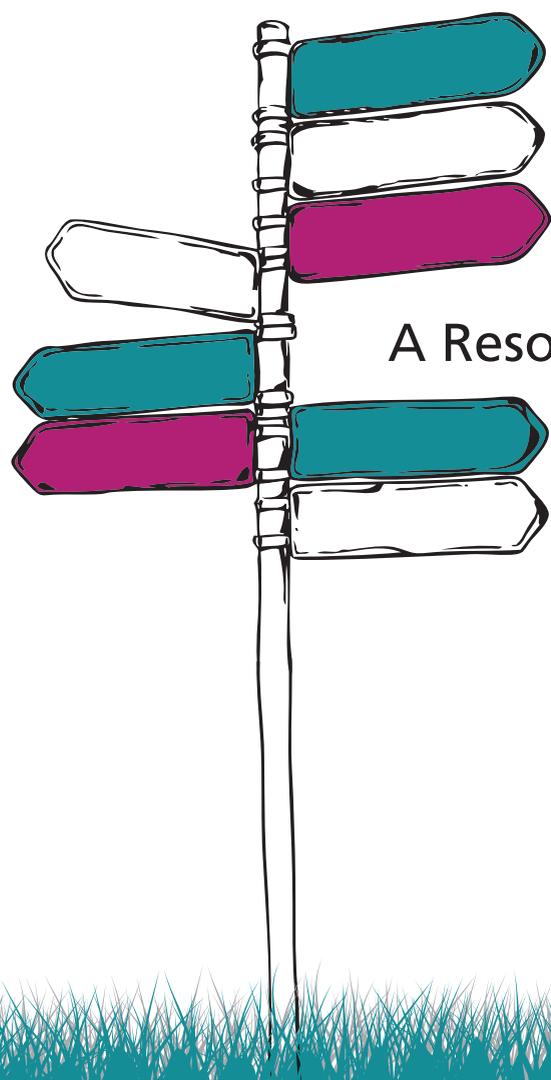


SHARE

Sexual Health and Relationship Education



A Resource for Yukon Schools

Grade 7
Lesson Plans



Government of Yukon
Department of Health and Social Services
Health Promotion Unit and Department of Education
2016



Table of Contents

SEXUAL HEALTH AND RELATIONSHIP EDUCATION

Resource Overview	4
Learning Standards	6
Rationale	7
Lesson Preparation	9
THEME I: Who Am I?	
Lesson 1: Getting Started with SHARE	11
Lesson 2: Knowing Your Own Values	23
Lesson 3: Gender Identity and Sexual Orientation	29
THEME II: Relationships	
Lesson 4: Assertive Communication	41
Lesson 5: Friendship and Peer Pressure	51
Lesson 6: Affection and Boundaries	57
Lesson 7: Values and Sexual Decision-Making	65
Lesson 8: Types of Abuse	71
THEME III: Body Science	
Lesson 9: Puberty and Reproductive System Review	81
Lesson 10: Pregnancy Awareness	99
Lesson 11: Sexually-Transmitted Infections	111
Body Science Quiz	123
THEME IV: Media and Culture	
Lesson 12: Physical and Emotional Influence of Drugs and Alcohol	131
Lesson 13: Visioning Myself and My Life	143
Lesson 14: Online and Texting Safety	149
Resource Rubric	160

Resource Overview

SHARE has four themes and each theme is divided into lessons:

Lesson	Approximate Time	Page	Materials	Additional Resources
THEME I: Who Am I?				
Lesson 1: Getting Started with SHARE	75 min	11-22	<ul style="list-style-type: none"> Alphabet of Emotions poster, also in student activity book (see page 16) Drawn copy of Feelings Thermometer on whiteboard or flip charts (see page 17) 	<ul style="list-style-type: none"> Yukon Wake and Bake (available through Dept. of Education)
Lesson 2: Knowing Your Own Values	60 min	23-28	<ul style="list-style-type: none"> \$20 bill, \$5 bill, a toonie, a quarter and a nickel 	
Lesson 3: Gender Identity and Sexual Orientation	100 min	29-40	<ul style="list-style-type: none"> Gender Game cards for each group (page 35 –photocopy and cut cards, one for each group – groups can also cut cards) 	<ul style="list-style-type: none"> www.egale.ca http://www.nativeyouthsexualhealth.com/youthphotoproject.html
THEME II: Relationships				
Lesson 4: Assertive Communication	75 min	41-50	<ul style="list-style-type: none"> Prep Asking Game cards – two single-sided photocopies of each page cut into four parts; 32 slips of paper with 16 different situations (see pages 45-48) 	<ul style="list-style-type: none"> http://www.skillsyouneed.com/ps/assertiveness.html
Lesson 5: Friendship and Peer Pressure	45 min	51-56		
Lesson 6: Affection and Boundaries	85 min	57-64	<ul style="list-style-type: none"> On poster paper draw one large Affection is in Heart (see page 59 for example) 	
Lesson 7: Values and Sexual Decision-Making	60 min	65-70		
Lesson 8: Types of Abuse	55 min	71-80		

Lesson	Approximate Time	Page	Materials	Additional Resources
THEME III: Body Science				
Lesson 9: Puberty and Reproductive System Review	145 min	81-98	<ul style="list-style-type: none"> Female Reproductive System video-found on: <ul style="list-style-type: none"> The SHARE memory stick, or https://www.youtube.com/watch?v=RFDatCchpus&index=40&list=PL8dPuuaLjXtOAKed_MxxWBNaPno5h3Zs8 Male Reproductive System video-found on: <ul style="list-style-type: none"> The SHARE memory stick or https://www.youtube.com/watch?v=-QcnO4iX_U&list=PL8dPuuaLjXtOAKed_MxxWBNaPno5h3Zs8&index=41 	
Lesson 10: Pregnancy Awareness	55 min	99-110	<ul style="list-style-type: none"> Contraception kit – available through the Health Promotion Unit (contact health.promotion@gov.yk.ca) If unable to obtain the contraception kit create a set of images 	
Lesson 11: Sexually Transmitted Infections + Body Science Quiz	150 min	111-130	<ul style="list-style-type: none"> One set of Handshake Virus Game Card (see pages 117-118) Body Science Quiz – one for each student (see pages 123-130) 	
THEME IV: Media and Culture				
Lesson 12: Physical and Emotional Influence of Drugs and Alcohol	85 min	131-142	<ul style="list-style-type: none"> Optional - Wake and Bake Project (2011) DVD—available in all school libraries and Department of Education 	
Lesson 13: Visioning Myself and My Life	90 min	143-148	<ul style="list-style-type: none"> One large piece of paper or poster board, 11 x 17, per student Old magazines, catalogues, travel brochures, etc., for cutting out 	
Lesson 14: Online and Texting Safety	55 min	149-159		

Learning Standards

AREA OF LEARNING – PHYSICAL AND HEALTH EDUCATION Related to Grade 7 SHARE

Big Ideas:

- We experience many changes in our lives that influence how we see ourselves and others.
- Healthy choices influence our physical, emotional, and mental well-being.
- Learning about similarities and differences in individuals and groups influences community health.

Learning Standards:

CURRICULAR COMPETENCIES	CONTENT
<p>Students are expected to be able to do the following:</p> <p>Healthy and active living</p> <ul style="list-style-type: none"> • Identify factors that influence healthy choices and explain their potential health effects • Identify and apply strategies to pursue personal healthy-living goals • Reflect on outcomes of personal healthy-living goals and assess strategies used <p>Social and community health</p> <ul style="list-style-type: none"> • Identify and describe strategies for avoiding and/or responding to potentially unsafe, abusive, or exploitative situations • Describe and assess strategies for responding to discrimination, stereotyping, and bullying • Describe and apply strategies for developing and maintaining positive relationships • Explore strategies for promoting the health and well-being of the school and community <p>Mental well-being</p> <ul style="list-style-type: none"> • Describe and assess strategies for promoting mental well-being, for self and others • Describe and assess strategies for managing problems related to mental well-being and substance use, for self and others • Create and assess strategies for managing physical, emotional, and social changes during puberty and adolescence • Explore the impact of transition and change on identities 	<p>Students are expected to know the following:</p> <ul style="list-style-type: none"> • Practices that reduce the risk of contracting sexually transmitted infections and life-threatening communicable diseases • Sources of health information • Basic principles for responding to emergencies • Strategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settings • Consequences of bullying, stereotyping, and discrimination • Signs and symptoms of stress, anxiety, and depression • Influences of physical, emotional, and social changes on identities and relationships

Rationale

SHARE AS AN AGE-APPROPRIATE SEXUAL HEALTH RESOURCE FOR SAFETY

“The Society of Gynecologists and Obstetricians of Canada has identified key factors relating the stages of development of children to age-appropriate sexual health knowledge, as well as the dangers youth face without this knowledge at the appropriate time.”¹

At times, the Learning Standards may not be explicit enough to provide this level of safety for Yukon children. Therefore, the SHARE program also incorporates the following recommendations on age-appropriate sexual health information from the Society of Gynecologists and Obstetricians of Canada.

SEXUALITY AND CHILDHOOD DEVELOPMENT – MIDDLE CHILDHOOD AGES 5 – 8 YRS^{2,3}

- A child’s sense of gender identity (understanding that they are male or female), gender stability (understanding that they will always be female or male), and gender consistency (understanding that basic gender identity is not changed by changes in gender-typed appearance or behaviour) should be complete.
- Some children will show early signs of puberty (e.g., menstruation).
- Basic understanding of the process of human reproduction.
- Understands proper terminology for sexuality related body parts (e.g., vulva, clitoris, vagina, penis, testicles).
- Basic understanding of sexual orientation (heterosexuality, homosexuality, bisexuality).

Common Behaviours

- Curiosity-based sex play with same and opposite sex friends
- Occasional masturbation (self-pleasuring) increases. For some children at this age, masturbation may begin to take on a pleasure oriented rather than relaxation focus
- Use of slang words to describe body parts and sexuality

Concerns

- Signs that a child’s sense of gender identity, stability, and consistency is not established
- Signs that a child may have been sexually abused or exploited (e.g., physical trauma to the genital area, sexually related acting out behaviour)
- Lack of knowledge related to basic aspects of human reproduction
- Unable to adopt basic social conventions related to nudity, privacy, and respect for others in social relationships

Learning Objectives

- Basic understanding of human reproduction, including the role of sexual intercourse
- Preparatory understanding of the basic physical changes associated with puberty
- Understands distinctions between heterosexuality, homosexuality, and bisexuality
- Introduction of knowledge and social norms related to the role of sexuality in relationships
- Reinforce and expand knowledge of rights (e.g., “your body belongs to you”) and responsibilities (e.g., equal relationships) related to sexuality

¹ The Society of Obstetricians and Gynaecologists of Canada (SOGC). (2013). Teachers: Sexuality and Childhood Development. Sexuality and U. Retrieved from <http://www.sexualityandu.ca/teachers/sexuality-and-childhood-development/>

² The Society of Obstetricians and Gynaecologists of Canada (SOGC). (2013). Teachers: Middle Childhood (5-8). Sexuality and U. Retrieved from <http://www.sexualityandu.ca/teachers/sexuality-and-childhood-development/middle-childhood-5-8>

³ For additional information on this, please see Meg Hickling, RN’s book: Hickling, M. (2005). The New Speaking of Sex: What your children need to know and when they need to know it. Kelowna, BC: Northstone Publishing. Available from Department of Education.

