect data for a personal portfolio showing evidence of interests, assets, and skills (L-8.5) 	<ul style="list-style-type: none"> Continue to collect pieces that show relevant skills and achievement Explore careers related to their skills and interests through <i>Career Cruising</i> Software Program <i>Health For Life 2</i>, Student Text and Teacher's Resource
9 Health	<ul style="list-style-type: none"> Create a LifeWork Portfolio (L-9.5) 	Core Items Produced <ul style="list-style-type: none"> Cover Page Table of Contents Life History Narrative Chronological Record Goals Documentation
Senior High and Beyond	<ul style="list-style-type: none"> Select items and maintain a LifeWork Portfolio Demonstrate an understanding of the career - building process Present LifeWork Portfolio to an audience Practise selecting portfolio artifacts for a presentation (e.g., admission to college, specific job, or other purpose) 	<ul style="list-style-type: none"> Select items and maintain a LifeWork Portfolio Interpret, evaluate and use career information Engage in LifeWork decision making Research career paths Write reflections on artifacts

Grade 8

WELLNESS CHOICES-General Curriculum Outcome

Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Specific Curriculum Outcomes**Personal Health**

Students will be expected to

- examine the relationship between choices and resulting consequences
- demonstrate an understanding of the need for and benefits of adequate sleep
- develop personal strategies to deal with pressures to have a certain look/lifestyle
- use nutrition information on food labels to make informed food choices
- evaluate personal food choices, and identify strategies to maintain optimal nutrition when eating away from home
- identify possible negative consequences of substance use and abuse
- demonstrate an understanding of the effect of harmful involvement with alcohol, cannabis, and other drugs on a family

Safety and Responsibility

Students will be expected to

- identify potentially unsafe situations, and begin to develop strategies to reduce risk
- describe rights and responsibilities of employers and employees in relation to workplace safety
- develop strategies to effectively access health information and health services in the community
- identify and develop personal resiliency skills

Sexual Health

Students will be expected to

- demonstrate an understanding that individuals experience different rates of physical, emotional, sexual, and social development**
- determine the signs, methods, and consequences of various types of abuse**
- demonstrate an understanding of sexual orientation**
- demonstrate an understanding of responsibilities and consequences associated with being sexually active**
- describe symptoms, effects, treatments, and prevention for a common sexually transmitted infection**
- describe basic types of contraceptives**

RELATIONSHIP CHOICES-General Curriculum Outcome

Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Specific Curriculum Outcomes**Understanding and Expressing Feelings**

Students will be expected to

- describe characteristics of persistent negative feeling states
- describe signs associated with suicidal behaviour, and identify interventional strategies
- evaluate the relationship between risk management and stress management
- analyse the effects of self-concept on personal communication

Interactions

Students will be expected to

- describe strategies for maintaining healthy relationships
- describe and provide examples of ethical behaviour in relationships
- develop and demonstrate strategies for promoting peaceful relationships

Group Roles and Processes

Students will be expected to

- describe and explain the positive and negative aspects of conformity and dissent as they relate to individuals in a group or on a team
- describe the characteristics of an effective leader and group member

LIFE LEARNING CHOICES-General Curriculum Outcome

Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Specific Curriculum Outcomes**Learning Strategies**

Students will be expected to

- determine and develop time management strategies/skills to establish personal balance
- examine learning priorities, and develop a personal learning plan
- identify components of ethical decision making
- begin to develop goals and priorities related to learning and future career paths, based on personal interests, aptitudes, and skills

Life Goals and Career Development

Students will be expected to

- collect data for a personal portfolio to show evidence of a range of interests, assets, and skills
- investigate, interpret, and evaluate career information and opportunities using a variety of sources

Volunteerism

Students will be expected to

- investigate the characteristics of a mentor, and practise mentorship in a group setting
- relate personal knowledge and skills to potential opportunities for volunteering and providing service to others in the community

Wellness Choices



Notes:

PEI Specific Curriculum Outcomes

Personal Health

Students will be expected to

- examine the relationship between choices and resulting consequences (W-8.1)
- demonstrate an understanding of the need for and benefits of adequate sleep (W-8.2)
- develop personal strategies to deal with pressures to have a certain look/lifestyle (W-8.3)
- use nutrition information on food labels to make informed food choices (W-8.4)
- evaluate personal food choices, and identify strategies to maintain optimal nutrition when eating away from home (W-8.5)
- identify possible negative consequences of substance use and abuse (W-8.6)
- demonstrate an understanding of the effect of harmful involvement with alcohol, cannabis, and other drugs on a family (W-8.7)

Safety and Responsibility

Students will be expected to

- identify potentially unsafe situations, and begin to develop strategies to reduce risk (W-8.8)
- describe rights and responsibilities of employers and employees in relation to workplace safety (W-8.9)
- develop strategies to effectively access health information and health services in the community (W-8.10)
- identify and develop personal resiliency skills (W-8.11)

Sexual Health

Students will be expected to

- demonstrate an understanding that individuals experience different rates of physical, emotional, sexual, and social development (W-8.12)
- determine the signs, methods, and consequences of various types of abuse (W-8.13)
- demonstrate an understanding of sexual orientation (W-8.14)
- demonstrate an understanding of responsibilities and consequences associated with being sexually active (W-8.15)
- describe symptoms, effects, treatments, and prevention for a common sexually transmitted infection (W-8.16)
- describe basic types of contraceptives (W-8.17)

*Sexual health outcomes may only be taught with written permission from parents/guardians.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- examine the relationship between choices and resulting consequences (W-8.1)

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

This outcome examines the relationship between choices and their consequences. Some choices produce negative consequences, such as those that are a result of choosing to smoke. Some choices can result in bad habits. Students are given advice on how to break a bad habit and how to develop a good habit. Some choices produce positive consequences, such as doing better in school because you are eating a healthy breakfast.

Consequence: the result that follows from an action or condition.

Habit: a repeated behaviour, often done without conscious thought.

Breaking a Bad Habit

- Promise to break the habit. List reasons for breaking the habit and consult this list often.
- Plan how you will break the habit. Choose a stop day and keep to it.
- Remove objects that support your habit.
- Get support from people who care.
- Keep busy with something interesting.
- Avoid situations that encourage the habit.
- If you think of the bad habit, do something else immediately.
- Congratulate yourself each time you want to do it but don't.
- Give yourself time to break the habit.
- Seek professional help if you feel you need it.

Developing a Good Habit

Think about, and then choose something you want to make into a habit. It should be simple, something that will improve your life, and something you will enjoy.

Plan it in your day.

Do the new habit as least once a day.

Reward yourself.

Practise!

- Have students work in small groups to brainstorm examples of healthy choices and unhealthy choices.
- Have students work with partners. Ask them to list three examples of positive health choices on one side of a page and identify potential benefits of these choices; on the opposite side, list three examples of poor health choices and the potential consequences of these negative choices.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- List five choices that could positively affect the way you look, feel, and perform. Explain the effects of each. List five choices that could negatively affect the way you look, feel, and perform. Explain the effects of each.

Presentation

- Find an article, brochure, or news story about health choices. Discuss the potential consequences of the different choices.

Resources/Notes

Health For Life 2 - Student Text
Ch. 2 (pp. 32-35)

Health For Life 2 - Teacher's Resource
Ch. 2 (pp. 51-52)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- demonstrate an understanding of the need for and benefits of adequate sleep (W-8.2)

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

Teenagers biologically require nine to ten hours of sleep. Lack of sleep can lead to problems with memory and concentration, attention deficit issues and increased likelihood of mistakes, difficulty absorbing new information, and increased irritability that can lead to problems with moods. Sleep deprivation has also been associated with substance abuse (e.g., stimulants). Recent research identifies a direct correlation between degree of sleep deprivation and obesity. Hormones that control appetite are significantly affected by the degree of sleep deprivation. (See “How Much Sleep Do You Need” — Appendix.)

- Have students use a T-chart to record positive health choices they made over the last six months, and the positive results of these choices.

Consider the following issues:

- physical activity
- eating habits
- weight
- sleep
- tobacco use
- substance abuse
- mental health
- injury and violence
- environmental quality
- immunizations
- access to health care

The focus of this outcome is getting enough sleep.

Brainstorm the positive consequences of getting enough sleep every night.

Brainstorm the potential negative consequences of not getting enough sleep every night.

Survey students in your class to find out how much sleep per night they average, and how they believe this affects their daily lives.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Performance

- Review Student Information Master: “How Much Sleep Do You Need?” (Appendix).
- Use this information to develop a one-minute public announcement outlining the need for and benefits of adequate sleep.

Presentation

- Research the average amount of sleep you need at different stages in your life. Display this information on a time line.
- Research strange and interesting facts about sleep. Discuss why some people need more sleep than others.

Journal

- How have your sleep patterns changed over the years? Describe your typical sleep pattern during the school year. Describe what happens when you don't get enough sleep. List the choices you make that affect getting (or not getting) enough sleep.

Observation

- Choose three positive health choices you could make to improve your personal health. Write a plan that includes a goal and the steps you could take to achieve your goal. Log your progress. Analyse the benefits of the choices you made, what you will continue to do, and what you might do differently.

Resources/Notes

Health For Life 2 - Student Text
Ch. 2 (pp. 25-31)

Health For Life 2 - Teacher's Resource
Ch. 2 (pp. 41-45)

Appendix

“How Much Sleep Do You Need?”

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- develop personal strategies to deal with pressures to have a certain look/lifestyle (W-8.3) ♥

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

Many people are unhappy with the way they look because our society often emphasizes appearance. We need to avoid making negative comments about our own and other people's bodies. Students should compliment one another more on their attitudes, actions, efforts, ideas, and accomplishments rather than focussing their attention on appearance. Other strategies for promoting a healthy body image include the following:

- Minimize "diet" talk and "weight" talk.
- Refrain from joking about someone's size or weight.
- Discourage friends from engaging in dieting and weight-loss fads. Instead, encourage healthy lifestyles.
- Realize that there is no perfect body; beautiful bodies come in all sizes and shapes.

Brainstorm sources of pressure to look or act in a certain way (e.g., peers, media, and parents). Discuss the degree of influence and the positive or negative effects these sources may have.

Have students compile a variety of advertisements that contain messages about the way teens should look or act; cut out the advertisements; mount them on paper, and write captions describing the messages to conform. Display them in the classroom.

Hidden messages in ads can be classified as the six "S's":

Slim - You'll be slim and fashionable. Ads use thin models.

Sexy - You'll be more romantically or sexually attractive. Ads show couples enjoying each other's company.

Sporty - You'll be a better athlete and have more fun. Ads show people doing active things, often outdoors.

Social - You'll be more popular. Ads show groups of people having fun.

Strong - You'll be stronger and more muscular.

Sophisticated - You'll be grown up and sophisticated.

- Have students discuss the display of advertisements and their messages.
- Have students brainstorm strategies for resisting the pressure to conform to a particular message in a specific advertisement. Write the strategy below the ad.
- "Are there pressures to have a certain look or lifestyle that may benefit teens?" Invite students to reflect about and discuss this question.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Create a brochure offering tips on what teens can do to cope with pressures to have a certain look.
- Create a collage that celebrates the wonderful things about you, without focussing on your appearance. Use photos, words, drawings, poetry, and objects to reflect on your many attributes.

Resources/Notes

Health For Life 2 - Student Text

Ch. 3 (pp. 43-48)

Health For Life 2 - Teacher's Resource

Ch. 3 (pp. 70-73)

Videos

Body Image Trap

Thin Dreams

(Confederation Centre Library)

Appendix

"Magazine Analysis" activity

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- use nutrition information on food labels to make informed food choices (W-8.4)
- evaluate personal food choices, and identify strategies to maintain optimal nutrition when eating away from home (W-8.5)

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

Although students will have already learned guidelines for healthy eating in *Canada's Food Guide to Healthy Eating* in previous grades, it is suggested that the latest guide be available in your classroom. (See column 4 for ordering information.) The focus of this outcome is food labels.

Food labels can help students make choices that promote good health. By reading food labels, students can learn the nutrition facts that will help them compare one food with another, enabling them to choose foods that provide the balance of nutrients their bodies need. Knowing what nutrients are in the foods we eat helps us make better food choices. Fat, salt, and sugar should be eaten in moderation, while intake of other nutrients, such as fibre, calcium, iron, and vitamin A, should be increased. This is useful information for students.

Use the sheets provided in the appendix to review label information. You may also download these from www.healthyeatingisinstore.ca. (Depending on your school, this outcome may be addressed by the Home Economics teacher. Please check.)

Eating out has become a way of life for many Canadians. Typically, Canadians eat out several times a week. Teens, who often lead fast-paced lifestyles, are no exception. Fast foods may be particularly appealing to teens because of the way that these foods are advertised, their seemingly low cost, and convenience. Without nutritional information and careful planning, frequent eating out can promote poor eating habits and obesity.

In moderation, fast-food items (such as hamburgers, French fries, ice cream, and doughnuts) can be part of a healthy diet. However, when these foods begin to replace other more nutritious foods in an individual's overall eating plan, problems and nutrient deficiencies can occur. Comparing typical fast-food items to home-prepared foods or school cafeteria items can help students see the impact of these choices on their overall eating habits should and can encourage moderation.

In their notebooks, students write down everything they can remember eating in the last week and with a partner, identify the foods as "fast" or "whole".

Fast Food: processed, ready-to-eat, and usually containing artificial colours, sweeteners, and flavours.

Whole Food: foods that have undergone minimal processing, have few or no additives, and are consumed very close to their natural state.

- Have students use the Internet to locate nutritional information on a variety of fast-food products. (www.calorie-counters.net or www.dietfacts.com)
- Invite students to investigate and evaluate the nutritional content of foods served in their school cafeteria, hot lunch program, and vending machines.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Using a label from a food you often eat, answer the following questions:
 - What is the serving size?
 - How many calories are in one serving?
 - How many grams of fat are in one serving?
 - Circle on the Nutrition Facts table one nutrient that is important to you. Circle the percentage daily value for this nutrient.
 - Will you need to get less or more of this nutrient?
 - Is this food a good choice for you? Why or why not?
- (W-8.4)

Presentation

- Design a fast-food guide based on the Internet information (www.calorie-counters.net or www.dietfacts.com). Include information on the number of servings from *Canada's Food Guide*, that each item provides. Use colour, symbols, and charts to make it user-friendly.
- Analyse the nutritional value of your favourite fast-food meal. Determine whether your choices are healthy or in need of improvement. Outline your plans for maintaining or improving your eating habits away from home. (W-8.5)

Paper and Pencil

- Describe three healthy food choices you could make away from home. (W-8.5)

Resources/Notes

Health For Life 2 - Student Text
Ch. 2 (pp. 19-24)

Health For Life 2 - Teacher's Resource
Ch. 2 (pp. 37-41)

Appendix
Material from www.healthyeatingisinstore.ca

Invite a dietitian or nutritionist to speak to your class.

Health For Life 2 - Student Text
Ch. 2 (pp. 19-24)

Health For Life 2 - Teacher's Resource
Ch. 2 (pp. 37-41)

Canada's Food Guide
www.healthcanada.gc.ca/foodguide
(Copies of this can be ordered on-line free of charge. Order one per student.)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify possible negative consequences of substance use and abuse (W-8.6) ♥

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

The focus of this outcome is to strengthen students' understanding of the factors that influence substance-use decisions and to help them make healthy substance-use decisions. An important ingredient of sound decision making is a clear understanding of risks and harms linked to substance use.

Discuss the questions, "Why do some people use alcohol/cannabis and other drugs?" and "Why do some adolescents use alcohol/cannabis and other drugs?" Explain to the students that the term cannabis refers to the substances they may know as marijuana, pot, weed, dope, grass, or hash and hash oil.

Discuss similarities and differences in the answers for these two questions.

Explain to the class that research has shown that, when making decisions about trying alcohol and other drugs, teenagers are often influenced by their perception and knowledge of what risks and/or consequences are connected to using a specific substance. These can include health effects and getting into trouble with the law. In addition, one substance may carry greater or lesser risks than another substance. Students will complete "Risk-Wise" (Appendix). Discuss responses using the "Risk-Wise" answer key (Appendix).

Use Appendix activity "Make Room For Males." Each student takes three to five minutes to complete the survey. There are no right or wrong answers in the activity; it is an opinion poll, not a quiz. In small groups, or as a class, discuss the responses.

Review and discuss "Fetal Alcohol Spectrum Disorder" (Appendix). This discussion should include the potential consequences of using alcohol while pregnant — for the child, the family, and society.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Imagine that you have been invited to be a guest columnist for a teen magazine. Your job is to write an open letter to students your age encouraging them to consider the potential consequences of using alcohol while pregnant. Include basic information about what FASD is, the consequences of FASD, and why and how it can be prevented.

Performance

- Work with a partner to develop a one minute public service announcement to create an awareness of FASD and offer prevention strategies.

Resources/Notes

Health For Life 2 - Student Text
Ch. 6 (pp. 104-106)

Health For Life 2 - Teacher's Resource
Ch. 6 (pp. 160-161)

www.healthcanada.ca/fas
www.peidruginfo.ca

Videos

Through a Blue Lens

The Truth About Drinking

The Truth About Drugs

(Confederation Centre Library)

Invite a guest speaker to address the class on the possible negative consequences of substance use and abuse.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- demonstrate an understanding of the effect of harmful involvement with alcohol, cannabis, and other drugs on a family (W-8.7) ♥

Elaborations-Strategies for Learning and Teaching

PERSONAL HEALTH

It is important to be aware that this outcome could make some students feel uncomfortable, or lead them to disclose that this is happening to them. It may be beneficial to collaborate with the school counsellor in advance of the class and decide how to handle the discomfort or disclosure of students, should it arise. You may decide to address this outcome as a team.

It is not just young adolescents whose lives can be affected by alcohol and other drugs. In some cases, other family members, including siblings and parents, and extended family members experience substance-use problems. The focus of this outcome is how the alcohol and other drug-related behaviour of each family member can affect others in the family.

- Invite students to brainstorm ideas about what kinds of things might happen in the home if a parent or older sibling drinks too much or has become harmfully involved or dependent on a prescription drug or an illegal drug such as cannabis or cocaine. Discuss the terms “involved” and “dependent.”

Harmful involvement can be defined as heavy use and/or more frequent use, with the person looking forward to chances to use the substance. Problems may begin to emerge but, the person continues to use despite these problems.

Dependence involves heavy, frequent use. The substance is very important to the person, and he or she will make personal sacrifices to get and use the substance, spending a lot of money and time using the drug. He or she craves the drug and even feels uncomfortable without it. In fact, he or she needs to have the drug to feel “normal.” The person continues to use the drug even though it is causing various problems at school or home, with friends, or with money. Both types of substance use are a concern within a family as they can have a great impact on day-to-day life.

Ask the students if they think that the consequences of harmful involvement or dependency would be different if the person having the problem was the mother, the father, or an older sibling.

- Encourage students to participate in the “Effects on Family Members” activity (Appendix).

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- Reflect on what you have learned from the family stories and suggest ways that adolescents can cope with situations such as these.

Presentation

- Complete the “Family Stories” activity. (Appendix)

Resources/Notes

Appendix

- “Circle of Caring for Children”
- “Effects on Family Members”
- “Family Stories”
- “Family Story Questions”

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify potentially unsafe situations, and begin to develop strategies to reduce risk (W-8.8)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Learning to recognize unsafe situations is essential for students as they begin to take responsibility for their personal safety. This outcome focusses on developing an awareness of surroundings, identifying strategies for avoiding potential risks, and knowing what to do should trouble arise.

As a class, brainstorm a list of unsafe situations or dangers that teenagers may face, such as the following:

- walking alone
- finding a stranger at your door
- using chat rooms on-line
- riding your bike

“BAK-up” plans

Be aware

Avoid potential risks

Know what to do

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

- Choose two or three situations from the class-generated list. Create a BAK-up plan for each of the situations.
 - Identify what they should be aware of in each situation.
 - Suggest how they could avoid potential risks.
 - Suggest what they need to know should trouble arise.

Resources/Notes

Health For Life 2 - Student Text

Ch. 5 (p. 84)

Ch. 6 (pp. 94-98)

Health For Life 2 - Teacher's Resource

Ch. 5 (pp. 123)

Ch. 6 (pp. 146-148)

AirDogs (Interactive Computer Game)

It is recommended that this game be played presentation style (with an LCD projector) as a class so as to enable discussion and questions.

Internet 101 can also be used.

www.internet101.ca

Kit 101: An Educator's Guide to Internet Safety (Teacher-Librarian will have a copy of this.)

Appendix

"Ideas For Promoting and Enhancing Safety in the Community"

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- describe rights and responsibilities of employers and employees in relation to workplace safety (W-8.9)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Teacher Note

Workplace Safety is covered in detail in grade 9 with a resource called *Smart Start*. However, many grade 8 students are likely to be involved in baby-sitting, mowing lawns, shovelling snow, or working in family-owned businesses. They may also consider finding part-time jobs. Therefore, it is important that a class be spent going over some important information that students should be aware of, and how they can protect themselves.

Have students brainstorm a list of jobs (paid or volunteer) students may have or look forward to having in the future.

Discuss what rights and responsibilities students and employers have when it comes to workplace safety.

Generate a list of questions regarding workplace safety that you could ask before starting a job.

The following information can be brought to the students' attention if it does not come up during discussion.

Ten questions to ask your employer before starting work

1. What are the dangers of my job?
2. Are there any other hazards, such as noise, chemicals, radiation, that I should know about?
3. Will I receive job safety training? When?
4. Is there any safety gear I'll be expected to wear? Will I receive training in how to use it? When?
5. Will I be trained in emergency procedures? When?
6. Where are fire extinguishers, first aid kits, and other emergency equipment located?
7. What are my health and safety responsibilities?
8. Whom do I ask if I have a health or safety question?
9. Do you have safety meetings?
10. What do I do if I get hurt? Who is the first aid person?

You have a right to a safe and healthy workplace.

Employers must do everything they can to protect your health and safety. For example, employers have to assess safety hazards at the workplace to control or eliminate them, and keep equipment in safe working order. All workers have the right to know about workplace hazards and to receive training on how to do their jobs safely, the right to participate in solving health and safety problems in their workplace, and the right to refuse unsafe work.

As a worker, you also have responsibilities.

- Follow the safety rules and regulations.
- Ask for the training you need to do your job safely.
- Report all injuries and unsafe working conditions.
- Wear the proper protective equipment.
- Do the job safely.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Presentation

Design a brochure or poster outlining workers' rights and responsibilities regarding workplace safety.

Paper and Pencil

- Survey newspapers over the past month to find stories and articles related to workplace safety. Identify current trends and issues that may relate to the rights and responsibilities of employers and employees.

Resources/Notes

Health For Life 2 - Student Text
Ch. 6 (pp. 100-101)

Health For Life 2 - Teacher's Resource
Ch. 6 (pp. 151-152)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- develop strategies to effectively access health information and health services in the community (W-8.10)

Elaborations-Strategies for Learning and Teaching

SAFETY AND RESPONSIBILITY

Teacher Note

Adolescence can present students with some potential health issues and problems. With this outcome, students learn strategies to effectively access resources they might draw on to help themselves or their friends, in order to deal with any health issues that may arise. Many families and schools have links to school counsellors, psychologists, and doctors. A good resource for advice and treatment is your family doctor. This is a person who knows you and your history.

Do an informal survey of the class to determine how many students know

- their doctor's name and the location of his or her office or clinic
- the location of the nearest public health office
- where to go to get information on general health questions and concerns
- teen information web sites and hot line numbers

As a class, brainstorm sources of health information and services available to teens in the local area. Assure students that it is natural to feel nervous about talking to your doctor or other professionals about sensitive subjects, and that the following should be kept in mind:

- Don't be embarrassed. Doctors are there to help you, not judge you.
 - Go prepared. Make a list of questions before the visit.
 - Speak openly and honestly.
 - Feel safe. By law, doctors have to keep your information confidential.
 - Visit the government pages in the telephone book to find services in PEI.
- Encourage students to discuss things they can do to ensure that the information they get is correct and safe. For example, find out who is providing the information—a pharmaceutical company may have different goals than a local health unit.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- Choose a health issue you are interested in. Create a mind map showing all the different strategies you could use to find out more information on this topic.

Presentation

- Design a health information directory bulletin board for your classroom, school library, or counselling area.

Resources/Notes

Health For Life 2 - Student Text
Ch. 6 (pp. 109-112)

Health For Life 2 - Teacher's Resource
Ch. 6 (pp. 165-166)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- identify and develop personal resiliency skills (W-8.11) ♥

Elaborations-Strategies for Learning and Teaching

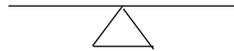
SAFETY AND RESPONSIBILITY

Some people are able to overcome serious hardships or meet tough challenges. These people are resilient. They have the ability to recover quickly from a difficult situation. With this outcome, student review the concept of resiliency (W-7.8) and are provided with skills to help them deal with difficulties. (See Appendix.)

Resiliency is a process of balancing protective factors against risk factors. It is the gradual accumulation of emotional strength that gives people the ability to rise above difficult life circumstances. Discuss how the more resiliency characteristics a person has, the greater for overcoming adversity.

Risk Factors

- stress
- adversity
- disadvantages



Protective Factors

- ability to cope
- availability of support

- Have students brainstorm a list of skills that can help a person lead a happy and satisfying life.
- Working with a partner, have students generate a list of opportunities they have to develop social competence skills through classroom work, special assignments, and school activities.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- Describe three ways you demonstrate strong personal resiliency skills in your life.
- Describe one personal resiliency skill that you would like to strengthen.

Presentation

- Identify and describe an accomplished artist, writer, or athlete who has demonstrated strong personal resiliency skills. Discuss a difficulty the person faced, how the difficulty was turned into a challenge, and what others can learn from the person's experience.

Resources/Notes

Health For Life 2 - Student Text

Ch. 5 (pp. 76-81)

Health For Life 2 - Teacher's Resource

Ch. 5 (pp. 118-121)

Appendix

"Resiliency"

Information Pertinent to Sexual Health Outcomes (W-8.12 to W-8.17)

Sexual Health

- * Parents/guardians will retain the right to exempt their child from school instruction of sexual health outcomes (W-8.12 to W-8.17). (See sample letter—Appendix). Schools will provide alternative learning experiences for those students who have been exempted.

Setting the Scene

At the beginning of this unit, it is important to establish or reinforce class rules, climate, and responsibilities. These can be established as a class, or the teacher may decide to present them. The appendix includes ideas for these.

As with sexuality units in previous grades, it is important that students begin with a review of what sexuality is.

Sexuality refers to everything about you as a male or female. It includes the way you act, your personality, and your feelings about yourself.

The appendix includes further definitions of sexuality that you may wish to refer to. An introductory activity, “Your Identity — Many Parts Make You Strong” (Appendix), is appropriate for those students who have difficulty identifying positive characteristics about themselves.

This introductory class should also be used to establish class rules, climate, and responsibilities. These can be established by the class, or the teacher may decide to present them. The appendix includes ideas for these.

Teachers will explain the outcomes of this section and the rationale for studying this topic.

Sexuality Education will

- provide opportunities to explore attitudes, feelings, values, and moral views that may influence choices regarding sex and sexual health
- provide accurate information to students to help them develop the knowledge and skills to make informed, healthy behavioural choices that have a positive impact on sexual health
- foster self-image and self worth
- prepare students for the present and future, whether they choose to be sexually active or not
- discuss where and how teens can find correct information about sexuality (from appropriate books, videos, resource people, web sites, including those suggested in the appendix)

Have students gather a variety of items that describe or symbolize how they see themselves. (A version of this activity, “Inside-Outside Boxes,” is included in the appendix.) These items may be included in students’ portfolios (L-8.5). Ask students to share and explain their boxes to a small group, in as much detail as they feel comfortable with.

Appendix Resources/Notes

Sample letter to Parents/Guardians
Sexual Health Outcomes
Scope and Sequence
“Teaching Tips”
“Instructional Methods”

“Setting Ground Rules”
“Classroom Climate”
“Your Identity—Many Parts Make You Strong”
“Inside-Outside Boxes”
“Sex Facts in Canada 2006”

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **demonstrate an understanding that individuals experience different rates of physical, emotional, sexual and social development (W-8.12)**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

The second fastest period of growth in human life is adolescence. **Adolescence** is the period from the onset of **puberty** until maturity in adulthood. **Hormones** cause physical changes, which can occur at different times and rates for different people. These variations can cause anxiety or stress as teens compare themselves with their peers.

- Invite students to reflect on changes in their growth and development that they or their friends have experienced.

In terms of physical development, adolescents may

- experience fast, irregular growth;
- feel awkward and uncoordinated as a result of bodily changes;
- mature at a much different rate than their peers;
- feel more tired or restless;
- exhibit increased energy, resulting in a need for more exercise;
- prefer junk food over more nutritional food options;
- show more concern about their body image and appearance.

Common characteristics of adolescent emotional development include the following:

- Teens may experience mood swings that they can't explain. They may be happy one minute and sad the next.
- They struggle to develop an identity separate from their parents.
- They are concerned about being accepted by their peers. They worry about what their parents think, but they also worry about what their peers think.
- They may be very self-conscious and sensitive to criticism. They tend to embarrass very quickly.
- They are very concerned about their physical growth and maturation.
- They believe that the problems, feelings, and experiences they are having are unique to them alone.

In terms of sexual development, adolescents may

- display shyness, blushing, and modesty;
- exhibit an increased interest in attraction to others;
- become more concerned about their physical and sexual attractiveness to others;
- change relationships frequently;
- have anxiety about being normal.

Common characteristics of adolescents' social development include the following:

- Teens have a strong desire to belong to a group and have approval of their peers.
- They look for behaviour models in other students or adults who are not their parents.
- They want to be recognized for their efforts and achievements.
- They like fads, especially those that adults don't like.
- They are influenced by the values and beliefs they've grown up with, but they want to make their own decisions.
- They may be rebellious toward their parents.
- They often overreact to teasing, embarrassment, or rejection.
- Their teachers are putting more demands on them to be organized, to meet deadlines, and to learn large amounts of information.
- Competition—social, athletic, and academic—has them drawing comparisons between themselves and their peers.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Complete a time line of significant physical and social milestones in your life.

Presentation

- Collect photographs of yourself at different ages, examples of assignments or awards from different grades, or other items you have collected which relate to your interests over the past several years. Examine the photos and collected items and discuss how they reveal changes in physical appearance, interests and activities, and goals or achievements. This can be done with a partner or in small groups.
- Identify a book or movie about a group of teens. Examine how the individual characters experience different rates of physical, emotional, sexual, and social development (e.g., *The Outsiders*, by S.E. Hinton, or the TV series, *Degrassi*).

Journal

- List five examples of how you've changed physically, emotionally, and socially in the last five years.

Resources/Notes

Health For Life 2 - Student Text
Ch. 2 (p. 28)

Health For Life 2 - Teacher's Resource
Ch. 2 (pp. 43-50)

Human Body In Action - Reproductive and Endocrine Systems (DVD)

(Confederation Centre Library)

Appendix

W-8.12, W-8.13, W-8.14

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **demonstrate an understanding that individuals experience different rates of physical, emotional, sexual and social development (W-8.12) (Cont'd)**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

As part of this outcome, a review of sexual anatomy on a physiology is suggested (one to two classes). See Sexual Health Outcomes Scope and Sequence - p. 121 - Appendix)

Provide each student with a blank copy of both the male and female reproductive systems. Provide the required words and challenge the students to label these diagrams.

