

### Core Knowledge Content

**Note:** The Core Knowledge Content for Grade 7 and 8 has been amalgamated to ensure educators are provided with the most relevant and up to date content related to sexual health. It is important to note that contraception is not taught in Grade 7; it is an expectation that is covered in Grade 8.

#### What is Sexual Health?

Sexual health is defined as a state of physical, mental, emotional and social wellbeing in relation to sexuality. It is an integral aspect of an individual's identity, social wellbeing, and personal health. Sexual health requires a positive and respectful approach to sexuality and sexual relationships ([World Health Organization](#)). Sexual health encompasses sex, reproduction, sexual activity, abstinence, consent, safe sex practices, contraception, sexual transmitted infections (STIs), conception and fertilization, pregnancy, menstruation, menopause, infertility, sexual dysfunction, values and relationships, sexual orientation, gender identity and expression, among many other components.

Sexuality is a central aspect of being human and learning about sexual health is required across the lifespan.

The ability of individuals to achieve sexual health and well-being depends on their:

- Access to comprehensive, good-quality information about sex and sexuality
- Knowledge about the risks they may face and their vulnerability to adverse consequences of unprotected sexual activity
- Ability to access sexual health care
- Living in an environment that affirms and promotes sexual health

Sexual health-related issues are wide-ranging, and encompass sexual orientation and gender identity, expression, relationships, and pleasure.

To be sexually healthy, every time you engage in sexual activity you should:

- Feel comfortable with yourself, your partner and the decisions you make.
- Be able to talk about it openly and honestly with your partner. Boundaries and consent should be addressed and discussed before engaging in any sexual activities.

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

- If you are about to do something that makes you uncomfortable, stop before you start.
- When the decision is made to become sexually active, partners need to discuss which preventative measures they will use. The use of condoms provides dual protection, since it is important that you minimize the risk of sexually transmitted infections.

Exclusive relationships lead to greater intimacy emotionally and physically. Decisions about sex are often made in a hurry (i.e. at a party, in a secluded area, under the influence of alcohol, or at home when parents/adults are not around). Decisions about sexual limits should be well thought out and discussed by both consenting people when both are able to think clearly. An informed decision should be made when each person is calm and not feeling pressured, which is more likely to result in behaviours that avoid a possible problem such as a sexually transmitted infection (STI) or pregnancy.

Most students at this age are not sexually active and students should not feel pressured to become sexually active before they are ready. Adolescents may feel that many of their peers are sexually active because of stories they hear and from media influences that portray young people who are sexually active. Postponing sexual involvement is not always easy. Adolescents may find themselves in situations where they may feel they have no choice and continue even when they feel they should stop. Allowing them opportunities to discuss scenarios and develop strategies to cope with these situations will provide them with skills and knowledge they will need before they find themselves involved in high-risk behaviours. Unprotected vaginal intercourse, anal intercourse and oral sex are potential high-risk activities. Students need to be aware of the risk factors involved in these behaviours including pregnancy and sexually transmitted infections, social (family, friends), emotional (self-respect/self-esteem, mental wellness/depression), and personal consequences (personal goals affected - education, sports, etc.)

### **Abstinence**

Abstinence or postponing intercourse as a method of pregnancy prevention is presented as a primary choice for youth and young teens, and the most effective.

Abstinence is making a choice not to be sexually active (no vaginal, oral, anal, or intimate skin-to-skin contact) at this time in your life. There are many reasons for students to postpone sexual involvement including waiting until they are older and in a mature monogamous relationship. It is important that students should have an opportunity to reflect on their own choices. When consistently practiced, abstinence is the only 100%

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

guaranteed method for preventing pregnancy and STIs. Sexual intimacy is a personal choice that should be discussed with a significant other and/or health care professional, especially if the individual is unsure of their decision. The decision to be sexually active should not be based on what “everyone else” is doing or perceived to be doing. Being sexually active is not a sign of maturity, making a decision that is right for the individual based on knowledge is.