SEXUALITY AND CHILDHOOD DEVELOPMENT – LATE CHILDHOOD AGES 9-12 YRS⁴

Developmental Outcomes

- Physical changes associated with puberty
- Psychological/social changes associated with puberty
- Full understanding of rights and responsibilities related to sexuality and relationships

Concerns

- Premature initiation of adult sexual activity
- Difficulty adjusting to homosexual or bisexual orientation
- Difficulty with body image
- Difficulty with social skills

Common Behaviours

- For many, a large preoccupation with how they look, body image, etc.
- Dating (i.e., going with)
- Physical intimacy (e.g., kissing, petting)
- Masturbation increases with more pleasure and orgasm as the focus
- Preoccupation with sexuality (e.g., frequently makes references to sexuality)
- Interest in sexual media

Learning Objectives

- Complete knowledge of the physical and psychological aspects of puberty
- Broadly-based sexual health education, including delay of first intercourse and contraception/safer sex
- Social skills education related to rights and responsibilities in relationships and mutually satisfying interpersonal relationships
- Development of media literacy skills to understand, interpret, and evaluate media sexuality messages and imagery

*Does sex education encourage sex?
Many parents are afraid that talking about sex with their teenagers
will be taken as permission for the teen to have sex.
Nothing could be further from the truth. If anything, the more children learn about
sexuality from talking with their parents and teachers and reading accurate books,
the less they feel compelled to find out for themselves.*

~ Benjamin Spock
Dr. Spock's Baby and Child Care

⁴ The Society of Obstetricians and Gynaecologists of Canada (SOGC). (2013). Teachers: Late Childhood (9–12). Sexuality and U. Retrieved from <http://www.sexualityandu.ca/teachers/sexuality-and-childhood-development/late-childhood-9-12>

Lesson Preparation:

REQUIRED MATERIALS FOR EVERY LESSON:

1. A Question Box
2. Pieces of paper of uniform colour and size for each student
3. Flip chart and markers
4. White or blackboard and writing utensils
5. Alphabet of Emotions (poster for class or refer to **student activity books**)
6. Student Activity Books
7. Pencils or pens for each student
8. Coloured pencils and crayons for each student

Additional materials are listed as needed in every lesson.

HOW TO CREATE A QUESTION BOX

Prior to this unit, you will need to make/design a question box for your classroom. For example, you might cover a shoe box with black construction paper and decorate it with yellow question marks. Or wrap a tall Kleenex box in wrapping paper and cut a hole in the top. Each student can add his or her creativity.

The Question Box has to be big enough to hold a small sheet of folded paper from each student. At the end of each lesson, you can sort through the questions asked and have answers prepared for the next class. Reuse the box for each class in this unit.

To make it easy for you to open, but more difficult for students to access, you might consider putting the lid on the bottom, turning it upside down and cutting the hole in the top.

TIPS ON ANSWERING QUESTION BOX QUESTIONS⁵

1. Group together common questions. Tell the class "there were many questions about... so I am addressing them all in this answer." This saves processing time and possible duplication. It also normalizes the question.
2. Acknowledge respectfully those questions that you could not understand or that seem to be "off topic." State "there were a few questions that I could not read," or "there were a few questions that don't seem to relate to our course content." Conclude by saying, "Please see me individually if you don't hear your questions answered today."
3. Use proper terminology whenever possible, e.g., "There's a question here about 'jerking off.' Lots of people have questions about masturbation..." Although slang terms are sometimes used it is important to correct the slang term with the proper term.
4. It is important to also acknowledge the slang term that is used. This way students who perhaps do not know the proper term will be able to match up the proper term with the slang term.
5. Defer lengthy discussions concerning questions that relate to future course content. Try to answer questions briefly, and indicate that the topic will be discussed further during an upcoming lesson, e.g., "There are some questions about contraception, which we will be discussing next class. If you still have a question, or don't understand, you can re-submit your question then."
6. Defer a question and find the correct/current information you require to answer it. It is OK to say, "I don't know for sure, but will try to find out and get back to you next class."

⁵ <http://teachers.teachingsexualhealth.ca/teaching-tools/instructional-methods/question-box/>

G
R
A
D
E

7

THEME ONE: WHO AM I?

LESSON 1: Getting Started with SHARE⁶

“It is easier to build strong children than to repair broken [adults].”
~ Frederick Douglass

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

CURRICULAR COMPETENCIES:

Social and community health

- Describe and apply strategies for developing and maintaining positive relationships

Mental well-being

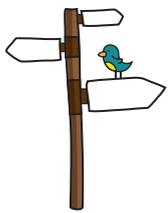
- Describe and assess strategies for promoting mental well-being, for self and others

TIMING: 75 MIN

OBJECTIVES:

- Engage students by making SHARE relevant to their own lives.
- Co-construct ground rules.
- Outline correct use of language.
- Increase awareness of various feelings that arise in different situations.
- Learn how to recognize and manage strong feelings.
- Learn how to safely ask questions and introduce the Question Box.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

1. Explain the SHARE ground rules
2. Demonstrate appropriate language use
3. Know two ways to calm strong feelings
4. Identify a trusted person to talk to about their feelings

RATIONALE:

This lesson introduces the SHARE resources—its purpose, the rules and the tools that give students an opportunity to open up, get comfortable with themselves and others in order to build the critical foundation of understanding, which will set the tone for the rest of the program.

⁶ Adapted with permission from Public Health – Seattle and King County, Family Planning Program, © 1986, revised 2013 • www.kingcounty.gov/health/flash AND small excerpts from:

a) Streetwise to Sex-Wise, 2nd Edition. (2001). Brown and Taverner, Planned Parenthood of Greater Northern New Jersey.

b) Changes in Me: A Puberty and Adolescent Development Resource for Educators, Junior Grade Level, 2nd Edition, Peel Public Health, Healthy Sexuality Program, 905-799-770

OUTLINE:

Introduction to SHARE (20 min)

Activity 1: Ground Rules and Language Use (20 min)

Activity 2: Ways to Cope With Stress (20 Min)

Activity 3: Who are Your Trusted Adults? (5 min)

Activity 4: Introduce Question Box and Submit Questions (10 min)

ADDITIONAL MATERIALS:

✓ Alphabet of Emotions chart, see page 16 (also in the **student activity book**)

✓ Drawn copy of Feelings Thermometer on whiteboard or flip chart, see page 17

PROCEDURE:

INTRODUCTION TO SHARE (20 MIN)

In Grade 7 SHARE, students will be learning about:

- **Self** – knowing your values, gender identity, and sexual orientation
- **Relationships** – assertive communication, friendship and peer pressure, affection and boundaries, values and sexual decision-making, and types of abuse
- **Body Science** – puberty and reproductive system review, pregnancy, sexually-transmitted infections
- **Media and Culture** – physical and emotional influence of drugs and alcohol, visioning myself and my life, and online and texting safety

Explain: This resource is called **Sexual Health and Relationship Education** or **SHARE**.

Explain: Sexuality is not only about the physical body, it includes how people feel about themselves, what they feel about their gender, whether they know how to love, how to trust and how to communicate.

When people study sexuality they learn whether they can make friends, keep friends and also end relationships in a healthy way. Learning about sexuality also includes how babies are made, how they grow and how they are born.

Young people are often very curious about sexuality and body science but may feel shy talking about it or asking questions, or, they may not know who to talk to. The best people to talk to are close caregivers/parents, but some caregivers/parents and children are not comfortable talking to each other about this topic. After the SHARE program, hopefully students will become more comfortable discussing their questions with their caregivers/parents and health professionals. Feeling comfortable will help students feel good and supported about growing up.

Every person needs to understand his or her body to help them be safe. In SHARE, students will learn the skills to get help if they find themselves in an unsafe situation. Sexual health education teaches students to feel positive and safe about growing up. It doesn't matter if students know a lot or a little—what matters is making sure that information is correct and that they are comfortable asking about what they do not know.

Explain that strong feelings may come up during SHARE lessons and we need to learn how to cope with them, how to feel safe in the classroom and how to ask questions in a way that feels safe.

Discuss to assess previous knowledge.

Ask: *How many of you have talked with your parents about body science, puberty or sexuality?*

How many of you learned about puberty in earlier grades?

Read “What Counts?” with students in preparation for Lesson 1.

ACTIVITY 1: GROUND RULES AND LANGUAGE USE (20 MIN)

Read aloud:⁷

“The class was beginning a unit on sexuality that day. They came in from recess and Mr. Clark asked everybody to calm down and get ready to work. But everybody was a little nervous and excited and it took a long time before the jokes and laughter let up. When it was quiet, Mr. Clark asked whether anyone knew what kinds of things they’d be studying in this next unit called ‘sexuality.’ Marco raised his hand and asked, ‘What about the reproductive system?’ A few people giggled. Then Shawna raised her hand. She asked whether the class would learn about menstrual periods. Four or five people began to roar with laughter and Michelle said, ‘How dumb!’ Shawna started to blush. When the laughter kept up, tears came to her eyes and she finally got up and left the room.”

Ask: *Why do you think some people laughed?*

How did Shawna feel?

How will they feel about speaking in class?

If you were the teacher how would you handle the problem?

How could the problem have been avoided in the first place?

Do you think this kind of thing could happen in OUR class?

How can we keep it from happening here?

Let’s develop a contract for how we’ll treat each other during SHARE.

Explain: People often have very different and strong feelings and opinions when talking about sexuality. Because so much of what we are going to be learning about and talking about is personal and a bit sensitive, ground rules help us feel safe and respected in and out of classroom.

Brainstorm a class list of ground rules. Review “Essential Ground Rules.” Then encourage students to add to the ground rules with their own suggestions.

Write ground rules on flip chart paper as you co-construct them.

Good examples of ground rules include:⁸

- No put downs.
- No personal questions.
- It’s OK to pass.
- All questions are good questions.
- Use correct terms.
- Listen when others are speaking.
- Classroom discussions are confidential.
- Speak for yourself.

⁷ Changes in Me: A Puberty and Adolescent Development Resource for Educators, Junior Grade Level, 2nd Edition, Peel Public Health, Healthy Sexuality Program, 905-799-770

⁸ <http://teachers.teachingsexualhealth.ca/teaching-tools/ground-rules/> - please make this a footnote for the above information

Encourage students to add to the ground rules with their own suggestions.

Other examples:

- No negative statements or comments, looks, groaning or making gestures. (Ask for examples of what these things might look like.)
- Protect people's privacy (e.g., questions about friends and family members should NOT include their names or identities. It's more considerate to say, "Someone I know had an acne problem. What causes that?" rather than "My sister had an acne problem ...")
- It's OK NOT to ask questions or share personal beliefs.
- It's OK NOT to answer a question. The teacher may choose to "pass" on a question if it is too personal or inappropriate for classroom discussion. You can also reframe the question to answer appropriately.
- Be considerate of other people's feelings.
- Don't share information if it's not yours to share—no gossip.
- Everyone is responsible for his/her own learning.

Consider incorporating this acronym for **GROUND RULES**:

- G** Giggling is OK. People have a variety of reactions to this topic; giggling is one of them.
- R** Respect what others say—no put downs.
- O** OK to pass and not answer a question.
- U** Understand others' feelings—be sensitive and respect their differences.
- N** No personal questions or stories from students or teachers.
- D** Discuss puberty and sexual health topics responsibly outside the classroom—be respectful.
- R** Remember—we all have questions that need answers.
- U** Use correct names for body parts; ask if you can't remember.
- L** Let the teacher know if you want to speak privately.
- E** Expect the teacher to respect your privacy and not repeat things you say, but remember that if someone has harmed you, the teacher is required by law to report it.
- S** Speak for yourself; use "I" statements and don't point at others.