Distribute copies or display an overhead of the reproductive systems. Invite volunteers to explain how each system functions. Assist where necessary. The descriptions should include menstruation and sperm production. Toxic Shock Syndrome should be discussed with menstruation (Teacher Information “Menstrual Cycle,” Appendix). Breast self-examination and testicular self-examination should be included here as well.

Several blackline masters, teacher information, and worksheets are included in the appendix to support teachers and students. The content of these is a useful indicator of the depth to which the topic is explored. This is not a biology course; therefore, a working knowledge of the body’s reproductive structures and functions is all that is required.

Inviting student input, and using the blackline masters as overheads, the teacher will present a review of fertilization, pregnancy, and childbirth.

The Teacher Information in the appendix contains information beyond what is necessary to convey. Some worksheets will help teachers determine the depth. Teachers will probably find the background notes to be useful for answering questions that may arise during classes or through the Question Box.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Individual work: worksheets/quizzes

Formal/Informal Observation

- Group work and participation in discussions

Paper and Pencil

- Individual work: worksheets/quizzes

Formal/Informal Observation

- Group work and participation in discussions

Resources/Notes

Appendix

Teacher Information

“The Male Reproductive System”

“The Female Reproductive System”

“Reproductive Systems: Features and Functions”

“The Menstrual Cycle”

“Breast Self-examination”

“Testicular Self-examination”

“Conception and Pregnancy”

“Fraternal Twins”

“Identical Twins”

“Fetal Development”

“Word Match”

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **determine the signs, methods, and consequences of various types of abuse (W-8.13) ♥**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

With this outcome, students are expected to learn about the signs, methods, and consequences of physical abuse, emotional abuse, neglect and sexual abuse. (See Appendix or *Health For Life 2*, Teacher's Resource, pp. 153-158.)

Types of child abuse

- **Physical abuse:** intentional, substantial, and observable injury to a child.
- **Emotional abuse:** the substantial and observable impairment of a child's mental or emotional functioning caused by such things as rejection, deprivation of affection and/or cognitive stimulation, exposure to domestic violence or disharmony, inappropriate criticism and humiliation, or chronic drug or alcohol use by anyone living in the child's home.
- **Neglect:** failure to provide a child with the necessities of life, including failure to obtain needed medical, surgical, or other treatment.
- **Sexual abuse:** inappropriate exposure or subjection to sexual contact, activity, or behaviour.

Talking about abuse may cause some students to be upset or to show signs that they have been involved in an abusive situation. The topic may also be disturbing to students who have not experienced abuse and know little about it. It is important to be sensitive to the needs of all students.

Teachers are required by law to report known abuse of a student. Be sure to familiarize yourself with your school board's policies regarding the means of reporting abuse. This information should be communicated to teachers at staff orientation meetings. It is also recommended that you alert your school counsellors when you will be discussing the topic of abuse as part of this course.

Introduce the topic of abuse by asking some general questions of the class:

What is abuse?

(**Abuse** is defined as causing another person deliberate and unjustifiable harm. It can take many forms, some so subtle that they might never be seen or felt by anyone other than the victim. Teachers should emphasize that abuse, however subtle or invisible, is never acceptable.)

Who can be the abusers? Who can be the victims?

What would you do if someone reported a case of abuse to you? (Inform a trusted adult, e.g., a parent, a counsellor or a teacher.)

If someone reported a case of abuse to me as a teacher, what do you think I should do? (Inform students that as a teacher you are obligated to follow a policy. Share the policy with them.)

Brainstorm a list of people someone can talk to if she or he is being abused. The list should include parents or other family members, teachers, the school principal or counsellor, school health professionals, and community organizations that deal with issues pertaining to abuse.

Share the "Circle of Caring for Children" resource in the appendix. A copy of this could be posted in the classroom.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- In your own words, explain why child abuse is an important issue in your community. Discuss the signs and consequences of abuse, and actions that can be taken to deal with it.

Presentation

- In small groups, think of scenes of abuse or neglect you may have seen in a movie or television show.
 - Discuss the signs, methods, and consequences of the abuse.
 - Discuss how you think the victim of the abuse felt.
 - Decide how you would deal with a similar situation of abuse in real life.

Resources/Notes

Health For Life 2 - Student Text
Ch. 6 (pp. 102-103)

Health For Life 2 - Teacher's Resource
Ch. 4 (pp. 153-158)

Invite a guest speaker from a local women's shelter or youth service agency to discuss the consequences of abuse and how communities can work together to break the cycle of abuse.

Appendix

Teacher Information

"Circle of Caring For Children"

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **demonstrate an understanding of sexual orientation (W-8.14) ♥**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

It is safe to assume that your class reflects the community. Students will express their sexuality and sexual identity in ways that are similar and different from you and others in the class. For teenagers, developing their sexual identity can be a complex task. Our sexual identity includes our gender, sexual orientation, and sexual behaviour.

Sexual Orientation is defined by the sex of individuals for whom we feel an attraction and affection, both physical and emotional. It is part of our personal identity in that it is how we perceive ourselves and how others perceive us.

Clarify the definitions of the following terms.

Bisexual: a woman or man who is emotionally and sexually or physically attracted to both women and men.

Gay: a slang word for a homosexual man. It may also refer to a lesbian.

Heterosexual: a person who is emotionally and sexually attracted to people of the opposite sex.

Homosexual: a person who is emotionally and sexually attracted to people of the same sex.

Lesbian: a woman who is emotionally and sexually attracted to women.

Transgendered: people who feel that their gender identity conflicts with their sexual anatomy. A boy may feel as if he should have been a girl or a girl may feel as if she should have been a male.

As many as four percent of the students in your class may be gay, lesbian, bisexual, or questioning their sexual orientation. Use inclusive language (e.g., “partner” rather than “girl/boyfriend”). Refer to democratic values, such as respect for self and others, equality, and justice, to address harassment and put-downs (e.g., anti-gay jokes, graffiti and labelling).

When you show empathy and tolerance for people who are different from you, you are demonstrating respect.

Discuss sexual orientation in terms of thoughts, feelings, and activities.

- Some boys and girls can feel confused about whether they are heterosexual or gay/lesbian.
- Most boys and girls feel close to a friend of the same sex and admire older people, such as athletes, coaches, or teachers.
- Some boys and girls will experiment sexually with peers of the same sex as part of curiosity about sex.
- These things do not necessarily mean that the boy or girl is homosexual.
- Even having sexual dreams about someone of the same sex does not necessarily mean that a boy or girl is gay.
- Some boys will know that their sexual interest has always been in males and some girls will know that their sexual interest has always been in females.
- Some boys and girls may be uncertain and want to wait and see what happens over the next few years, and some boys and girls may want to talk to someone.
- Sexual orientation is often not completely clear to a person until adulthood.

- Read aloud the “Visualization Story” (Appendix). Ask students to take a few moments to think about the story. Facilitate a discussion that challenges heterosexual privilege.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Journal

- Imagine that you overhear your nine-year-old sibling telling a friend that someone is homosexual, and you are concerned that he or she is stereotyping. Write what you would say to him or her.

(A **stereotype** is an idea or image held about a group of people that represents a prejudiced attitude, oversimplified opinion, or uninformed judgment.)

- Write a paragraph explaining what you would say to a friend who tells you that he or she is concerned about his or her sexual orientation.

Resources/Notes

Appendix

Visualization Activity

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- **demonstrate an understanding of responsibilities and consequences associated with being sexually active (W-8.15)**

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

Sexual activity is having vaginal or anal intercourse or engaging in oral sex. It also includes any activity that involves skin-to-skin contact in the genital area. Any of these activities increase one's risk of pregnancy and STIs, and may result in emotional consequences.

- Divide the class into groups of five or six and have each group brainstorm the following issues:
 - the responsibilities associated with being sexually active
 - the physical (health) consequences of early sexual activity
 - the emotional consequences for people their age
 - what can be done to decrease the risk of consequences.

Ask for volunteers to share their results. Some issues for possible discussion follow.

Responsibilities

- knowing the risks (protection against STI/HIV, getting tested)
- using birth control
- setting personal limits, communicating these limits to your partner, and respecting limits

Physical Consequences

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

Emotional Consequences

- damaged reputation
- guilt
- damaged/changed relationship
- inability to feel emotionally close to the other person
- worry about pregnancy and STI's
- feeling pressured and resentful
- regret
- reduced self-esteem and changed body image

How to decrease the consequences

- abstain from sexual activity
- use condoms and effective contraception
- engage in lower-risk sexual activities (kissing, hugging, etc.)

It is important to be aware of these consequences, as well as strategies to reduce the risk of consequences, before becoming involved in sexual relationships and activities.

Remind students that the majority of youth their age are not having intercourse. According to the *Canadian Youth, Sexual Health and HIV/AIDS Study (2003)*, by grade 9 only 23% of boys and 19% of girls have had intercourse.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Describe three potential consequences of involvement in a sexual relationship.

Journal

- Reflect how values influence actions. Consider a scenario and describe how it might be handled.

Performance

- Students will complete the “Actions and Behaviours” handout (Appendix). Ask volunteers to share their answers, or students can form pairs and role-play the situations using different styles of communication.

Resources/Notes

Health For Life 2 - Teacher’s Resource
Ch. 6 (pp. 166-170)

Appendix

“Values and Actions”

“Actions and Behaviours”

“Being Assertive”

Teacher Note

Developing an assertive style of communication is an important skill. Assertive communication requires practice and will become easier with time. This skill will foster healthy relationships, decision making, and self-esteem.

DVD

“*Teens and Sex: What You Need To Know*”
(School Library)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- describe symptoms, effects, treatments, and prevention for a common sexually transmitted infection (W-8.16)

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

Sexually Transmitted Disease (STD) and Sexually Transmitted Infection (STI) are two terms that represent the same condition.

Teachers should use STI as it is slightly more precise. The infection comes first, and is what needs to be prevented. The disease starts after a person has been infected.

These infections are spread through sexual intercourse, genital contact, or oral sex—through semen, vaginal fluids, blood, and saliva. In Canada, the highest rates and increases in STIs are in people between the ages of 15 and 24. STIs range from being easily curable to having no cure. STIs are preventable. STI instruction should provide students with knowledge about common STIs and how to prevent them, and help students recognize the symptoms of STIs and avoid becoming infected.

- Divide the class into eight groups. Each group will choose one of the following STIs to research and present:

Chlamydia	Hepatitis B & C
Gonorrhea	Syphilis
Human Papilloma virus	Vaginal Infections
Herpes	HIV

Research and presentation should include

- | | |
|--------------|----------------|
| - symptoms | - transmission |
| - effects | - treatment |
| - prevention | |

As each group presents, the remaining students should fill in the “STI Notes” handout (Appendix). The answer key (Appendix) and the table in *Health For Life 2—Teacher is Resource* (pp.171-172) may be used to contribute any details students may have missed.

Conclude these presentations by emphasizing that abstaining from sexual activity/intercourse is the only 100% effective method of prevention.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- STI Quiz (Appendix)

Presentation

- Create a poster, pamphlet, or fact sheet for one sexually transmitted infection using the information collected from the STI research presentations. Have an STI/HIV awareness week and display/distribute to increase awareness.

Resources/Notes

Health For Life 2 - Teacher's Resource
Ch. 6 (pp. 170-172)

Appendix

STI Notes Template

STI Research Answer Key

HIV (Teacher Information)

STI Quiz and Answer Key

DVD

"Teens and Sex: What You Need To Know"
(School Library)

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Outcomes

Students will be expected to

- describe basic types of contraceptives (W-8.17)

Elaborations-Strategies for Learning and Teaching

SEXUAL HEALTH

Contraceptives are methods used to prevent pregnancy and the spread of STIs. Pregnancy and STIs are two very serious consequences of being sexually active.

Divide the class into seven groups. Assign each group one method of contraception and instruct them to find the following information:

- how it works
- how effective it is
- what do you need to do to use it
- where you can get it

Choose from the following methods of contraception:

abstinence
 withdrawal
 condoms and spermicide
 Depo - Provera
 emergency contraceptive
 calendar/rhythm
 oral contraceptive

(There are others, but grade eight students need only to focus on these.)

- Have students report their findings to the class.

As each group presents, the remaining students should fill in the “Contraceptives Notes” handout (Appendix). The answer keys (Appendix) and the *Health For Life 2* - Teacher’s Resource (pp. 168-169) may be used to contribute any details students may have missed.

GCO: Students will make responsible and informed choices to maintain health and to promote safety for self and others.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Complete three of the following statements to show your understanding of some basic types of contraceptives.
 - “Abstinence means . . .”
 - “A condom . . .”
 - “Birth control pills . . .”
 - “Contraception is important because . . .”
 - “Emergency contraceptives . . .”
 - “Depo-Provera . . .”
 - “Withdrawal . . .”
 - “The calendar/rhythm method . . .”
 - “Methods of Pregnancy Prevention and STI Prevention Quiz”

Resources/Notes

Health For Life 2 - Teacher’s Resource
Ch. 6 (pp. 168-170)

Appendix

Methods of Pregnancy Prevention
Template

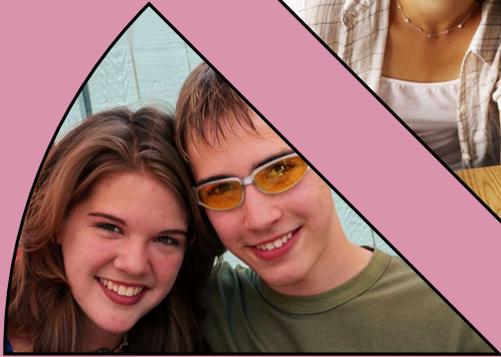
Methods of Pregnancy Prevention
Answer Key

Methods of Pregnancy Prevention and
STI Prevention Quiz and Key

DVD

“Teens and Sex: What You Need To Know”
(School Library)

Relationship Choices



Notes:

PEI Specific Curriculum Outcomes

Understanding and Expressing Feelings

Students will be expected to

- describe characteristics of persistent negative feeling states (R-8.1)
- describe signs associated with suicidal behaviour, and identify interventional strategies (R-8.2)
- evaluate the relationship between risk management and stress management (R-8.3)
- analyse the effects of self-concept on personal communication (R-8.4)

.....

Interactions

Students will be expected to

- describe strategies for maintaining healthy relationships (R-8.5)
- describe and provide examples of ethical behaviour in relationships (R-8.6)
- develop and demonstrate strategies for promoting peaceful relationships (R-8.7)

.....

Group Roles and Processes

Students will be expected to

- describe and explain the positive and negative aspects of conformity and dissent as they relate to individuals in a group or on a team (R-8.8)
- describe the characteristics of an effective leader and group member (R-8.9)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- describe characteristics of persistent negative feeling states (R-8.1) ♥

- describe signs associated with suicidal behaviour, and identify interventional strategies (R-8.2) ♥

Elaborations-Strategies for Learning and Teaching

UNDERSTANDING AND EXPRESSING FEELINGS

Through outcomes 8-R.1 and 8-R.2, students become aware of the symptoms of depression, including suicidal behaviour. They learn that it's not unusual to feel "down in the dumps" occasionally, and that this can be due in part to some of the changes that accompany adolescence. However, they also learn that depression is a reality for some teens, and that it is a serious and treatable condition. (In grade 9, students receive a seminar on youth suicide prevention from the Canadian Mental Health Association.) One to two classes is all that is required to address these two outcomes.

- As a class, create a triple T-chart of what depression looks, sounds, and feels like.
- Invite students to brainstorm a list of signs of depression. Check Teacher Information master "Depression" (Appendix) to add to your brainstormed list.
- As a class, discuss strategies for dealing with persistent negative feelings.

(Please read relevant teacher information, Appendix, before addressing this outcome.)

- Invite students to generate a list of questions about suicide and suicide prevention.
- Have students work in pairs to complete the activity "Facts and Myths About Suicide" (Appendix). Discuss the answers in small groups or as a class.
- Review and discuss Student Information Masters.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Presentation

- Design a tip sheet or brochure for recognizing and overcoming teen depression. (R-8.1)
- Working with a partner, choose a strategy for dealing with negative feelings, stress, depression, or a mood disorder. Illustrate on a mini-poster. Share and display in the class. (R.8.1)

Presentation

- Design a brochure outlining what a person can do to cope with suicidal feelings, and how someone can support a person who is thinking about suicide. (R-8.2)

Resources/Notes

Health For Life 2 - Student Text
Ch. 6 (p. 107)

Health For Life 2 - Teacher's Resource
Ch. 6 (pp. 161-164)

Appendix

Teacher Information

Appendix

Teacher Information

Student Activity Master

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- evaluate the relationship between risk management and stress management (R-8.3)

Elaborations-Strategies for Learning and Teaching

UNDERSTANDING AND EXPRESSING FEELINGS

Life involves risk and stress. With this outcome, students learn the negative and positive aspects of both of these, the relationship between them, and some strategies for management of them.

Brainstorm ideas about what risks are and how they can create stress.

Risk: the possibility of loss, harm, or danger.

Stress: tension or pressures that can cause emotional or physical changes.

Is there such a thing as a smart risk? Discuss.

Brainstorm potential causes of stress for the typical grade 8 student.

Have students discuss ways in which risks can be managed.

Examples may include the following:

- choosing your risks
- setting limits for risks
- choosing positive risks that will increase your confidence

- Have students discuss strategies for managing stress.

Examples may include the following:

- following a schedule
- setting goals and prioritizing
- balancing recreation and work
- getting adequate exercise and sleep
- eating a healthy, balanced diet

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Presentation

- Describe three kinds of risks you can manage so your stress is reduced. Explain how this kind of risk management could reduce stress.

Resources/Notes

Health For Life 2 - Student Text
Ch. 5 (pp. 82-87)

Health For Life 2 - Teacher's Resource
Ch. 5 (pp. 122-127)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- analyse the effects of self-concept on personal communication (R-8.4)

Elaborations-Strategies for Learning and Teaching

UNDERSTANDING AND EXPRESSING FEELINGS

With this outcome, students explore how what they feel about themselves has an impact on the way they treat others. Self-concept is closely linked to how we communicate with ourselves and others.

- As a class, define and discuss **self-concept** and **personal communication**.

Self-Concept: your belief in yourself, your confidence in who you are.

Personal Communication:

- how you talk to family members, how you respond to teachers, how you communicate with friends.

Share examples of personal communication styles of people you admire. Discuss how what they choose to say and how they choose to communicate, says something about how these people feel about themselves and others.

People with a good self-concept are often

- outgoing
- comfortable to be around
- happy
- good listeners
- complimentary to others
- confident

People with a poor self-concept are often

- shy
- nervous
- depressed
- inclined to talk about themselves
- critical of others
- looking for approval from others

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Presentation

- Work in small groups to complete the following chart.

If you don't value yourself much, your communication might be characterized by	If you value yourself more than others, your communication might be characterized by	If you value yourself and others, your communication might be characterized by

Performance

- With a partner, generate a scenario of a typical communication situation and role-play how communication looks between people who value themselves and others.

Journal

- Complete the following sentences:
 - "When I'm feeling confident, my communication with others tends to . . ."
 - "When I'm feeling respected, my communication with others tends to . . ."
 - "When I'm feeling unsure of myself, my communication with others . . ."

Resources/Notes

Health For Life 2 - Student Text

Ch. 3 (pp. 49-55)

Health For Life 2 - Teacher's Resource

Ch. 3 (pp. 73-75)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- describe strategies for maintaining healthy relationships (R-8.5)

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

We live our lives relating to other people. Relationships differ in intensity, but different kinds of relationships are important in order to live a full and satisfying life. Therefore, maintaining healthy relationships is essential for our health.

- Ask students to work with a partner to complete a triple T-chart of what a healthy relationship looks, sounds, and feels like.
- Have students brainstorm a list of strategies for maintaining healthy relationships. Code the strategies “A” for actions, “W” for words, and “T” for thoughts.

Examples may include the following:

- Use appropriate body language.
- Express your needs while respecting the needs of others.
- State your opinion in a way that respects the differing opinions of others.
- Be direct, open, and honest.
- Acknowledge what someone else has said before presenting your point of view.
- Be genuine when giving or receiving compliments.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Make a top ten list of strategies you can use to maintain healthy relationships in your life.

Journal

- Think of important relationships in your life. Write a journal entry describing things you do or say to maintain these healthy relationships.

Resources/Notes

Health For Life 2 - Student Text
Ch. 4 (pp. 57-66)

Health For Life 2 - Teacher's Resource
Ch. 4 (pp. 91-96)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- describe and provide examples of ethical behaviour in relationships (R-8.6)

Elaborations-Strategies for Learning and Teaching INTERACTIONS

(*You may wish to address this outcome with L-8.3)

Ethics can provide standards of conduct to guide our decisions and actions. Being ethical means caring about what's right and wrong, knowing your values, and using your knowledge as the basis for determining how to act and behave in relationships.

- List character virtues that ethical people demonstrate. Examples include assertiveness, compassion, commitment, confidence, consideration, courage, courtesy, determination, diligence, excellence, flexibility. Discuss the meaning of each and share examples of behaviours which demonstrate these virtues.
- Discuss specific ways in which ethical principles can assist individuals in making different kinds of decisions, ranging from choosing an outfit to deciding on a career or choosing a friend.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Performance

- With a partner, develop a role-play that demonstrates ethical behaviour in a relationship. Ask the audience to identify what ethical qualities and behaviours were demonstrated.

Journal

- Describe three ways you demonstrate integrity in your relationships with others.

Resources/Notes

Health For Life 2 - Student Text
Ch. 5 (pp. 88-91)

Health For Life 2 - Teacher's Resource
Ch. 5 (pp. 127-131)

Appendix

Teacher Information

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- develop and demonstrate strategies for promoting peaceful relationships (R-8.7)

Elaborations-Strategies for Learning and Teaching

INTERACTIONS

Students should understand that conflict is a normal component of relationships, and working things out peacefully can often result in a stronger relationship.

- Invite students to brainstorm a list of examples of typical conflicts grade 8 students might have with peers, siblings, parents, and teachers (e.g., taunting, arguing over curfews).
- Have students suggest indicators that can signal that a conflict is developing (e.g., yelling, withdrawing).
- Have students identify attributes and actions that can keep peace and prevent situations from getting worse, such as the following:
 - mutual respect
 - willingness to listen
 - looking for common ground
 - attempting to see others' perspectives
 - avoiding blame
 - using neutral body language
 - maintaining a calm, quiet tone

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Presentation

- Research a current conflict in local or world politics and discuss how finding common ground could help resolve this conflict.
- Write an advice column for teens on “How to keep peace in your relationships at home and school.”

Resources/Notes

Health For Life 2 - Student Text
Ch. 4 (p. 73)

Health For Life 2 - Teacher's Resource
Ch. 4 (pp. 102-103)

PowerPoint Slide/Overhead
(Teacher Resource CD - *Six Steps to Keeping The Peace*)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- describe and explain the positive and negative aspects of conformity and dissent as they relate to individuals in a group or on a team (R-8.8)

Elaborations-Strategies for Learning and Teaching

GROUP ROLES AND PROCESSES

Adolescents are often affected by two contradictory urges: they feel a need to rebel against authority, and they want to conform to their peers. These urges can make adolescence a difficult and confusing time. With this outcome, students explore the positive and negative aspects of conformity and dissent.

As a class, discuss and define **conformity** and **dissent**.

Conformity: to act or behave like everyone else.

Dissent: to think differently or disagree with others.

- In small groups, have students list situations in which conformity is a positive thing, and situations in which conformity is a negative thing.
- Do the same activity with the concept of dissent.

As a class, discuss the concept of the silent majority. Generate a list of situations in which the silent majority reinforces a behaviour or a certain way of doing things.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Paper and Pencil

- Write a paragraph describing what you learned about conformity and dissent that could help you relate more positively with others.

Presentation

- Draw four cartoon panels, illustrating the following concepts:
 - conformity as a positive force
 - conformity as a negative force
 - dissent as a positive force
 - dissent as a negative force
- Research a historical event in which conformity promotes a harmonious, safe environment.

Resources/Notes

Health For Life 2 - Student Text
Ch. 7 (pp. 115-120)

Health For Life 2 - Teacher's Resource
Ch. 7 (pp. 188 - 192)

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Outcomes

Students will be expected to

- describe the characteristics of an effective leader and group member (R-8.9)

Elaborations-Strategies for Learning and Teaching

GROUP ROLES AND PROCESSES

An effective leader can be someone who has authority and influence. It can also be someone who initiates something, gets people going, and works with others to accomplish goals. With this outcome, students will recognize the similarities between the characteristics of a good leader and those of a good group member.

Discuss and define **leadership**.

Leadership: the ability to lead and have influence over an individual or group.

As a class, brainstorm words that describe a good leader / a good group member.

- | | |
|---------------|----------------|
| - trustworthy | - enthusiastic |
| - honest | - passionate |
| - courageous | - motivational |
| - committed | - positive |
| - confident | - calm |
| - composed | |

As a class, discuss different styles of leadership and how different styles work best for different groups in different situations.

Authoritarian (Autocratic)

Leader tells people what to do and how to do it.

Participative (Democratic)

Leader involves people in determining what to do and how to do it, but maintains the final decision-making authority.

Delegative (Free-Rein/Laissez Faire)

Leader allows others to make decisions.

- Invite students to discuss the importance of contributing to a group, whether or not you are a leader. Brainstorm the different ways people can contribute to a group.

GCO: Students will develop effective interpersonal skills that demonstrate responsibility, respect, and caring in order to establish and maintain healthy interactions.

Tasks for Instruction and/or Assessment

Journal

- Describe an opportunity you had to be a leader. Describe the kind of leadership style and skills you used. What are some additional leadership skills you would like to develop?
- Describe an opportunity you had to be a team member. Describe what skills you used to be an effective team member.

Presentation

- Write a thank-you letter to a person who helped you reach a goal and whom you consider to be a leader. Describe what this person did and said that made him or her an effective leader. What did you learn from that person?

Resources/Notes

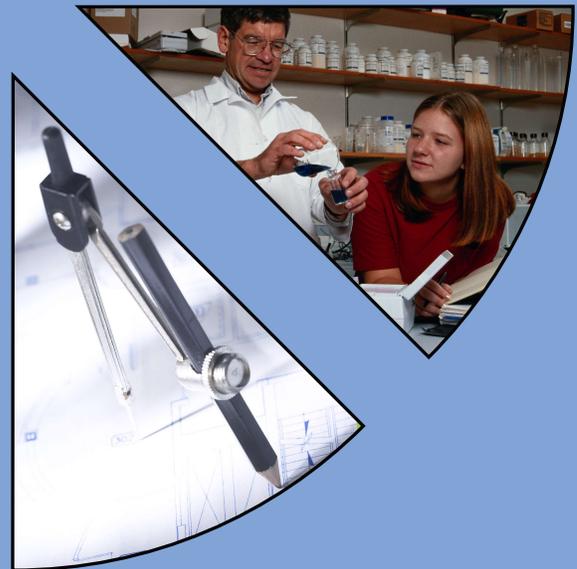
Health For Life 2 - Student Text
Ch. 7 (pp. 121-124)

Health For Life 2 - Teacher's Resource
Ch. 7 (pp. 192-195)

Appendix

"Ideas For Encouraging and Enhancing Student Leadership"

Life Learning Choices



Notes:

PEI Specific Curriculum Outcomes

Learning Strategies

Students will be expected to

- determine and develop time management strategies/skills to establish personal balance (L-8.1)
- identify components of ethical decision making (L-8.3)
- examine learning priorities, and develop a personal learning plan (L-8.2)
- begin to develop goals and priorities related to learning and future career paths, based on personal interests, aptitudes, and skills (L-8.4)

Life Goals and Career Development

Students will be expected to

- collect data for a personal portfolio to show evidence of a range of interests, assets, and skills (L-8.5)
- investigate, interpret, and evaluate career information and opportunities using a variety of sources (L-8.6)

Volunteerism

Students will be expected to

- investigate the characteristics of a mentor, and practise mentorship in a group setting (L-8.7)
- relate personal knowledge and skills to potential opportunities for volunteering and providing service to others in the community (L-8.8)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- determine and develop time management strategies/skills to establish personal balance (L-8.1)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

With this outcome, students learn that achieving a balance between school homework, part-time jobs, sleep, meals, friends, family, and personal activities requires planning. They see how important it is to have a well-rounded life that involves both work and play. Some time management tips and learning to use a planner are introduced. This outcome should be addressed early in the school year to help them organize their time and to plan for success.

Define the word **balance**. Discuss how you know if your life is in balance. What are some clues?

Balance: creating a life that includes a range of activities; a well-rounded life.

Brainstorm a list of time management strategies grade 8 students can use to complete major school projects.

Choose one time management strategy that you would like to learn more about. Set a goal to use that strategy for a one-month period. Develop an action plan to achieve the goal and a self-monitoring system to track progress.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Presentation

- Use magazine pictures and your own illustrations to create a collage “How I create balance in my life.”
- Create a mind map illustrating how you manage your use of time and energy in family, school, leisure, and volunteer activities.

Interview

- Interview one or two adults and find out strategies they use to maintain balance in their lives.

Resources/Notes

Health For Life 2 - Student Text
Ch. 1 (pp. 6-13)

Health For Life 2 - Teacher’s Resource
Ch. 1 (pp. 15-19)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- examine learning priorities, and develop a personal learning plan (L-8.2)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

A personal learning plan is a goal-oriented, specific, and actionable plan that provides students with a focus for their learning. Students outline their long- and short-term goals in order to help them take control of their learning and become better students.

- As a class, discuss the importance of goal setting for learning activities both in and out of school.
- Have students develop three to five goals for a specific time period within the school year. Arrange them in order of priority from most important to least important. Discuss strategies for achieving these goals.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Paper and Pencil

- List three learning priorities you have this year, and outline what you will do to ensure that you are successful in these priorities.

Journal

- Create a mind map of the goals you want to accomplish over the next two years. Use the mind map as a starting point to create a learning plan for yourself. At the completion of the plan, evaluate your performance and the effectiveness of your plan.
 - Did you achieve your goals?
 - What strategies worked well?
 - What needs to be changed?
 - How will you make changes or improvements to your next learning plan?

Resources/Notes

Health For Life 2 - Student Text
Ch. 1 (p. 16, Learning Plan Template)

Health For Life 2 - Teacher's Resource
Ch. 1 (pp. 20-21)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- identify components of ethical decision making (L-8.3)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

(*You may wish to address this outcome with R-8.6)

With this outcome students explore how making ethical choices can be difficult, in part because there is not always one single ethical course of action to take. Students will look at common ethical values (e.g., honesty, fairness, loyalty) and things they need to think about when making ethical choices (e.g., whether anyone will suffer harm or emotional pain due to their action). It is hoped that students will apply these concepts to personal decision making.

Review the definition of **ethics**, and generate examples of ethical issues and ethical implications in the decision-making process.

Ethics: the rules of right and wrong that form a system of behaviour and form the basis for personal values that people develop throughout their lives.