### **Possible reasons adolescents wait to have sex**

- Religious beliefs (wait until marriage)
- Concerns about self-respect/self-esteem
- Possibility of pregnancy
- Possibility of disease
- Lack of trust in their partner
- Personal belief in abstinence (not having sex)
- Just waiting for the right person
- Lack of trust in the future of the relationship
- Do not feel ready
- Wanting to spend time on other things/attaining goals/personal growth (sports, education, hobbies, volunteer work etc.)

### **Why might someone choose NOT to be sexually abstinent?**

- Fear of saying no
- Pressure from the partner
- Peer pressure or desire to conform (“everyone is doing it”)
- Wanting to be loved
- Use of alcohol or drugs
- Curiosity
- To rebel
- Media and social media influences – subtle messages in music, TV, movies depict sex as casual, not being in a relationship and not having any consequences
- The right person, place and time, following conversations about STI and pregnancy prevention
- They have had a conversation with their partner and have both legally consented (\*keep in mind the age of consent\*)

### Making Decisions about Sexual Health

There is still the possibility that youth and teens will engage in risky sexual behaviours, such as unprotected sexual activity. It is important to recognize this and discuss the important concepts that can protect people when making decisions. First, communication and consent is **always** needed when sexual activity occurs with a partner. Second, there are risks associated with participating in risky sexual behaviours, including sexually transmitted infections (STIs) and/ or pregnancy. There are methods of protection available for students who plan to become sexually active.

### Communication and Consent in Sexual Relationships

#### Communication

The need to communicate clearly with each other and when making decisions about sexual activity in a relationship is important and always needed. Just like communication, consent in a relationship is necessary when making decisions about sexual activities. Even if someone is in a strong, healthy and loving relationship, both people (or partners) need to discuss their limits and boundaries prior to engaging in sexual activity (or intercourse).

#### Consent

Consent means giving permission for something to happen or entering into agreement to do something. The person(s) initiating sexual activity needs to take reasonable steps to establish consent and seek it actively during sexual activity. A consent conversation includes asking, answering and negotiating. Consent for any type of activity must be freely given. Consent cannot be given in advance and it can be withdrawn at any time.

**Consent is agreed upon by both partners, and with a clear understanding of what they're agreeing to.** *All sexual activity without consent is a criminal offence, regardless of age.*

Someone who is intoxicated, unconscious, or otherwise incapable of giving consent cannot give consent. Silence or passivity does not equal consent.

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

### Age of Consent

The age of consent is the age at which a young person can **legally** agree to sexual activity. In Canada, the age of consent is **16 years** of age. However, in some cases, the age of consent is higher (for example, when there is a relationship of trust, authority, or dependency).

A 14 or 15 year old can consent to sexual activity as long as their partner is **less than five years older** and there is no relationship of trust, authority, or dependency or any other exploitation of the young person. If the person is 5 years or older than the 14 or 15 year old, and engaging in any sexual activities, this is a criminal offence.

There is also a “close in age” exception for 12 and 13 year olds. A 12 or 13 year old can consent to sexual activity with a partner as long as the partner is **less than two years older** and there is no relationship of trust, authority, or dependency or any other exploitation of the young person. If the person is 2 years or older than the 12 or 13 year old, and engaging in any sexual activities, this is a criminal offence.

### Methods of Pregnancy Prevention

Before discussing pregnancy prevention methods, a review of ovulation and conception is advisable. Studies have shown that most teenagers will use withdrawal or no method at all with their first act of intercourse. The birth control pill is the method most often used with adolescents for various reasons related to sexual health with pregnancy protection being one of them. Reported condom use varies depending on the age of the adolescent. It is important to address the risks associated with being sexual active and not using any methods of protection (i.e., contraception).

Some of the important information for students to know about birth control include:

- What are the methods available?
- How do they work?
- Who can use birth control?
- Where do you get it?
- How much does it cost?
- Do my parents have to know?

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

- What might happen to me if I use birth control?