Exercise: Students write the ground rules created by the class in the **student activity books**.

Display ground rules to review before each SHARE lesson.

Discuss Language Use. Students may use slang or baby talk in the classroom. Sometimes they are curious or don't know the term and sometimes the student is testing.

Use matter-of-fact, non-judgmental reframing of the slang/baby talk term with language from science references or dictionaries. Have commonly used terms visible and point them out when a student is struggling. Student questions for Question Box can use slang but the response should not.

ACTIVITY 2: WAYS TO COPE WITH STRESS (20 MIN)

Explain: Throughout SHARE, some topics may make some people feel embarrassed, nervous, anxious or stressed.

Puberty is a time of significant change and there may be some stress associated with physical and developmental changes. This is common. It is important to identify ways of coping with these changes to ensure good physical and emotional health.

Along with **physical changes**, there are a number of **emotional changes** associated with puberty. These can also cause stress and anxiety.

Brainstorm examples of what might cause a person stress.

List the **physical responses** to stress on the board or flip chart.

- Headache, stomach ache, loss of appetite, tiredness, inability to sleep, etc.

List the **emotional responses** to stress on the board or flip chart.

- Sadness, loneliness, anger, irritability, withdrawal, anxiety, etc.

Explain that all of us have feelings and sometimes we experience conflicting feelings at the same time. For example, something happens and we feel excited, confused and/or uncomfortable all at the same time.

It is important to be aware of our feelings and be able to identify them because feelings are often clues that something is wrong and needs to be fixed.

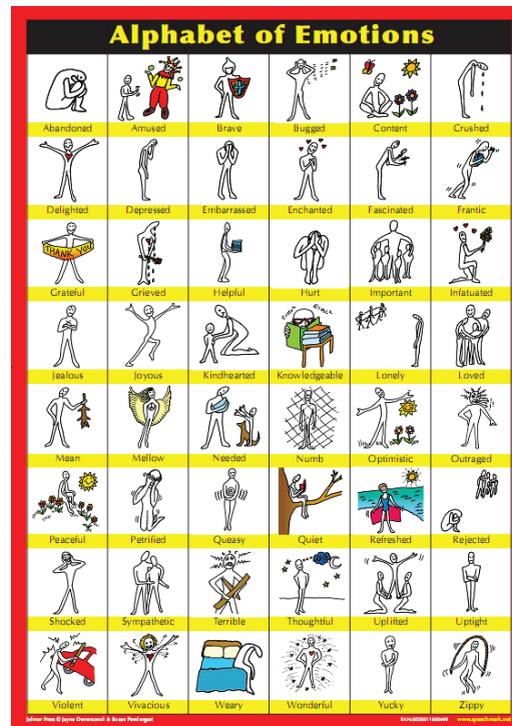
For example:

1. If I'm feeling angry with my brother or sister, it can be a clue that something may not be right in our relationship and that I need to deal with it and/or with that person.
2. If a friend looks sad, it is a clue that he or she may need help. It also tells you that it's not a good time, for example, to go tease them.

The first step is to know the words that describe our feelings so we can better understand ourselves in the situation and be more able to talk about it.

Display the Alphabet of Emotions chart or class poster.

Explain that students can use the Alphabet of Emotions to find words for their feelings throughout SHARE lessons.



Exercise: Students write down two feelings in their **activity books** that someone may have during SHARE. They can draw a picture of these feelings instead of writing them down, if they have time.

Write down **two feelings** that someone may have during SHARE. You can draw a picture of these feelings instead of writing them if you have time.

One feeling is ...

A second feeling is ...

Feelings Thermometer

Draw a picture of a large thermometer on the chalkboard or flip chart paper. Label it, Feelings Thermometer with levels of: 0 = calm/relaxed to 10 = very stressed.

Exercise: Students write the number that best describes how they feel right now in their **activity books**.

Ask for volunteers to share the number they picked.



10 - Stressed / Tense

5

0 - Relaxed / Calm

Explain: People feel stress in their bodies in different ways and in different places (butterflies in their stomach, sweaty palms, tension in their neck, and shoulders, etc.). These sensations are also known as body alerts.

Ask: *Where in your body do you feel stress?*

What are the sensations like?

Can you describe them?

Explain: that there probably will be things in the SHARE unit classes that will make students feel embarrassed, nervous or stressed. These feelings will probably make them go up on the Feelings Thermometer.

Ask: *What are some things that might make you go up on the Feelings Thermometer?*

Exercise: Have students write their responses in their **activity books**.

Ask: *How can using stress reduction skills bring you back down so you do not act out against others or yourself?*

What kinds of things could cause someone to move up to a higher number?

What ways do you have of bringing yourselves down to a lower number?

Brainstorm how to manage strong feelings, especially negative feelings.

Some examples might be:

- Practise MindUp breathing exercises (see below for detailed instructions)
- Go for a walk, or get some regular physical exercise like soccer, martial arts, swimming, etc.
- Connect with nature (e.g., take part in outdoor sports, sit in your backyard or by a tree, put a houseplant in your bedroom, cuddle with your dog or cat).

Explain: Everyone experiences stress in life. It is important to think about healthy ways to respond to and deal with stress and upset in our lives.

Brainstorm ways of dealing with stress under the headings HEALTHY and UNHEALTHY.

- Healthy ways: talk to someone you trust, cry, eat right, exercise, dance, take time to relax, be patient with mood swings, journal, ask for help, etc.
- Unhealthy ways: taking drugs or alcohol, sleeping too much, avoiding people for too long, violence, etc.

TEACHER NOTE: The Yukon Wake and Bake Supplemental Learning Resource for Grade 7 has many activities for building stress-reduction skills.

Exercise: Students choose two examples of stress reduction tools that they might use to cope with strong feelings.

Explain: Controlling our breathing through breathing exercises is an excellent tool to make yourself come down on the Feelings Thermometer.

Exercise: Demonstrate and practise the following breathing exercises with your class.

1. Belly Breathing

Explain: Belly breathing is a state of deep breathing that's controlled by a large muscle in our abdomen called the diaphragm. When you take air in through your nose, it travels into your lungs. If you take a shallow breath, only the chest cavity expands. But when you breathe in deeply, the diaphragm contracts and the belly and chest cavity expand.

Breathing deeply into our bellies is what our bodies do when we're in a state of total relaxation.

Belly breathing and the "fight or flight" response to stress or anxiety are mutually exclusive, meaning they can't occur together at the same time. When our bodies switch into "fight or flight" mode, we engage in shallow breathing. We're ready for battle. On the other hand, belly breathing reduces our heart rate and triggers a relaxation response. It slows us down.

Exercise: Practise belly breathing as a group.

Inhale Fully:

1. Place one hand on your chest and the other on your belly.
2. Close your mouth and breathe in slowly through your nose.
3. Feel your belly expand first and your chest expand second, like a big balloon.

Exhale Fully:

4. Open your mouth or keep it closed, and slowly breathe all of the air out of your lungs.
5. Feel your belly empty and your chest soften, like deflating a balloon.

2. MindUP Breathing⁹

Explain: MindUP Breathing uses belly breathing techniques to help you relax.

Exercise: Practise MindUP breathing as a group.

1. Sit down in a comfortable position.
2. I am going to invite you to be present in the moment. Close your eyes. If you are not comfortable closing your eyes, please look down at your palms to be respectful of others in the room.
3. When you hear the chime, listen to the sound as long as you can.
4. Ring chime...(wait approx. 15 seconds).
5. Bring your attention to your breath.
6. Wait 15-30 seconds.
7. If your mind wanders, that's ok, just bring your focus back to your breath.
8. Wait 15-30 seconds.
9. Feel your tummy rising and falling.
10. Wait 15-30 seconds.
11. When you hear the chime again, listen as long as you can. When you can't hear the sound any longer, slowly, gently open your eyes and look to the front of the room (ring chime and wait for the sound to finish).

⁹The Mind Up Curriculum is available in all Yukon Schools from Yukon Education. Hawn Foundation. (2011). Mind Up. New York: Scholastic Books.

3. Hissing Breath

Explain: Breathe in by the nose, expanding the belly and then the chest, and exhale out the mouth with a hissing sound—teeth gently connecting, lips slightly open, breathing out slow and long. Extending the exhale will allow kids to slow down their inner speed. When we connect students to their exhale it helps them learn to slow themselves down, mentally and physically.

4. Bunny Breath

Explain: Take three quick sniffs in the nose and one long exhale out the nose—like bunnies sniffing the air for other bunnies, carrots to eat or safety. This is good if students are very upset and can't find their breath because it will help them connect to their exhale.

Ask: *Why do people need to take deep breaths?*

Exercise: Students write one reason why people may want or need to take deep breaths.

ACTIVITY 3: WHO ARE YOUR TRUSTED ADULTS? (5 MIN)

Brainstorm: List some people students can talk to during puberty about the changes they are experiencing. Be sure to include parents, guardians, teachers, health professionals, friends, clergy, sports coaches and so on.

Exercise: Students write their own personal choices in the **student activity book**.

Encourage students to refer to this list in their **activity books** in future situations when they are experiencing stress.

Explain: Stress is a common part of life and we all experience it. It is important to identify healthy and constructive ways of dealing with stress, such as turning to people we trust for guidance and support.

Refer to the lists made in this lesson.

If something happens to you, and/or
you want to hurt yourself or someone else, please reach out.

Children and Family Services: (867) 667-3002

Kids help line: 1-800-668-6868 Website: kidshelpphone.ca

RCMP: (867) 667-5555 in Whitehorse. Outside of Whitehorse, dial your community prefix, plus "-5555". For example, in Dawson, you would dial 993-5555.

Yukon Sexual Health Info Line: 1-800-SEX-SENSE (1-800-739-7367)

811 – Yukon Nurses Line

ACTIVITY 4: INTRODUCING THE QUESTION BOX (10 MIN)

Explain: Many students will have lots of questions throughout SHARE.

Questions are always welcome but some questions might be too personal to ask in class, so there will be time to write anonymous questions at the end of each class.

These questions will be answered as we go through the unit.

Ask students to spend a few minutes thinking about some questions that came to mind during today's class.

Write some question roots on the board or flip chart:

"Is it true that ... ?"

"How do you know if ... ?"

"What do they mean by ... ?"

"Is it normal to ... ?"

"What causes ... ?"

"What should you do if ... ?"

Give each student a few slips of uniform size and colour paper and a pencil.

Everyone **writes at the same time** and the questions remain **anonymous** unless students would prefer to talk with you privately about their question.

Students **write** at least one question. If they can't think of a question, they can write one thing they learned today.

Write only one question on each slip of paper but it is OK to use as many slips as they like. Spelling or language use does not matter at this point.

Since you have established classroom rules around respectful behaviour, students should know that it is the expectation in order to create a safe space to talk about their questions.

Fold the slips of paper and deposit them in the Question Box. They will be answered next class.

TEACHER NOTE: Remember to use the Question Box at the end of each lesson. This way, students can ask difficult questions throughout the entire unit.

Alternatively, you might consider answering a few questions between activities. Or you might consider leaving the Question Box out completely and encourage students to ask questions as they occur to them.

If you have space in your classroom, post the ground rules and the Alphabet of Emotions poster for quick reference.

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

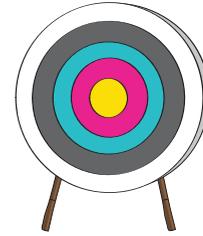
Step 1: Did you learn what counts for this lesson?

1. **I can...** identify the ground rules for SHARE.
2. **I can...** demonstrate appropriate language use.
3. **I can...** demonstrate how to calm strong feelings.
4. **I can...** identify at least one trusted person to talk to about my feelings.