- In small groups, have students brainstorm examples of ethical choices that a typical grade 8 student might face.
- Have students discuss favourite movies and novels in which the characters face major ethical decisions.
- Choose a current issue in the news and have students discuss the ethical implications for each of the people involved.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Journal

- Imagine you have to make a personal decision about whether or not to tell your parents that your older sister is planning a big party when they go out of town for the weekend. Describe the ethical issues you have to face as you decide how to handle this situation.

Performance

- Role-play possible solutions to ethical dilemmas, such as the following:
 - Another student tells you about a web site that is posting the questions from this year's final exam a week before the exam takes place.
 - You have just bought a skateboard from a student in another class for a really good price. The next day you hear a rumour that it was stolen merchandise.
 - Your parents have assured you that you can phone home from a party if you need a ride, but you know they don't want you to attend social gatherings where alcohol is served to underaged teens. The friend who drove you has had three beers at the party. Should you phone home for a ride? If your parents find out there was drinking at this party, they will ground you, and they may call the parents of other kids at the party.

Resources/Notes

Health For Life 2 - Student Text
Ch. 5 (pp. 88-91)

Health For Life 2 - Teacher's Resource
Ch. 5 (pp. 127-131)

Appendix
"Making Decisions" activity

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- begin to develop goals and priorities related to learning and future career paths, based on personal interests, aptitudes, and skills (L-8.4)

Elaborations-Strategies for Learning and Teaching

LEARNING STRATEGIES

L-8.4, L-8.5, and L-8.6 may be addressed as a cluster of outcomes. These outcomes will have students explore careers that are related to the interests and skills that they identified in grade 7. Students will explore and share information related to career awareness.

As a class, define these work-related terms:

Career: the total of our work activities, including work at home, at our paid work, at school, and in our communities.

Vocation: a strong feeling of dedication for a particular career or occupation—a group of similar jobs for which people usually have to develop skills and knowledge.

Avocation: a secondary activity undertaken in addition to one's main work.

Job: a position a person holds doing specific duties.

- In small groups, have students generate a list of factors which influence a person's choice of occupation (e.g., skills, talents, interests, education).
- Encourage students to collect current job ads from newspapers and trade magazines that reflect job opportunities locally, provincially, nationally, and globally.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Presentation

- Identify 10 jobs that did NOT exist 10 years ago, or may have existed but have changed significantly.

Journal

- Describe one career path that interests you and outline the goals you might set over the next few years in order to make that career a reality. Relate your own personal interests and skills to this career choice.

Resources/Notes

Health For Life 2 - Student Text

Ch. 1 (p. 5)

Ch. 8 (pp. 140-141)

Health For Life 2 - Teacher's Resource

Ch. 1 (pp. 14-15)

Ch. 8 (pp. 218-220)

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- collect data for a personal portfolio to show evidence of a range of interests, assets, and skills (L-8.5)

Elaborations-Strategies for Learning and Teaching

LIFE GOALS AND CAREER DEVELOPMENT

This outcome should be addressed early in the school year to remind students that their portfolio is a living document that they will continue to add to.

In grade 7, students were introduced to portfolios. Using ***Career Cruising*** they identified their personal skills and interests. This can be done again to see if and how their interests and skills have changed.

In grade 8, have students explore careers related to their skills and interests through ***Career Cruising***. This information will be saved and used in grade 9 when students will formally work toward the product.

There are four steps in the portfolio process:

1. Collect (grades 7 and 8)
2. Select
3. Reflect
4. Share

Grades 7 and 8 students should keep a collection of their class work and any other pieces that show relevant skills and achievements. Choose and use a system to store all work until portfolio selections begin to be made in grade 9. Storage boxes, manila envelopes, unused pizza boxes, and three-ring binders are all good options. Remind students that photos can document skills.

As a class, discuss reasons why it's important to have a personal portfolio.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Portfolio

- Research the skills most in demand in the current market. How does this affect the contents of your portfolio?
- Review your portfolio. Make decisions about what you plan to add to update it. Why do you believe they are important? Are there any items you are going to remove?

Resources/Notes

Health For Life 2 - Student Text
Ch. 8 (pp. 137-138)

Health For Life 2 - Teacher's Resource
Ch. 8 (pp. 216-217)

Career Cruising (Computer Program)

Learn link

Choose an [education zone](#) or Program Finder Quiz.

Invite community members to class to show their portfolios and discuss how they developed them and the purposes they serve. Possible speakers could include an architect, a writer, a new teacher, or a senior high school student.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- investigate, interpret, and evaluate career information and opportunities using a variety of sources (L-8.6)

Elaborations-Strategies for Learning and Teaching

LIFE GOALS AND CAREER DEVELOPMENT

The more students know about their future careers or what they think may be their future careers, the more prepared they will be for career opportunities. The focus of this outcome is for students to gather information from a variety of sources to increase their knowledge.

As a class, discuss and define the **personal support network**, **mentor**, **career path**, and **occupational cluster**.

Personal Support Network: the people who motivate and support your career decisions.

Mentor: an older and wiser person who teaches and advises a younger person.

Career Path: steps involved in pursuing a chosen profession or occupation.

Occupational Cluster: occupations that are grouped according to similar skills and knowledge (e.g., trades).

- Have students brainstorm strategies for obtaining career information (e.g., library, Internet, someone who works in the profession).
See “Career Information Interviews” —Appendix

As a class, select a career cluster and research it in small groups, each group using a different source. Share information with the class.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Presentation

- Using what you learned from your class research experience, conduct research on your own career cluster of interest. Summarize your findings in a report. Do at least one career information interview during your research.

Resources/Notes

Health For Life 2 - Student Text
Ch. 8 (pp. 141-146)

Health For Life 2 - Teacher's Resource
Ch. 8 (pp. 220-222)

Appendix
"Career Information Interviews"

Teacher Information

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- investigate the characteristics of a mentor, and practise mentorship in a group setting (L-8.7)

Elaborations-Strategies for Learning and Teaching

VOLUNTEERISM

Students have discussed mentors in L-8.6. In this outcome, students explore the concept further and become aware by doing so that a mentor is a special kind of leader. Mentors help others succeed by sharing what they have learned and providing encouragement for achieving goals.

Review the term ***mentor*** (i.e., an experienced and trusted advisor or guide).

- Invite students to brainstorm a list of ways in which people can act as mentors to others.
- Have students discuss possible ways for grade 8 students to act as mentors.
- Have students create a list of strategies for developing caring relationships with younger children.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Presentation

- Choose an activity or project, such as paired reading or teaching computer skills, and volunteer to work in an elementary class in your school or neighbourhood for a specific activity during a specific time frame. At the end of the specified time, write a summary of your mentoring experience. Use the following questions to analyse your learning:
 - Whom did you work with, and what did your tasks include?
 - What did you do to develop a good relationship with your younger buddy?
 - What did your buddy learn from you?
 - What difficulties did you have?
 - What can you take from this experience into your next mentoring opportunity?

Journal

- Describe a situation in which you were a mentor to another person. Describe at least three things you said or did to positively influence that person.

Resources/Notes

Health For Life 2 - Student Text
Ch. 7 (pp. 125-127)

Health For Life 2 - Teacher's Resource
Ch. 7 (pp. 195-196)

Appendix

"Ideas For Promoting and Supporting Mentoring Relationships"

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Outcomes

Students will be expected to

- relate personal knowledge and skills to potential opportunities for volunteering and providing service to others in the community (L-8.8)

Elaborations-Strategies for Learning and Teaching

VOLUNTEERISM

This outcome helps students identify their skills and match them with volunteer opportunities. Regardless of what they do or how often they do it, students learn that they can make very important contributions to all aspects of community life by volunteering their time and skills.

- Have students work in small groups to generate a list of volunteer opportunities available in the home, school, and community. For each opportunity, identify knowledge, skills, and attitudes they could bring to the volunteer experience.
- Encourage students to contact local volunteer organizations and find out what knowledge, skills, and attitudes they want from their volunteers.
- Have students complete the activity “Your Skills and Volunteering” (Appendix), and discuss the results with partners.

GCO: Students will use resources effectively to manage and explore life roles and career opportunities and challenges.

Tasks for Instruction and/or Assessment

Interview

- Interview family and friends about their volunteer experiences. Ask them about what they do, why they do it, and how they got involved.
- Contact service clubs and groups that contribute to the community. Interview a representative and create a list of projects these groups are involved in.

Presentation

- Collect stories, photographs, advertisements, and announcements from your local newspaper, radio, or television stations about volunteer opportunities and volunteer accomplishments in your community.

Journal

- Describe one volunteer activity you would like to participate in. List the personal knowledge and skills that you could bring to that activity. Explain why you think this a worthwhile volunteer activity. How does it benefit the community? How could you benefit from this type of experience?

Resources/Notes

Health For Life 2 - Student Text
Ch. 7 (pp. 128-131)

Health For Life 2 - Teacher's Resource
Ch. 7 (pp. 196-198)

Appendix

"Your Skills and Volunteering"

APPENDIX

HOW MUCH SLEEP DO YOU NEED?

If you're a teen, it's probably safe to say you're not getting as much sleep as you need!

Thanks to several new studies of teens and their sleeping habits, we are beginning to understand more about the sleep needs of teens.

How MUCH sleep do I need?

Most teens need about nine to nine-and-a-half hours of sleep to avoid behaviours associated with sleep deprivation. These behaviours include falling asleep in class, difficulty waking up in the morning, difficulty concentrating, and depression. One study found that sleep may have a significant effect on grades—teens who get a limited amount of sleep tend to earn lower marks than teens who get adequate sleep.

Many surveys show that the average teen gets only about six or seven hours of sleep each night. Twenty per cent of all high school students report falling asleep in school.

During your teen years, your body's biorhythms are reset, telling you to fall asleep later and wake up later. Unlike younger children and adults, whose bodies tell them to go to sleep and wake up earlier, most teens' bodies are telling them to go to sleep late at night and sleep well into the afternoon. In fact, more than 50 per cent of students report being the most alert after three o'clock in the afternoon.

Melatonin, a hormone that helps you fall asleep, is produced at different times of the day for teens than it is for young children and adults. Your melatonin levels may be high when you're supposed to be waking up and going to school.

Sleep helps keep you healthy by slowing your metabolism, heart beat, and respiration enough to re-energize you after everyday physical activities. During sleep, growth hormones are released that help tissues grow properly, form red blood cells that deliver oxygen to your brain, and promote bone growth.

HOW can I get MORE sleep?

Try these strategies for getting more sleep each night.

- **Avoid beverages with caffeine**, such as soda and coffee, after 4 PM.
- **Avoid violent or scary television shows, movies, or books** that might keep you from falling asleep.
- **Avoid long naps.** Naps that last more than 30 minutes may keep you from falling asleep later.
- **Don't wait until the night before a big test to study.** Staying up all night to cram can really throw off your sleep patterns.
- **Avoid using the computer right before bedtime.** Light sends signals to your brain that it's time to wake up.
- **Exercise regularly**, but not right before bed.
- **Go to bed and get up at the same time every day.**
- **Stick with your regular sleep schedule** on weekends, too. You can't catch up on missed sleep from the week before.

MAGAZINE ANALYSIS

Structure: Small group

Time: 30 minutes

Materials: An assortment of advertisements from fashion and entertainment magazines, “Magazine Analysis” handout

Procedure

1. **Inform** students that our culture ignores the fact that we are biologically different and insists that all women be thin, and all men be muscular. Accepting this cultural message leads many people to diet in search of the culturally acceptable body image. Being aware of this message may help you combat its influence.
2. **Instruct** students to form groups of four to five people. Give each small group a few magazine advertisements. Instruct participants to analyse the advertisements by using the “Magazine Analysis” handout.

Example: An extremely thin woman is depicted in a wedding dress alongside a cute and muscular man in a tuxedo. The product advertised is perfume.

1. *What is the message?*
If a woman is thin, she will have the perfect male at her side, and she will have a dream relationship if she wears this perfume.
 2. *Is this accurate?*
No.
 3. *What is the truth?*
Thinness has little to do with establishing a perfect and dreamlike relationship.
3. **Conclude** by asking students how they can respond to misleading advertisements. Suggestions may include the following:
 - Write to magazine editors expressing your objections.
 - Develop a discussion group with your peers.
 - Discuss your frustrations with members of your family.
 - Plan and implement a media awareness event at your school/community centre.

MAGAZINE ANALYSIS

1. What is the message?
2. Is the message accurate or inaccurate?
3. If the message is inaccurate, what is the correct interpretation?

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1. What is the message?
2. Is the message accurate or inaccurate?
3. If the message is inaccurate, what is the correct interpretation?

All about nutrients

Why are the nutrients on the Nutrition Facts table important for your health?

Fat

Fat provides energy and nutrients for your body. However, if you eat *too much* fat or *too much of certain kinds* of fat, such as saturated fat and trans fat, you could develop heart disease or type 2 diabetes.

Cholesterol

Your body makes *most* of its own cholesterol, but also gets *some* cholesterol from foods that you eat. Cholesterol builds the cells and hormones in your body. Too much cholesterol in your blood can lead to heart attacks or strokes.

Sodium

Sodium is another name for salt. Salt helps to balance the fluids in your body, but for some people, eating *too much* salt may be harmful.

Carbohydrate

Carbohydrate provides energy for your muscles and your brain. Sugar and fibre are two types of carbohydrate shown on the Nutrition Facts table.

If you have diabetes, you can help control your blood glucose by:

- Dividing carbohydrate evenly into meals and snacks throughout the day
- Eating foods high in fibre

Protein

Protein builds your muscles, bones and teeth.

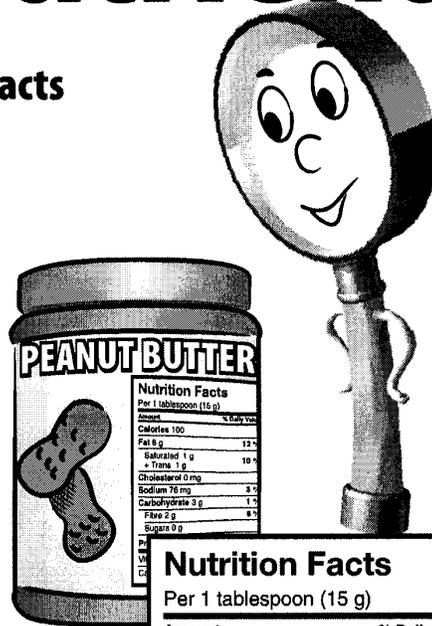
Vitamins

Vitamin A keeps your skin and eyesight healthy. Vitamin C helps your body fight infections.

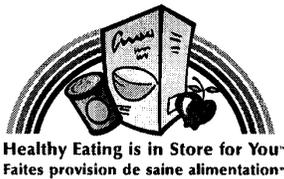
Minerals

Calcium gives you strong bones and teeth and may prevent osteoporosis. Iron helps your red blood cells carry oxygen throughout your body.

Eat a variety of foods to get the nutrients your body needs.



Nutrition Facts	
Per 1 tablespoon (15 g)	
Amount	% Daily Value
Calories 100	
Fat 8 g	12 %
Saturated 1 g	10 %
+ Trans 1 g	
Cholesterol 0 mg	
Sodium 76 mg	3 %
Carbohydrate 3 g	1 %
Fibre 2 g	8 %
Sugars 0 g	
Protein 4 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 1 %	Iron 0 %



Fact Sheet # 2

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Frequently-asked questions about:

The importance of nutrients

Nutrient	What foods supply us with this nutrient?	How does this nutrient help our bodies?
Fat	<ul style="list-style-type: none"> • Butter, margarine, oils • Baked goods (cookies, donuts, pastries) • Milk, cheese, ice cream, yogurt • Processed meats • Beef, pork, lamb, veal, chicken • Nuts 	<ul style="list-style-type: none"> • Provides Calories or energy • Carries and stores vitamins A, D, E, K • Insulates the body against cold • Cushions the skin, bones and internal organs
Saturated fat	<ul style="list-style-type: none"> • Butter, cheese, whole milk • Sour cream • Ice cream • Lard, shortening • Palm oil, coconut oil • Red meat 	
Trans fat	<ul style="list-style-type: none"> • Hydrogenated fats, oils, deep-fried foods and baked goods 	
Cholesterol	<ul style="list-style-type: none"> • Dairy products • Egg yolks • Meat • Organ meats 	Helps to make: <ul style="list-style-type: none"> • Some hormones • Vitamin D • Cell membranes • Bile salts used to digest foods
Sodium	Sodium or salt occurs naturally in many foods but it is also added to some processed foods such as bacon, soups, and potato chips.	<ul style="list-style-type: none"> • Balances body fluids • Helps transmit electrical signals through nerves



Healthy Eating is in Store for You™
Faites provision de saine alimentation™

FAQ Sheet #3 - Page 1

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Frequently-asked questions about:

The importance of nutrients

Nutrient	What foods supply us with this nutrient?	How does this nutrient help our bodies?
Carbohydrate	<ul style="list-style-type: none"> • Breads • Pastas • Vegetables • Fruit • Honey • Sugar • Milk 	Provides Calories or energy ready for your muscles and your brain to use
Fibre	<ul style="list-style-type: none"> • Whole-grain breads, cereals and pastas • Vegetables and fruit • Legumes 	<ul style="list-style-type: none"> • Aids in bowel regularity • Reduces risk of colon cancer • Lowers blood cholesterol
Sugars	<p>Foods with naturally occurring sugars:</p> <ul style="list-style-type: none"> • Milk • Fruits • Vegetables <p>Foods with added sugars:</p> <ul style="list-style-type: none"> • Sweetened juices • Sweetened soft drinks • Candy 	Provides Calories or energy ready for your muscles and your brain to use
Protein	<ul style="list-style-type: none"> • Milk, cheese, yogurt • Eggs • Meat, poultry, fish • Nuts, peanut butter • Baked beans 	Builds and repairs body tissues
Vitamin A	<ul style="list-style-type: none"> • Carrots • Squash • Dark green leafy vegetables 	<ul style="list-style-type: none"> • Maintains healthy skin • Provides good night vision
Vitamin C	<ul style="list-style-type: none"> • Citrus fruits • Strawberries 	<ul style="list-style-type: none"> • Builds and maintains connective tissues • Heals wounds • Fights infections
Calcium	<ul style="list-style-type: none"> • Milk • Cheese • Yogurt 	• Builds healthy bones and teeth
Iron	<ul style="list-style-type: none"> • Red meat • Raisins • Whole-grain breads and cereals 	• Produces red blood cells that carry oxygen throughout the body



Healthy Eating is in Store for You
Faites provision de saine alimentation

FAQ Sheet #3 - Page 2

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Look at the label

Nutrition information on food labels...

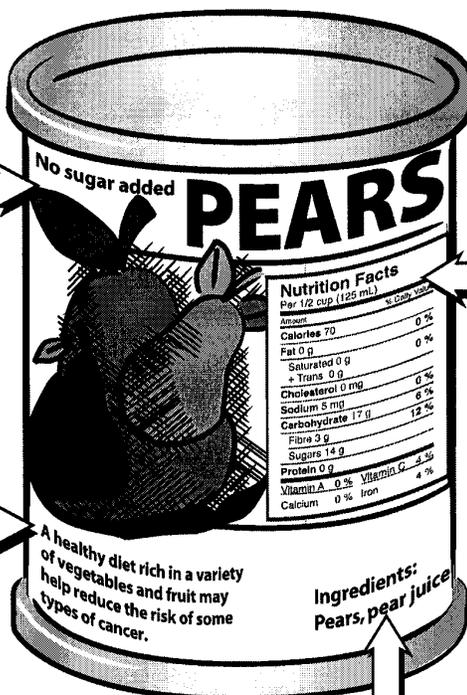
- Helps you make informed food choices
- Helps you follow Canada's Food Guide to Healthy Eating
- Is required on most packaged foods
- Is based on Health Canada's regulations



Nutrition claims

There are two types of nutrition claims:

- 1) **Nutrient content claims** tell you about one nutrient such as sodium, fat or sugar.
- 2) **Health claims** tell you how your diet can affect your health.



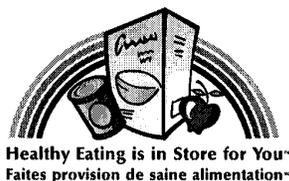
Nutrition Facts table

The Nutrition Facts table provides you with information on the Calories and 13 nutrients for the serving size shown.

Nutrition Facts	
Per 1/2 cup (125 mL)	
Amount	% Daily Value
Calories 70	
Fat 0 g	0 %
Saturated 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 5 mg	0 %
Carbohydrate 17 g	6 %
Fibre 3 g	12 %
Sugars 14 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 4 %
Calcium 0 %	Iron 4 %

Ingredient list

The ingredient list tells you what ingredients are in a packaged food.



Fact Sheet # 1

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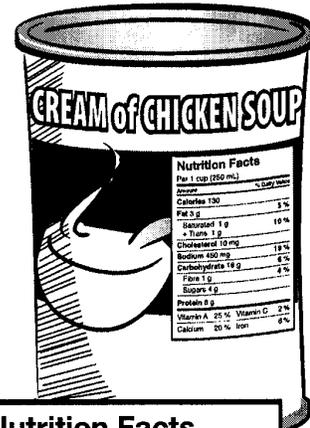
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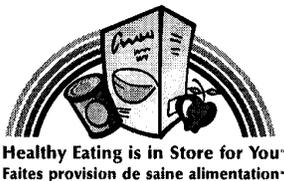
Figure out the facts

What does the Nutrition Facts table tell you about this packaged food?

1. What is the serving size? _____
2. How many Calories are in one serving? _____
3. How many grams of fat are in one serving? _____
4. Circle one nutrient on the Nutrition Facts table that is important to you. Circle the % Daily Value for this nutrient.
5. Decide if you want to get *less* or *more* of the nutrient you have circled:
 - Get less of this nutrient
(Hint: Choose packaged foods with a *low* % Daily Value.)
 - Get more of this nutrient
(Hint: Choose packaged foods with a *high* % Daily Value.)
6. Is this food a good choice for you?
 - Yes - Why? _____
 - No - Why? _____



Nutrition Facts	
Per 1 cup (250 mL)	
Amount	% Daily Value
Calories 130	
Fat 3 g	5 %
Saturated 1 g + Trans 1 g	10 %
Cholesterol 10 mg	
Sodium 450 mg	19 %
Carbohydrate 18 g	6 %
Fibre 1 g	4 %
Sugars 4 g	
Protein 8 g	
Vitamin A 25 %	Vitamin C 2 %
Calcium 20 %	Iron 6 %



Activity Sheet #1

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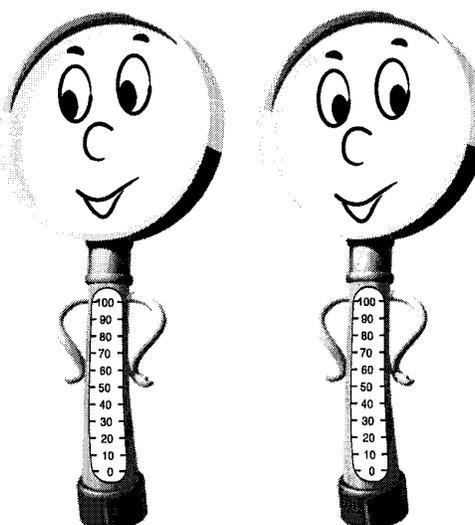
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Compare foods using percent Daily Value (% Daily Value)

Use % Daily Value to decide which of these two yogurts is the better choice for you.



Nutrition Facts	
Per 3/4 cup (175 g)	
Amount	% Daily Value
Calories 110	
Fat 3 g	5 %
Saturated 2 g	10 %
+ Trans 0 g	
Cholesterol 10 mg	
Sodium 125 mg	5 %
Carbohydrate 12 g	4 %
Fibre 0 g	0 %
Sugars 8 g	
Protein 9 g	
Vitamin A 4 %	Vitamin C 2 %
Calcium 30 %	Iron 0 %



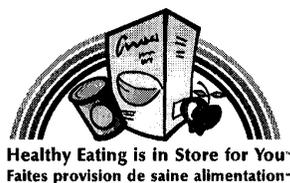
Nutrition Facts	
Per 3/4 cup (175 g)	
Amount	% Daily Value
Calories 170	
Fat 10 g	15 %
Saturated 6 g	35 %
+ Trans 1 g	
Cholesterol 30 mg	
Sodium 100 mg	4 %
Carbohydrate 13 g	4 %
Fibre 0 g	0 %
Sugars 6 g	
Protein 7 g	
Vitamin A 10 %	Vitamin C 2 %
Calcium 25 %	Iron 0 %

1. Circle the % Daily Value for fat on both Nutrition Facts tables shown above.
2. Shade in the % Daily Value for fat on each % Daily Value scale shown above.
3. What do you want to do with the fat?

- I want to get *less* of this nutrient. (Hint: Choose packaged foods with a *low* % Daily Value.)
- I want to get *more* of this nutrient. (Hint: Choose packaged foods with a *high* % Daily Value.)

4. Which yogurt is the better choice for you?

- Yogurt A - Why? _____
- Yogurt B - Why? _____



Activity Sheet #3

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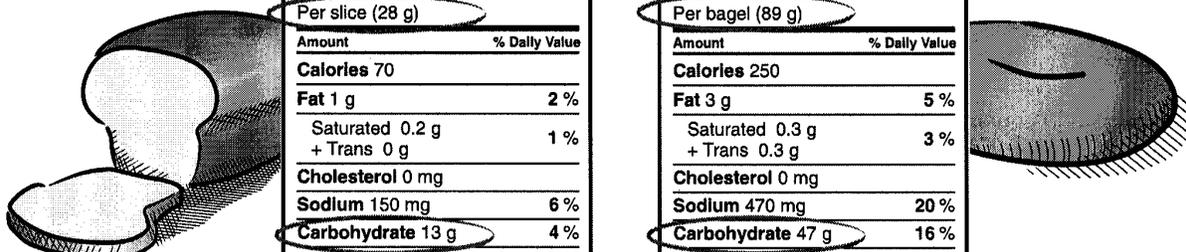
ADVISORY COMMITTEE:

- Canadian Council of Food & Nutrition • Canadian Council of Grocery Distributors • Canadian Home Economics Association
- Canadian Public Health Association • Consumers' Association of Canada • Food and Consumer Products of Canada
- Heart and Stroke Foundation of Canada - Health Check™ Program • Kraft Canada Inc. • Shop Smart Tours Inc.

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Compare the facts for carbohydrate

A packaged food activity for people with diabetes



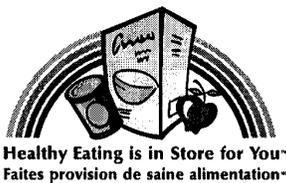
Nutrition Facts	
Per slice (28 g)	
Amount	% Daily Value
Calories 70	
Fat 1 g	2 %
Saturated 0.2 g	1 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 150 mg	6 %
Carbohydrate 13 g	4 %
Fibre 2 g	8 %
Sugars 1 g	
Protein 3 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 2 %	Iron 6 %

Nutrition Facts	
Per bagel (89 g)	
Amount	% Daily Value
Calories 250	
Fat 3 g	5 %
Saturated 0.3 g	3 %
+ Trans 0.3 g	
Cholesterol 0 mg	
Sodium 470 mg	20 %
Carbohydrate 47 g	16 %
Fibre 3 g	12 %
Sugars 3 g	
Protein 8 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 2 %	Iron 20 %

1. Look at the Nutrition Facts table for bread.
2. In the "Bread" column in the chart below:
 - Write in the serving size shown on the package.
 - Write in the serving size you would eat.
3. Figure out how many grams of carbohydrate there are in the serving size that you would eat. Fill in this number on the chart. (Hint: If you are eating half a serving, divide by 2. If you are eating a double serving, multiply by 2.)
4. Look at the Nutrition Facts table for the bagel. Repeat steps 2 and 3 to fill in the "Bagel" column in the chart below.

Packaged food	Bread	Bagel
Serving size on package	_____ slice _____ (weight)	_____ bagel _____ (weight)
Serving size you would eat	_____ slice(s)	_____ bagel(s)
Grams of carbohydrate in the serving size you would eat	_____ g	_____ g

5. Does the serving size you would eat have the right amount of carbohydrate for you to control your blood glucose level? Do you need to make any changes to the serving size you would eat?



Activity Sheet #7

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RISK-WISE

Please read the statements below. Decide whether you agree or disagree with each item.

1. Alcohol is a risk to you only if you are older and have been using it for many years.
2. It is not dangerous to drink and drive if you stay on the back roads.
3. Smoking the occasional joint is not too harmful for a teenager.
4. The health risks from cannabis have never been proven.
5. Prescribed medications are safer than street drugs.
6. If I have a learner's permit to drive, I can drive if the other person is too impaired to be behind the wheel.
7. If the police catch me with a joint, I'll just get a warning because of my age.
8. Cannabis is not addictive.
9. Cannabis is almost legal in Canada.
10. The level of risk and the chance of harm is the same no matter what substance is being used and who is using it.
11. Men can "handle" alcohol better than women.
12. Combining cannabis with other drugs such as alcohol or prescription drugs can increase or alter the effect of the drugs.
13. Medications purchased over the counter at pharmacies are safe.
14. It is safe to get into a car if the driver has been smoking cannabis.
15. You can't be charged with impaired driving if your blood alcohol level is below the legal limit.

RISK WISE

1. **Alcohol is a risk to you only if you are older and have been using it for many years.**

[Disagree is correct.]

Alcohol can pose health risks no matter what your age, no matter if you have been drinking for years or if this is your first experience with alcohol. While alcohol is associated with longer term, chronic health risks such as liver disease, young people who drink to get drunk are placing themselves at risk for accidents, violence, and alcohol poisoning

2. **It is not dangerous to drink and drive if you stay on the back roads.** [Disagree is correct.]

Driving a car requires attention, judgement, and sound decision making, no matter what road you are on. Consuming alcohol can have negative effects on the skills required to drive well. Drinking any amount and driving can be extremely dangerous, particularly for young drivers.

3. **Smoking the occasional joint is not too harmful for a teenager.** [Disagree is correct.]

That may be so, but the harms associated with smoking even the occasional joint depend on what's in the joint (for example, if it is mixed with another drug), the amount of THC present, and the circumstances surrounding use, such as location and combining cannabis with alcohol or other drugs. Depending on these factors, even one joint may contribute to a harmful outcome. It's also against the law, and police may apprehend even an occasional user.

4. **The health risks from cannabis have never been proven.** [Disagree is correct.]

This statement is an old myth. While it may have been true at one time, there is now a good body of research documenting the health risks of cannabis use. These include lung damage and respiratory illnesses, and heart complications in individuals with high blood pressure or heart disease. Research has found that many users experience panic attacks while using. Use by adolescents is linked to depression; it can also bring on schizophrenia among those who are predisposed to it, and make symptoms worse. Cannabis affects short-term memory, ability to problem solve, and attention span (which can be a problem when driving or in other situations requiring mental alertness).

5. **Prescribed medications are safer than street drugs.** [Disagree is correct.]

When taken as directed by a physician, prescribed medications are generally safe. Using too much of some of these drugs (e.g., tranquilizers, pain killers, and sleeping pills), or using them for too long, can lead to drug dependency, which, like any dependency, can cause a variety of serious problems in a person's life. Use of pharmaceuticals by students to get high, to self-medicate depression or anxiety, or to try to get an edge on tests and studying is hazardous and can lead to overdose or dependency. Some prescribed medicines, such as those used in managing severe pain, are particularly dangerous if misused. For example the pain medicine OxyContin has been linked to a number of deaths.