(**Note:** there is no minimum age to prescribe contraception. Youth are under no legal obligation to inform their parents that they are being prescribed/using contraception. However, it is recommended youth talk to a trust adult).

### Reliable Methods

- Internal (female)/External (male) condoms

#### External Condom

- Physical barrier acts to prevent direct genital contact and the exchange of genital fluids
- Condoms are made of latex or latex free alternatives and fits over the erect penis
- A new condom is used for each act of intercourse
- The condom is 97% effective when used correctly
- Condoms are effective at protecting against most sexually transmitted infections
- Condoms are sensitive to temperature and may weaken if stored in a warm place such as a wallet, glove compartment in car, etc.
- Condoms must be used before the expiry date. It is important that people use condoms from reliable companies.
- Always leave a space at the tip for semen, which will reduce the chance of breakage and leakage.

#### Internal Condom

- Inserted into the vagina
- Lines the inside of the vagina and covers the woman's genitals
- Free at any Public Health location
- Protects against some STIs
- When used properly, they are 95% effective

#### Oral Contraceptive Pill

- "The Pill" is the most popular method of birth control and requires a prescription
- Oral contraceptive pills contain estrogen and progestin
- One pill is taken every day at approximately the same time of day

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

- Prevents the ovaries from releasing an egg, thickens cervical mucus so sperm can't pass through it and causes changes in the lining of the uterus.
- Makes periods more regular and decreases menstrual cramping
- The pill can be 99.7% effective when used correctly
- The female must remember to take her pill every day
- The pill does not protect against sexually transmitted infections (STIs)
- The female can become pregnant the first cycle. Remember that, if a pill is missed by even a couple of hours ovulation can occur which can result in pregnancy

### Transdermal Patch (Evra)

- A small patch placed on the skin on the buttocks, upper outer arm, lower abdomen or upper body
- The patch can be worn during all normal activities; swimming, showering or bathing, exercise, etc.
- Two hormones (estrogen and progestin) are released slowly and absorbed through the skin. The patch requires a prescription.
- Apply patch once a week for three weeks and then one week without the patch.
- The week without the patch, menstruation will occur.
- Like the birth control pill, the patch prevents the ovary from releasing an egg, thickens the cervical mucus, and causes changes in the lining of the uterus.
- The patch can be 99.7% effective when used correctly.
- The patch does not protect against sexually transmitted infections (STIs).

### Emergency Contraceptive Pill (morning after pill, Plan B)

- Unlike other forms of contraception, emergency contraception can be used **AFTER** intercourse to prevent pregnancy
- The emergency contraceptive pill is not something to rely on as a regular method of pregnancy prevention. This is a last chance contraception.
- Emergency contraception is a simple and safe way to prevent pregnancy.

***Emergency Contraception can prevent an unplanned pregnancy in the following situations:***

- No contraception was used or they can't remember if contraception was used
- Missed birth control pills, patch, or ring.
- The condom slipped, broke, or leaked.

- Non-consensual sexual intercourse as in the case of sexual assault
- It functions by delaying or inhibiting the release of an egg (ovulation), altering the luteal phase length, and also inhibiting the implantation of a fertilized egg, should fertilization occur.
- In the unlikely event that implantation does occur, emergency contraception does not interrupt the pregnancy or put the fetus at risk. Some women can experience side effects, such as vomiting and nausea.
- Though it can be taken up to 120hrs (five days) after unprotected vaginal intercourse, the closer it is taken to the time of unprotected intercourse the more effective it will be.
- The emergency contraception pill can be obtained at family doctor, walk in clinic, some hospitals, a [Sexual Health Centre](#), sexual assault treatment programs, by a school nurse in a public high school, or at pharmacies. A prescription is not needed to use Plan B.
- If vomiting occurs within one hour of pills ingestion, the dose may have to be repeated. A health care professional can suggest medication, like Gravol™, to avoid this problem.
- The period should start within 21 days after taking emergency contraception; if it does not, a health care professional should be consulted.