YES/ NO/ KIND OF
YES/ NO/ KIND OF
YES/ NO/ KIND OF
YES/ NO/ KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 1

THUMB SCALE:

Ask students how they feel about the first lesson and the topics yet to come.

Thumbs up = good Thumbs sideways = OK Thumbs down = not good

Make a mental note, write down observations, give feedback.

THEME ONE: WHO AM I?

G
R
A
D
E
7

LESSON 2:
Knowing Your Own Values

“Today you are You, that is truer than true. There is no one alive who is Youer than You.”
~ Dr. Seuss

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

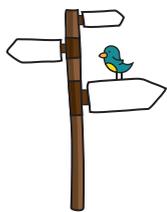
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify factors that influence healthy choices and explain their potential health effects <p>Social and community health</p> <ul style="list-style-type: none">Describe and apply strategies for developing and maintaining positive relationships <p>Mental well-being</p> <ul style="list-style-type: none">Describe and assess strategies for promoting mental well-being, for self and othersExplore the impact of transition and change on identities	<ul style="list-style-type: none">Influences of physical, emotional, and social changes on identities and relationships

TIMING: 60 MINUTES

OBJECTIVES:

- Learn about what values are through experiential activity.
- Explore personal values regarding relationships and sexuality.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Demonstrate an understanding of values
- Recognize their own values and reasons for having them
- Appreciate that people have different values for different reasons

RATIONALE:

An important aspect of knowing who you are, how you want to be engaged in relationships, and how to communicate your values and beliefs is knowing and understanding where you stand on things. This lesson helps students explore their own personal values and the values of others (about important things like sexual health).

It is powerful to be exposed to other points of view so that students can be better prepared to respond when their values and points of view are challenged. By exploring different values they may also be more open to changing their stand on things if it is right for them.

OUTLINE:

Introduction (10 min)

Activity 1: Values (15 min)

Activity 2: Values Voting (30 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

✓ \$20 bill, \$5 bill, a toonie, a quarter and a nickel

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Remind students of the Alphabet of Emotions chart and Feelings Thermometer.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 2.

ACTIVITY 1: VALUES¹⁰ (15 MIN)

Lay out on a table a \$20 bill, a \$5 bill, a toonie, a quarter and a nickel so all students can see them.

Ask for a volunteer.

Have the volunteer imagine that someone has given them the choice of any one of these bills or coins. Ask which they would choose.

Once they have made their choice, ask them to **explain why** they made that choice. Try to help them articulate that their choice was based on what had the most value.

Ask: *Why might you choose the paper over the metal?*

What makes the metal a better choice? Or vice versa?

Write the word value on the board.

Explain that in this situation, **value** refers to the monetary worth of the bill or coin.

Ask: *What else has value in our lives?*

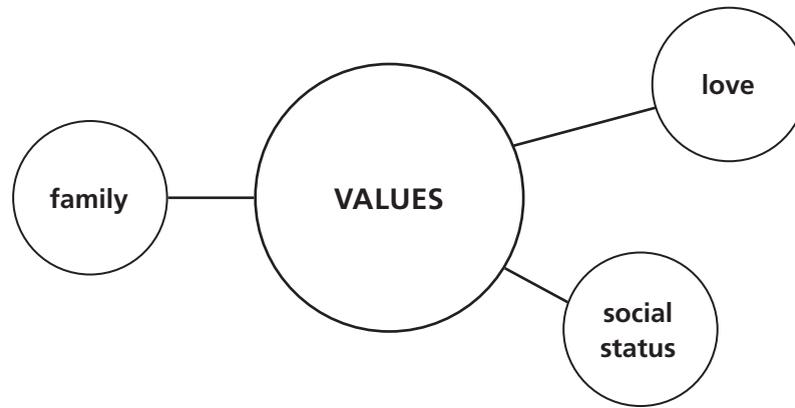
¹⁰ http://teensexualhealth.vch.ca/workshop_modules/values_decision_making_I_stage_II.htm , Adapted from Planned Parenthood Federation of Canada “Module 6: Relationships, Communication and Decision-Making,” Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education, <http://www.pafc.ca>

Exercise: Students write responses in their **student activity books** before sharing answers as a larger class.

If the group focuses on material objects, ask for examples of things they cannot see or hold.

Examples could be social status, academic success, talent, friendship, love, honesty, etc.

Write all the examples on the board in mind map format around the word “value.”



Explain that value can have several different meanings:

- Monetary worth of an object or item. Everyone understands a similar value because it's on the price tag or written on the bill.
- A personal assessment of how important certain beliefs, principles, ideas, morals, etc., are to someone. Values can be seen as the things that “just feel right” and guide behaviours. How important these things are to you shapes your values which, in turn, shapes your behaviour.
- Moral values are the concepts and principles a person uses to judge their decisions, a situation or a dilemma.
- Someone who values education may choose to do homework before doing something for fun. Someone who values spiritual beliefs may place priority on following their religion.

Ask: *Do these things (point to items on the board) have the exact same level of importance to all people?*

Why is that?

Where do our values come from? Family, friends, school, culture, religion, media, etc.

How does the amount of importance we give these things affect our behaviour and choices?

For example, if someone values education, how may that affect their behaviour?

Or, if someone values religious beliefs, how may that affect their behaviour?

What are other examples?

Exercise: Students make a values mind map in the **student activity book** of things that have value to them.

Ask: *How might knowing your values help you make the best choices possible with regards to romantic relationships and sexuality?*

ACTIVITY 2: VALUES VOTING¹¹ (30 MIN)

Exercise: This exercise is designed to explore students' personal values. The Values Chart in the **student activity book**, presents 17 value based statements, most of the statements are about relationships, dating and sexual behaviour. Read the value statements aloud to the students. Ask students to vote/choose whether they AGREE, are UNSURE, or DISAGREE with the statements, by placing a check mark under each category.

Activity 2: Values Voting

Read through the following values chart with your class. Vote/choose whether you AGREE, are UNSURE, or DISAGREE with each statement.

Value Statements	Agree	Unsure	Disagree
1. Seventh and eighth grades should be allowed to have parties at home without adult supervision.			
2. Most 13-year-olds are too young to "go out" with someone alone (no group and no adults).			
3. Someone who comes to school wearing sexy clothing is asking to be harassed.			
4. It's OK to make comments about people's body parts, unless they say they don't like it.			
5. Gay, lesbian and bisexual teenagers should be allowed to take their same-sex partners to school dances and other social functions.			
6. It's OK for two people of different ethnicities to date.			
7. When a girl is out with a guy, it's really up to her to make sure that things don't go too far sexually.			
8. Guys should only use condoms when they're having sex with someone who has had many sexual partners.			
9. It's irresponsible for a teenager to have sex without using protection against pregnancy and STIs.			
10. Talking someone into having sex before they are ready is taking unfair advantage of them.			
11. Having sex with someone who you don't really care about is wrong.			
12. A girl who carries condoms in her purse is probably "easy."			
13. Choosing not to have sex is the best choice for teenagers.			
14. If a guy and girl have sex and she gets pregnant, they should get married.			
15. Teenagers are too young to be good parents.			
16. There should be more restrictions on sexual images and language on the Internet.			
17. Teen fathers should be forced to pay child support.			

Ask/Debrief: How easy was it to vote on these values?

Which statements were the hardest for you? Why?

If your parents voted on these statements, would their votes be similar to, or different from, those of the group?

How many of you have ever talked to your parents about any of these issues?

What happens when your family's values are different from your own or your friends' values? Encourage students to discuss some of these value statements with their parents, caregivers or trusted adults.

What is one thing you learned about your own values from this activity? About the values in this class?

Explain: Understanding our values and what's important to us, even when they differ from the majority, is an integral part of decision-making and fostering healthy behaviour, including sexual behaviour.

¹¹ Adapted from Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education (2001, updated 2005), Planned Parenthood Federation of Canada, Values Voting lesson.

STUDENT SELF-ASSESSMENT AND QUESTION BOX (5 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

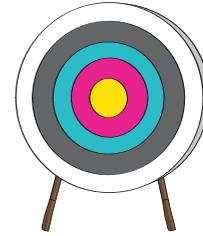
Step 1: Did you learn what counts for this lesson?

1. **I know...** what values are. **YES/NO/KIND OF**
2. **I know...** some of my own values and why I have them. **YES/NO/KIND OF**
3. **I can...** appreciate that others have different values for different reasons. **YES/NO/KIND OF**

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.

Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.



TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 2

STICKY NOTE:

At the end of the lesson, **hand out** sticky notes to students.

Ask students to write their names or initials and one value that they have.

Make a mental note, write down observations, give feedback.

THEME ONE: WHO AM I?

G
R
A
D
E
7

LESSON 3:
Gender Identity and Sexual
Orientation¹²

“It’s time we all see gender as a spectrum instead of two sets of opposing ideals.”
~ Emma Watson

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

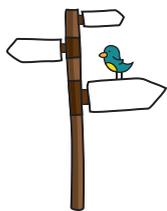
CURRICULAR COMPETENCIES	CONTENT
<p>Social and community health</p> <ul style="list-style-type: none">Describe and apply strategies for developing and maintaining positive relationships <p>Mental well-being</p> <ul style="list-style-type: none">Explore the impact of transition and change on identities	<ul style="list-style-type: none">Consequences of bullying, stereotyping, and discriminationInfluences of physical, emotional, and social changes on identities and relationships

TIMING: 100 MINUTES

OBJECTIVES:

- Learn about issues faced by people who are gay, lesbian, bisexual, trans and questioning (LGBTQ).
- Promote acceptance and respect for all people.

WHAT COUNTS (ASSESSMENT):



- Students will be able to:
- Outline the difference between biological sex and gender
 - Identify male and female stereotypes and know their own ideas of what is male and female
 - Appreciate how it might feel to be different, especially when it comes to gender identity and sexual orientation

¹² Adapted from Life Planning Education, © 1995, Advocates for Youth, Washington, DC. Reprinted from Creating Safe Space for GLBTQ Youth: A Toolkit, Girl’s Best Friend Foundation and Advocates for Youth, ©2005. Downloaded October 2013, at: http://www.advocatesforyouth.org/component/content/237?task=view*

RATIONALE:

Gender identity and sexual orientation are not specifically named in the Prescribed Learning Outcomes for this grade. At the time of this writing the British Columbia Ministry of Education is re-writing the PLO's for all grades K-12 curriculum.

In the meantime, in 2012 the Yukon Department of Education passed a Policy on Gender Identity and Sexual Orientation that indicates:

“The Department recognizes that students and school community members identifying as lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex, queer or questioning (LGBTQ) face a unique set of challenges within schools and communities, including being targets for discriminatory behaviours. All members of the school community share the responsibility for supporting students and staff in addressing and facing these challenges. Homophobic and gender-based comments, discrimination, and bullying are demeaning to all students, parents or guardians and employees regardless of their actual or perceived sexual orientation.

The Department will not permit or tolerate any homophobic behaviour or bullying, whether by commission or by failing to act to end such behaviour. Staff will respond to all incidents and provide support and assistance to those who are the intended or unintended targets of such behaviour.”

Gender identity and sexual orientation are a major source of bullying in Canadian schools. Young people need accurate information and an opportunity to discuss issues that may be difficult for them. As you lead these activities, remember that there are probably gay, lesbian, bisexual and questioning students in your class.

You will not know the sexual orientation of every participant, so be very sure to use inclusive and affirming language. For example, say “we,” “all people,” and “some people,” **not** “they” or “people like them.” Avoid using terminology like “guys” or “ladies.”