6. **If I have a learner’s permit to drive, I can drive if the other person is too impaired to be behind the wheel. [Disagree is correct.]**

Under Prince Edward Island’s Graduated Driver Licensing System, anyone in the learner stage must have a licensed driver with at least four years experience in the vehicle. That passenger is considered responsible for whatever happens while the learner is behind the wheel. Under the Criminal Code of Canada, a person commits an offence when operating or in care or control of a motor vehicle while impaired by alcohol or drugs.

7. **If the police catch me with a joint, I’ll just get a warning because of my age. [Disagree is correct.]**

Plans by the Canadian government to reduce the penalties for cannabis possession are now on hold. Possession of any amount of cannabis is against the law under the Criminal Code of Canada. Under current laws, a young person who is found in possession of cannabis can receive a criminal conviction and even a jail sentence. A criminal conviction can limit career opportunities and make it difficult to travel to other countries. Even if possession of small amounts of cannabis is eventually decriminalized, as the Canadian government has considered doing for several years, fines would be levied, whether a person is an adult or a youth.

8. **Cannabis is not addictive. [Disagree is correct.]**

Regular or heavy users can become “dependent” on cannabis, but the likelihood and severity of addiction isn’t like that associated with alcohol, tobacco, or heroin. Dependence means that users will think that they can’t function without the drug, and even though the drug has a negative impact on their lives, they will keep using it. When a long-term user does quit using cannabis, he or she may experience withdrawal symptoms such as anxiety, irritability, sleeping problems, sweating, and loss of appetite.

9. **Cannabis is almost legal in Canada. [Disagree is correct.]**

Having or using cannabis is against the law everywhere in Canada. Plans by the Canadian government to reduce the charge for possession of small amounts of cannabis from a criminal offence to a ticketing offence have been placed on hold. Under the proposed changes, it would still have been against the law to possess or sell cannabis, but the penalty for possession of small amounts would have been a fine instead of the stiffer penalty resulting from criminal charges. According to the current law, a person in possession of small amounts of cannabis is subject to a fine of \$1,000, imprisonment for up to six months, or both, with larger penalties for larger amounts and for repeat offences.

10. **The level of risk and the chance of harm is the same no matter what substance is being used and who is using it. [Disagree is correct.]**

The level of risk and potential for harm is NOT the same for all substances or for all people. The same substance can even have a different effect on the same person on different occasions. The level of risk depends on how the drug is used (how much is consumed, alone or in combination with other drugs, on a full or empty stomach), individual characteristics of the user (gender, body size), and the setting (e.g., at a family get-together, at the beach at night with friends).

11. Men can “handle” alcohol better than women. [Disagree is correct.]

Various factors will affect how a person “handles” alcohol, including experience with alcohol, their general state of health, and whether he or she is using another substance. Gender is also a factor. A male body dilutes alcohol more than a female’s body, even if the two individuals weigh the same. Because of a lower percentage of water in the female body, a woman will feel the effects of alcohol more than a man who drinks the same amount. The risk is that females who match their male companions drink for drink will reach a higher level of impairment faster.

12. Combining cannabis with other drugs such as alcohol or prescription drugs can increase or alter the effect of the drugs. [Agree is correct.]

Combining cannabis with any other drug, including alcohol, is very risky because it is impossible to predict the effects. Depending on the drugs being used and the characteristics of the individual user combining drugs may result in adding their effects ($1+1=2$); dramatically increasing their effects ($1+1=3$); or cancelling out many of their effects ($1+1=0$). Driving after combining any substances (including cannabis and alcohol) is very dangerous.

13. Medications purchased over the counter at pharmacies are safe. [Disagree is correct.]

This is generally true; however, some over-the-counter medicines (OTCs), such as certain cough medicine, sleep aids, antihistamines, and products like Gravol, can cause problems if not taken as directed or if abused for their psychoactive effects. It is also important to note that OTC medications can produce dangerous health effects when taken with alcohol.

14. It is safe to get into a car if the driver has been smoking cannabis. [Disagree is correct.]

Driving under the influence of any drug that negatively affects one’s abilities is extremely irresponsible, and it’s also against the law. Mixing cannabis, alcohol, and driving is particularly dangerous. Under the current laws, driving while impaired by any drug including cannabis is against the law even though there’s no “legal limit” like there is for alcohol. Police can use their own judgment and information from witnesses to determine whether or not a person might be driving while impaired by a drug. Since the effects of impairing drugs on one’s ability to drive are unknown, no amount is a safe amount. The Canadian government has just proposed new legislation that will allow police officers to demand tests of a person’s physical capabilities when they suspect that someone is driving under the influence of cannabis (or any other drug), and to demand bodily fluids for testing.

15. You can’t be charged with impaired driving if your blood alcohol level is below the legal limit. [Disagree is correct.]

If a police officer determines that your ability to operate the vehicle is impaired, you can be charged with the offence of impaired driving even if your blood alcohol content (BAC) is below the legal limit. The national legal limit is 80 milligrams of alcohol per 100 millilitres of blood, and it is an offence under the Criminal Code of Canada to drive a vehicle if your BAC exceeds this limit.

FETAL ALCOHOL SPECTRUM DISORDER

We are just beginning to understand the relationship between drinking alcohol during pregnancy and the set of related birth defects called Fetal Alcohol Spectrum Disorder (FASD).

An FASD diagnosis is made by a specially trained team of professionals and doctors. In order for a child to be diagnosed as having FASD, confirming that brain damage was caused by prenatal exposure to alcohol, the birth mother must have a history of drinking while pregnant.

A child must also have abnormalities in all of the following areas:

- **slowed growth** — weight and height below normal
- **certain facial characteristics** — short openings between eyelids, long midface, flattened vertical groove between nose and upper lip, thin upper lip, flattened upper jaw bone
- **brain damage** — meaning that the child may not develop and behave the way other children do

Why is it so difficult to DIAGNOSE FASD?

It's difficult to diagnose FASD for many reasons.

- **There is no one symptom** that can identify FASD.
- **There are no accepted medical tests** to diagnose FASD.
- **FASD symptoms may change** as the child gets older.
- **FASD symptoms are hard to see in babies.**
- **It can be difficult to find out** how much alcohol the mother drank during pregnancy.

It is important to remember that the symptoms of FASD could also be the symptoms of other problems. For this reason, all other causes of physical and behavioural problems must be ruled out before the child can be diagnosed with FASD.

How much ALCOHOL causes harm?

No one knows how much alcohol a pregnant woman can safely drink without affecting the fetus.

Research clearly shows that heavier drinking increases two things:

- the chance that the fetus will be harmed
- the severity of the harm

There is also no time during pregnancy when it is totally safe to drink alcohol. Most doctors and researchers say that if you are thinking of getting pregnant, or if you already are pregnant, it's a good idea to avoid alcohol completely. It is also recommended that women do not drink while breast-feeding because alcohol is passed to the baby through breast milk.

How many children have FASD?

There is a lot of debate about this question. In North America, the current estimate for FASD is 1-3 for every 1,000 live births.

Not all women who drink heavily while they're pregnant will have children with FASD. The mother's metabolism is one factor that affects how much the fetus is harmed. The mother's metabolism is affected by

- how the pregnancy itself is going
- how long the mother has been drinking before the pregnancy
- her age
- her body weight
- her drinking style (e.g., drinking every day or heavy occasional drinking binges)

Other factors, such as the quality of the mother's nutrition, and whether or not she smokes and/or uses drugs, also play a part in contributing to alcohol-related birth defects.

How does FASD affect people's lives?

FASD affects individuals, their families, and their communities in a variety of ways. Children with FASD often have learning and behavioural difficulties that require additional and long-term support. Adults with FASD may have difficulties on the job, in relationships, or with the law.

For individuals with FASD to be successful, their family, school, and community need to understand how this condition affects people, and what kinds of supports and resources will help them best develop the skills they need to live productive and happy lives. Each year, we are adding to our understanding of FASD.

PREVENTION is key

Ultimately, prevention of FAS is what we need to aim for as a society. FASD is a totally preventable disability, and we need families and communities to work together to promote healthy choices, particularly during pregnancy.

Name: _____

Date: _____

MAKING ROOM FOR MALES

In each section, circle the statement that most closely matches your attitude.

Learning about fetal alcohol spectrum disorder (FASD)

- Girls and women are the only ones who need to learn about the possible effects of drinking alcohol during pregnancy.
- Young men and women should learn about FASD because they could someday be parents.
- Because FASD can affect everyone, not just babies and their families, everyone should know about how alcohol can affect the developing fetus.

Decisions about drinking during pregnancy

- If a pregnant woman decides to drink, there's nothing her partner can do about it.
- A man concerned about his pregnant partner's drinking should take charge and prevent her from drinking.
- Support and encouragement is the most effective way a man can help a pregnant woman avoid alcohol.
- Both a man and a woman should think about their alcohol use before they plan or risk a pregnancy.

Dad's drinking

- Since there is no firm proof that a man's drinking affects his unborn child, it's okay for him to drink.
- It's okay for a man to drink as long as he tells his partner not to drink.
- The best support a man can offer a pregnant woman who's having a hard time avoiding alcohol is to not drink himself.
- Since alcohol can damage sperm (although it is not known if this causes birth defects), a man should be concerned about this when planning a pregnancy.

EFFECTS ON FAMILY MEMBERS

Activity

Place pieces of flipchart paper around the room. After noting that they each identify a different family member, ask the students to write their responses to the following questions on the flipchart paper:

- What could be some of the effects on the family if the dad was harmfully involved or dependent on a substance?
- What could be some of the effects on the family if the mom was harmfully involved or dependent?
- What could be some of the effects on the family if an older teenager (high school student or recent graduate) was harmfully involved or dependent?
- What could be some of the effects on the family if an extended family member, such as grandparent, aunt, or uncle, was harmfully involved or dependent?
- What could be some of the effects on the wider community if an individual within the community was harmfully involved or dependent?

Once the students have finished, discuss the items that they have identified. If any of the following effects are not on the list, draw them to the students' attention:

- fewer chores being done around the house, and fewer meals made
- money problems showing up or increasing
- acting withdrawn, having mood swings, or showing other changes in personality
- unexplained and increasing absences from the home
- missing time at work, or losing a job
- forgetfulness
- sleeping a lot, or not being able to sleep at night
- appearing distracted or inattentive
- changes in physical appearance, taking less care of self
- going to more doctor appointments, or getting prescriptions filled more frequently
- not showing up at a child's special events
- more fighting between family members, more "scenes"
- family members feeling less connected to one another
- a social worker from Children's Aid or Family Services coming to their home

Ask the students how they react to the list? Did they think it would be as long as it is? Is there anything that they did not realize? Tell students that there are a number of supports in the community that can help out when a family member is harmfully involved or dependent on a substance. See "Circle of Caring for Children" (W-8.15) in Appendix.

FAMILY STORIES

Activity

- Explain to the class that recognizing when a family member is having a problem with alcohol or another drug can be difficult. It happens often enough, though, that it is helpful to look at it in greater detail. Challenge students to do some detective work in looking at the situations of a few hypothetical families and trying to figure out what may be going on, and what might be done to help.

- Divide the class into groups and assign each group one of the items from “Family Stories” (Appendix). Ask each group to review their story and respond to the five questions on page 2 of “Family Stories.”

- After reviewing their stories and questions for about 10-15 minutes, ask each group to share their story and their responses with the larger class.

FAMILY STORIES

Family Story One

About six months ago, Kalan's dad was involved in a car crash that left him with a broken hip. He was prescribed a painkiller to help with the pain, and he has been taking it ever since. Although he went back to work about six weeks after the accident, he has started missing quite a bit of time the past few weeks, and this week he has not gone to work at all. No one has said anything, but Kalan wonders if his father may have lost his job. He seems to have a lot of doctors' appointments, one with a new family doctor that is in a different town. Kalan's dad seems to be in his own world, and his mom seems angry.

Family Story Two

Stephanie's mom had been taking a tranquilizer for well over a year to help her with feelings of anxiety and her not being able to sleep. Recently, Stephanie heard a news story on television that said no one should take that type of drug for more than three or four weeks at a time: it can lead to dependency, and withdrawal symptoms when one tries to stop the drug. Stephanie has noticed a few changes with her mother lately. Twice she has forgotten to pick Stephanie up at a friend's house, which never happened before. Stephanie's mom always has supper on the table, but now it seems that Stephanie is always looking for something to make for supper for her little sister, as her mom is in her room with the door closed. She seems to be taking more of the pills than when she started, and she seems to be sadder than a few months back. Stephanie is worried about her mother.

Family Story Three

Liam's grandfather enjoys what he calls "a good drink". As long as he can remember, there have been little comments and jokes made about Poppa and his drinks. Lately, though, things seem to be getting out of hand. Sometimes when Poppa comes over for supper, he passes out in the living room and stays there throughout the meal. Those are actually the good times. Other times he sits at the table and seems to pick a fight with whoever is close to him. One night he threw a punch at Liam's dad for taking the car keys from him. He did not get his keys back, so he took off walking down the road towards his home three kilometers away, and Liam's uncle had to go get him.

Family Story Four

Dana has always looked up to her older brother. He has always been so full of life and into so many things; it just always seems that the house is full of life when he is home. He has been very good to Dana, too—driving her to where she needs to go, and making sure he picks her up again. But since he started grade 11, things seem different. He is still as popular as ever and spends a lot of time with friends. When he is home, however, he just seems to sit around a lot without much to say, or he just stays in his room. He is out late every Thursday and Friday night. He pays very little attention to Dana, and she has heard him yelling back and forth with their dad.

Family Story Five

Kyle's mother has always enjoyed a good drink and a good party with friends. Lately, however, it seems to Kyle that she is drinking more often and at different times than before, including in the morning. When Kyle gets home from school, he can smell alcohol on his mother, and sometimes it is even noticeable when he opens the front door. Sometimes his mom comes out to greet him, talking about things he cannot understand, slurring her words and staggering. The worst times are finding her asleep on the couch, smelling like alcohol. Kyle is embarrassed by her behaviour. He has stopped inviting friends around, and makes excuses so that he does not have to invite his mother to school events.

Family Story Questions

1. What do you suspect is the problem here?
2. How does the behaviour of the person with the substance-use problem affect the others in the family?
3. How might it affect his or her life outside the home?
4. What options does this family have to get help for the family member who is having substance-use problems?
5. What might get in the way of getting help?

IDEAS FOR PROMOTING AND ENHANCING SAFETY IN THE COMMUNITY

Students can

- use assertiveness skills in refusing rides from people they do not know
- refuse to let strangers enter the home when they are alone
- talk to their parents about safety issues
- walk in groups in unfamiliar areas, or after dark
- be aware of their surroundings when walking, and be alert near parked cars and shrubbery
- carry change for an emergency phone call
- report suspicious activities or situations to proper authorities

Parents can

- acknowledge teens' feelings of fear
- give practical suggestions for staying safe in specific circumstances
- get to know teens' friends and their parents
- include friends in family activities
- set clear rules and consequences; monitor teens' whereabouts
- foster independence by adjusting boundaries and curfews as teens mature

Communities can

- support Neighbourhood Watch programs
- support Rural Crime Watch programs
- encourage neighbours to take responsibility for monitoring youth behaviour in residential and business districts
- require professionals and caregivers working directly with teens to be aware of custody issues

RESILIENCY

Resiliency researcher Bonnie Benard discovered that resilient individuals have social competence. They attract positive attention from others, are empathetic and caring, communicate well, and can find humour in difficult situations.

They have problem-solving skills. They can plan, think critically and creatively, and seek help when they need it.

They develop a critical consciousness which allows them to be aware of the problems in their family or society, and to know that they are not the cause of these troubles.

They have autonomy. They believe in their ability to influence events around them, and have a strong sense of their own identity, which does not waver in the face of neglect or ridicule.

Resilient children use the abilities they have effectively. They can take advantage of opportunities that exist in their environment.

Resilient children tend to recruit support from friends, relatives, teachers, and other elders. They join organizations like 4-H or the YMCA. They take advantage of educational opportunities at community colleges, churches, and community service organizations.

Students can

- develop caring relationships with adult mentors
- organize peer support groups within the school
- be aware of local counselling services
- seek help from adults or support services when facing difficulties
- recognize that it's okay when things don't go their way
- recognize that individuals can have control over most of the circumstances in life that cause unhappiness
- develop autonomy by learning to depend on themselves
- recognize that attitudes, actions, and values are what define them, and not their past
- set reasonable personal goals, work toward them, and celebrate their achievements

Permission Letter For Parents/Guardians
 Printed on School Letterhead

Dear Parent(s) / Guardian(s):

As you may be aware, a sexuality unit is one component of your child's health program at our school.

The following learning outcomes will be addressed in the grade 8 curriculum:

- Demonstrate an understanding that individuals experience different rates of physical, emotional, sexual, and social development.
- Determine the signs, methods, and consequences of various types of abuse.
- Demonstrate an understanding of sexual orientation.
- Demonstrate an understanding of responsibilities and consequences associated with being sexually active.
- Describe symptoms, effects, treatments, and prevention for common sexually transmitted infections.
- Describe basic types of contraceptives.

We hope you find that this supports your efforts. I will encourage students to discuss what they are learning with you. Please contact the school if you would like further information. Your interest and support are greatly appreciated.

Please complete the form below and return it to the school by _____ .
 (An alternative learning experience will be provided for those students who have been exempted.)

 (Signature of Teacher/Principal)

Detach and return the form below.

Please check one box:

_____ I give permission for _____ to participate in classes that address grade 8 sexual outcomes.

_____ I do not give permission for _____ to participate in classes that address grade 8 sexual outcomes. I request that alternative arrangements be made.

 (Signature of Parent/Guardian)

SEXUAL HEALTH OUTCOMES SCOPE AND SEQUENCE

Teacher Information

Grade 6

- Define Sexuality
- Puberty
- Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
- Introduce
 - Menstruation
 - Sperm Production
 - Fertilization
 - Conception
 - Pregnancy
 - Fetal Development

Grade 7

- Review Meaning of Sexuality
- Review / Expand Puberty
 - physical development
 - **emotional development**
- Review / Expand Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Review / Expand Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
 - epididymus
 - glans
 - foreskin
- Review / Expand
 - Menstruation
 - Sperm Production
 - Fertilization
 - Conception
 - **Implantation**
 - Pregnancy
 - Stages of Fetal Development
 - **Genetics -- Sexual Determination**
 - Fraternal Twins
 - Identical Twins
 - Gender Roles
 - Decision Making for Responsible Sexual Behaviour (Focus on Abstinence)

Grade 8

- Review Meaning of Sexuality
- Review / Expand Puberty
 - physical development
 - emotional development
 - **sexual development**
 - **social development**
- Review Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Review Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
 - epididymus
 - glans
 - foreskin
- Review / Expand
 - Menstruation
 - Sperm Production
 - Fertilization
 - Conception
 - Implantation
 - Pregnancy
 - Stages of Fetal Development
 - **Genetics -- Sexual Determination**
 - Fraternal Twins
 - Identical Twins
 - Gender Roles
 - Decision Making for Responsible Sexual Behaviour (Focus on Abstinence)
 - **Physical, Emotional, Sexual Abuse, and Neglect**
 - **Sexual Orientation**
 - **Responsibilities and Consequences of Being Sexually Active**
 - **STIs (8)**
 - **Basic Types of Contraceptives (7)**

Grade 9

- Review Meaning of Sexuality
- Review Puberty
 - physical development
 - emotional development
 - sexual development
 - social development
- Review Female Reproductive System
 - uterus
 - vagina
 - ovaries
 - Fallopian tubes
 - ova/ovum
- Review Male Reproductive System
 - testicles
 - scrotum
 - urethra
 - penis
 - sperm
 - epididymus
 - glans
 - foreskin
- **Sexual Assault**
 - **four basic types**
 - **consequences**
- **Safer Sex Practices**
 - abstinence
 - **condoms (public health nurse condom demonstration)**
 - contraception (review methods from grade 8)
 - lower risk sexual activity
- **Pregnancy and Parenting**
 - **process of pregnancy and birth**
 - **myths and facts about pregnancy**
 - **pregnancy risk and impact**
 - **options for women who are pregnant**
- STIs and HIV
 - review STIs/HIV (Grade 8)
 - strategies to prevent or reduce sexual risk of STIs and HIV

* **Bold type indicates new material for this grade level.**

TEACHING TIPS

- Invite qualified members in the community (e.g., public health nurse) to support instruction (with administrative approval).
- Be willing to look for information to address topics or questions that students raise. Always stay within the boundaries of the authorized curriculum.
- Know where and when to send students for help.
- Establish ground rules in the first lesson and reinforce them regularly to ensure a safe and respectful class atmosphere.
- Reinforce the universal values, including honesty and respect for the rights and feelings of others throughout the course.
- Present information in an unbiased, non-judgmental way, and focus on helping students develop the knowledge, skills, and attitudes that will empower them to make health-enhancing decisions.
- Talk about topics and answer questions using factual statements rather than value statements.

Value Statements:

It's wrong for people to be gay or lesbian.
Too many young people are having sex.

Factual Statements:

Some people are gay or lesbian.
Some young people are having sex.

- Remind students that value-based questions are personal and influenced by our families, friends, school, the media, culture, and religion, and encourage students to discuss these types of questions with their parents/guardians.
- Use exact terms and definitions (not slang) when talking about sexual health topics.
- Use gender-neutral terms such as “partner” instead of “boyfriend” or “girlfriend”.
- Use icebreakers and humour to help students feel more comfortable.
- Encourage students to ask questions and to use the Question Box strategy.

INSTRUCTIONAL METHODS

The most effective ways to teach sexuality to your students

Role-Playing

- Provides opportunity for students to assume roles of others, therefore, appreciating another's point-of-view
- Allows for a safe exploration of solutions and an opportunity to practice sexual health skills
- Tends to motivate students to learn
- Promotes and develops critical and creative thinking, attitudes, values, and interpersonal and social skills

Question Box

- Anonymity provides a way for students to ask questions related to sexuality without risking embarrassment or self-consciousness
- Time between lessons allows teachers to prepare an answer ahead of time and to avoid being caught off guard
- Capitalizing on “teachable moments” is effective and can enrich the classroom experience

Small Group Instruction

- Provides opportunity to think through an idea and exchange alternative ideas and viewpoints
- Increases students' self-confidence
- Enhances social and personal development

Class Discussions

- Help build a positive classroom climate
- Lead to student interest in sexual health
- Result in students feeling more positive about themselves and the learning environment

Multi-media Experiences

- Keep group's attention
- Stimulate discussions
- Illustrate complex, abstract concepts

SETTING GROUND RULES

PROPER VOCABULARY:

Use correct terms.

COMFORT & SAFETY:

It is okay to feel uncomfortable.

It's okay to pass.

It is okay to ask a question anonymously using the question box.

We have the right to our own beliefs and opinions.

We are responsible for our own learning.

RESPECT OTHERS:

Everyone has the right to participate.

Raise your hand before speaking.

Listen when others are speaking.

Do not interrupt.

We will be sensitive to diversity and be careful about making careless remarks.

We can disagree with another point of view or behaviour non-judgmentally.

PRIVACY & CONFIDENTIALITY

We will be as open and honest as possible, but we won't discuss personal issues.

What we share in this group is intended to remain confidential.

CLASSROOM CLIMATE

Here is a list of rules you might suggest to your students. They can be changed, discussed or expanded upon. Rules make it easier for a climate of trust to develop as students come to know what is expected of them and their peers.

1. Be sensitive to the feelings and words of others. Everyone is entitled to an opinion.
2. Respect feelings, values, and opinions of others.
3. You have a right to skip your turn and not answer a question. We will not discuss personal behaviour in class.
4. Try to use exact terms. If you do not know the exact term, use the expression you know and I (the teacher) will tell you the appropriate term.
5. Do not personalize questions or situations. For instance, instead of saying “my aunt told me...,” you should say “someone told me...”
6. Comments made by a student in class are not to be circulated throughout the school unless the student in question specifically asks for them to be. It is important to be discreet.
7. Questions submitted to the Question Box will be answered or an explanation will be provided for not answering particular questions.
8. It would be interesting for you to discuss the points raised in class with your parents. Be sure to relate them accurately.
9. Speak for yourself. Use “I” when expressing your feeling and opinions.

YOUR IDENTITY—MANY PARTS MAKE YOU STRONG

Structure: Individual

Time: 20 minutes

Materials: “Your Identity— Many Parts Make You Strong” handout

Procedure

1. **Distribute** the “Your Identity — Many Parts Make You Strong” handout. Encourage students to check all the things they think are part of them:
 - all of the things they enjoy doing, whether or not they do them well
 - all of the things they can do well, even if they do not enjoy them or do them often
 - all of the things they have never tried, but want to try in the future
2. **Give** students sufficient time to complete the handout.
3. **Conclude** by asking students what they learned and how they felt doing the activity. Ensure that some of the following points are made:
 - Everyone has a variety of things to offer.
 - There are some things about us that can change or improve.
 - There are some things that we are born with, that will always be a part of us.
 - Self-worth does not depend on looks. How we look is only one small part of our identity.
 - Our worth cannot be measured by comparison to anyone else’s.

YOUR IDENTITY—MANY PARTS MAKE YOU STRONG

I have intelligence. I can do

- _____ Math
- _____ Spelling
- _____ Foreign languages
- _____ Science
- _____ Reading
- _____ Writing
- _____ Creative problem solving
- _____ Geography
- _____ History
- _____ Computers

Other:

I am physically active.

- _____ Run
- _____ Jump
- _____ Throw
- _____ Climb
- _____ Catch
- _____ Lift heavy things
- _____ Remain active a long time
- _____ Walk
- _____ Dance
- _____ Computers

Sports

- | | |
|------------------|------------------------|
| _____ Skiing | _____ Football |
| _____ Skating | _____ Soccer |
| _____ Swimming | _____ Horseback riding |
| _____ Bicycling | _____ Volleyball |
| _____ Gymnastics | _____ Track |
| _____ Wrestling | _____ Hockey |
| _____ Basketball | |
| _____ Tennis | |

List other physical activities or specific sports that are part of who you are?

I take pride in my appearance.

- _____ Take care of my health
- _____ Eat well
- _____ Like my hair a certain way
- _____ Keep clean hands and face
- _____ Like to wear my favourite colours
- _____ Add hats, jewellery, or other "decorations"

Colour of hair _____

Eyes _____ Skin _____

Hair is: Curly Straight

Another thing about my looks is

I am creative or artistic.

_____ Artistic (What type? List below.)

- _____ I dance.
- _____ I write poetry or stories.
- _____ I do drama (act in plays).
- _____ I build things or do crafts (what kind?).
- _____ I sew.
- _____ Musical (what type? List below.)

List other creative or artistic abilities below:

YOUR IDENTITY—MANY PARTS MAKE YOU STRONG (Cont'd)

I learn new things.

- _____ I try new things.
 _____ I learn from mistakes.
 _____ I try things I might not be successful at.
 _____ If something is hard, I can keep at it.
 _____ I finish projects or assignments.

Other:

I am a citizen (part of my community).

- _____ Respectful
 _____ Conscientious
 _____ Responsible
 _____ Helpful
 _____ Involved
 _____ Compassionate
 _____ Careful of the environment

Other:

I have relationships

- _____ Make friends.
 _____ Share
 _____ Am friendly
 _____ Am a good listener
 _____ Am reliable
 _____ Can be serious
 _____ Am loving
 _____ Am polite, have good manners
 _____ Am kind
 _____ Like to learn new things
 _____ Communicate well
 _____ Have a sense of humour
 _____ Have fun ideas
 _____ Am fun to be with
 _____ Am interested in a lot of things
 _____ Can resolve conflicts
 _____ Can be a leader, take charge
 _____ Care about how people feel
 _____ Can laugh at myself, and at my mistakes
 _____ Include people who are not my best friends
 _____ Am a team player — do what I'm asked for the sake of the team

Other:

I manage my health and keep things in balance.

- _____ Keep clean (shower and bathe)
 _____ Get excited
 _____ Eat healthy food
 _____ Feel angry
 _____ Am physically active
 _____ Feel hurt
 _____ Play safe
 _____ Feel afraid
 _____ Play smart
 _____ Feel sad
 _____ Think about healthy choices
 _____ Feel happy
 _____ Know what I need, and ask for it
 _____ Am able to make decisions
 _____ Can say no and disagree if I need to
 _____ Take time to relax
 _____ Have realistic expectations of myself
 _____ Organize and manage my time
 _____ Can accept when things don't work out
 _____ Organize and manage my things

I have many feelings such as:

Handout

YOUR IDENTITY—MANY PARTS MAKE YOU STRONG (Cont'd)

I have other interests (add as many as you like).

_____ Collecting things
(list things you collect)

_____ Having a pet (what kinds?)

List other hobbies and interests below or on the back of this handout

- _____ Games
- _____ Magic
- _____ Miniature golf
- _____ Cooking
- _____ Snorkelling
- _____ Having a pen pal
- _____ Computers
- _____ Reading
- _____ Building models
- _____ Building something else (what?)

Other:

I have culture, values, or beliefs about life.

My culture (may include religion or other important values or beliefs):

I think what is most important in life is

My preferences or favourites (you may list one or more than one):

Colour? _____

Food? _____

Drink? _____

Quiet activity? _____

Busy activity? _____

Person? _____

Teacher? _____

Vegetable? _____

Animal? _____

Way to dress? _____

Memory? _____

Game? _____

TV show? _____

Subject in school? _____

Movie? _____

Book? _____

Song? _____

Fruit? _____

Sport? _____

Hobby? _____

INSIDE - OUTSIDE BOXES

Structure: Individual and large group

Time: 45 minutes in-class or homework assignment

Materials: Shoebox for each student, craft materials, magazines, scissors, glue

Procedure

1. As an in-class or homework assignment, **ask** students to put together a shoebox (or medium size box) that represents who they are. Instruct them to decorate it and/or put in items that describe or symbolize how they see themselves.
2. **Encourage** students to use a variety of craft materials (wool, sparkles, bits of sticks and stones, leaves, pine cones), fashion magazines, fabric, photos, beads, foil, etc.— anything students can find. Instruct students to think about what colours, textures, etc. they like, and how these can be incorporated into the activity (e.g., using a lot of blue can represent a love of swimming; using feathers can signify a love of freedom). The students will create who they feel they are, inside and on the outside of the box (e.g., sports they play, hobbies they enjoy, personal attributes, involvement in the community).
3. **Have** students form groups of four or five people. **Ask** volunteers to share and explain their boxes to their small group, in as much or as little detail as they feel comfortable with.
4. In the larger group, **ask** them how it felt to complete this activity. **Point out** that there is something special about every person. Feeling good about ourselves, and liking ourselves, is called good self-esteem. **Encourage** students to keep their boxes.

Teacher Information

SEX FACTS IN CANADA (Compiled in 2006)

Sexual Experience

- The average age at which both male and female Canadians have sex for the first time is 16.5.
- 28% of teens aged 15-17 report having had sexual intercourse at least once. By age 20-24, this increases to 80%.
- In a 2005 report, 41% of males aged 15-17 and 39% of those aged 18-19 reported having more than one sexual partner in the previous year.
- For females in the study, 29% of 15-17 year olds and 31% of those aged 18-19 reported having more than one sexual partner in the previous year.