### Unreliable Methods

#### Withdrawal (Pulling out in time/before ejaculation)

- Once the penis becomes erect, it produces a small amount of semen (pre-ejaculate) which contains sperm.
- It may not be possible to pull out before ejaculation occurs. This method requires a lot of self-control.
- Ejaculation near vaginal opening can result in sperm travelling into the vagina.

#### Rhythm-Natural Family Planning

- The belief is that sexual activity can occur on “SAFE” days
- Most young women do not have a consistent and regular cycle
- Menstruation lasts approximately the first 5 to 7 days of a cycle
- Ovulation occurs approximately 14 days before the next menstrual period

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

- Ovulation occurs on approximately the 16th day of a 30 day cycle. One should add a day or two on either side to allow for individual variations (e.g. 14th to 18th day). The egg lives for 24 to 48 hours after ovulation
- Sperm can live as long as 5 days after ejaculation. Therefore, add 2 days on after ovulation and 5 days before. This gives you a rough estimate of the fertile time if the body worked in the way it technically should (e.g. 9th to 20th).

### **BUT**

- Periods do not always come as expected
- Important to have an idea of how the cycle works but calculations could be wrong
- There is no time during the menstrual cycle that is 100% safe for pregnancy prevention
- Anytime a man and woman have intercourse, pregnancy can be an outcome

### **Myth Methods**

The following are common myths that have been told in the past related to sexual activity.

- To use anything but a condom (such as plastic wrap) on a penis, is not effective to prevent pregnancy and cannot replace a condom.
- Sexual intercourse while standing up or in water is not effective to prevent pregnancy, sperm move upwards towards the egg.
- Sexual intercourse during menstruation is not effective to prevent pregnancy. The egg could have been released early in the cycle.
- There is still a chance that anal intercourse can result in pregnancy (due to seepage of seminal fluid from anus)

### **Natural Family Planning**

Natural family planning methods rely on a woman's knowledge and awareness of her body and menstrual cycle to avoid pregnancy. They do not rely on contraceptive devices, hormones or barrier methods to provide contraception. There are several methods: Calendar, Ovulation, Sympto-Thermal, Post-Ovulation Instructions and materials available in pharmacies. A woman monitors her monthly cycle by tracking the days on a calendar and/or by taking her temperature and/or by monitoring changes to her cervical mucus. This information helps her determine when her body releases an egg (ovulates) and

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

ovulation is when she is most likely to become pregnant from intercourse. Intercourse is avoided during this fertile period. The Sympto-Thermal method is 98% effective when used correctly. Other natural family planning methods are not as effective. The typical failure rate is 25% depending heavily on the method used, motivation, experience and familiarity with their body and menstrual cycles. Information can also be used later to plan a pregnancy. It is inexpensive and natural.

### Contraceptive Vaginal Ring (CVR)/Nuva Ring

- The CVR is a flexible ring that releases two hormones (estrogen and progestin) that are absorbed through the vagina. It requires a prescription
- The ring is inserted into the vagina for three weeks
- The beginning of the fourth week, the ring is removed and menstruation will occur that week.
- Like the BCP, the ring prevents the ovaries from releasing an egg, thickens the cervical mucus, and causes changes in the lining of the uterus.
- The ring is 99.7% effective when used correctly
- The ring does not protect against sexually transmitted infections (STIs)

### Intrauterine System/Device

#### What is it?

An intrauterine device (IUD) or intrauterine system (IUS) is a type of long-acting birth control. They are placed in a woman's uterus at a doctor's appointment and need to be prescribed. IUDs are made of plastic and copper and have no hormones. IUDs prevent a pregnancy by changing the chemistry in the uterus and stopping sperm from fertilizing an egg. IUSs are made of plastic and have a small amount of the hormone progestin. The hormone causes the uterus lining to thin, while the cervical mucous thickens. This stops sperm from entering into the uterus.