OUTLINE:

Introduction (10 min)

Activity 1: Gender and Sexual Orientation (40 min)

Activity 2: Breaking the Binary (30 min)

Activity 3: How it Feels to Be Different: Guided Imagery (15 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

√ Prep: An outline of the male and female body

√ Prep: Gender Game cards for each group (page 35 – photocopy and cut cards, one for each group – groups can also cut cards)

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Define the word **values** and name one example of how a value may influence behaviour.
- Remind students of the Emotions Alphabet (in the **student activity book** or the class poster) to help them describe their emotions.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 3.

ACTIVITY 1: GENDER AND SEXUAL ORIENTATION (40 MIN)

Explain: This lesson will give the opportunity for us to explore the topic of gender (expression and identity) and sexual orientation.

Ask: *What is the difference between biological sex and gender?*

Explain: **Biological sex** is the anatomy someone is born with, which is generally how a person is assigned male or female at birth.

Examples:

- Male = penis, testes, XY chromosomes.
- Female = vagina, ovaries XX chromosomes.

Explain: **Gender** is about what a society or culture says is masculine or feminine—the way men and women are expected to act (based on biological sex). A person's gender is made up of many different components, which include their **gender identity** and **gender expression**.

Gender Identity is a person's internal sense of being male, female, both of these, neither, or another gender(s). In other words how they feel about their gender. A person's gender identity may or may not align with their **biological sex**.

Examples:

- Male
- Female
- Trans – someone who identifies with a gender that is different from the one they were assigned at birth, all or part of the time.
- Two-spirit – a First Nations, Metis, or Inuit person who has a dual-gender identity, gender expression or gender role.
- Agender – someone who doesn't identify with any gender

Gender expression is the external appearance of one's gender identity, usually expressed through behaviour, clothing, haircut or voice, and may or may not conform to socially defined behaviours.

Ask: *What is sexual orientation?*

Explain: **Sexual orientation** is your feelings of sexual attraction towards others.

A person could identify as (definitions as per "Sexual Orientation and Gender Identity" Policy, Department of Education):

1. **Straight/Heterosexual** – a person who is sexually and emotionally attracted to people of the opposite sex
2. **Queer, Gay or Lesbian** – a person who is physically and emotionally attracted to someone of the same sex
3. **Bisexual** – a person who is attracted physically and emotionally to both males and females
4. **Two Spirit** – a First Nations person who has both a masculine and a feminine spirit; the term is used by some First Nations people to describe their sexual, gender and/or spiritual identity. Historically, in many Aboriginal cultures Two-Spirited persons were respected leaders and medicine people. Two-Spirited people were often accorded special status based upon their unique abilities to understand both male and female perspectives.

Other useful definitions:

Questioning – a person who is unsure of their sexual orientation or gender identity.

Asexual – someone who doesn't feel sexually or emotionally attracted to either sex.

Trans – used most often as an umbrella term to include the following: those whose gender identity, behaviour, or expression is different from their assigned sex; those whose gender changes at some point in their lives; those who identify as a gender outside the man/woman binary; those who have no gender or multiple genders; those who perform gender or play with it (e.g., in drag contexts); and others.

Transition – the process of changing one's gender expression. It may include any combination of coming out; changing one's dress, appearance, and mannerisms; changing one's name and/or pronouns; hormones; surgery; (MTF refers to a person who transitions from the "male" end of the spectrum towards the "female" end, while FTM refers to a person who transitions from the "female" end of the spectrum towards the "male" end).

LGBTQ is an acronym for Lesbian, Gay, Bisexual, Trans-gender, and Questioning. It is commonly used when referring to people who identify as any of these orientations.

If you need support, remember there are people you can talk to. In Yukon, the Department of Education has a "Gender Identity and Sexual Orientation policy" to protect students and teachers who are LGBTQ. In Yukon schools it is illegal to discriminate against an individual because of gender (see policy in Rationale on page 30).¹³

¹³ http://www.education.gov.yk.ca/pdf/policies/sexual_orientation_and_gender_identity_policy.pdf

Explain: Consider the numbers that you gave to each card as a gender law ranking.

Ask: *What might happen to a person who breaks a number 1 gender law versus a 2, 3, 4 or 5?*

*Why do the consequences get increasingly severe for any **gender offender**? (For example; being bullied, excluded or targeted for violence and discrimination).*

What is it called when a girl is told she cannot do the same jobs or activities that boys get to do? (Sexism)

What is it called when a boy is told he cannot wear girls' clothing? (Trans-phobia)

What is it called when a man is disliked because he has romantic feelings for another man? (Homophobia)

Write these three terms: Sexism, Trans-phobia, and Homophobia on the board or flip chart.

If we lived in a society without homophobia, sexism and trans-phobia the gender laws would fall away and those who break them would not face negative consequences.

For additional support/information on this topic, contact: www.egale.ca

Exercise: Students draw or write in their **activity books** about what the world would look like if the gender laws did not exist.

TEACHER NOTE: Do students' responses demonstrate critical thinking (i.e., an understanding of sexism, homophobia and trans-phobia)? Do students demonstrate a respectful attitude toward diversity?

Optional Exercise

Listen to the clip below for discussion and explore the website if time permits:

HATE:

<http://www.nativeyouthsexualhealth.com/youthphotoproject.html>

Note – this sound clip can be found on the SHARE memory stick.

Gender Game Cards

This person likes vanilla ice cream.	This person has long hair.	This person wears dresses.
This person has a tattoo.	This person plays the piano.	This person plays the harp.
This person plays drums.	This person loves hockey.	This person wants to kiss a man romantically.
This person wants to kiss a woman romantically.	This person wears make-up.	This person has short hair.
This person jogs.	This person wants to be an engineer.	This person is a mechanic.
This person stays home and raises the children.	This person cries when upset.	This person has a violent streak.
This person enjoys listening to music.	This person enjoys watching sports.	This person enjoys shopping.
This person exercises regularly.	This person wants children.	This person wears a tuxedo on formal occasions.
This person enjoys gossiping.	This person likes painting.	This person is easily scared.
This person believes in God.	This person enjoys physics.	This person wants to be a politician.
This person is a leader.	This person likes red.	This person likes pink.
This person enjoys physical activity.	This person is kind.	This person likes horror movies.

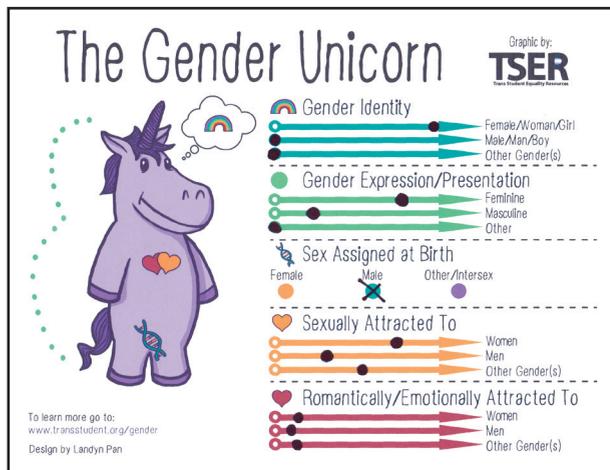
ACTIVITY 2: BREAKING THE BINARY (30 MIN)

Explain: It is helpful to think of the many aspects of gender and sexual orientation as continuum-like timelines, instead of black and white. Remember your gender identity, gender expression, and sexual orientation can change throughout your life.

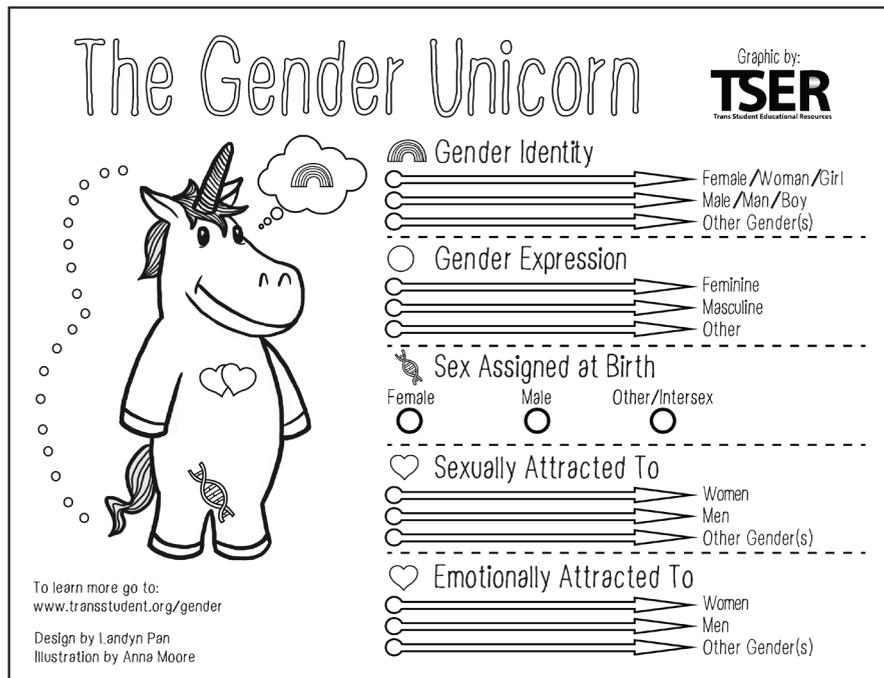
Exercise: Below is The Gender Unicorn, which has a set of continuums where students can chart their personal feelings about their:

1. **Gender identity** – internal sense of being male, female, both of these, neither, or another gender(s)
2. **Gender expression** – external appearance of one’s gender identity
3. **Biological sex/sex assigned at birth** – classification of people as male, female, etc.
4. **Sexual attraction** – attraction to others sexually
5. **Emotional attraction** – attraction to others emotionally

Sample of completed form



Note: Remind students that this is a private activity and they do not have to share their Gender Unicorn.



ACTIVITY 3: HOW IT FEELS TO BE DIFFERENT: GUIDED IMAGERY¹⁴ (15 MIN)

Without revealing the topic of the exercise, begin reading the guided imagery:

Please get comfortable. If you feel comfortable doing so, close your eyes as you sit or lay back. We will do this exercise in total silence. Take a deep breath and relax. Concentrate as I take you to a world very different from the one in which we live—a world in which you are straight, but everyone else is not. In this world, almost all of the teachers and students in your school are gay. All of your friends and family members are gay; most of the doctors, judges, politicians and world leaders are gay. Celebrities are all gay, as are all of the priests, rabbis, Sufis and imams. In this world, all of the books and television programs are about gay characters and marriage is legal only for gay couples.

Of course, there are some straight people, but they are ridiculed and whispered about. Clearly, there is something really weird about being straight. You have heard things like: straight people are sick; they are obsessed with sex. Programs on television sometimes explore the curious “straight lifestyle,” describing how straight people are always getting pregnant or infected with HIV. In these programs, straights are like the characters out of an old circus sideshow, exposed for their oddities. Your friends have told you that straight people are often child abusers and you have overheard your neighbour saying that straights are emotionally disturbed and have no morals.

Last year there was a big problem in your town because someone accused one of the teachers of being straight. Parents don't want straight people to teach their children so the teacher was fired, even though she insisted that she was gay. There are few, if any, protections for straight people. You have heard that straights can't lead scout troops and that straights can be fired from their jobs or kicked out of the military if people find out about them. There's even a story you heard last week about a kid who was kicked out of his own home because he told his dad he might be straight.