Sex Education

- Young people turn to parents and guardians as a primary source of sexual health education.
- A survey among grade nine students in Canada revealed that school was most frequently cited as the main source of information on human sexuality/puberty/birth control and HIV/AIDS.
- Over 85% of parents agree that sexual health education should be provided in schools, as do 92% of high school youth.

Contraception

- Oral contraceptives (i.e., the pill) are the most common method of conception used by Canadian women who have had intercourse (32%), followed by condoms (21%).
- 39% of female grade nine students and 54% of grade 11 students used the pill the last time they had intercourse.
- The percentage of both male and female students who reported using a condom the last time they had sex decreased from grade nine to grade 11.

Teen Pregnancy

- Among 15-19 year old Canadian females, the pregnancy rate declined from 41.7 per 1,000 in 1998 to 40.2 in 1999 and 38.2 in 2000.
- The number of teenaged women who gave birth has also declined, from 16.8 live births in 1997 to 12.1 in 2003.
- Though not scientifically conclusive, increased use of the birth control pill by females has corresponded with the drop in teen pregnancy rates.

Safer Sex

- Of sexually active adults aged 20-24, 44% reported having sex without a condom, compared with 33% of those aged 18-19 and 22% of those aged 15-17.
- 29% of males aged 15-19 and 44% of males aged 20-24 do not use condoms.
- For females, 51% aged 15-19 and 53% aged 20-24 do not use condoms.
- Of young people who reported in 2003 that they had had sex with multiple partners within the past year, approximately three in 10 had not used a condom the last time they had sex.

Sexually Transmitted Infections (STIs)

- The term sexually transmitted infection (STI) is now commonly used in place of sexually transmitted disease (STD) in order to include infections that may be asymptomatic.
- In 2003, 854,817 people aged 15-49 who have ever had sexual intercourse reported ever being diagnosed with a sexually transmitted infection.
- There are more than 25 classifications of STIs.
- STIs can lead to genital warts, blisters, infertility, spontaneous abortion, cancer and death.
- While many STIs are curable, several are not, including Hepatitis B, genital herpes, Papillomavirus (HPV), and the Human Immunodeficiency Virus (HIV).

SEX FACTS IN CANADA 2006 (cont'd)

Human Papillomavirus (HPV)

- HPV is the world's most common sexually transmitted infection.
- Over 80 types of HPV have been reliably identified, but researchers believe there are likely over 200.
- It is estimated that 75% of Canadians will have at least one HPV infection in their lifetime.
- It is often referred to as a 'silent' infection, as most cases are asymptomatic.
- HPV is transmitted through vaginal, oral, or anal sex, as well as skin-to-skin contact.
- HPV can cause skin warts, genital warts, pre-cancerous lesions, and lead to certain types of cancers.

Human Immunodeficiency Virus (HIV)

- From 1985 to 2005, a total of 60,160 positive HIV tests have been reported to the Public Health Agency of Canada.
- In Canada in 2005, approximately 30% of individuals with HIV were unaware of their infection.
- The average time between HIV infection and AIDS is 10 years.

Chlamydia

- Chlamydia is the most commonly reported STI in Canada.
- Close to 63,000 cases of chlamydia were reported in 2004, the highest number of cases since the disease became reportable in 1990.
- 40-70% of chlamydia cases present no symptoms. People may carry the infection for many years without knowing.
- From 1997 to 2004, rates in males rose from 58.7 to 129.5 per 100,000, more than doubling, while female rates increased by 57%, from 167.8 to 263.2 per 100,000.
- Females account for over two-thirds of all reported cases. Two-thirds of all reported cases are in the 15-24 age group.
- Consistent condom users (100% compliance) have significantly lower rates of infection compared with inconsistent condom users (25-27% compliance).
- Serious long-term health consequences are attributed to chlamydia, including infertility, chronic pelvic pain, and ectopic pregnancy, which can be a life-threatening medical emergency.

Gonorrhea

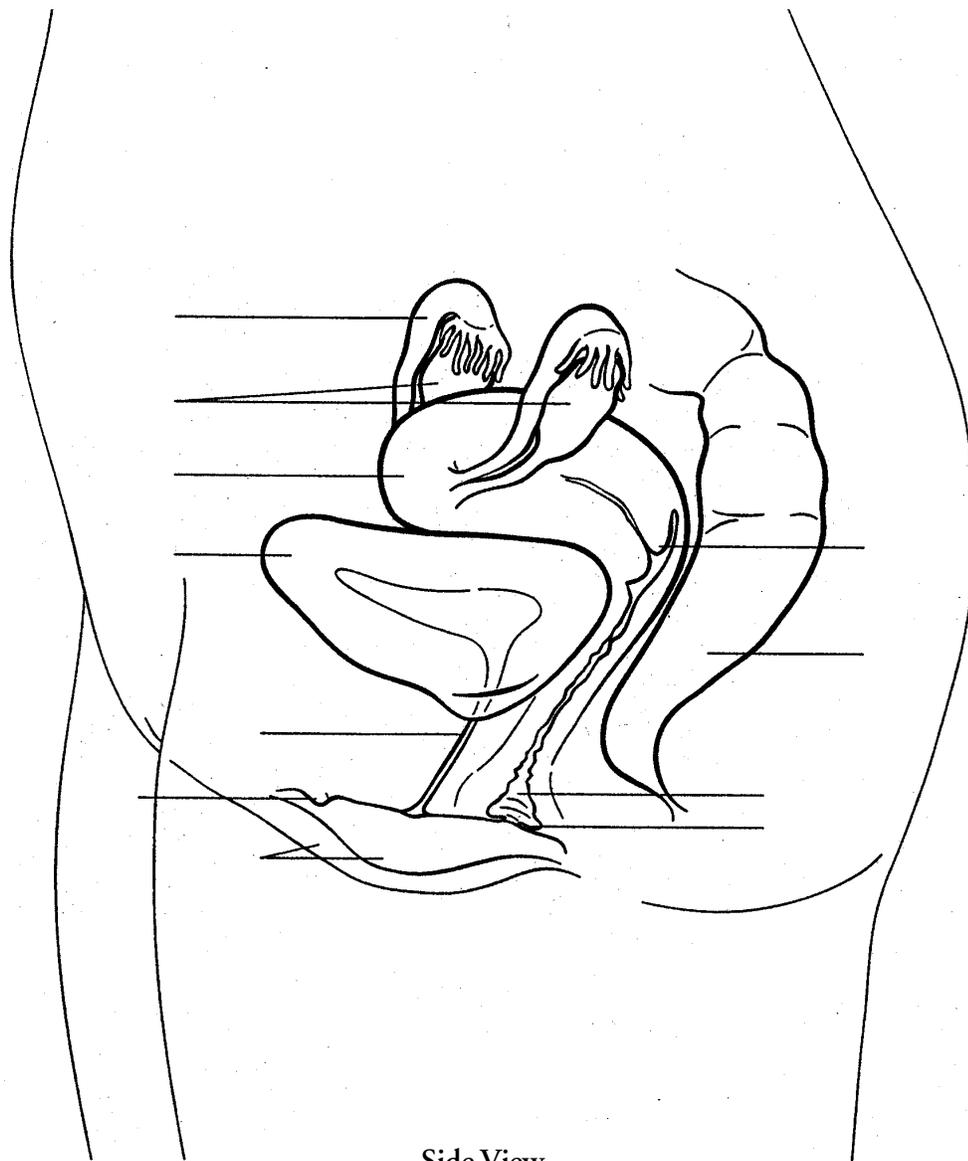
- Gonorrhea is the second most commonly reported STI in Canada.
- Most men and women experience no symptoms.
- Reported rates have nearly doubled from 14.9 per 100,000 in 1997 to 28.9 per 100,000 in 2004.
- Different from chlamydia, more than 60% of reported cases are attributed to males.

Syphilis

- Syphilis affects 3.5 per 100,000 people in Canada, nearly nine times the rate in 1997 (0.4 per 100,000).
- Syphilis is escalating in both males and females, but more so in males. 2004 rates for men were 15 times higher than in 1997 (6.3 vs. 0.4 per 100,000).
- Male cases appear to be driven by those over 30 (82% of reported male cases and 72% of overall cases are attributed to men aged 30-59).

Source: www.sexualityandu.ca and The Society of Obstetricians and Gynaecologists of Canada

ILLUSTRATION OF THE FEMALE REPRODUCTIVE SYSTEM



Side View

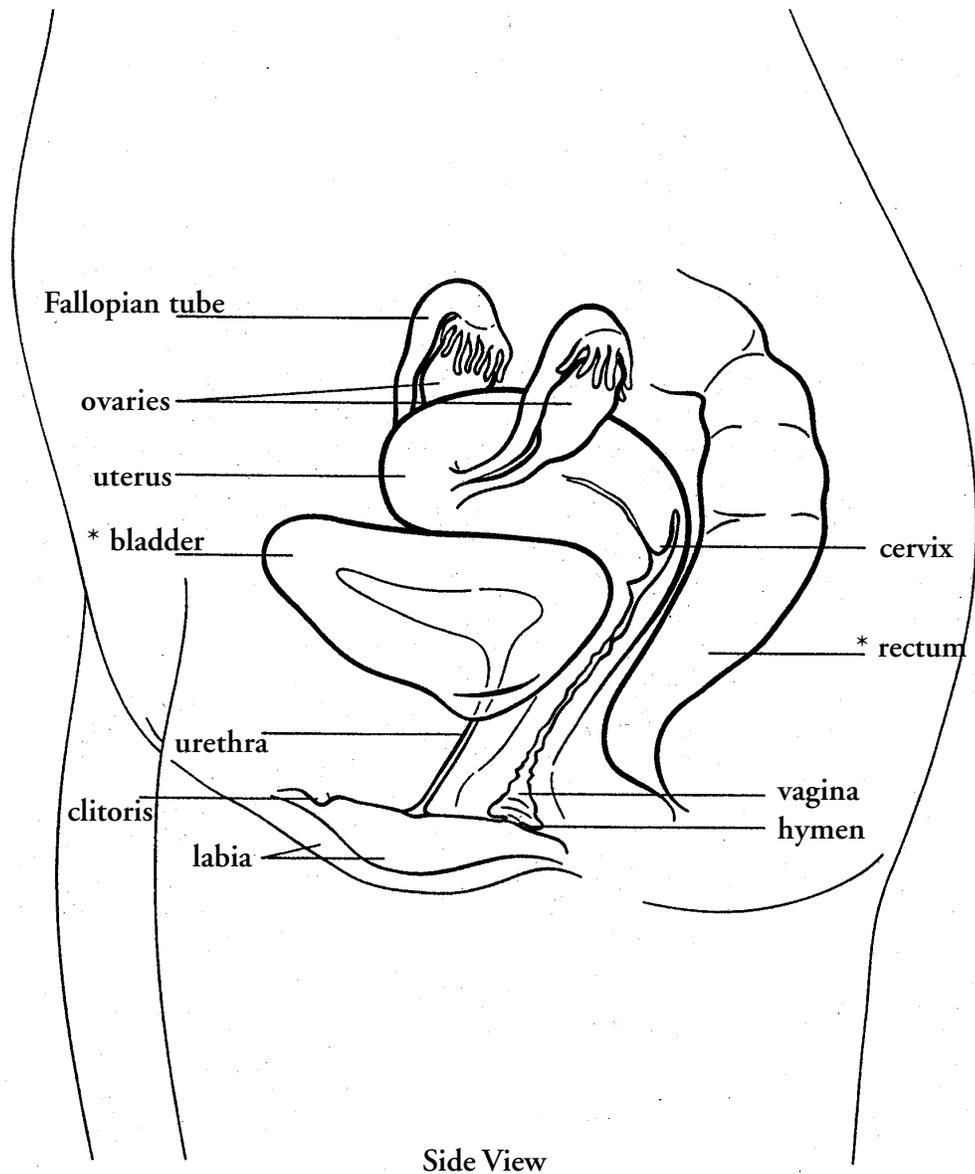
vagina
ovaries
hymen

labia
urethra
rectum

bladder
Fallopian tube
cervix

uterus
clitoris

ILLUSTRATION OF THE FEMALE REPRODUCTIVE SYSTEM



* Not part of the reproductive system

THE FEMALE REPRODUCTIVE SYSTEM

As with males, females undergo physical and emotional changes in puberty. Their breasts begin to develop, their hips broaden, and females develop more body hair (pubic, underarm, and leg hair). Females experience a wide range of emotions during puberty. The female reproductive system, which is inside the body, also develops. No two females will have exactly the same experience of puberty.

Females have two **ovaries**. These are the female reproductive glands. A typical ovary is oval shaped and measures approximately 5 cm by 2.5 cm.

When puberty begins, the ovaries start releasing mature ova (singular is ovum, which means egg). An **ovum** is the female reproductive cell. A female is born with all of her ova. Each month, one or more ova matures and is released. In order for reproduction to occur, a singular sperm must fertilize a mature female ovum.

Females have two **Fallopian tubes**. At the end of each fallopian tube are finger-like projections (called fimbriae), which help catch the ovum from the ovary. The Fallopian tubes transport the ovum from the ovary to the uterus.

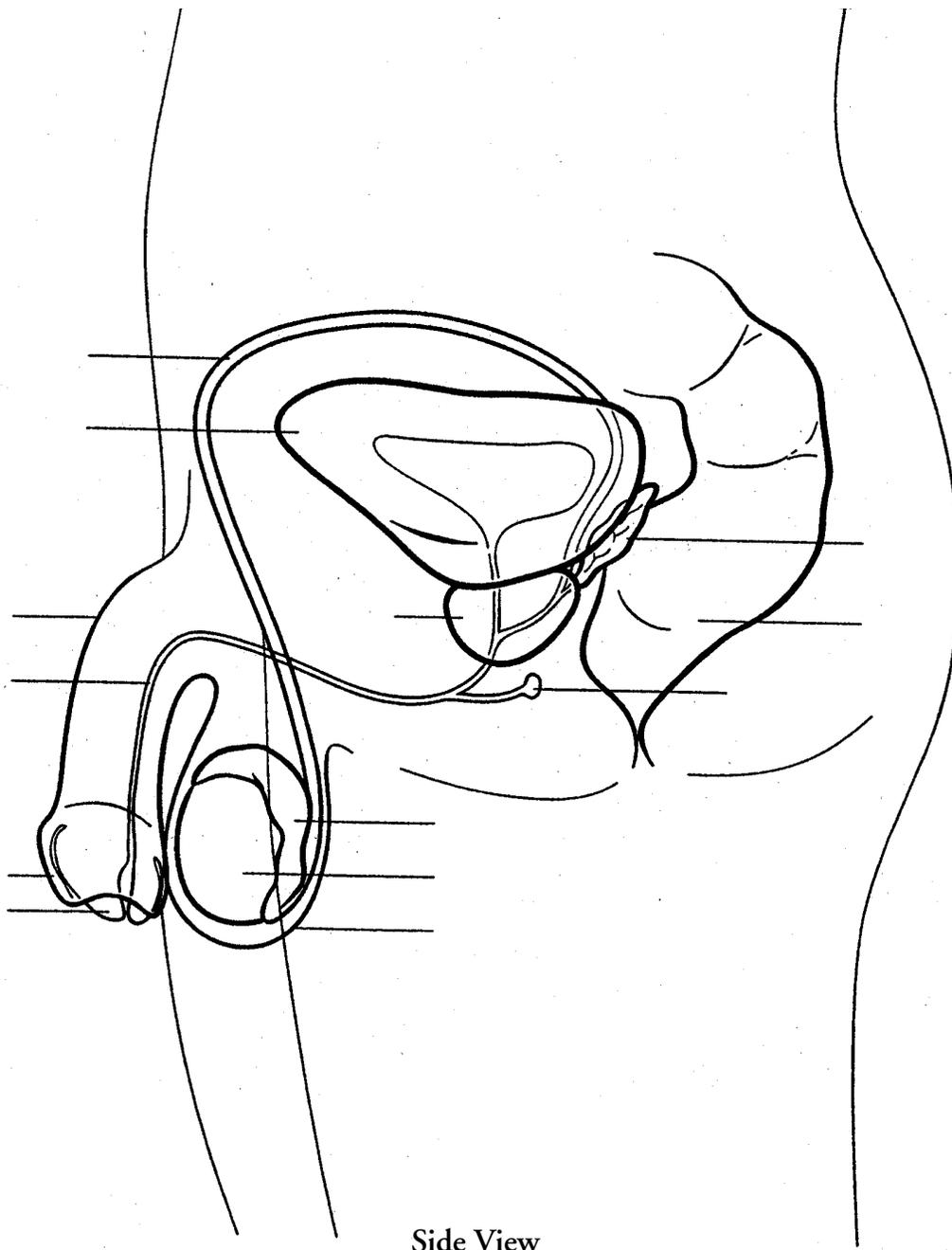
The **uterus** (womb) is a small pear-shaped organ located below the ovaries. Once a month, the lining of the uterus thickens with new cells and blood vessels in preparation for a fertilized ovum to attach itself. If this does not occur, a female will menstruate (have a period), and the lining of the uterus is shed. The process from the maturing of the ovum to the shedding of the lining of the uterus is called the **menstrual cycle**. The menstrual cycle is regulated in part by two important female hormones, name estrogen and progesterone.

The lower part of the uterus is the **cervix**. This is a narrow passageway that leads from the uterus to the vagina. During childbirth the cervix widens to allow the baby to pass from the uterus into the vagina. The walls of the vagina also expand to allow the baby to pass through the vagina to be born.

The external genitalia of a female include the **labia** (minora and majora), the **clitoris**, and the **hymen**. The labia are soft folds of skin surrounding the clitoris, the opening of the vagina, and the opening of the urethra. The clitoris is a small, sensitive bump that becomes erect when stimulated. The hymen is a thin membrane stretched across the opening of the vagina. Together, these organs are called the **vulva**.

The **breasts** should also be discussed as part of the male and female reproductive system. Both males and females have breast tissue. Males may temporarily experience a slight swelling or tenderness of breast tissue in early adolescence. In females, the breasts respond to different hormones such as estrogen and progesterone. They can vary in size and tenderness just prior to menstruation.

ILLUSTRATION OF THE MALE REPRODUCTIVE SYSTEM



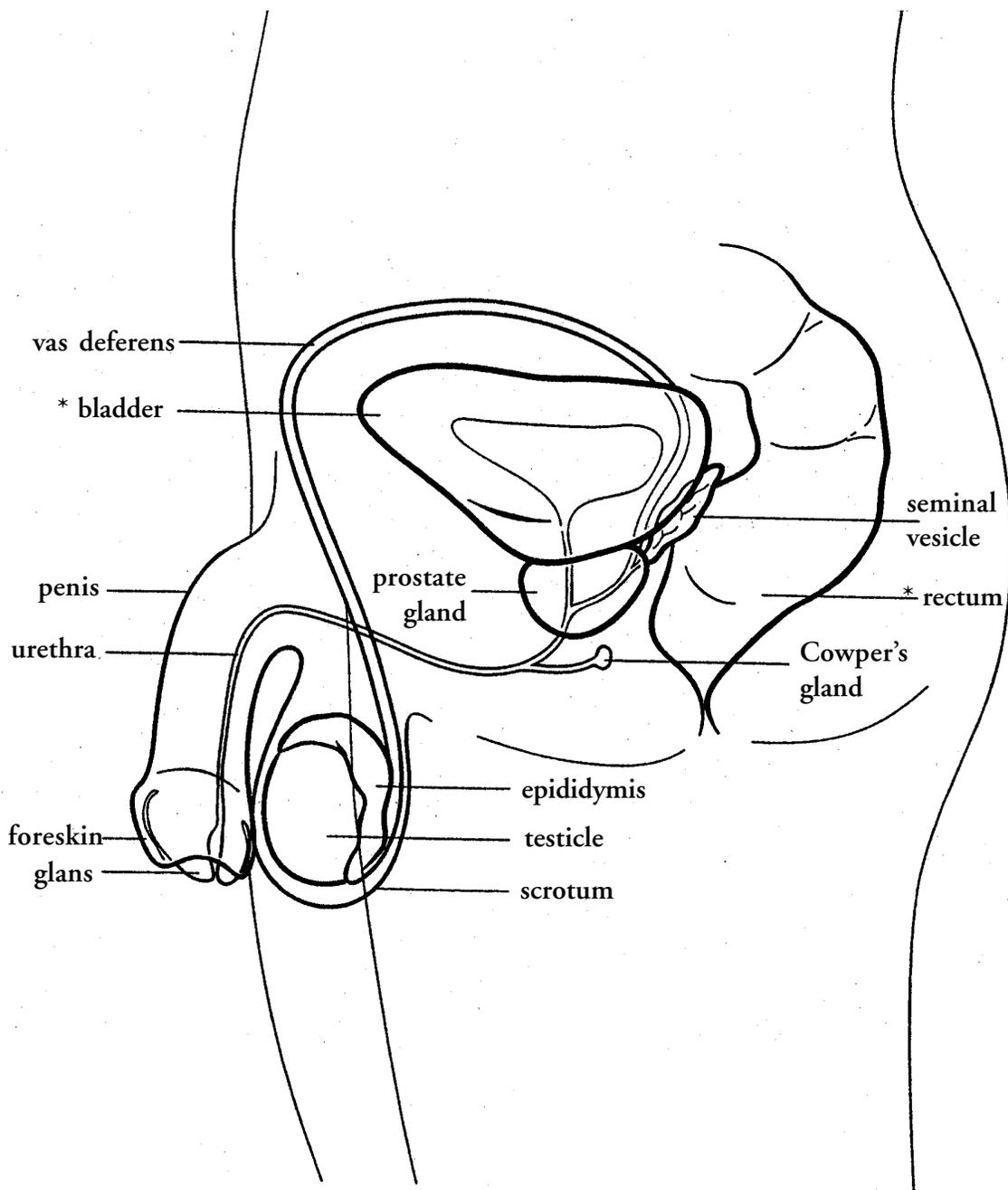
epididymis
vas deferens
rectum

penis
urethra
bladder

seminal vesicle
foreskin
testicle

prostate gland
Cowper's gland
scrotum

ILLUSTRATION OF THE MALE REPRODUCTIVE SYSTEM



Side View

* not part of the reproductive system

THE MALE REPRODUCTIVE SYSTEM

In puberty, the male body begins to grow and develop. The body begins to produce hormones - special chemicals that trigger many physical and emotional changes. Males grow taller, their voice deepens, their shoulders and chest become muscular, hair begins to grow on their face, chest, underarms, and pubic area, and their reproductive system begins to develop. There are also many emotions that adolescent males experience during puberty. The rate of puberty change is unique to each individual, and for this reason, no two people will have the exact same experience of puberty.

Males have two **testicles** (or testes). These form part of the male reproductive glands. When puberty begins, the testicles start producing **sperm**. Sperm is the male reproductive cell. In order for reproduction to occur, a single sperm must fertilize a mature female ovum (egg). A normal sperm count ranges from 20 million to 100 million sperm cells per millilitre (mL) of semen.

Each testicle has an **epididymis**, a long tube through which sperm travels as it matures.

The testes are held in a sac called the **scrotum**, which is found outside the body, behind and below the penis. The temperature in the scrotum helps regulate sperm production. Sperm is most effectively produced at 1 to 2 degrees Celsius below body temperature. The scrotum contracts to pull the testicles closer to the body for warmth and moves away from the body to lower the temperature when the body becomes hot.

The **penis** is the external male sexual organ and is tubular in shape. The **glans** is at the tip of the penis. All males are born with **foreskin**, a fold of skin that covers the glans. Circumcision is the partial removal of the foreskin. It is done for various reasons (religious/cultural beliefs or traditions, medical reasons). Some males are circumcised and others are not.

Sperm travels from the testicles through the epididymis to a tube called the **vas deferens**. Here it mixes with secretions from the **seminal vesicle**, the **prostate gland**, and the **Cowper's glands**. The mixture is called **semen**.

Semen passes from the vas deferens to the **urethra**, a tube that runs from the bladder to the penis. The urethra is the passageway for both semen and urine to leave the body.

An **erection** occurs when a male is sexually aroused. An erection is caused by an increase of blood flowing into the penis, together with signals from special nerve fibres. Semen is released from the body through the penis in a process called **ejaculation**.

REPRODUCTIVE SYSTEMS: FEATURES AND FUNCTIONS

Each phrase below describes a feature of the male or female reproductive system. Identify whether the feature belongs to the male or the female reproductive system. Write the name of the part of the reproductive system which carries out each of these functions. More than one answer is possible in some cases.

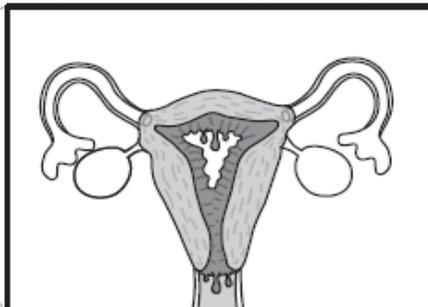
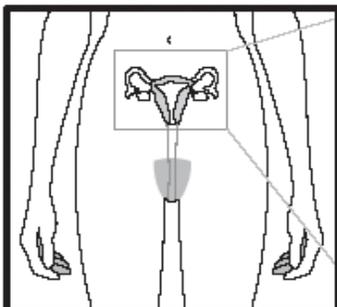
1. soft folds of skin which protect the clitoris _____
2. a thin membrane across the opening of the vagina _____
3. produces ova _____
4. tube through which sperm travels _____
5. tube through which ovum travels _____
6. becomes erect when person is sexually aroused _____
7. receives and transmits sexual stimulation in the female _____
8. contracts to push semen out of the penis _____
9. passageway for sperm entering the body and for menstrual fluid leaving the body _____
10. narrow lower portion of the uterus _____
11. secretes seminal fluid which forms most of the semen _____
12. secretes fluid which neutralizes acid in the urethra before ejaculation _____
13. receives and transmits sexual stimulation in the male _____
14. produces sperm _____
15. transfers sperm from the testicles _____

REPRODUCTIVE SYSTEMS: FEATURES AND FUNCTIONS

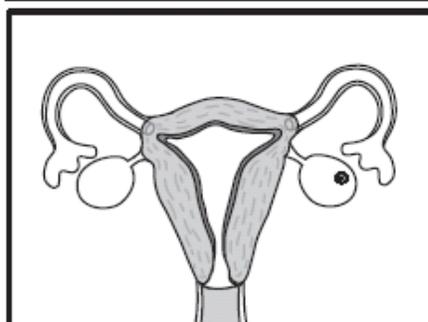
Each phrase below describes a feature of the male or female reproductive system. Identify whether the feature belongs to the male or the female reproductive system. Write the name of the part of the reproductive system which carries out each of these functions. More than one answer is possible in some cases.

- | | |
|--|--|
| 1. soft folds of skin which protect the clitoris | <u>Labia</u> |
| 2. a thin membrane across the opening of the vagina | <u>Hymen</u> |
| 3. produces ova | <u>Ovaries</u> |
| 4. tube through which sperm travels | <u>Urethra/Vas Deferens</u> |
| 5. tube through which ovum travels | <u>Fallopian</u> |
| 6. becomes erect when person is sexually aroused | <u>Penis</u> |
| 7. receives and transmits sexual stimulation in the female | <u>Clitoris</u> |
| 8. contracts to push semen out of the penis | <u>Vas Deferens, Seminal Vesicle,
Prostate Gland, Muscles at the
base of the penis</u> |
| 9. passageway for sperm entering the body and for menstrual fluid leaving the body | <u>Vagina</u> |
| 10. narrow lower portion of the uterus | <u>Cervix</u> |
| 11. secretes seminal fluid which forms most of the semen | <u>Seminal Vesicle</u> |
| 12. secretes fluid which neutralizes acid in the urethra before ejaculation | <u>Prostate/Cowper's Gland</u> |
| 13. receives and transmits sexual stimulation in the male | <u>Penis</u> |
| 14. produces sperm | <u>Testicles</u> |
| 15. transfers sperm from the testicles | <u>Vas Deferens</u> |

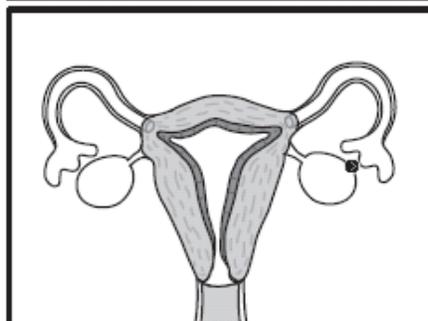
THE MENSTRUAL CYCLE



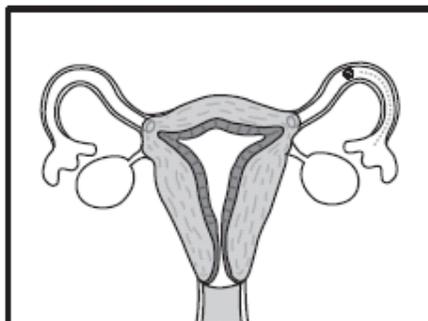
Beginning of cycle
(menstruation)



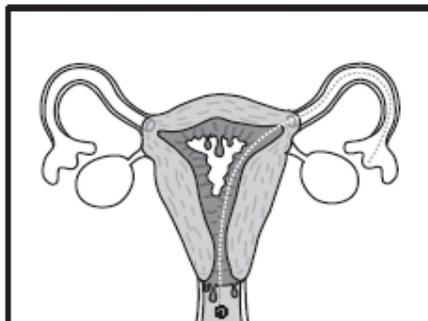
Ovum starts to mature
(lining begins to thicken to
prepare for possible pregnancy)



Release of mature ovum
(ovulation)



Ovum travels to uterus



Beginning of next cycle
(menstruation)

*Not actual size

MENSTRUAL CYCLE

Menstruation is a visible sign of puberty in females. This menstrual cycle will continue more or less regularly for the next 30 to 40 years of a woman's life.

Once every 28 days, on the average, the female body releases an egg and prepares itself for the possible implantation of this egg if it becomes fertilized. To do this, an egg is stimulated to grow and the uterus lining prepares for implantation. About 21 days later, if no fertilization takes place, the uterus sheds its lining to produce menstrual flow.

The cycle begins as the pituitary gland secretes Follicle Stimulating Hormone (FSH). This causes a group of cells to form around an immature egg in one ovary. This egg and cell mass is known as a follicle.

The follicle grows and the egg matures into an ovum. The ovum secretes estrogen into the bloodstream.

Estrogen causes the uterus to develop a lining in preparation to receive a fertilized egg. This lining is known as the endometrium and is made of new cells and tiny blood vessels.

The level of estrogen in the bloodstream rises until ovulation. Ovulation occurs when the ovum, now a mature egg, leaves the follicle in the ovary and begins its travel down the Fallopian tube. After about 14 days the estrogen level in the blood is high enough to trigger a new reaction in the pituitary gland. FSH is decreased and Luteinizing Hormone (LH) is increased.

The LH causes the discarded follicle to turn into a collection of cells known as the corpus luteum. The corpus luteum makes progesterone, which is secreted into the bloodstream.