#### Effectiveness in Preventing Pregnancy

Intrauterine Device (IUD) – 99%

Intrauterine System (IUS) – 99.9%

#### Benefits

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

IUDs & IUSs can be used for 3-10 years depending on the type used. IUSs will decrease periods and cramping, while some women may stop having a period altogether. When the IUD/IUS is removed, a woman's fertility returns quickly and she is able to get pregnant.

### Side Effects

With an IUD a woman may have heavier bleeding and more cramping with her period. Her bleeding may become irregular. With an IUS a woman may experience some spotting or irregular bleeding during the first few months after having it inserted. A small percentage of women may experience weight gain, depression, acne, headaches and breast tenderness.

### Who should not use an IUD/IUS?

Women who have an allergy to copper should not use IUDs. Also, women who have unexplained vaginal bleeding should not use IUDs/IUSs.

### IUDs & IUSs do not protect you from Sexually Transmitted Infections (STIs)

Table 1: High Risk, Low Risk and No Risk of Pregnancy

HIGH RISK OF PREGNANCY	LOW RISK OF PREGNANCY	NO RISK OF PREGNANCY
People who have sexual intercourse <b>BUT</b> :  Use no birth control method. Use an unreliable birth control method (i.e. rhythm method, withdrawal, myth methods). Use a reliable birth control method <u>but not correctly</u> , and <u>not every time</u> . Are unsure what their sexual limits will be, and therefore, are not prepared.	People who have sexual intercourse <b>AND</b> :  Use a reliable birth control method (i.e. The Pill, The Patch, condoms). And Use a reliable birth control method <u>correctly</u> And Use it <u>every</u> time.	People who:  Are abstinent (not having sexual intercourse). Are involved in a close relationship but use other forms of intimacy (no genital –genital contact).

Source: Peggy Brick, Former Director of Training and Education at Planned Parenthood of Greater Northern New Jersey

### Community Resources

#### Niagara Region Sexual Health Centres

- Provide free confidential services for males and females of all ages
- Provide information, counselling and access to birth control
- Pregnancy and STI testing in a clinic setting

#### Medical Offices

- A family doctor or nurse practitioner is interested in patients' health and well-being and is a good source for birth control information and care
- Walk-in clinics are also good sources for birth control information and care

#### School Health Nurse

Students may not be making decisions about their sexual health in Grades 7 and 8, but many students will begin to make these decisions during high school. To help students make these important decisions about their health, every school in Niagara has a school health nurse. The school nurse can provide sexual health counselling, can prescribe and distribute contraception, can do STI and pregnancy testing, and can provide free condoms and dental dams.

### Resources

Alberta Health Services. Teaching Sexual Health. ([www.teachingsexualhealth.ca](http://www.teachingsexualhealth.ca))

Government of Alberta (n.d.). Sexual Violence prevention – Sexual consent.  
<https://www.alberta.ca/sexual-violence-prevention-sexual-consent.aspx>

Government of Ontario (2017, August 08). Age of Consent to Sexual Activity.  
<https://www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html>

Kids Help Phone. (<https://kidshelpphone.ca/> or 1-800-668-6868)

Niagara Region Sexual Health Centers.  
([https://www.niagararegion.ca/living/health\\_wellness/sexualhealth/sexual-health-centres.aspx](https://www.niagararegion.ca/living/health_wellness/sexualhealth/sexual-health-centres.aspx))

# Teaching Tool

## Grade 7 and 8: Making Decisions about Sexual Health

Options for Sexual Health. What is Sexual Health?

(<https://www.optionsforsexualhealth.org/facts/sex/what-is-sexual-health/#1551391745722-e781d3c4-313b>)

Physical & Health Education Canada. Always Changing.

(<https://phecanada.ca/programs/always-changing>)

Society of Obstetricians and Gynaecologists of Canada, Sex & U. (<http://www.sexandu.ca>)

## References

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Warner, L., & Steiner, M.J. (2011). Male condoms. In R.A. Hatcher et al. (Eds.), *Contraceptive Technology* (20th ed.) (pp. 371-390). Atlanta: Ardent Media, Inc.