This is all very scary for you because you are beginning to think that you, too, might be straight. More than anything in the world, you want your parents to love you, to accept you as you are. What will they say if you tell them that you might be straight?! The thought of telling them—of telling anyone—makes you sick to your stomach. Who can you turn to? Your brothers talk nonstop about how cute the quarterback on the local football team is. Your sister has a crush on the latest supermodel. You wish you had a crush on someone of your own sex, but you don't! It's people of the opposite sex that attract you. No one in your family has these feelings. In fact, no one you know has them, so you continue to hide this scariest of secrets. Somewhere deep inside you understand that, if people found out who you really are, they would ridicule you. Worse yet—they might not love you anymore.

Sometimes you think that you have to tell someone about this secret. You spend hours thinking about whom to approach. You remember when you were a kid hearing one of your dad's tell nasty jokes about straights at the dinner table and everyone laughed. So, you can't tell your family. You remember your family's religious leader telling the congregation that being straight is unnatural and immoral and the whole congregation nodded in agreement. So telling the religious leader is definitely out. In health class you learned that it is common to feel physically and emotionally attracted to people of your same sex. No one talked about being attracted to someone of the opposite sex. You are sure that what you are feeling cannot be common and that no one can help you. Last week in math class, two of the popular athletes started taunting

¹⁴ Lesson Plan from Creating Safe Space for GLBTQ Youth: A Toolkit, Downloaded November 1, 2013, from <http://www.advocatesforyouth.org/component/content/238?task=view>

this shy kid and calling him “straight.” The teacher just ignored it. You heard her laugh the week before, however, when the kid in the second row called out in disgust that the poem the class was supposed to read for English was “so straight.”

All of this makes you feel isolated and afraid. You are unsure what to do. Where can you turn? Who can you talk to? You can’t talk about your feelings at home; your school feels unsafe; you don’t trust your friends to support you. Having this secret is a little like having a piranha inside—it keeps eating away at your self-esteem—so that after a while you hate how you feel and you hate yourself, too.

Ask students to sit up, open their eyes if they were closed, and reconnect with the group.

Participants turn to the person next to her/him and briefly discuss:

How do you think it would feel to live in such a world?

What would it feel like if you had to keep so many secrets about yourself?

What might those feelings lead a person to do if this were a real situation?

Do you think this happens in our city? School? Class?

Volunteers share their thoughts and feelings with the whole class.

Write responses on the board or flip chart.

Add checkmarks when other students offer the same or similar responses.

Expect to hear answers like: feeling angry, sad and isolated; dropping out of school; staying home from school; using alcohol and other drugs; breaking the rules; and feeling depressed.

Explain: While this situation is fictional, it mirrors the real world faced by many LGBTQ.

Because they are often understandably afraid to “come out” (reveal their sexual orientation) to others, LGBTQ teens are forced to keep many parts of their lives secret.

Sometimes keeping so many secrets leads to their dropping out of school, staying home from school, using alcohol and other drugs, running away, teen pregnancy, breaking the rules, etc., and even suicide. Say that, eventually, most LGBTQ adults and teens find ways to tell the people who are important to them and find friends who are supportive. The struggle to decide who is safe to tell lasts all of one’s life because there is so much ignorance, stigma and fear about homosexuality in our society.

Ask: *What were the first things you remember learning about homosexuality?*

Do you remember learning anything from your family? Friends? Community of faith?

Was what you learned positive or negative?

What movie or television character have you recently seen that is LGBTQ?

How has that affected your thinking?

How would it feel to need to hide something so basic as your gender or the sex of those to whom you are attracted?

How would that affect your life?

STUDENT SELF-ASSESSMENT AND QUESTION BOX (5 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn **what counts** for this lesson?

1. **I can ...** explain the difference between biological sex and gender.
2. **I can ...** identify male and female stereotypes and my own ideas of what is male and female.
3. **I can ...** appreciate how it might feel to be different, especially when it comes to gender identity and sexual orientation.

YES/NO/KIND OF

YES/NO/KIND OF

YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 3

STICKY NOTE:

At the end of the lesson, **hand out** sticky notes to students.

Ask students to write their names or initials and what the world would be like if there were no gender laws. Make a mental note, write down observations, give feedback.

THEME 2: RELATIONSHIPS

GRADE 7

LESSON 4: Assertive Communication¹⁵

“It’s not hard to make decisions when you know what your values are.”
~ Roy Disney

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

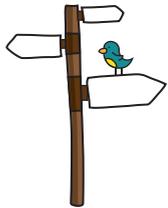
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify and apply strategies to pursue personal healthy-living goals <p>Social and community health</p> <ul style="list-style-type: none">Describe and assess strategies for responding to discrimination, stereotyping, and bullying	<ul style="list-style-type: none">Strategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settings

TIMING: 75 MINUTES

OBJECTIVES:

- Formulate an assertive request.
- Describe how it feels to risk rejection.
- Appreciate that, in risking rejection, one stands a chance of getting acceptance or resolution.
- Analyze how people often communicate in families and on television.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Define what it means to be assertive
- Understand why someone should use an assertive request
- Demonstrate the four steps to making an assertive request

RATIONALE:

This lesson focuses on teaching assertive communications skills, along with learning how to accept “no” gracefully.

Learning assertive communication will help students stand up for their own or other people’s rights in a calm and positive way, without being either aggressive, or passively accepting “wrong.” Assertive students are able to get their point across without upsetting others, or becoming upset themselves.

¹⁵ Adapted with permission from Public Health—Seattle and King County, Family Planning Program, © 1986, revised 2013, www.kingcounty.gov/health/flash

OUTLINE:

Introduction (10 min)

Activity 1: The Four Steps to Making an Assertive Request (45 min)

Activity 2: Communication Analysis (15 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS

✓ Prep Asking Game cards – two single-sided photocopies of each page cut into four parts; 32 slips of paper with the 16 different situations (see pages 45-48)

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Have students explain the difference between sex and gender.
 - Sex is anatomy and biology.
 - Gender is how you feel about or identify with being male or female, boy or girl.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 4.

ACTIVITY 1: THE FOUR STEPS TO MAKING AN ASSERTIVE REQUEST (45 MIN)

Explain: It can be difficult to communicate assertively and ask for what you want. However, if you don't ask, people will not know what you want. This activity is designed to help you ask assertive questions that are not aggressive or manipulative.

Explain the four steps involved in making an assertive request:

Step 1: State a fact or a feeling.

I feel _____ .
I heard that _____ .
You once said _____ .
I understand that _____ .
I get in trouble when you _____ .
I don't like it when you _____ .
It bothers me when you _____ .
I'm feeling _____ .

Step 2: Describe what you would like.

Be direct and specific.

I'd like it if you would _____ .
Would you _____ ?
Let's _____ .
Could I _____ ?
Could you _____ ?
Would it be OK if _____ ?
Would you mind _____ ?
May I _____ ?
I wish you would _____ .
How would you feel about _____ ?
I really wish you would _____ .
Why don't we _____ ?
How about if you _____ ?
Is that OK with you _____ ?
If the answer is, "No"...

Step 3: Ask for your second choice.

If the answer is still, "No"...

Step 4: Accept it gracefully.

Write the steps on a flip chart paper and post on the wall for future reference.

Example:

Jackie and Patrick are in the same class. Jackie doesn't feel like walking home from school. Patrick's father is giving him a ride home.

Step 1: State a fact or a feeling.

Jackie states a fact or feeling: "I heard that your father is going to pick you up this afternoon."

Step 2: Describe specifically what you would like.

Jackie asks specifically and directly for what she wants.

"Would you mind if I asked him for a lift as far as my house?"

SUPPOSE Patrick says, "I'd rather you didn't ask. He's in a hurry."

Step 3: Jackie asks for her second best choice.
“What if he dropped me at your house and I walked from there?”
SUPPOSE Patrick says, “I don’t think so, Jackie. Not today.”

Step 4: Jackie accepts “No” gracefully.
“OK, thanks anyway.”

Ask: Do you have trouble asking assertively for what you want?

Are you afraid you might get turned down?

Explain: Remember, if you don’t ask, people won’t know what you want—people can’t read your mind. If you ask in a manipulative or aggressive way, you will turn people off. To find a happy middle ground, we are now going to learn how to ask assertively.

Practise Scenarios: Asking Assertively For What You Want

Exercise: Working in pairs, come up with two scenarios where someone asks assertively for what they want. In scenario one, they do not receive what they want; in scenario two they receive what they want.

Scenario 1: “No”

Character 1: _____
Character 2: _____
Setting: _____

Step 1: State a fact or a feeling.

Step 2: Describe what you would like.
Be specific and direct.
They say, “No” ...

Step 3: Ask for your second choice.
They still say, “No” ...

Step 4: Accept it gracefully.

Scenario 2: “Yes”

Character 1: _____
Character 2: _____
Setting: _____

Step 1: State a fact or a feeling.

Step 2: Describe what you would like.
Be specific and direct.
They say, “Yes” ...skip step three and go to step 4

Step 3: Ask for your second choice.

Step 4: Accept it gracefully.

Play the Asking Game (20 Min)

Explain that the class will be playing The Asking Game. This is a NON-COMPETITIVE game.

Give each student a game card. You will have some extra cards left over unless there are 32 students.

Give the class four minutes to try filling in the blanks on their slips.

Ask a student volunteer to begin.

Volunteer reads the situation aloud and reads the assertive requests (1 & 2).

Whoever has the same situation reads the assertive request aloud and then asks for another situation reader to volunteer. Repeat until all scenarios have been read.

Collect cards when finished.

Asking Games Cards

1

You're at a birthday party with someone you like. You want to hold hands, but every time you reach over, they seem to move their hand a fraction of an inch away.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

2

You want your grandmother to give you a ride to your friend's house.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

3

Your mother tells you your father got a new job. You feel like giving him a hug. He walks into the room.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

4

You feel like holding your little brother in your lap and reading him a story.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

<p style="text-align: center;">5</p> <p>You would like to go to a basketball game with a certain group of friends who you don't know very well.</p> <p>Step 1: State a fact or feeling.</p> <p>_____</p> <p>_____</p> <p>Step 2: Ask directly for what you want.</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">6</p> <p>You would like to borrow your friend's bike to go to the store.</p> <p>Step 1: State a fact or feeling.</p> <p>_____</p> <p>_____</p> <p>Step 2: Ask directly for what you want.</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">7</p> <p>You're just off the phone from breaking up with your girlfriend or boyfriend. You feel awful and your older sister walks into the room.</p> <p>Step 1: State a fact or feeling.</p> <p>_____</p> <p>_____</p> <p>Step 2: Ask directly for what you want.</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">8</p> <p>You have been away because your mother was ill and you are behind on your homework. You'd like permission to turn in your book report a couple of days late.</p> <p>Step 1: State a fact or feeling.</p> <p>_____</p> <p>_____</p> <p>Step 2: Ask directly for what you want.</p> <p>_____</p> <p>_____</p>

9

You want your mother's boyfriend to help you with your math homework.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

10

You would like the other half of a sandwich your friend does not seem to want.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

11

You would like one of your classmates (who isn't really a "friend" yet) to come hang out at your house after school.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

12

You would like to earn money babysitting for your new neighbours.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

13

You would like your dad to give you money for a new pair of really stylish running shoes.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

14

You have been mowing your neighbour's lawn for two summers and you think you deserve a raise.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

15

You want to shoot baskets with your older brother and his friends.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

16

You want to cuddle up with your head in your mother's lap while you watch TV.

Step 1: State a fact or feeling.

Step 2: Ask directly for what you want.