Progesterone causes glands in the uterus to secrete nutritive substances in anticipation of receiving a fertilized egg.

If fertilization does not take place by the 21st day, the levels of progesterone and estrogen in the bloodstream cause the pituitary to decrease its production of LH.

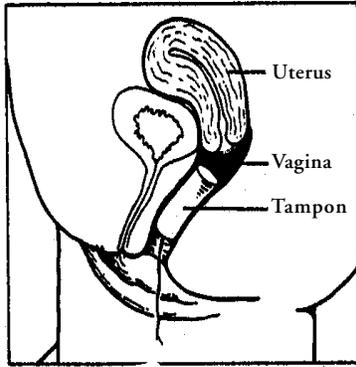
Without LH, the follicle—the corpus luteum now—degenerates and the production of estrogen and progesterone stops. Without these hormones, the lining of the uterus breaks down and the fluid is shed from the body through the vagina. The arteries in the lining constrict and the blood flow to the cells decreases. These cells die and the tiny arteries burst and begin to bleed.

Menstruation begins. This mixture of cells, blood, and mucus form the menstrual discharge. Total discharge is approximately 200-250 mL (although this can vary) with blood being only 35-50 mL of the menstrual fluid.

The body now has a low level of estrogen and progesterone, which causes the pituitary to secrete FSH, and the cycle begins again.

Although the cycle obviously begins with the FSH signal for the egg to begin maturing, the first day of menstruation is often referred to as Day 1 of the menstrual cycle, because it is an easy signal to recognize.

For most women, a cycle of 28 days is common. However, wide variations are possible; menstrual cycles may range from 20 to 40 days. Menstrual flow can last for as little as 2 days or as long as 7 days; 5 days is the average.



MENSTRUAL CYCLE (Cont'd)

Amenorrhoea is the absence of menstrual flow. While pregnancy or other physical causes, such as poor nutrition, poor general health, endocrine or thyroid disturbance, or problems with the ovaries or other organs, may result in amenorrhoea, there may be other reasons for the absence of flow. Stress, rapid weight loss (including anorexia nervosa) or weight gain, extreme strenuous exercise for a length of time, and heavy drug use can all result in amenorrhoea.

Menarche is the onset of menstruation, the first menstrual flow. It can occur at any time between the ages of 10 and 16. It is common for teenagers to experience irregular menstrual flows with varying lengths of duration. In adolescence, the estrogen level is still fluctuating greatly; a teenager may experience one menstrual flow and then wait several months for another one.

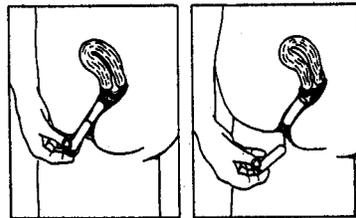
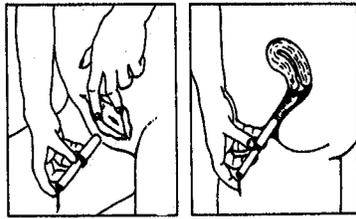
During menstruation, an absorbent material is used to collect the discharge. Women usually choose either sanitary napkins or tampons, both of which are disposable.

There is an important concern related to tampon use. It is the rare but serious disease called Toxic Shock Syndrome (TSS). Symptoms include a sudden high fever, vomiting, and diarrhea. While TSS is an uncommon disease, it can be fatal. Tampon users should take these precautions:

1. Change tampons frequently (every 4 to 6 hours).
2. Alternate tampon and napkin use. Tampons could be used during the day and a pad could be used at night.
3. Use the appropriate size tampon. Do not use a larger tampon for protection longer than six hours. If leakage is a concern, combine a tampon with use of a small pad for extra protection.
4. Wash hands before and after inserting a tampon.
5. If the symptoms of TSS are experienced, the tampon user should immediately remove the tampon and consult a doctor at once. TSS can be treated if diagnosed quickly.

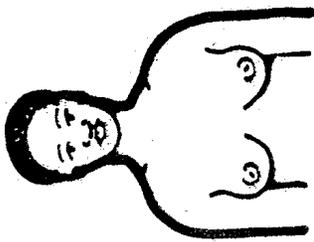
During menstruation, it is not unusual to experience some discomfort. Just prior to menstruation, a woman may feel bloated and heavy. Her breasts may feel swollen and tender, and she may experience headaches. This is caused by fluid retention. When menstruation begins, backaches and cramping in the pelvic region may be felt. Cramps are muscular contractions of the uterus and spasms of the arteries in the uterine wall. They may be caused by an imbalance of estrogen and progesterone; cramps seem to occur more in ovulating women and women who have not previously given birth. Often, menstrual discomfort can be relieved with a mild analgesic (such as aspirin), the application of warmth to the pelvic region and back (a heating pad, hot water bottle, warm bath), and moderate exercise, especially for muscle relaxation.

Some women experience very little or no discomfort during menstruation. Other women experience pain during menstrual flow. The intensity of sensation varies from one individual to another. As well, the intensity can vary from one menstrual period to another. Painful menstruation is known as dysmenorrhea. Treatment is available for this condition; the sufferer should seek medical advice.

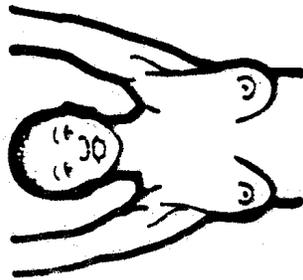


BREAST SELF-EXAMINATION

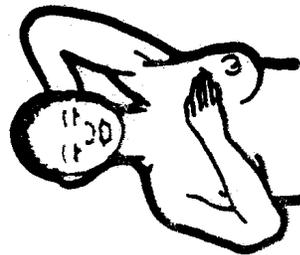
1 Sit or stand in front of your mirror, with your arms relaxed at your sides, and examine your breasts carefully for any changes in size and shape. Look for any rashes, puckering, or dimpling of the skin, and for any discharge or change in the nipples.



2 Raise both your arms over your head, and look for exactly the same things. See if there has been any change since you last examined your breasts.



3 Lie on your bed, put a pillow or a bath towel under your left shoulder and your left hand under your head. (From this Step through Step 7, you should feel for a lump or thickening.) With the fingers of your right hand held together flat, press gently but firmly with small circular motions to feel the breast tissue between your fingers and your chest wall.



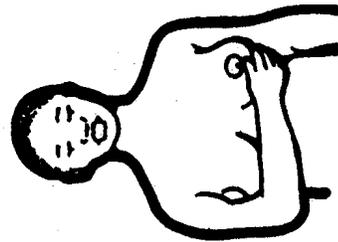
4 Start at the outside of your breast near your left armpit and feel slowly and carefully with small circular motions all the way around the rim of your breast. If your breasts are heavy they may fold over along the lower edge to form a ridge of tissue. This is quite normal.



5 Now move your fingers in toward the nipple about 2 cm and feel all the way around again. Repeat this action as many times as necessary to be sure you have covered the entire breast, including the nipple.



6 Now bring your left arm down to your side and, still using the flat part of your fingers, feel under your armpit, since breast tissue is found there as well.



7 Repeat the entire procedure using your left hand on your right breast.



Examine your breasts every month — a few days after your period is best. If you are not menstruating, pick a special day, such as the first of the month or your birth date, to practice BSE.

If you find any change in your breasts, check with your doctor right away. Don't be frightened — most breast lumps or changes are not cancer, but why take the

TESTICULAR SELF-EXAMINATION (TSE)

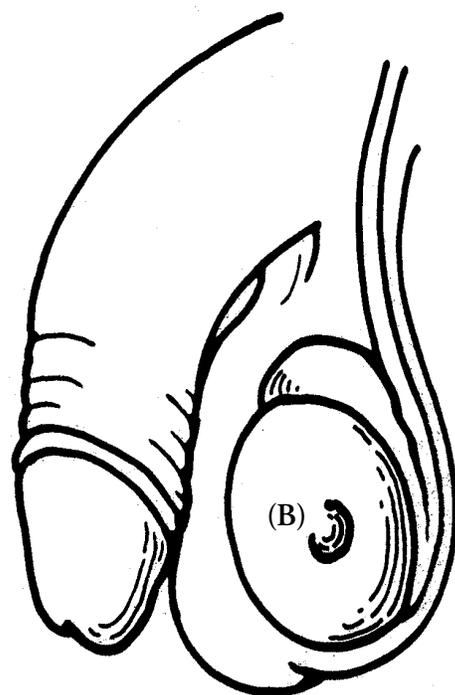
What to Look For

1. The best time to examine your testicles is right after a hot bath or shower because the scrotum skin is more relaxed and the contents can be felt more easily.



2. Place your index and middle fingers on the underside of the testicle and your thumb on the top. Gently roll your testicle between your thumb and fingers. The normal testicle feels slightly soft with an even consistency and a smooth surface. The *epididymis* (A) can be felt at the back of the testicle and feels slightly different in consistency. Examine both testicles.

3. Any thickening or *lump* (B), however small (even pea size), should be reported to your physician.



SPERM PRODUCTION AND EJACULATION

Spermatozoa, commonly called sperm, are produced in the male reproductive organs through a process called spermatogenesis. Sperm fertilize the female ovum during the process of conception.

Spermatogenesis is a series of steps which results in mature sperm. Sperm are first formed in the seminiferous tubules, which are long, thin ducts in the testes. This production is stimulated by the hormone FSH, which is secreted by the pituitary gland. Sperm production is fairly continuous throughout male adult life, beginning at about 12 years of age.

Between the seminiferous tubules in the testes are cells which produce the hormone testosterone. This hormone production is stimulated by ICSH hormone from the pituitary gland. Testosterone is necessary for the maturation of the sperm being produced. As well, testosterone is responsible for the male's secondary sexual characteristics.

From the testes, the sperm travels through a series of tubes to the vas deferens. The sperm mature as they travel to the vas deferens. Most sperm are stored there.

A mature sperm has an average length of .05mm. The flat oval head of the sperm contains half the chromosomes needed for an offspring. The acrosome, at the tip of the sperm head, gives off enzymes which break down the follicle cells remaining around the female ovum. The body of the sperm contains mitochondria, which provide the energy needed for the sperm's movement. The tail is made of protein fibres which contract on one side and then the other, giving a wave movement which propels the sperm forward.

Sperm production can be affected by a number of factors including stress, radiation, and high altitude.

First ejaculation usually occurs between the ages of 12 and 14. During ejaculation, the penis explosively discharges semen. To create semen, the stored sperm mixes with several fluids. From the vas deferens, the sperm travels to and through the seminal vesicles where it mixes with seminal fluid, a yellowish substance which nourishes the sperm. The secretions of the prostate gland help make the semen alkaline in preparation to withstand the acidity of any remaining urine in the urethra. This fluid appears at the tip of the penis just before ejaculation. It may contain a few sperm. Thus, the fluid which is expelled through the penis is a combination of sperm, seminal fluid, secretions of the prostate glands, and just prior to ejaculation, fluid from the Cowper's glands. Only a small amount of this fluid is sperm. A normal sperm count ranges from 20 million to 100 million sperm cells per millilitre (mL) of semen.

Ejaculation has two phases. In the first phase, the vas deferens, seminal vesicles, and prostate gland contract and force the semen into an enlarged area of the urethra at the base of the penis. A sense of orgasm occurs at this stage, as well as a sense of "ejaculation inevitability," a feeling followed by ejaculation as the urethral area and muscles at the base of the penis contract and the semen is expelled from the penis. During ejaculation, the muscles at the neck of the bladder contract so no urine enters the urethra and no sperm enters the bladder.

The penis is erect during ejaculation. It has become firm and rigid. This happens because three cylinders of spongy tissue in the penis are well supplied with blood. When a male is sexually aroused, the muscles at the base of the penis constrict and the tissues become filled with blood. Erections can occur throughout life; even infants can experience erections. Ejaculation, however, does not occur until an individual has matured sexually.

Boys should be informed that, starting in adolescence, males experience nocturnal emissions, often called wet dreams. During deeper phases of sleep, it is possible to have an erection and, at times, an ejaculation. This is normal throughout the teenage years and can continue into adulthood. Guilt and anxiety about nocturnal emissions are unnecessary; they are a normal part of male sexuality.

CONCEPTION AND PREGNANCY

FERTILIZATION

Fertilization is the union of one male sperm and one female ovum. It is the action that allows the species to survive by procreation.

In the female, each ovum has a lifespan of about 24-48 hours, so fertilization must take place shortly after ovulation. At that time, the ovum is usually still in the upper portion of the Fallopian tube.

In the male, the lifespan of sperm is also about 24 hours. Once deposited in or near the vagina, sperm make their way through the uterus into the Fallopian tubes. The sperm can last in the vagina up to 72 hours. Sperm move through movement of their own tails and with the help of muscles in the uterus.

Fertilization usually takes place in the Fallopian tubes. More than one sperm is necessary for fertilization. Many sperm are needed to produce enough of an enzyme that breaks down a protective coating or membrane on the ovum. The acrosome at the head of the sperm gives off this enzyme. After that is done, one sperm enters the ovum, causing fertilization. The body and tail of the sperm are lost; only the head, carrying the chromosomes, enters the ovum.

If no sperm enters the ovum, there is no fertilization, and menstruation will occur.

Immediately after the sperm enters the ovum, a new barrier is created to prevent further sperm from penetrating.

Fertilization is the union of the 23 chromosomes in the sperm with the 23 chromosomes in the ovum to create a cell of 46 chromosomes. These 23 pairs of chromosomes are part of the first cell of the new individual. This cell is known as a zygote.

The fertilized cell now contains a blueprint for all the growth and development to occur in that person. These instructions are carried in the deoxyribonucleic acid (DNA) which makes up the chromosomes. Every cell of the body will have the same blueprint, the same set of chromosomes, in its nucleus. Thus, each time a new cell is created, the same blueprint message is replicated, because the entire set of instructions is carried in the nucleus of each cell.

The chromosomes from the parents contain genes which are the hereditary factors. The child will inherit a number of characteristics from the genes of each of the parents. Possible inherited factors include colour of eyes, hair, and skin, physical form of the face and body; tallness or shortness; blood grouping; and certain personality characteristics.

The sex of the child is determined at the moment of conception. One of the 23 chromosomes in the sperm is a sex chromosome; one of the 23 chromosomes in the ovum is a sex chromosome. When the nucleus of the sperm and the nucleus of the ovum unite, the sex of the child is set. Two types of sperm are produced: one carries the X sex chromosome, one carries the Y sex chromosome. Equal amounts of each type of sperm are produced. The ova carry only one type of sex chromosome, the X type. If an X sperm fertilizes the ovum, the result is an XX conception, a female. If a Y sperm fertilizes the ovum, the result is a male, an XY conception.

TWINS

There are two types of twins: fraternal (dizygotic) and identical (monozygotic).

In the case of fraternal twins, the ovary releases two ovum, instead of one. Each is fertilized by a separate sperm. The embryos develop simultaneously in the uterus.

Fraternal twins have the same chances of sharing characteristics as any other siblings with the same parents. Fraternal twins may be the same sex or different sexes.

Identical twins are the result of the fertilization of a single egg by a single sperm. Very early in its development the egg splits into two eggs, and two individuals develop.

Identical twins come from a single fertilized egg and hence share the same chromosomal make-up. Thus they will be similar in many ways. Identical twins are always the same sex.

IMPLANTATION

After fertilization, the egg continues down the Fallopian tube. The trip to the uterus takes three to four days. Secretions from the Fallopian tube provide nutrition.

Throughout the trip down the Fallopian tube, the zygote is undergoing rapid cell division and specialization.

After reaching the uterus, the zygote receives nutrition from secretions prepared by the lining of the uterus. The outer covering of the zygote produces an enzyme which eats away a small cavity in the lining of the uterus. After four to five days in the uterus, the zygote will move into this cavity. Cells of the zygote, called trophoblast cells, attach to the lining of the uterus, and implantation is complete. The implanted zygote becomes known as the embryo. The outer covering of the zygote is the beginning of the placenta, the membrane which attaches the fetus to the mother while keeping it separate. The zygote/placenta produces a hormone known as HCG (human chorionic gonadotropin). This hormone stimulates the ovaries to produce progesterone, which is needed to prevent the lining of the uterus from breaking down into menstrual discharge.

The first signs of pregnancy are a missed menstrual period and HCG in the urine, the basis of many pregnancy tests.

PREGNANCY AND FETAL DEVELOPMENT

Embryo is the term used to describe the egg from the time of implantation to the end of the eighth week of its development.

Fetus is the term commonly used from the ninth week after conception to birth.

Pregnancy, the gestation period of the fetus, lasts an average of 266 days from implantation to birth. The stages of pregnancy are referred to as trimesters, three stages of approximately three months each. During each stage, there is much growth and development of the fetus, and many changes occur in the mother's body.

During the first stage, the embryo is implanted in the uterus and then produces the amnion or amniotic sac. This is a thin membrane which surrounds the entire embryo. The amniotic sac secretes a substance called amniotic fluid. This watery fluid fills the sac and protects and cushions the embryo.

The placenta continues to grow; it will be complete by the middle of the second trimester. The placenta eventually becomes a very large, flat membrane which, because of its many folds, is only about 20-35 cm (8-14 inches) in diameter. It is firmly attached on one side to the wall of the uterus by many thin projections. The other side of the placenta is joined to the fetus by the umbilical cord.

The placenta is the lifeline of the fetus. It is through this membrane that the fetus receives dissolved nutrients, water, and oxygen from the mother's blood. Wastes and carbon dioxide travel from the fetus through the placenta to the mother's body where they are expelled. Many substances in the mother's blood can be transferred to the child (e.g., alcohol and drugs in the mother's bloodstream will travel to the fetus).

This must all occur without the actual mixing of blood from the mother and the fetus. The placenta connects the maternal and fetal bloodstreams and provides a place for exchanges to occur without direct connection of bloodstreams. The mother's bloodstream feeds into one side of the placenta, the umbilical cord carries the fetal bloodstreams to the other side of the placenta, and the exchanges occur within the placenta.

Why must the body systems remain separate? It is for the protection of the fetus. The mother's body has her own chromosomal make-up. The fetus has a different chromosomal make-up, because it contains chromosomes from the father as well. Direct blood contact between the mother and the fetus would cause the mother's body to create antibodies to fight this foreign body of different chromosomes. The fetus would be attacked and rejected, just as diseases are attacked and cured, or as transplanted organs and grafts are attacked and sometimes rejected. The placenta provides protection against this action; it allows exchange of substances without the direct blood contact which would cause rejection. Thus, the placenta is an important barrier as well as connection.

The umbilical cord is a thick rope of tissue which connects the developing baby to the placenta. It holds two arteries and one vein. The vein, unlike other human veins, carries oxygenated blood from the mother to the embryo.

During the first trimester, the embryo grows rapidly. Three layers of tissue develop, each layer with its own specific purpose. Together, these layers are the source for all the cells of the human body. They are called the ectoderm, the mesoderm, and the endoderm.

PREGNANCY AND FETAL DEVELOPMENT (Cont'd)

The cells of the ectoderm become the brain, nervous system, skin, hair and nails, the pituitary gland, and parts of the eye and other sensory organs, among other things.

The mesoderm later develops into connective tissue, bone muscle, blood and blood vessels, parts of the reproductive system, and other organs and tissues.

The endoderm layer forms the linings of the lungs and respiratory system and parts of the digestive tract, and develops the liver, pancreas, and thyroid, among other tissues and organs.

After three months of development, the fetus has eyes, ears, limbs, and genitals. It weighs about 15g (.5 oz) and is about 7.5 cm (2 inches) in length.

The mother's body experiences many changes during the first trimester. Hormonal changes cause the breasts to increase in size and become very sensitive. Increased blood flow darkens the nipples. "Morning sickness," nausea and vomiting, result from changing hormone levels. Not all women experience morning sickness. Even the same woman will not necessarily have morning sickness with every pregnancy. The joints and bones of the pelvic region become more flexible, and widen. As well, the woman may feel continually tired. Most of the weight gained during this trimester is due to water, not fetal development.

During the second trimester, the fetus and the placenta grow in size and weight. The organs of the fetus develop, and bone and cartilage begin to grow. In the fourth month of pregnancy, the fetus floats freely in the amniotic sac, turning and bending. The fetus can be very active, and these movements can be felt by the mother. The fetal heartbeat can be heard through a stethoscope. By the end of the second trimester, all the major body systems have been formed. The fetus may even have eyelashes. The fetus is now approximately 30 cm (12 inches) in length and weighs less than 1 kg (2.5 pounds).

The mother's abdomen begins to protrude during the second trimester. Weight is gained, but only a small amount of this weight is from the fetus. The amniotic fluid and the placenta also add weight but, together with the fetus, still account for only about 1/3 of the weight gain at this time. The mother's body is storing nutrients for the fetus, and in preparation for lactation and milk production. Her body forms fat reserves and retains water. Water retention may cause edema, which is seen as the swelling of ankles, feet, wrists, hands, and face.

During the final three months of development—the third trimester—the fetus grows in size and strength. By the end of nine months, the average fetus weighs at least 3 kg (6.6 pounds) and is about 45-55 cm (18-22 inches) in length.

The uterus expands as the fetus grows, eventually reaching the mother's breastbone. The fetus moves less as the space becomes restricted. In a curled position, usually head down, the fetus settles. A day or two before birth, the fetus moves down, resting its head on the cervical canal, in preparation for delivery. During this last trimester, the woman gains as much weight as she did in the first six months of pregnancy. She may feel uncomfortable as the fetus presses against her diaphragm and makes breathing difficult. As well, her internal organs are cramped. In the last weeks prior to birth, the mother can sense that the fetus has shifted downward.

THE BIRTH PROCESS

The birth process consists of labour and delivery.

It is not known exactly how labour is initiated. However, it is known that estrogen stimulates uterine contractions, while progesterone inhibits them.

During pregnancy, estrogen and progesterone levels are such that contractions do not usually occur.

Toward the end of pregnancy, progesterone levels drop. At about the same time, the pituitary gland secretes another hormone: oxytocin.

Oxytocin stimulates contractions of the uterus.

The contractions of the muscles of the uterus grow in strength and regularity. They stretch the cervix and force the baby into the birth canal.

Some women find contractions very painful. Others find them uncomfortable, but not painful.

Prior to contractions beginning or becoming regular, or some time after they start, two things may happen, in any order: the amniotic sac may break, or the mucus plug may be expelled.

Throughout pregnancy, the mucus plug is found at the base of the uterus, in the cervix. Due to the stretching of the cervix in labour it may be loosened and expelled through the vagina. The process is painless. The expelled mucus plug is often accompanied by small amounts of blood, hence the common names of this process: bloody show, show, or pink show.

When the amniotic sac breaks, its content, the amniotic fluid, is released and flows out of the vagina. Commonly, this process is called water breaking, because the amniotic fluid is clear and watery.

Many doctors feel that a baby should be delivered within 24 hours of the amniotic sac's rupture because the chances of infection are increased if the baby is retained in the uterus.

The contractions of the uterus cause the size of the birth canal to increase. The cervix softens and dilates, increasing the size of its opening to about 10 cm (4 inches) to allow the baby to be pushed out of the mother's body.

The contractions continue to push the baby down the birth canal to the cervix.

The first stage of labour, lasting until the cervix is fully dilated to 10 cm, averages about 12 hours for the first baby. It can be considerably faster for the birth of subsequent children—as little as a few minutes.

During delivery, the child is expelled from the uterus. Most babies enter the birth canal head first and thus are born head first.

THE BIRTH PROCESS (Cont'd)

When the baby is positioned so that its knees, feet, or buttocks will enter the birth canal first, it is said to be a breech birth. Sometimes an episiotomy, an incision from the vagina to anus, is made to create a larger opening for the baby's head. (This is sewn up after the placenta is delivered.)

The mother may help the uterine contractions to push the baby out of the vagina by bearing down or pushing.

After the baby's head emerges from the vagina, no further pushing on the mother's part is necessary. The baby turns itself slightly so that its shoulders can escape the vagina. With a little assistance, the rest of the body emerges, completing the second stage of delivery.

In the case of twins, the babies are delivered one after the other.

In the third stage of delivery, the placenta is delivered. Contractions separate the placenta from the wall of the uterus and force it out of the vagina. The uterus is able to seal itself so that excessive blood is not lost.

At the time of delivery the baby is still attached to the umbilical cord, and through it to the placenta. The umbilical cord is tied and cut. This is painless, as there are no nerves in the cord.

It is usually necessary to suction amniotic fluid out of the baby's lungs and nasal passages so that it can breathe. If it does not begin to breathe on its own, a small slap causes the baby to cry and fill its lungs with air. Drops of silver nitrate are placed in the baby's eyes to eliminate any chance of gonorrhoea infection.

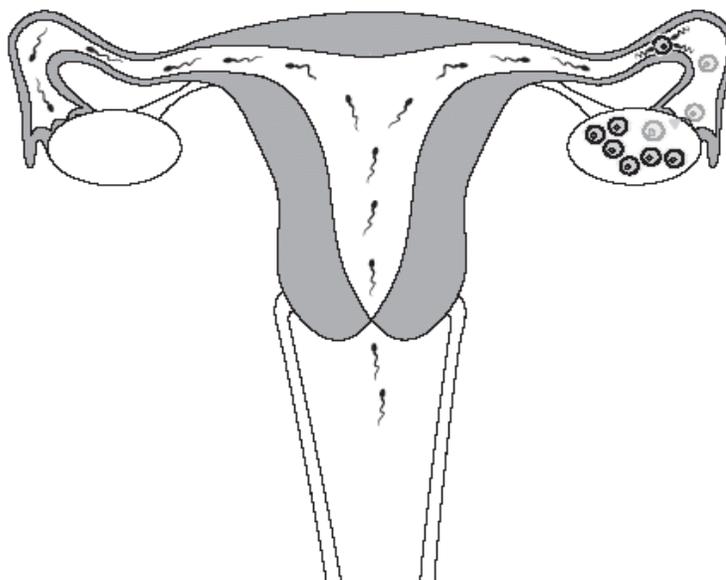
A baby may also be delivered by Caesarean section.

A Caesarean section is used when the mother's pelvic area is too small for the baby to pass through. It may also be used in breech births, although not always, and in case of medical complications.

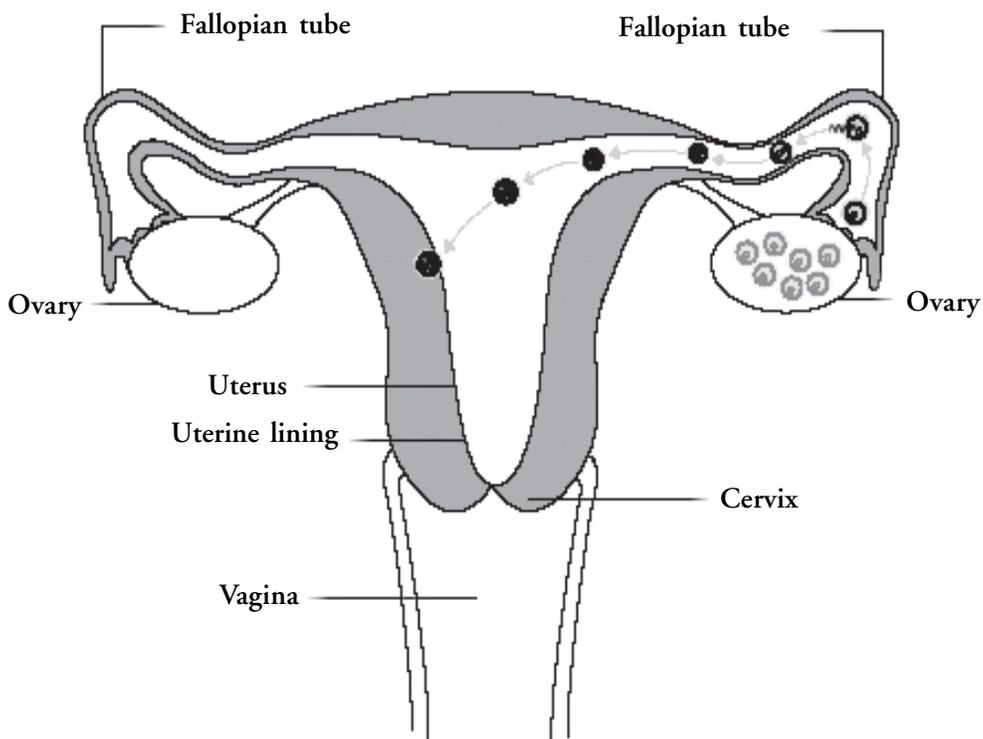
In a Caesarean section, an incision is made through the mother's abdominal wall and into the uterus. The baby is then lifted out and the incision sewn up. Prior to the incision being made, the mother is anaesthetized. For the mother, recovery from a Caesarean section takes longer than recovery from a vaginal birth, as the surgical incision must heal. The baby suffers no ill effects from a Caesarean section.

A woman can have several Caesarean sections. Many women who have had one or more Caesarean sections deliver subsequent babies vaginally.

CONCEPTION

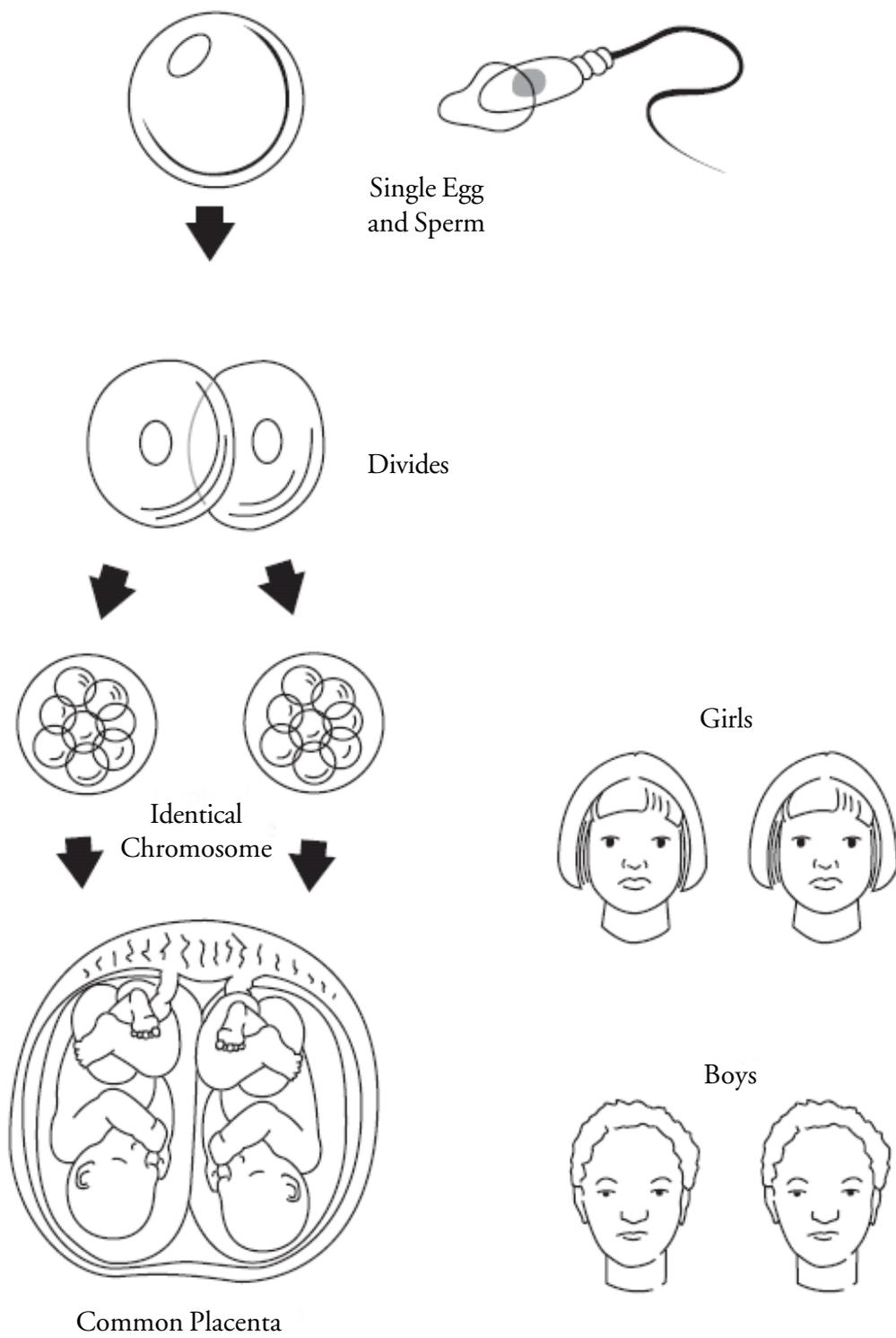


IMPLANTATION



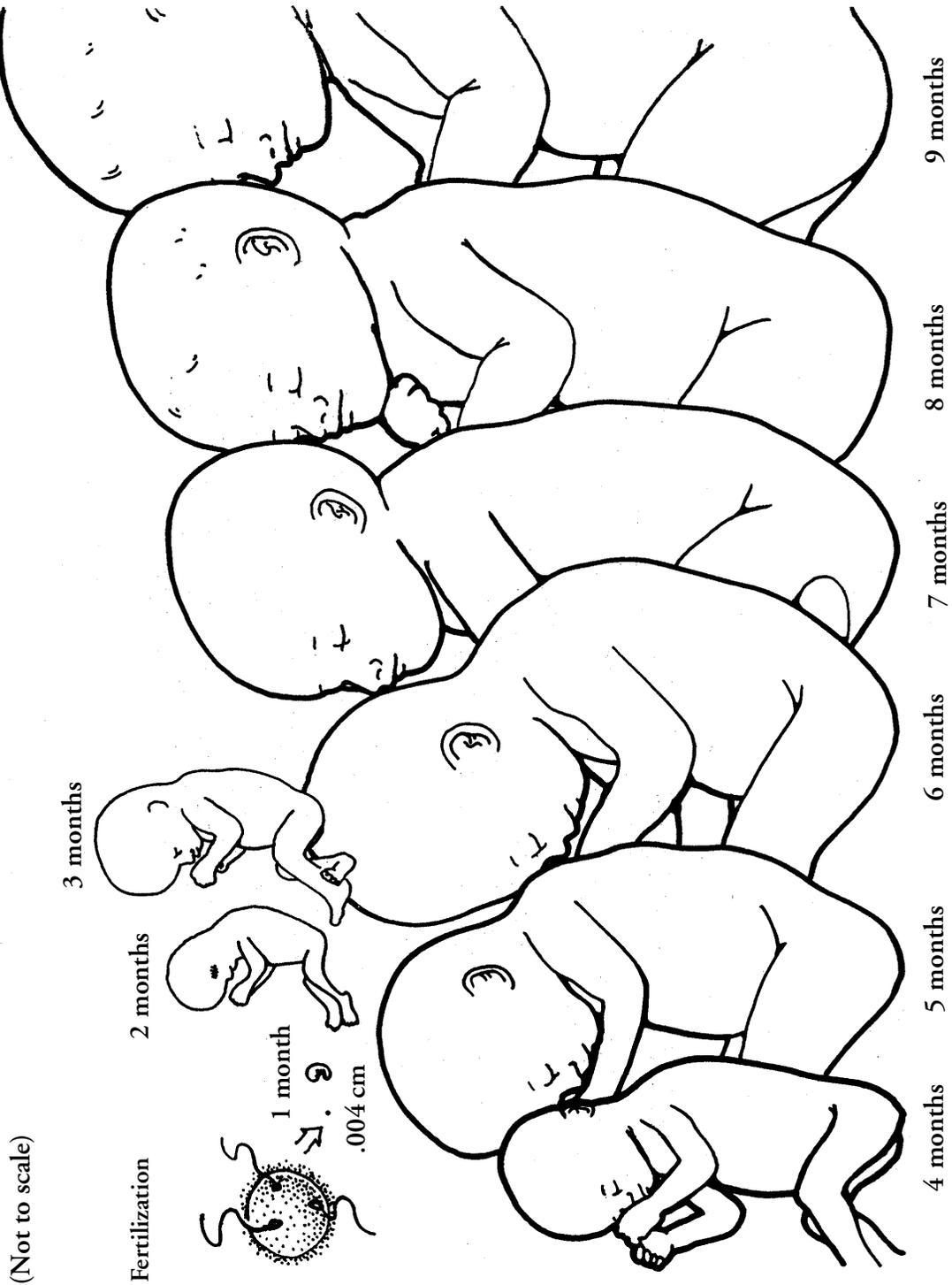
* See pages 147 and 148 for explanatory details

IDENTICAL TWINS



* See page 148 for explanatory details and depth.

FETAL DEVELOPMENT



* See page 150 for explanatory details and depth.

FETAL DEVELOPMENT

Time	Approximate Length/Size*	Development
1 st day/7 days	0.004 cm	<p>1st day</p> <ul style="list-style-type: none"> The egg cell and sperm combine to form a single cell with 46 chromosomes. <p>At 7 days</p> <ul style="list-style-type: none"> The group of cells attach to the uterine lining. It is now called an embryo.
1 Month	0.6 cm 	<ul style="list-style-type: none"> The heart begins to beat. The nervous and digestive systems form. The eyes and ears are visible.
2 Months	2.5 cm 	<ul style="list-style-type: none"> The embryo has a large head with a brain and facial characteristics. The fingers and toes appear. The embryo is called a fetus.
3 Months	7.5 cm 	<ul style="list-style-type: none"> The face is clearer. The first signs of the sex of the fetus appear. The excretory system develops rapidly.
4 Months	15 cm 	<ul style="list-style-type: none"> The fetus kicks its legs and moves its arms. The skin develops.
5 Months	25 cm 	<ul style="list-style-type: none"> The rate of growth slows. Fine hair develops. The parent(s) and doctor can listen to the fetal heart rate with a stethoscope. The fetus can suck its thumb.

FETAL DEVELOPMENT (Cont'd)

Time	Approximate Length/Size*	Development
6 Months	<p>30 cm</p> 	<ul style="list-style-type: none"> • The fetus moves more often. • The eyes are open. • Outside sound or pressure can increase fetal heartbeat.
7 Months	<p>Length and weight vary</p> 	<ul style="list-style-type: none"> • The fetus is fully developed but does not have enough fat cells to control body temperature. • It would need to be in an incubator if born. • The greatest change in length and weight occur during this month.
8 and 9 Months	<p>Length: 46 to 56 cm Weight: 2.5 to 3.5 kg</p>  <p>8 Months 9 Months</p>	<ul style="list-style-type: none"> • The organ systems complete their development. • Fat cells form on the body. • The baby is born.

WORD MATCH

Name _____ Class _____ Date _____

Match the words to their definitions.

Words	Definition #	Definitions
Ovum		1. The two glands that make the female sex hormones and release egg cells
Ejaculation		2. The female reproductive cell
Embryo		3. The male sex glands that make hormones and sperm
Endometrium (Uterine lining)		4. A female sex hormone that is produced in the ovaries and that stimulates the preparation of the body for pregnancy
Fallopian tubes		5. The hollow muscular organ that holds and nourishes the fetus
Fertilization		6. To eject or discharge semen; the act of ejaculation
Ovaries		7. Spongy, blood-filled tissues that line the uterus
Progesterone		8. Narrow tubes between the ovaries and the uterus
Sperm		9. The male hormone, produced in the testicles, that causes many of the male changes at puberty
Testicles		10. The joining of a female egg and male sperm to form an embryo
Testosterone		11. The male sex cell required to fertilize an egg to make a baby
Uterus		12. A fetus during its first eight weeks of development in the uterus

WORD MATCH

Name _____ Class _____ Date _____

Match the words to their definitions.

Words	Definition #	Definitions
Ovum	2	1. The two glands that make the female sex hormones and release egg cells
Ejaculation	6	2. The female reproductive cell
Embryo	12	3. The male sex glands that make hormones and sperm
Endometrium (Uterine lining)	7	4. A female sex hormone that is produced in the ovaries and that stimulates the preparation of the body for pregnancy
Fallopian tubes	8	5. The hollow muscular organ that holds and nourishes the fetus
Fertilization	10	6. To eject or discharge semen; the act of ejaculation
Ovaries	1	7. Spongy, blood-filled tissues that line the uterus
Progesterone	4	8. Narrow tubes between the ovaries and the uterus
Sperm	11	9. The male hormone, produced in the testicles, that causes many of the male changes at puberty
Testicles	3	10. The joining of a female egg and male sperm to form an embryo
Testosterone	9	11. The male sex cell required to fertilize an egg to make a baby
Uterus	5	12. A fetus during its first eight weeks of development in the uterus

PHYSICAL ABUSE

Physical abuse occurs when a person is physically harmed or injured by non-accidental means. Any intentional contact with the victim's body by either the abuser or an object within the abuser's control is considered physical abuse. Physical abuse can be a single incident or a series of incidents involving any of the following:

- excessive discipline or punishment
- giving alcohol or unsafe drugs to a person
- hitting
- burning
- forceful shaking
- physical restraint
- choking, kicking, slapping, or punching

Victims of physical abuse may exhibit the following signs:

- unexplained bites, bruises, broken bones, burns, or black eyes
- extreme cautious around others
- frequent absence from school/work
- sudden or drastic changes in behaviour and/or performance

EMOTIONAL ABUSE

Emotional abuse refers to behaviours that make the victim feel bad, unloved, or of no value. Anything the abuser says or does that causes the victim to feel afraid, or that negatively affects the victim's emotions or behaviour, is considered emotional abuse. Emotional abuse rarely occurs as a single incident and can include the following:

- ignoring and silence
- blaming
- rejecting
- telling a person that he/she is worthless
- withholding love and affection
- restricting a person's activities
- verbal abuse or threats
- intimidation
- playing "mind games"
- name calling and put-downs
- sarcasm and harsh criticism
- insulting remarks
- yelling and screaming
- racial slurs
- intentionally embarrassing the victim in front of other people

Victims of emotional abuse may

- show delays in physical or emotional development
- attempt suicide or self-destructive behaviour
- talk about a lack of feeling for a parent
- exhibit extremes in behaviour
- come to school/work early or stay late

NEGLECT

Neglect occurs when a person's basic physical and/or emotional needs are not consistently provided for. Neglect is the failure to provide proper food, clothing, shelter, medical care, emotional support, or supervision appropriate to a person's age.

Victims of neglect may

- be frequently absent from school/work
- beg or steal food
- often be left alone at an early age
- be underweight
- often be dirty and have body odour
- wear improper clothing for weather conditions
- abuse alcohol or drugs
- say that no one is home to provide care

SEXUAL ABUSE

Sexual abuse can be defined as sexual activity that is forced upon a person through the use of coercion, threats, or physical superiority. Sexual abuse can take many forms. It can be vaginal or anal intercourse, oral-genital contact, fondling, or forced stimulation of the abuser. Both males and females are sexually abused, but statistics show that females are more often abused than males. The abuse can start at a very young age, or later, during puberty and beyond. The abuser uses techniques such as bribery, threats, intimidation, and physical force. In a majority of cases, the abuser is known to the person being abused.

People who are abused can experience many symptoms. They often feel guilt or shame about what is happening, and feel powerless to do anything about it. They can feel isolated from their peers and distrustful of adults. They may become depressed or develop thoughts of suicide.

Victims of sexual abuse are exposed to

- unwanted kissing, hugging, holding, or touching
- forced involvement in sexual activities
- obscene phone calls or e-mails
- sexual jokes or innuendo
- exposure to pornography, or indecent exposure
- sexual exploitation (prostitution)

Victims of sexual abuse

- are often wary of any physical contact
- may show a heightened knowledge of sexual matters (relative to others in their peer group)
- may have trouble trusting others
- may act out sexually
- may have sexually transmitted diseases
- may experience pain when going to the bathroom
- may show signs of emotional abuse (including, fear, depression, anxiety, hostility, eating disorders) as well as self-destructive or suicidal behaviour

HOW VICTIMS MAY COPE

People who suffer from abuse and neglect are at risk of behavioural, social, academic, and medical problems. As a result, they may

- lie
- hide their feelings
- withdraw from friends and classmates
- keep the abuse a secret
- suffer from malnutrition
- experience problems at school
- have a diminished sense of self-esteem
- abuse others
- run away from home
- suffer from depression
- abuse drugs and alcohol
- attempt suicide

Circle of Caring for Children

Living in Situations of Family Violence

The Helping Tree



Boys & Girls Clubs	Council of Disabled	Leisure and Recreation
Charlottetown 892-1817	Prince County 888-8035	4H – West Prince 436-8049
Summerside 436-9403	Kings County 838-5879	Charlottetown 368-4835
Tyne Valley 831-3297	Queens County 892-9149	Montague 687-7043
Wellington 854-3174		Souris 687-7043

Growth



Aboriginal Groups	Girl Guides	Big Brothers/Big Sisters
Aboriginal Women's Association 831-3059	894-4936	569-5437
Aboriginal Justice Program 626-2882	Scouts	Assoc. for Newcomers
Abegweit First Nation 676-2353	566-9153	628-6009
Lennox Island First Nation 831-2779		Adventure Group
Mi'Kmaq Confederacy 436-5101		628-8668
Mi'Kmaq Family Resource Centre 892-0928		4 Neighbourhoods
Native Council 892-5314		368-6930

Self-Esteem



Community Counselling Services	Family Resource Centres
Family Service PEI—	Kids West 853-4066
Charlottetown 892-2441	CAP Enfants 854-2123
Summerside 436-9171	Family Place 436-1348
Catholic Family Services 894-3515	Mi'Kmaq 892-0928
	CHANCES 892-8744
	Families First 838-4600
	Mainstreet 687-3928

Belonging



Family Law Centre	Kids Help Line	Turning Point
Main Number 368-6292	1-800-668-6868	368-6392
Child Support Charlottetown 368-6220		
Child Support Summerside 888-8188	Police Youth Outreach—	
Family Court Counsellors 368-6928	use phone numbers of police for	
Positive Parenting—Toll free	RCMP Montague, RCMP West Prince,	
1-877-203-8828	Summerside, Charlottetown City	

Security



Child Find PEI	Family Violence Prevention Services
368-1678	West Prince 859-8849
Toll free 1-800-387-7962	Summerside 436-0517
	Charlottetown 566-1480
	Kings 838-0795

Safety

Police	Victim Services
West Prince RCMP 853-9300	Summerside 888-8217
East Prince RCMP 436-9300	Charlottetown 368-4582
Summerside 432-1201	Rape Crisis Centre
Borden -Carleton 437-2228	566-8999 or Toll-free
Kensington 836-4499	1-800-289-5656
Charlottetown RCMP 368-9300	Anderson House
Charlottetown City 629-4172	Emergency
Montague RCMP 838-9300	892-0960 or Toll-free
Souris RCMP 687-9300	1-800-240-9894
	Child Protection
	O'Leary 859-8811
	Summerside 888-8100
	Charlottetown 368-5342
	Montague 838-0703
	Souris 687-7063
	After Hours Emergency
	1-800-341-6868

Emergency—Police, Fire, Medical, Poison 911

To Update Information go to www.familiesfirstpei.com

VISUALIZATION STORY

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

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

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

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

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

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

VALUES AND ACTIONS

Consider the following situation

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

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

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

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

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

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

ACTIONS AND BEHAVIOURS

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

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

Passive: Giving in and saying yes when you don't want to.
 Putting the feelings and concerns of others before yourself.
 Keeping your concerns to yourself.

Aggressive: Dominating others.
 Putting yourself first, at expense of others.
 Using threats or force.

Assertive: Standing up for your rights without denying other people theirs.
 Respecting yourself and others.
 Asking for what you want in a straightforward manner.

BEING ASSERTIVE

Procedure

1. **Introduce** the activity by pointing out that communication is a basic component of relationships. Communication is the exchange of thoughts, ideas, or feelings between two or more people.
2. **Point out** that we communicate verbally (talking or writing) and non-verbally (posture, facial expression). Listening is also an important part of communicating.
3. It is important that we all learn to communicate directly with each other. Typically, there are three ways of communicating:

Passive:

- Giving in and saying yes when you don't want to.
- Putting the feelings and concerns of others before yourself.
- Keeping your concerns to yourself.

Aggressive:

- Dominating others.
- Putting yourself first, at expense of others.
- Using threats or force.

Assertive:

- Standing up for your rights without denying other people theirs.
 - Respecting yourself and others.
 - Asking for what you want in a straightforward manner.
4. In order to develop an assertive style of communication, it is important to make eye contact (without staring) and to speak in a clear and firm voice. The use of "I messages" is also helpful:

I feel _____ when _____ and I want _____ .

Example:

Situation— My brother is making fun of the way I'm talking.

Response— I feel **upset** when I'm **made fun of** and I want **you to stop**.

BEING ASSERTIVE (Cont'd)

5. For some situations, it is helpful to practise what you are going to say, ahead of time. It is also helpful to think about how the other person might respond to you, and how you are going to react to this response. Thinking and planning ahead helps to build confidence.
6. **Distribute** the “Being Assertive” handout. Give students sufficient time to fill in their responses. Ask volunteers to share their responses to each situation.
7. **Instruct** students to form pairs. Ask each pair to role-play one of the situations from the handout (or to make up their own). Role-plays can be performed in front of the entire group.
8. **Conclude** by pointing out that developing an assertive style of communication, which includes using “I messages” and compromise, is an important skill to learn. Like any new skill, it requires practice and will become easier with time. This skill will foster healthy relationships, decision making, and self-esteem.

BEING ASSERTIVE

Directions: Write an assertive response or action/reaction for each situation.

1. Your friend tells you to “shut up” during an argument.
2. You want to tell your best friend that you are gay.
3. You are starting to worry that a friend likes you in a romantic way, but you do not feel the same way.
4. Your parents have been arguing a lot lately, and the situation is upsetting you.
5. Your girlfriend/boyfriend tells you that s/he wants to have sex, but you don't want to.
6. You need to tell your boyfriend/girlfriend that you have chlamydia.
7. Your boyfriend/girlfriend refuses to use condoms.
8. You have decided to break up with your boyfriend/girlfriend.

BEING ASSERTIVE

Directions: Write an assertive response for each situation.

1. Your friend tells you to “shut up” during an argument.

I don't like it when you speak to me that way. It makes me feel as though you don't care about me.

2. You want to tell your best friend that you are gay.

There's something I need to tell you, but I'm worried about how you might react. I'm gay.

3. You are starting to worry that a friend likes you in a romantic way, but you do not feel the same way.

This is really hard for me to talk about, but I'm getting the feeling that you want to be more than just friends. I really like being friends with you, but I'm not attracted to you in that way.

4. Your parents have been arguing a lot lately, and the situation is upsetting you.

I feel upset and worried when I see you arguing so often. Can we talk about this situation?

5. Your girlfriend/boyfriend tells you that s/he wants to have sex, but you don't want to.

I'm just not ready for sex. I don't feel like having sex tonight. Can we just hug/kiss/touch each other instead?

6. You need to tell your boyfriend/girlfriend that you have chlamydia.

I have something important to tell you, but I'm really worried that you will get upset. I just got some test results back from the doctor, and it turns out I have chlamydia.

7. Your boyfriend/girlfriend refuses to use condoms.

I always use condoms. Using condoms is really important to me. Condoms can be fun. Let me show you... Let's go buy some together.

8. You have decided to break up with your boyfriend/girlfriend.

You know that I care about you a lot, but I think the time has come for us to break up.

NAME: _____

STI NOTES

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

NAME: _____

STI NOTES

STI	SYMPTOMS	TRANSMISSION	EFFECTS	TREATMENT	PREVENTION
Hepatitis					
Syphilis					
Vaginal Infections					
HIV					

STI RESEARCH

Answer Key

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

STI QUIZ

True or False?

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

SHORT ANSWER

14. What advice would you give someone who thinks s/he might have an STI?
15. How can you avoid getting an STI?

STI QUIZ

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

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

SHORT ANSWER

14. What advice would you give someone who thinks s/he might have an STI?
Go to a Sexual Health Centre or physician's office for a check-up.
15. How can you avoid getting an STI?
Abstain from sexual intercourse.
Engage in lower-risk sexual activities.
Use condoms every time you have sexual intercourse.
Get a hepatitis B vaccination.
Refuse to share needles.

What is HIV?

Human Immunodeficiency Virus is a virus that enters the bloodstream and attacks the cells of the immune system that keeps us healthy.

What is AIDS?

AIDS is Acquired Immunodeficiency Syndrome. It refers to the collection of symptoms and ailments individuals would have after having the HIV virus in their bodies for a period of time. People with compromised immune systems experience many ailments. AIDS is eventually fatal; victims will die of infections or diseases they can not fight off because of a weakened immune system.

What body fluids does HIV live in?

There is evidence that HIV is present in all the bodily fluids of an infected individual. There are however, some fluids that can pass along the virus to another person, and others that are not known to do so.

HIGH RISK

Blood

Semen

Pre-Ejaculation Fluid (Pre-Cum)

Vaginal Fluids

Breast Milk

NO RISK FLUIDS

Saliva

Sweat

Tears

Mucus

Urine

How is AIDS transmitted?

1. Contamination Through Unprotected Sex (vaginal penetration, anal penetration, oral sex, or rimming)
2. Contamination Through Bloodstream (sharing injection material, blood transfusion, tattooing, piercing, or acupuncture)
3. Contamination Through Mother to Child (pregnancy, childbirth, or breast-feeding)

For someone to be infected with HIV, what two things must happen?

1. The person must come in contact with someone (or blood products of someone) who is infected with the virus.
2. The virus must leave the infected person's body and enter the blood stream of the other person—through blood exchange, shared needles, sexual penetration, or from mother to baby (in utero, through delivery or through breast milk).

Oral Sex and Transmission

There are few documented cases of HIV transmission through oral sex alone (either on a man or on a woman). If there are sores (cuts, chancres) in the mouth, likelihood of transmitting the virus increases. (Sores may be caused by biting the tongue or side of the mouth, brushing or flossing teeth, eating crunchy foods, or drinking very hot beverages.)

Oral sex performed on a woman during menstruation increases the likelihood of HIV transmission to the performer because of presence of blood.

Notes

- Any sexual activity under the influence of alcohol or drugs increases the risk of pregnancy or disease transmission because there is a greater risk of not using protection or not using the protection correctly.
- Any sexual penetration of the vagina or anus with the use of a condom is still considered a low risk activity. Using condoms correctly will greatly reduce the risk of HIV (and other STI) transmission, but there is always a small risk of breakage or slippage.
- Oral contraceptives or other hormonal methods DO NOT prevent against HIV transmission. They only prevent the release of the egg to prevent against pregnancy.
- The only two methods to reduce the risk of contracting HIV are **Abstinence** and **Using a Condom**.

METHODS OF PREGNANCY PREVENTION					
METHOD	How does it work?	How effective is it?	What do you need to do to use it? Where can you get it?	Why choose this method?	Why not?
Abstinence					
Condoms and Spermicide					
Emergency Contraceptive					

METHODS OF PREGNANCY PREVENTION					
METHOD	How does it work?	How effective is it?	What do you need to do to use it? Where can you get it?	Why choose this method?	Why not?
Oral Contraceptive					
Withdrawal					
Depo-Provera					
Calendar/ Rhythm					

FLIPCHART QUESTIONS FOR METHODS OF PREGNANCY PREVENTION

METHOD: ABSTINENCE/POSTPONING

How does it work?

- It means not having vaginal or anal intercourse or oral sex.
- However, there are differing views on the definition of abstinence.
- For some, kissing is the limit.
- For some, everything short of vaginal or anal intercourse or oral sex is OK.
- Others have limits somewhere in between.
- People have to set limits for themselves, and communicate their limits to their partners.

How effective is it?

- Abstinence is very effective in preventing pregnancy, but you have to use it all the time. (Male ejaculation near exposed female genitals presents a risk of pregnancy.)

What do you need to do to use it?

- Decide what your limits are (before you are in a sexual situation).
- Think about how you will discuss this with your partner. (Consider how to respond to your partner's questions and reactions.)
- Talk to your partner about your limits.
- People may wish to avoid situations where they may feel pressured or unable to stick to their limits (e.g. being at home along with a partner, getting drunk or high).

Why would someone choose this method?

- It provides very effective protection from STIs and pregnancy.
- Some are not ready for sex, or not interested in the stress that is involved in having intercourse at an early age.
- Some want to spend time on other things (sports, school, friends) and to focus on personal growth before having intercourse.
- Religious or cultural beliefs sometimes support this method.

Why not?

- A person really feels ready, and is ready to take responsibility for having intercourse (getting/paying for birth control method, buying and using condoms to avoid STIs and/or unintended pregnancy).
- Some feel pressure from a partner and do not want to lose partner.
- A person feels sexual desire. (Are there other ways of dealing with sexual feelings without having intercourse?)
- Some do not feel able to communicate personal limits.

METHOD: CONDOMS AND SPERMICIDES**How do they work?**

- Condoms prevent pregnancy and transmission of STIs by preventing semen from getting into the vagina (and swimming up to the ovum).
- Condoms prevent semen from entering the anus.
- Spermicides kill sperm. (Spermicides should NOT be used for anal sex because the skin in the anus is too delicate.)

How effective is it?

- Typically, condoms are 88% effective in preventing pregnancy.
- The effectiveness of condoms combined with spermicides is 97%. (Spermicides are not effective enough to use on their own.)
- Spermicides vary in the duration of effectiveness and in how quickly they become effective. For example, VCF (vaginal contraceptive film) is effective for one hour, but couples must wait 15 minutes after insertion for the film to dissolve. Sponges must be left in place for six to eight hours after sex. In general, most are effective for about one hour. Users must read package directions carefully.

Where can you get them? How much do they cost?

- No prescription is needed.
- At a drugstore, **condoms** cost about \$7 for 12; **spermicidal foam** costs about \$16.
- Many Sexual Health Clinics provide free condoms and spermicides at low cost. (Call your local Health Department or Canadian Federation for Sexual Health affiliate to find locations.)
- Many youth drop-in centres also have free condoms.

Why would someone choose this method?

- They are easy to get, and inexpensive, and no prescription is needed.
- They protect against most STIs. (Condoms do not provide complete protection from herpes, or from HPV—Human Papillomavirus—the virus that causes genital warts.)
- Some are concerned about side effects associated with other methods.
- They provide effective contraception.

Why not?

- One must plan ahead to have them available; some people don't like to interrupt lovemaking to put on a condom.
- Some men feel that condoms reduce sensation (but with condoms, erections can last longer).
- Some are allergic to latex (in which case a latex condom can be doubled up with a lambskin condom).
- Some women may feel uncomfortable, or have an allergic reaction to putting spermicides in their vaginas.

METHOD: EMERGENCY CONTRACEPTION (MORNING AFTER PILL)**How does it work?**

It is a concentrated dose of estrogen and progesterone:

- can reduce the risk of pregnancy after unprotected vaginal intercourse
- can delay or prevent ovulation (its primary mode of action)
- can cause changes to the endometrium, to make implantation less likely

A woman must take it within 72 hours (three days), after unprotected vaginal intercourse (or sometimes up to five days, but the sooner, the better).

How effective is it?

- It prevents 75% of the pregnancies that would have occurred, if taken within the first 72 hours after unprotected sex (98% of women who take it will menstruate within three weeks).
- It is more effective if taken as soon as possible after unprotected vaginal intercourse (within five days).
- **Important Note:** Nausea is a very common side effect, so emergency contraception should be taken with Gravol.
- A woman should menstruate within 14 to 21 days.

Where can you get it? Is it expensive?

- It is available directly from pharmacists across Canada, without a doctor's prescription. When purchased directly from a pharmacist, the average cost is between \$25 and \$45.
- Many walk-in clinics and doctor's offices, and some hospitals, provide it. (Call first.)
- It is available from Sexual Health Clinics and Sexual Assault Treatment Programs. (Call your local Health Department or Canadian Federation for Sexual Health member organization to find out where it is available in your community.)
- Usually free from Sexual Health Clinics.

Why would someone choose this method?

- It allows vaginal intercourse without any contraception.
- Condom breakage is not a concern.
- A sexual assault might lead to pregnancy.
- One may have missed taking two or more birth control pills and had vaginal intercourse without using condoms.

Why not?

- It is too late. (More than three to five days have passed since the unprotected vaginal sex.)
- There maybe medical reasons for not taking birth control pills. (Alternatively, a copper IUD can be inserted into the uterus, by a physician, up to seven days after unprotected vaginal intercourse or failed contraception. Because an IUD could theoretically facilitate the spread of a sexually transmitted infection (STI) into the reproductive tract, emergency IUDs are best reserved for women who've had unprotected sex within the context of a long-term, monogamous relationship.)
- Spotting is a common side effect.
- Emergency contraception should **not** be considered a routine form of birth control, but repeated use will not cause harm.

METHOD: ORAL CONTRACEPTIVES ('THE PILL')**How does this method work?**

- The pill contains estrogen and progesterone (hormones normally present in a woman's body).
- It prevents ovulation.
- It thickens cervical mucous to block sperm.
- It thins the endometrium (lining of the uterus).

How effective is it?

- Oral contraceptives are about 95-98% effective.
- It is very important to take it every day, at about the same time each day.
- Antibiotics interfere with pill efficacy, as do vomiting and diarrhea. It is important to use a back-up method for the rest of the month.

Where can you get it? Is it expensive?

- One must see a doctor for a prescription. (Young women need a check-up first and sometimes a pap test.) They cost about \$20 for each pack (a month's supply) from a regular pharmacy. (Many workplace drug plans cover them, and they are covered on drug cards for people receiving welfare benefits.)
- Sexual Health Clinics usually provide low cost pills. (Contact your local Health Department or Canadian Federation for Sexual Health member organization to find clinics in your community.)
- Partners can share the cost.

Why would someone choose this method?

- It is very effective.
- It is easy and safe.
- It can reduce cramping and acne.
- Many women experience regular and predictable periods.
- It is completely reversible. Once you stop using oral contraceptives, your body resumes its natural cycle.

Why not?

- They are rare, but serious, side effects. A careful medical history, examination and follow-up can help to prevent these from occurring. It is important to note that young women (under age 35) are at greater risk of dying in a car accident, or from **not** using any method of birth control, than from using oral contraceptives. Most side effects resolve within three months of pill use, or can be resolved by switching to a different kind of birth control pill.
- Some have difficulty remembering to take every day.
- There is no protection from STIs.