ACTIVITY 2: COMMUNICATION ANALYSIS (15 MIN)

Exercise: Students brainstorm a list and examples of “assertive communication” examples from TV or social media and fill out the worksheet in their **activity books**. Alternatively, if possible, find YouTube clips of a show that would be a good example for the class to analyze together such as *Big Bang Theory* or *Modern Family*.

Activity 2: Communication Analysis

Brainstorm a list and examples of assertive communication examples from TV or social media and fill out the worksheet below.

Character/Show	Action or Statement	Kind of Behaviour
Claire (Modern Family)	Claire tells Phil, “I am having a rough day. I need you to make dinner for me.”	Assertive
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

STUDENT SELF-ASSESSMENT AND QUESTION BOX (5 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

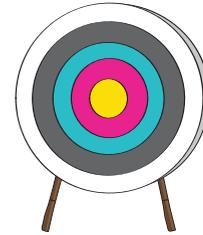
Step 1: Did you learn what counts for this lesson?

1. **I know ...** the meaning of being assertive.
2. **I know ...** why someone should use an assertive request.
3. **I know ...** the Four Steps to Making an Assertive Request.

YES/NO/KIND OF
YES/NO/KIND OF
YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 4

QUESTION AT THE DOOR:

Next time students line up, ask them to make an assertive request before they pass; e.g., tell them to ask you to...use the washroom, get a drink, eat a snack, go for a walk, etc.

Encourage them to use the four steps:

1. Statement
2. Specifics
3. Second choice
4. Accept NO

Make a mental note, write down observations, give feedback.

THEME 2: RELATIONSHIPS

GRADE 7

LESSON 5: Friendships and Peer Pressure

“To the world you may be one person; but to one person you may be the world.”

~ Dr. Seuss

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

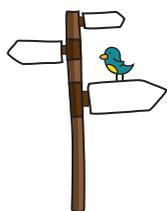
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify and apply strategies to pursue personal healthy-living goals <p>Social and community health</p> <ul style="list-style-type: none">Identify and describe strategies for avoiding and/or responding to potentially unsafe, abusive, or exploitive situationsDescribe and assess strategies for responding to discrimination, stereotyping, and bullyingDescribe and apply strategies for developing and maintaining positive relationships	<ul style="list-style-type: none">Strategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settingsConsequences of bullying, stereotyping, and discrimination

TIMING: 45 MINUTES

OBJECTIVES:

- Increase awareness of the role peer pressure plays in the lives of most teens.
- Describe the impact of peer pressure on teens.
- Build capacity to make decisions in one's own best interests.
- List the steps of the decision-making process.
- Apply the decision-making process to a peer pressure situation.
- Understand the difference between “good” and “bad” risks.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

1. Explain how peer pressure can be both good and bad
2. List the five steps in decision making
3. Understand that making decisions means taking either positive or negative risks

RATIONALE:

Even in the best of friendships there are issues and situations that challenge the relationship. One major issue that directs relationships in young people is peer pressure. Interestingly, recent surveys have shown that many young people do not perceive themselves as being pressured by peers. They see themselves as freely making their own decisions.

Taking this perception into account, students are lead through a series of exercises so that they can see the myriad of ways in which they themselves succumb to subtle pressures to behave like their peers.

OUTLINE:

Introduction (10 min)

Activity 1: Peer Pressure and Social Pressure (10 min)

Activity 2: Decision-Making: Being Clear with Your Friends (20 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

None

PROCEDURE:**INTRODUCTION (10 MIN)**

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Have students name the Four Steps of Assertive Communication.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 5.

ACTIVITY 1: PEER PRESSURE AND SOCIAL PRESSURE (10 MIN)

Brainstorm the concept of **peer pressure** as a class.

Explain: Peer pressure is more than just someone trying to get you to do something. Peer pressure comes from within—inside of ourselves, when we are trying to conform, be liked or fit in. Peer pressure can also be seen as social pressure when people want others to conform to society's wishes.

In life, there are positive peer pressures such as participating on a sports team when everyone is trying their best—pushing each other to do better or go farther.

Also, there are negative peer pressures like when someone is trying to get you to try smoking or break the law.

Exercise: Students write down an example of positive and negative peer pressure.

An example of positive peer pressure is: _____

An example of negative peer pressure is: _____

Divide students into pairs or small groups.

Discuss the following examples of social/peer pressure situations or make up your own¹⁶

- You and a bunch of your friends are going to a birthday party Saturday night and the new kid in the class is going to go with you. *What things can you suggest to help the new kid fit in at the party?*
- It's Monday morning and you are going to school. The new kid is going with you. *What things can you suggest to help the new kid fit in during the school day?*

ACTIVITY 2: DECISION-MAKING: BEING CLEAR WITH YOUR FRIENDS¹⁷ (20 MIN)

Ask: *Have you ever been in a situation where your friends were doing something but you weren't sure you wanted to participate?*

Can you give some examples?

How did you make your decision about whether or not to go along?

Exercise: Students write their responses in their **activity books**.

Explain: Decision-making can be difficult; to help make positive decisions you can follow a guide such as the "5 Decision-Making Steps."

¹⁶ Adapted from *Our Whole Lives: Sexuality Education for Grade 7–9*, Wilson, Pamela (1999), "Pressure in Action" scenarios, p. 140.

¹⁷ Adapted from *Our Whole Lives: Sexuality Education for Grade 7–9*, Wilson, Pamela (1999), Lesson "Thorny Issues in Relationships," pp 133–141.

Write and **read** the following **5 Decision-Making Steps** on a flip chart in the classroom (they are also written out in the student **activity book**):

1. Define the problem.
2. Identify your choices. Try to think of at least three choices.
3. What are the possible results or consequences of each choice? What will happen if you make each choice?
4. Consider the risks. Are there any dangerous risks? To find out, answer these questions:
 - Does it go against my personal or family values?
 - Could it harm my physical or emotional health or the safety of others?
 - Is it against the law?

Note: Risks can be good or bad. A good risk might mean meeting new people or trying a new skill or activity. These risks are a little scary because you might be rejected or fail, but help you grow.

If the answer to any of these questions is *yes*, it is probably a *bad risk*.

Describe the risks of the situation: _____

5. Make your decision.

Exercise: Conflict Scenarios¹⁸

Divide class into small groups. Each group chooses one conflict from the “Conflict Situations” in their **activity books**. Groups use the “**5 Decision-Making Steps**” to resolve their conflict and record their answers. Come together as a class to share and review.

1. Ashley’s parents expect her to come home directly from school each day. But today, Sarah wants Ashley to stop by her house after school. Some of the other kids are coming over and Sarah’s mother won’t be home. What should Ashley do?
2. Joseph has asked Michael if he can borrow his bike to go to soccer practice. Joseph is a friend that Michael just started hanging out with. Michael’s bike is brand new and he is a little worried that something might happen to it. What should Michael do?
3. 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?
4. Brian invited Evan to come over to his house after school to play with computers and spend time on the Internet. They discover a chat room and start some conversations that make Evan feel pretty uncomfortable. Evan is ready to move on to some other activity, but Brian seems to be really enjoying the chat room. What should Evan do?
5. Twelve-year-old Amy is out with her friend Cassidy, Cassidy’s boyfriend, Tony, and another friend, William. After a while, Cassidy and Tony start to kiss. William then starts kissing Amy. This feels pretty good to Amy. But then, William tries to get Amy to go into the bedroom. Amy says no, but her friend Cassidy tells Amy not to be so hard. What should Amy do?
6. Megan’s friend Jennifer found her mother’s cigarettes on the kitchen table. Jennifer took them and tells Megan to come and smoke one with her. Megan isn’t that interested because she thinks cigarettes stink and knows they are addictive, but she wants to support her best friend. What should Megan do?
7. Logan thinks he’s very cool. He hangs out with the older guys in his neighbourhood after school. Some of them do drugs. Today one of his friends, Daniel, passes him a joint. Logan doesn’t want to smoke it, but he also doesn’t want to look like a wuss to his friend. What should Logan do?

Explain: If you are in a situation where you need to make a decision quickly and don’t have time to think about the five decision-making steps, remember to always think about three things:

Decision-Making Summary

1. Think of all your choices/options
2. Think of the most likely results of each choice
3. Think of the risks involved with each choice

¹⁸ Adapted from *Our Whole Lives: Sexuality Education for Grade 7–9*, Wilson, Pamela (1999), Lesson “Thorny Issues in Relationships”—Conflict Situations, p 141.

STUDENT SELF-ASSESSMENT AND QUESTION BOX (5 MIN)

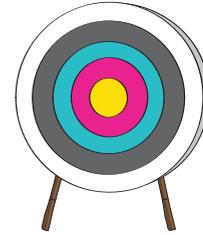
Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

1. **I know ...** the ways in which peer pressure can be good and bad. **YES/NO/KIND OF**
2. **I know ...** the five steps in decision-making. **YES/NO/KIND OF**
3. **I know ...** making decisions means taking risks. **YES/NO/KIND OF**

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 5

CIRCULATE AND OBSERVE:

1. Which students are having an easy or hard time participating with their peers during the activity?
2. Are students able to use the Five Steps in Decision-Making toward their conflict situation?

Make a mental note, write down observations, give feedback.

THEME 2: RELATIONSHIPS

GRADE 7

LESSON 6: Affection and Boundaries¹⁹

“I respect my boundaries, and I insist that other respect them, too.”
~ Louise Hay

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

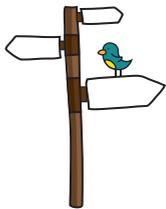
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify and apply strategies to pursue personal healthy-living goals <p>Social and community health</p> <ul style="list-style-type: none">Identify and describe strategies for avoiding and/or responding to potentially unsafe, abusive, or exploitive situationsDescribe and apply strategies for developing and maintaining positive relationships <p>Mental well-being</p> <ul style="list-style-type: none">Describe and assess strategies for promoting mental well-being, for self and othersCreate and assess strategies for managing physical, emotional, and social changes during puberty and adolescence	<ul style="list-style-type: none">Sources of health informationBasic principles for responding to emergencies, basic principles includeStrategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settingsInfluences of physical, emotional, and social changes on identities and relationships

TIMING: 85 MINUTES

OBJECTIVES:

- Learn ways of showing affection without involving risky sexual encounters.
- Discuss the importance of a physical affection continuum.
- Understand the risks of sexual encounters (STIs, pregnancy, social/emotional, etc.).
- Learn what sexual limits are, how these limits relate to personal values, and how it feels when these limits are respected or invaded.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Describe various ways to express affection across the physical affection continuum
- Define consent according to Canadian law
- Identify ways to communicate or ascertain consent

¹⁹ Adapted from Skills for Health Relationships—Student Manual, 1998, Government of the Northwest Territories, Department of Education, retrieved on November 3, 2013, from: <http://www.ece.gov.nt.ca/early-childhood-and-school-services/school-services/curriculum-k-12/health>, Activity 2 & 3: Adapted from “Affection is In” lesson with “Physical Affection Funnel,” pp 55–59.

RATIONALE:

Affection and touch are important parts of a healthy relationship. Humans, from infancy through adulthood, need the comfort of human touch; it feels good to be touched by someone we like or love. Showing physical affection for someone close to us tells that person he or she is special to us.

There is a wide range of ways to show physical affection without having sex—ways that avoid the physical, emotional, mental and social risks (e.g., contracting an STI, unintended pregnancy, sexual violence) that come with being sexually active.

This lesson teaches students about ways to show physical affection that can keep you safe. If students choose to be physically affectionate, this exercise introduces the importance of sexual decision-making, while defining consent according to Canadian law.