METHOD: WITHDRAWAL**How does it work?**

- Withdrawal means pulling the penis out of the vagina before ejaculation, in the hope that sperm and egg won't meet.

How effective is it?

- It is not reliable.
- It is difficult to know when you are going to ejaculate, and to pull out in time.
- Although pre-ejaculate contains no sperm, a previous ejaculation may have left some sperm hidden within the folds of the urethra lining, and could cause a pregnancy to occur.
- While withdrawal shouldn't be promoted as a primary method of pregnancy prevention, it is a great deal better than nothing. Failure rates vary from 5% to 20%.

Why would someone choose this method?

- There is nothing else available.
- Some have a poor understanding of the risks of this method.

Why not?

- Some men have difficulty controlling their ejaculation and may not pull out in time (especially true for teens).
- Effectiveness depends on co-operation and commitment of the male partner.
- There is no protection from STIs.

METHOD: INJECTION (DEPO-PROVERA™)**How does it work?**

- It contains progesterone (a female hormone).
- It prevents ovulation.
- It thins the endometrium (lining of the uterus).
- It thickens cervical mucous to block sperm.
- Because this method prevents ovulation and thins the endometrium, women using Depo-provera don't have regular periods (either no periods at all, or irregular "spotting" or light bleeding).

How effective is it?

- Depo-Provera is over 99% effective, as long as the woman returns every three months for the injection.

Where can you get it? How much does it cost?

- It is an injection: you can receive it from a physician or a clinic.
- Women also need a check-up and pap test.
- At a doctor's office, it costs about \$40 per injection. (If someone receives social assistance, it will be covered on their drug card.)
- Sexual Health Clinics usually provide it at lower cost. (Contact your local Health Department to find such clinics in your community.)
- It is helpful if partners share the cost.

Why would someone choose this method?

- One has to think about it only once every three months.
- It is very effective.
- Some women would prefer not to have a period.

Why not?

- Recent studies indicate that Depo-Provera causes a significant loss of bone mineral density that may not be reversible once the injections are stopped. Calcium and Vitamin D supplements can help protect the bones.
- Some women may feel funny not getting a period.
- Some are not willing to live with irregular spotting. (About 50% of women get this in the first year on Depo-Provera; the other 50% have no periods or bleeding at all. The longer one is on Depo-Provera, the less likely it is that there will be bleeding.)
- There are side effects (e.g., can make existing depression worse).
- Some fear injections.
- It provides no protection against STIs.

METHOD: CALENDAR/RHYTHM METHOD**How does it work?**

- A woman keeps track of her menstrual cycle to figure out when she is ovulating. She then only has vaginal intercourse only when it is “safe.”

How effective is it?

- It is not very reliable.
- Many young women do not have regular cycles, so it is very difficult to predict ovulation.

What do you need to do to use this method?

- Women who use this method record their morning temperature, the character of vaginal mucous, and their periods on a calendar for **six months** prior to using this method. (They take special classes to learn how, and their partners are usually very involved.) They avoid having vaginal intercourse for several days before, during, and after they ovulate, because sperm can live four to seven days inside a woman’s body, and an ovum (egg) lives for 24-48 hours. Therefore, sperm might still be present in the Fallopian tubes several days after having vaginal intercourse.

Why would someone choose this method?

- The person wants to plan a pregnancy.
- There is nothing else available.
- The risks of this method are not clearly understood.
- One has a sense of really understanding one’s fertility.

Why not?

- It is not effective for pregnancy prevention.
- It is complicated to keep track of.
- It requires a substantial time commitment.
- It provides no protection from STIs.

METHODS OF PREGNANCY PREVENTION AND STI PREVENTION QUIZ

Mark each statement true or false.

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

METHODS OF PREGNANCY PREVENTION AND STI PREVENTION QUIZ

Structure: Individual

Time: 20 minutes

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

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

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

METHODS OF PREGNANCY PREVENTION AND STI PREVENTION QUIZ (Cont'd)

9. **You can get an STI by engaging in unprotected oral sex.**
TRUE. Not having sex is the best way to avoid STIs. If you have oral sex, using a non-lubricated condom or oral dam every time is the most important thing you can do to protect yourself from STIs.
10. **Withdrawal is an effective method of birth control.**
FALSE. Withdrawal is not a reliable method.
11. **Emergency Contraception (Morning After Pill) can be taken up to three days after unprotected vaginal intercourse.**
TRUE. The earlier a woman takes emergency contraception, the more effective it is.
12. **Douching is an effective method of birth control.**
FALSE. Douching is not effective at all.
13. **A condom can be used more than once.**
FALSE. A condom can be used only once and should be discarded after use.
14. **Abstinence is 100% effective in the prevention of STIs and pregnancy.**
TRUE
15. **Depo-Provera can be obtained from a physician.**
TRUE. A physician at a clinic or physician's office must prescribe Depo-Provera.

DEPRESSION

Depression is a total body illness that affects a person's thoughts, feelings, behaviours, physical health, and appearance.

This mood disorder is characterized by feelings of sadness, loneliness, hopelessness, worthlessness and guilt. It is the most common of all mental disorders, but also the most treatable.

Sometimes depression is not easy to recognize or identify.

The following characteristics of depression may appear in children, teens, and adults. It is important to remember that one symptom will affect another.

General signs of depression include the following:

- negative self-concept
- sadness or apathy (not caring about anything)
- unreasonable guilt
- loss of interest or pleasure in activities once enjoyed
- changes in sleep patterns (e.g., difficulty falling asleep, awakening several times in the night)
- changes in weight and appetite
- constant fatigue or loss of energy
- avoiding other people
- restlessness or decreased activity
- unexplained anger and irritability, frequent complaining
- an inability to make decisions
- feeling overwhelmed by small problems
- complaints of physical aches and pains for which no medical explanation can be found
- thoughts of death or suicide

DEPRESSION (Cont'd)

Although adolescents show many of the same signs of depression as adults, teens often show depression through acting-out behaviours.

Some TYPICAL acting-out behaviours include the following:

- increased alcohol or other drug use
- truancy; a change in pattern or school attendance
- theft, vandalism, other juvenile crimes
- major changes in school performance
- sexual promiscuity
- dangerous behaviours, risk taking
- fighting
- changes in level of activity
- rejection of past friends, family
- accidents, dangerous driving
- running away from home

What is the CAUSE?

There is no one single cause of depression. Research suggests that there is a dynamic interplay between two or more of the factors that make a person vulnerable to depression:

- specific distressing life events
- biochemical imbalance in the brain
- psychological factors
- genetic links

Although depression may be situational, some depression is systemic and can happen to people who have a good life where there is no apparent reason for depression.

What can you DO?

There are health practices to help manage depression. Getting sufficient sleep, eating healthy food in realistic proportions, engaging in regular physical activity, using relaxation exercises, using positive self-talk and thought stopping, and seeing a doctor can help in the management of depression. A doctor may prescribe medication or recommend talk therapy.

Depression is an illness just like other biological illnesses, such as heart disease or cancer. People need to go to the doctor for treatment of these illnesses. Depression is no different. By recognizing the signs of depressive illness, people can begin to get the help they need.

TALKING ABOUT SUICIDE

Discussing suicide with young people is difficult. Teachers need to balance being understanding, empathetic, and nonjudgmental, while also helping youth understand that suicide is not a solution to dealing with pain. We need to decrease the stigma associated with talking about suicide, while avoiding creating approval for suicide.

Choose your language carefully. Avoid the use of the phrase “commit suicide” as suicide is no longer a crime. An alternative and more realistic term is “die by suicide.” We do not want to imply that suicide is success, so avoid phrases such as “succeed in killing themselves” or “successful suicide.”

Teachers must be prepared for the possible emotional effects of discussing this topic. You cannot know ahead of time which students might have been affected by suicide or thinking about suicide before the discussion in class. Be aware of the emotions the students experience as they are sharing. This will give you an opportunity to identify students who may be upset and may need extra support outside of class. If any students in the class have recently attempted suicide, or have experienced a loss, they should be offered the opportunity to work elsewhere during these class activities. Whether they choose to participate or opt out, you want to have someone work with them or be nearby, in case the topic generates anxiety and they need support.

Teachers are often privy to information about their students and have opportunities to use their existing rapport with students to ask questions about suicidal thoughts. Teachers can serve as a link to resources that students may benefit from. We all need to work to decrease the stigma of seeking help, and model good self-care and wellness. Students need access to information on local agencies and professionals where they can go if they need more help.

SUICIDE

Suicide is a significant and underestimated cause of death in Canada.

(Suicide Information Education Centre, 1999)

Who's at risk?

A number of factors are associated with suicide. When several of the risk factors are present together, the danger of suicide rises.

High risk factors

- **Previous attempts** — people who have made one or more attempts in the past
- **Family history of suicide** — persons who have had a family member or close friend die by suicide
- **Recent losses** — persons who have suffered from a recent significant loss, such as a relationship breakup, death, or recent loss of health
- **Limited support** — people who have few friends or family, or who feel very alone
- **Depression**
- **Current level of stress** — people who are experiencing a great deal of stress of their lives

What are the WARNING signs?

There are a number of behavioural signs that might indicate that someone is considering suicide:

- noticeable and sudden change in behaviour
- direct statements, such as “I wish I were dead,” or indirect statements, such as “Everyone will be better off without me”
- depression
- increased use of alcohol or drugs
- giving away possessions
- talking about helplessness and hopelessness
- talking or joking about suicide
- talking about a specific plan for ending his or her life, including the method, time, and place
- carelessness and recklessness
- neglecting personal appearance and normal responsibilities
- trouble with authorities

SUICIDE (Cont'd)

How to TALK to someone who may be contemplating suicide

- **Learn the common clues** that indicate a possibility of suicide.
- **Listen openly** and without judgment.
- **Let the other person do the talking.**
- **Ask the person**, “Are you considering suicide?” Don’t be afraid to say the word suicide.
- **Believe what the person is saying** and take all threats seriously.
- **Share the responsibility.** Tell someone else you trust who will help. This is too important to keep to yourself.
- **Never keep someone’s suicidal feelings a secret.** It is not disloyal to break a confidence to save a life.
- **Reassure the person** that help is available, and support and encourage him or her to reach out to sources in the community.
- **Act immediately** if you feel someone is in immediate danger. Stay with that person until help arrives.
- **If necessary, contact police, emergency services, or a hospital** to ensure the person’s immediate safety.

Community RESOURCES include the following:

- crisis or distress lines
- provincial mental health clinics
- family physicians
- local hospitals
- clergy
- parents
- community leaders or elders
- school counsellors
- teachers
- coaches

Take care of yourself.

Helping someone else deal with suicidal thoughts takes a lot of energy and it is important to take care of yourself in the process. Find someone else to talk to, other than people in distress. If you feel overwhelmed, seek help for yourself.

FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE

- 1. Why do people choose to die by suicide?*
People who die by suicide have intense feelings of helplessness and hopelessness, and don't see any other way out. They are often ambivalent about dying, and approximately 80 percent may be suffering from depression or other mental illnesses.
- 2. Is it true that people attempt suicide as a cry for help?*
The suicide attempt is often a conscious or unconscious method of getting others to recognize just how badly the individual is feeling.
- 3. Do people ever attempt suicide to get attention or to get others to feel sorry for them?*
Anyone who attempts suicide in order to get attention desperately needs attention. It is tragic when young people feel they need to bargain with their lives in order to have their problems taken seriously.
- 4. It is true that people who attempt to kill themselves really don't want to die?*
Most people who kill themselves are ambivalent about whether to live or die — right up to the moment of death. They want to live and die at the same time.
- 5. Will a person who is deeply depressed always become suicidal?*
While it is true that suicidal feelings often develop in a person who is deeply depressed, the fact that one is depressed does not mean that a person will become suicidal.
- 6. Does taking drugs and alcohol increase one's chances of becoming suicidal?*
Taking drugs or alcohol in excess can exaggerate painful feelings to a point where the feelings are intolerable. In that state, a person who otherwise would not go that far might attempt suicide.
- 7. If someone in the family has died by suicide, are others in the family more likely to die by suicide when they have problems?*
If someone in the family has died by suicide, other family members may be more likely to contemplate suicide because that behaviour had been modelled for them.
- 8. How can one help a person who is suicidal?*
A person who believes that life is too painful is usually feeling worthless and unloved. Showing such individuals some real caring by listening and accepting feelings, staying close, and getting others to be supportive can really help individuals feel life may be worth living. Seek the help of a trusted adult.

FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE (Cont'd)

9. *How does talking about suicide help prevent it?*

Talking about suicide diffuses some of the intensity of suicidal feelings. It helps the person get connected to the help that is needed. It creates a climate of caring and breaks through the loneliness the person is experiencing.

10. *Do more men or women make attempts on their lives?*

Although many more women than men make attempts on their lives, more men actually die by suicide. This is due to the fact that men usually use more lethal methods, such as guns. Women are more likely to use pills.

11. *Is there a time of year when suicide is more common?*

Suicide is more common in spring and fall. Suicide can occur in clusters within an area. An imitative or copycat effect is possible for persons at risk who have similar stresses and are the same age, sex, or race. Suicide rates tend to drop prior to major holidays, including Christmas, but often increase afterwards.

12. *Is there a connection between suicide and alcohol?*

Recent research indicates that a large percentage of people who die by suicide are legally drunk at the time.

FACTORS THAT INFLUENCE SUICIDAL BEHAVIOUR

In order to develop suicide prevention approaches, we need to consider what we know about factors that influence suicidal behaviour. The suicide prevention literature typically describes four types of factors to consider:

- **Predisposing factors** set the stage for a vulnerability to suicide and are typically historical in nature (e.g., family history of suicide).
- **Contributing factors** act to increase the exposure of individuals to other predisposing or precipitating conditions (e.g., substance abuse within the family). These may be historical or sudden in nature.
- **Precipitating factors** act as a triggers for predisposed persons and are often acute or sudden in nature (e.g., sudden loss or failure).
- **Protective factors** describe those conditions which act to lessen the risk for suicide (e.g., availability of at least one significant adult who can provide warmth, care, and understanding).

The risk of suicide is increased by predisposing, contributing, and precipitating factors. The protective factors serve to decrease the risk for suicide. Refer to the table on the next page for examples of factors across various levels.

FACTORS THAT INFLUENCE SUICIDAL BEHAVIOUR

	PREDISPOSING FACTORS	CONTRIBUTING FACTORS	PRECIPITATING FACTORS	PROTECTIVE FACTORS
INDIVIDUAL	<ul style="list-style-type: none"> • Previous history of an attempt • Depression/psychiatric disorder • Prolonged or unresolved grief 	<ul style="list-style-type: none"> • Rigid cognitive style • Poor coping skills • Substance abuse • Sexual orientation issues • Impulsivity • Hypersensitivity 	<ul style="list-style-type: none"> • Personal Failure • Humiliation • Individual trauma • Developmental crisis 	<ul style="list-style-type: none"> • Easy temperament • Creative problem solving • Personal autonomy • Previous experience with self-mastery • Optimistic outlook • Sense of humour
FAMILY	<ul style="list-style-type: none"> • Family history of suicidal behaviour/completed suicide • Family violence/abuse • Family history of psychiatric disorder • Early childhood loss/separation 	<ul style="list-style-type: none"> • Substance abuse within family • Family instability • Ongoing conflict 	<ul style="list-style-type: none"> • Loss of significant family member • Death, especially by suicide 	<ul style="list-style-type: none"> • Family relationships characterized by warmth and belonging • Adults modelling healthy adjustments • High and realistic expectations
PEERS	<ul style="list-style-type: none"> • Social isolation and alienation 	<ul style="list-style-type: none"> • Negative youth attitudes towards seeking adult assistance • Peer modelling of maladaptive behaviours 	<ul style="list-style-type: none"> • Teasing/cruelty • Interpersonal loss • Rejection • Death, especially by suicide 	<ul style="list-style-type: none"> • Social competence • Healthy peer modelling • Acceptance and support
SCHOOL	<ul style="list-style-type: none"> • Longstanding history of a negative school experience • Lack of meaningful connection to school 	<ul style="list-style-type: none"> • Disruption during key transitional periods at school • Reluctance/uncertainty among school staff about how to help 	<ul style="list-style-type: none"> • Failure • Expulsion • Disciplinary crisis 	<ul style="list-style-type: none"> • Presence of adults who believe in them • Parent involvement • Encouragement of participation
COMMUNITY	<ul style="list-style-type: none"> • Community “legacy” of suicides • Community marginalization • Political disempowerment 	<ul style="list-style-type: none"> • Sensational media portrayal of suicide • Access to firearms or other lethal methods • Reluctance/uncertainty among key gatekeepers about how to help • Inaccessible community resources • Economic deprivation 	<ul style="list-style-type: none"> • High profile/celebrity death, especially by suicide • Conflict with the law/incarceration 	<ul style="list-style-type: none"> • Opportunity for participating • Evidence of hope for the future • Community self-determination and solidarity • Availability of resources

FACTORS THAT INFLUENCE SUICIDAL BEHAVIOUR (Cont'd)

Ideas for promoting suicide prevention

Students can

- seek out help from local counselling services
- engage in meaningful relationships with their parents, mentors, teachers, or school counsellors
- participate in the Yellow Ribbon campaign as part of a comprehensive suicide prevention program
- be aware of crisis lines and local support services for self or others
- recognize that asking for help is acceptable

Parents can

- volunteer as mentors to teens in the school and community
- talk to teens about suicide
- maintain open communication with teens
- be aware of help lines and local support services available for teens and families

Communities can

- support programs, such as Big Sisters and Big Brothers, that use volunteer mentors
- support youth initiatives for teen drop-in centres, coffee houses, or recreation centres
- provide presentations by health-care professionals through related agencies
- support and facilitate volunteer crisis lines
- ensure that community efforts focus on prevention of suicide
- promote mental health through workshops for stress management, communication strategies, relationship building, asset building

Name: _____ Date: _____

FACTS AND MYTHS ABOUT SUICIDE

Think about each of the following statements and circle Fact (F) or Myth (M).

- | | | |
|---|---|--|
| F | M | 1. People who talk about their suicidal thoughts are unlikely to attempt suicide. |
| F | M | 2. The rate of suicide is higher among the poor. |
| F | M | 3. Most suicides take place with little or no warning. |
| F | M | 4. It is best not to discuss suicide with someone you think might be at risk, because you may be giving him or her the idea. |
| F | M | 5. It is easy to understand someone's motives for suicide. |
| F | M | 6. Once a person has attempted suicide, he or she has eliminated the idea from his or her system and will be at lower risk. |
| F | M | 7. A suicidal person clearly wants to die. |
| F | M | 8. There is a strong relationship between alcohol, drugs, and suicide. |
| F | M | 9. If a person has been depressed and suddenly seems to be in an improved frame of mind, the risk of suicide decreases. |
| F | M | 10. On average, women are more likely to attempt suicide than men. |
| F | M | 11. Even though the reasons for specific suicides may vary, loss plays a major role in many suicides. |
| F | M | 12. Hopelessness and helplessness are commonly expressed feelings prior to suicide attempts. |
| F | M | 13. If you promise to keep a friend's suicidal thoughts a secret, you should always keep that promise. |

FACTS AND MYTHS ABOUT SUICIDE

Consider the following information when discussing “Facts and Myths about Suicide.”

1. MYTH Many people who attempt suicide tell someone, directly or indirectly. All statements or threats must be taken seriously.
2. MYTH Suicide crosses all socio-economic strata.
3. MYTH Through behaviour changes, direct statements, or nonverbal clues, most people give some warning of potential suicide.
4. MYTH In fact, a dangerous myth. Sometimes this may be the only way to determine the seriousness of the person, or to confirm your suspicions. As well, it indicates your willingness to discuss suicide and to help the person seek help.
5. MYTH Motives for suicide are as varied as the people who are involved.
6. MYTH Nothing could be further from the truth. Perhaps as many as 80 percent of completed suicides occurred after previous attempts. This is especially true for young people.
7. MYTH Those considering suicide are usually ambivalent about death. Most simply want to escape an intolerable situation and often change their minds about suicide in a very short period of time.
8. FACT Suicide and drug or alcohol abuse often go together. Alcoholics are at much higher risk than the average population, and drugs or alcohol are often used just prior to an attempt. Frequently people will do something (take risks, attempt suicide, drive carelessly) under the influence of drugs or alcohol that they might not do otherwise.
9. MYTH The improvement may just indicate that the person has made a decision to end his or her life, and may temporarily feel better after making the decision.
10. FACT However, the ratio varies from age group to age group, and males are, on average, three times more likely to complete suicide.
11. FACT Lack of hope for the future, for example, is an important clue.
12. MYTH This is one secret you cannot keep. You may lose the friendship temporarily, but may save your friend’s life.

ETHICAL BEHAVIOUR

Ethics is the study of standards of conduct and moral judgment. Ethical principles guide everyday conduct and decision-making, and form the basis for personal standards.

Integrity is best defined in terms of action: practise what you preach; do what you said you would do; live in accordance with your beliefs; keep promises; do what you know is right. Integrity is the opposite of hypocrisy.

Hypocrisy is the tendency for a person to say one thing and then do another.

Justice is the fair treatment of others.

How can students apply ethics?

- Admit mistakes.
- Follow school and classroom rules.
- Choose to do good to others.
- Apply ethical principles in class meetings.
- Apply ethical principles to fair play in team sports and activities.
- Accept the consequences of their own actions.

How can teachers model and reinforce ethical principles?

- Admit mistakes.
- Model fair and ethical treatment of all students.
- Provide correction in a way that maintains students' dignity, including giving correction privately, dealing with behaviour rather than personality, and maintaining a calm, fair and nonjudgemental attitude.
- Adhere to school and classroom rules.
- Include ethical principles when discussing reasons for choices or decisions.
- Provide consistent and logical consequences for negative behaviours.
- Point out character virtues in students (e.g., "That showed a lot of kindness" or "You showed integrity in your decision to walk away from that conflict")

IDEAS FOR ENCOURAGING AND ENHANCING STUDENT LEADERSHIP

Students can

- attend leadership conferences
- apply skills learned at conferences to the local school and community
- become involved in local government through youth councils and summits
- organize a peer education project—training student leaders and running the project within the school
- participate in a students' union or equivalent
- plan and participate in school-based activities, such as pep rallies, tournaments, and fun days
- plan and participate in community-based activities for teens, younger children, or families

Parents can

- assist and provide supervision for student-run activities
- model leadership in the home and community
- note leadership abilities in students
- accompany students on leadership conferences or retreats
- assume leadership roles in church youth groups, sports teams, youth clubs

Communities can

- provide opportunities for local youth to be involved in community government and planning
- provide opportunities for volunteerism
- sponsor youth leadership conferences or retreats
- provide feedback for student leadership
- recognize student leaders through local media

MAKING DECISIONS

Procedure

1. **Introduce** this activity by pointing out that the ability to make decisions effectively has an on-going impact on our health. This activity will give students a model for decision making.
2. **Introduce** the D.E.C.I.D.E. model to the students (write it on the blackboard/flipchart):

- D efine the problem
- E xplore the alternatives
- C onsider the consequence(s) of each alternative
- I dentify the decision
- D o it now. (acting on the decision)
- E valuate the results

Look at the following example.

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

E Jodi can

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

C

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

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

D Jodi goes for the walk.

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

MAKING DECISIONS (Cont'd)

3. **Explain** that, when making a decision, it is important to
 - think of all your choices
 - think of the most likely result of each choice
 - think of the risks involved with each choice
4. **Give** each participant a copy of the “Making Decisions” and “D.E.C.I.D.E.” handouts. Instruct students to work out each problem individually or in small groups, using the D.E.C.I.D.E. model. Students can speculate on the last two stages (“act” and “learn”).
5. After 20 minutes, **reconvene** the large group. As each small group reports, invite reactions from others. Can they think of any other choices? Do they disagree with anything? What would they really do in this situation? Encourage people to be honest about how they would really handle these situations.
6. **Make** the following points:
 - Consequences can be good or bad.
 - A good consequence might be to meet new people or to try a new skill or activity. These consequences are a little scary because you might be rejected or you might fail. However, we do not grow if we do not take risks.
 - Bad consequences are those that may result in getting hurt or getting into trouble. These risks are the kind that might adversely affect our lives and future plans.
7. **Conclude** by explaining how difficult decision making can be, but that with practice, we can all learn how to make good decisions for ourselves. Good decisions lead to healthy relationships and a healthy sense of self-esteem.

MORE MAKING DECISIONS

1. It is a hot day, and Clark and Beth have been playing hard. They find several cans of beer in the refrigerator at Beth's house. Clark suggests they have beer instead of water. What should Beth do?
2. Brian invited Ricco to come over to his house after school to mess around with computers and spend time on the Internet. They discover a chat room and start some conversations that make Ricco feel pretty uncomfortable. Ricco is ready to move on to some other activity, but Brian seems to be really enjoying the chat room. What should Ricco do?
3. Twelve-year-old Mia is out with her friend Cheryl, Cheryl's boyfriend Tony, and another friend, Chris. After a while Cheryl and Tony start to kiss. Chris then starts kissing Mia. This feels pretty good to Mia. But then Chris tries to get Mia to go into the bedroom. Mia says no, but her friend Cheryl tells Mia not to be so lame. What should Mia do?
4. Vera and Jennifer find a pack of cigarettes on the kitchen table. Jennifer heard that smoking can help you keep your weight down, and wants to try one. She asks Vera to try one too. Vera isn't that interested because she thinks cigarettes stink, but she wants to support her best friend. What should Vera do?
5. Rod thinks he's very cool. He hangs out after school with the older guys in his neighbourhood. Some of them smoke pot. Today, one of his friends passes him a joint. Rod doesn't want to smoke it, but he also doesn't want to look like a jerk to his friend. What should Rod do?

D.E.C.I.D.E. WORKSHEET

D Define the problem.

E Explore the alternatives.

C Consider consequence(s) of each alternative.

I Identify the decision.

D Do it now. Act on the decision.

E Evaluate the results.

CAREER INFORMATION INTERVIEWS

Cracking today's job market is tough. Career information can give you the edge you need to get your foot in the door.

People to interview for CAREER INFORMATION include the following:

- people you work with now
- people you have worked with in the past
- friends, family, and relatives
- people currently working in a job and/or an occupational area of interest to you
- people who have worked with people in the field of interest to you
- people in special interest groups
- career counsellors and consultants at career development centers
- local employers in areas of interest to you
- professional and trade associations
- trainers, instructors, or professors in a field of interest to you

Prepare to CONTACT people for interviews:

- **make a list** of people to contact
- **consult the yellow pages** to find companies to contact
- **make a plan** for whom to call, and when
- **decide which people** could be interviewed on the telephone and which should be interviewed in person
- **prioritize calls** in order of importance or greatest interest
- **write down specific questions** to ask before making calls
- **create a set of specific questions** to ask in interviews, depending on your purpose

Ask these useful QUESTIONS in a career-related interview:

- *“Do you know someone who might be able to help me?”*
- *“Where do I find more information on ...?”*
- *“What has been your experience ...?”*
- *“Do you have any tips you would be willing to share with me?”*
- *“I am interested in a career/job that is similar to what you are doing. Would it be possible to meet with you for 20 minutes to ask you some questions about what you do?”*
- *“What are your expectations of someone applying for a position here?”*
- *“Would you be open to my conducting an information interview with some of your staff?”*
- *“Would you be comfortable having me job shadow you or one of your staff for a day?”*

TIPS

Tips for a Successful Interview

- Bring the questions you have prepared, paper, a pen, and a clipboard to write on.
- Be courteous. Ask for no more than 20 minutes, and be punctual.
- Tell the person the purpose of the interview.
- Send a thank-you note after the interview.

THE CAREER INFORMATION INTERVIEW

Information interviews may be conducted for many purposes. Students may wish to interview people to establish connections or gather specific information in a field of interest.

The student has to decide whom to interview, create a list of questions, contact the person, and conduct the interview. The student asks questions. Interviews are a good way to become familiar with workplaces and people the student may see in future job interviews or within the local business community.

Ideas for promoting and sharing career information for teens

Students can

- enroll in option courses related to future interests, or courses that provide potential career-related skills and knowledge
- ask parents, relatives, neighbours, or community service providers about their careers
- participate in volunteer jobs within the school and community
- participate in job shadowing within the community
- invite members of the local community to speak at school
- organize and participate in a school-based career day
- attend open houses at nearby colleges, universities, and technical institutes
- note the variety of careers and services connected to daily living
- read local and regional newspapers to be aware of employment trends and issues

Parents can

- encourage teens to pursue opportunities to develop their skills
- talk with teens about their own career training and choices
- talk with teens about their interests and dreams for the future
- support teens' interest in skill-building activities
- help teens recognize that change is constant, learning is ongoing, and that learning takes place both in and out of the classroom
- encourage teens to follow their interests and dreams
- help teens recognize that all decisions are career decisions, directly or indirectly; that all decisions involve multiple levels; and that there are no right decisions in the career-planning process

Communities can

- provide volunteer opportunities for teens within local businesses
- provide opportunities for teen job shadowing
- provide career-related presentations in schools by local trades professionals, coaches, or entrepreneurs
- organize a local career fair for students and their parents
- host student tour groups in community businesses, plants, or factories

IDEAS FOR PROMOTING AND SUPPORTING MENTORING RELATIONSHIPS

Students can

- volunteer to be mentors to younger students in the school
- work with adult mentors from school staff or the community
- organize or attend student mentorship conferences or retreats
- plan student activities in cross-graded groups within the school
- participate in peer education projects to make presentations to younger students within their own and other schools
- recognize that they are mentors within their own families

Parents can

- volunteer to be mentors through agencies such as Big Brothers and Big Sisters or school-based mentoring programs
- look for opportunities to share skills, talents, or encouragement with other people who have similar interests or abilities
- offer to speak to students about mentorships in schools
- volunteer to be youth career mentors
- encourage students to spend time with adults they respect and admire
- volunteer to teach or lead group activities related to their own abilities or talents
- accompany students on educational field trips, as interested chaperones
- volunteer to coach sports or academic teams within the school

Communities can:

- support community agencies, such as Big Brothers and Big Sisters, that use volunteer mentors
- provide volunteer opportunities in specific placements for students with particular interests or abilities
- organize or host mentorship conferences for adults and teens
- support student business and recreation initiatives

YOUR SKILLS AND VOLUNTEERING

Volunteering is a great way to practise the skills you have, and to gain new skills that could be useful in getting work in the future. Stop a minute and take inventory of the skills you have. Chances are you have more than you think you do.

First there are the **technical skills** that allow you to do special jobs not everyone can do (e.g., play a guitar, speak Spanish, or give First Aid). What special skills do you have that make you unique?

Personal skills help you to handle day-to-day living. These include things like your habits and attitudes. For example, one person may be known for his or her sense of humour and flexibility, another for always being on time, and yet another for being willing to learn new things.

What habits or attitudes do you have that would be useful in a job?

You also have many skills that are **transferable**. You learn them in one situation, but they can be equally useful somewhere else. For example, leadership skills gained while volunteering as a day camp leader might come in handy in a job as a teacher's assistant. Likewise, cash handling skills learned while volunteering at fund-raising events would be useful when applying for work as a cashier in a restaurant.

What transferable skills do you have that might help you in the future job?