OUTLINE:

Introduction (10 min)

Activity 1: Affection Is... (15 min)

Activity 2: Physical Affection Funnel (15 min)

Activity 3: Sexual Decision-Making and Consent (15 min)

Activity 4: Defining Consent and the Law (25 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS

✓ Make one large copy of the “Affection Is...” heart. Or draw on flip chart paper (see page 59)

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Give two examples of good social pressure.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Explain: Most people enjoy showing affection to people they like and care about. This lesson is about ways to show affection that fit within our personal boundaries.

If we choose to be physically affectionate in romantic relationships, we must first learn about and develop personal boundaries. We must then clearly communicate those boundaries to others.

Read “What Counts?” with students in preparation for Lesson 6.

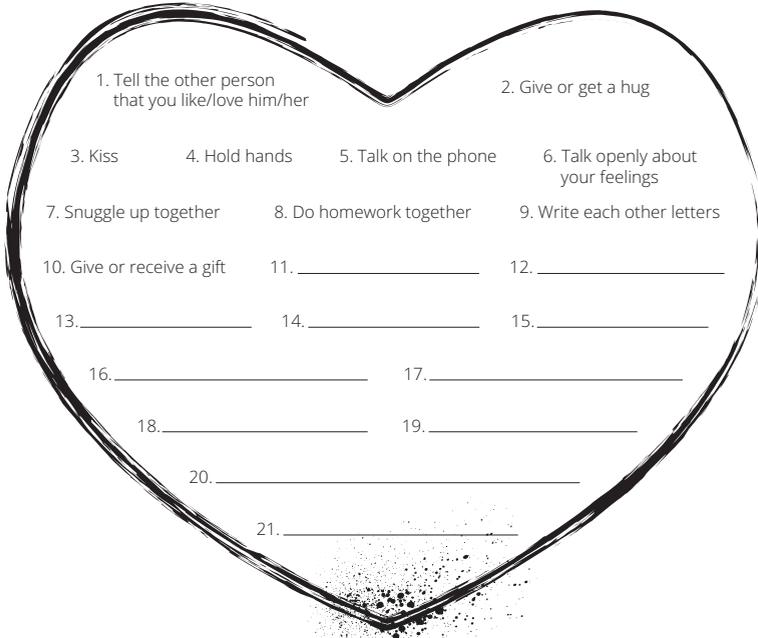
ACTIVITY 1: AFFECTION IS...²⁰ (15 MIN)

Explain: Students from other schools came up with a list of ways to show affection and wrote them down in the “Affection is...” heart.

Exercise: Students work in groups to come up with more ways to show affection and fill out the “Affection is...” heart, in their **activity book**. Once students are complete, write down their ideas in a large “Affection is...Class Heart” (also found in the **student activity books**).

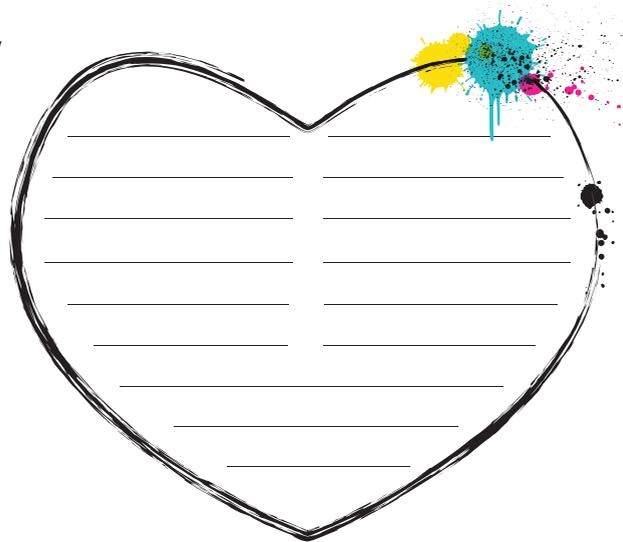
Activity 1: Affection Is...

Working in a group, come up with ways to show affection and fill in the “Affection is...” heart.



1. Tell the other person that you like/love him/her
2. Give or get a hug
3. Kiss
4. Hold hands
5. Talk on the phone
6. Talk openly about your feelings
7. Snuggle up together
8. Do homework together
9. Write each other letters
10. Give or receive a gift
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____

“Affection is...Class Heart”



²⁰ Adapted from lesson “Affection is In” from Skills for Health Relationships—Student Manual, 1998, Government of the Northwest Territories, Department of Education, pp 55–59.

ACTIVITY 2: PHYSICAL AFFECTION FUNNEL (15 MIN)

Explain: Let's now talk about types of physical affection or touch that are very close and could be considered sensual or sexual. For this activity, we are going to use a broad definition of "sex" which means any activity that is meant to fulfill sexual desires or urges.

Exercise: Students decide where on the Physical Affection Funnel the behaviours, listed, could be placed and write them in their **activity books**:

- hugging (Line #2)
- body rubbing with no clothes (Line #6)
- deep (wet) kissing (Line #4)
- dry kissing (Line #3)
- holding hands (Line #1)
- touching breasts and/or genitals on top of clothes (Line #5)

Ask: Can anyone name what types of touch are considered sexual?

Explain: Types of sexual activity that are meant to fulfill sexual desires includes a range of activities that fall under digital (fingers on/in genitals), oral (mouth on genitals), genitals touching, vaginal and anal intercourse.

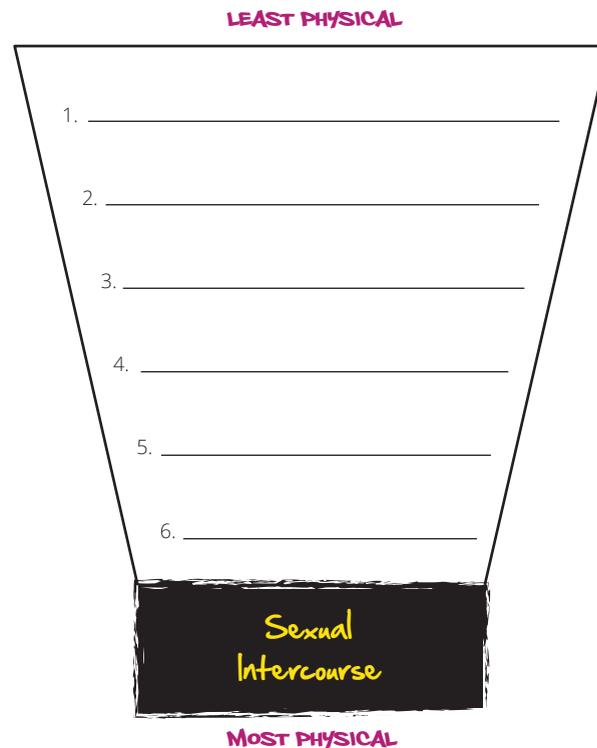
We can see from the Physical Affection Funnel how one type of touch can lead to another and to another, which can be very arousing.

When we get aroused, we can lose control of our emotions and our thoughts and sometimes we do or say things we regret.

Activity 2: Physical Affection Funnel

Decide where on the Physical Affection Funnel you would place each of the following behaviours and write them on the lines provided:

- hugging
- body rubbing with no clothes
- deep (wet) kissing
- dry kissing
- holding hands
- touching breasts and/or genitals on top of clothes



Ask: The last time you got really angry, what happened?

Did you do or say something you regretted later?

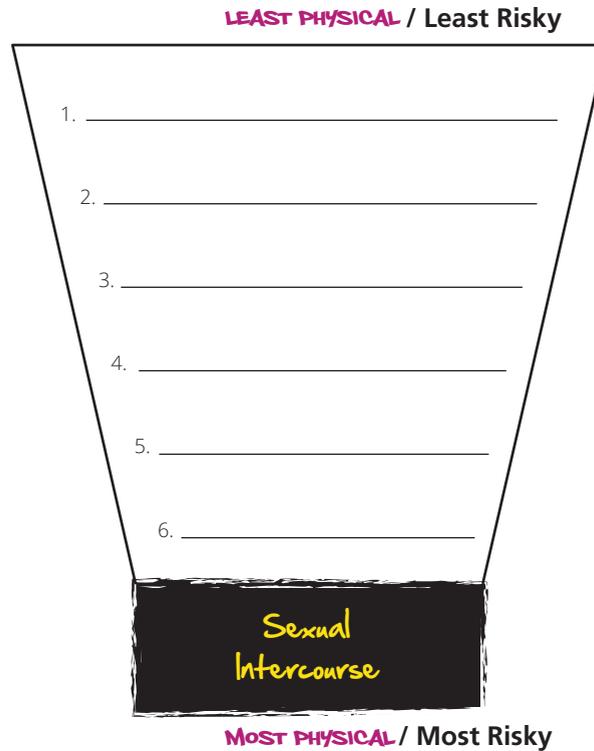
Can you think of a situation where someone you know lost control of his/her emotions?

Explain: The more physically involved we get with someone, the greater the chance of getting “carried away” and having this lead to unwanted sexual activity. Knowing your boundaries and practising refusal skills can help you avoid activities you may not feel ready for.

Write next to the “Physical Affection Funnel” the title “Sexual Risk Funnel”.

Write next to “Least Physical” the title “LEAST RISKY” and next to “Most Physical” the title “MOST RISKY”

Physical Affection Funnel / Sexual Risk Funnel



Explain: Negotiating safe ways to express affection without being risky can be difficult. It is key to talk about your limits before engaging in any physical affection.

Ask: *Why is it hard to stop as you get further down the funnel?*

Would it be easy to go back up the funnel to a safer activity? Why or why not?

Who should decide where the limit is? (Whoever’s limit is closer to the top of the funnel.)

When should the limit be decided? (Before you start cuddling, kissing, etc.)

ACTIVITY 3: SEXUAL DECISION-MAKING AND CONSENT (15 MIN)

Brainstorm: What steps need to be taken in order to get a driver's licence?

- Reach legal age to drive
- Study for learner's permit
- Pass the knowledge test
- Practise driving with a co-driver
- Maybe take a driver's ed course
- Log driving hours
- Take road test
- Etc.

Exercise: Students write brainstorm notes down in their **activity books**.

Connect: Use students' answers to draw similarities to learning about sexual health and consent. For example:

- Seat belt/condoms
- Road rules/Age of consent
- Driver's ed class/sex ed class
- Co-driver/support system
- Learner's manual/books and website
- Parts of the car/anatomy
- Etc.

Factors to include when making connections to sexual decision-making:

- Familiarity with laws around sex and consent
- Understanding sexual and reproductive anatomy (of self and partner)
- Understanding conception, STIs and contraception
- Knowing your physical, emotional, spiritual, and social values
- A partner with whom you feel safe and comfortable
- STI protection/contraception
- How to access a youth clinic or health care provider
- An adult you can trust and/or other support
- Discussing practice and expectations for partnered sexual activity
- Etc.

Emphasize the importance of knowing and being true to one's physical, emotional, spiritual, and social values, or system of beliefs. Remind students that 'wanting to' and 'feeling ready' happen at different times for everyone.

Exercise: Students write similarities in their **activity books**.

ACTIVITY 4: DEFINING CONSENT AND THE LAW (25 MIN)

Ask students to define consent (saying ‘yes’ to a request or offer).

Expand on this definition to include the concept of enthusiastic consent: a ‘yes’ which is clear, and where all indications are consistent (verbal, emotional, physical, etc.) and the agreement is active, rather than passive. A tentative “yeah, I guess...” may be viewed by some as verbal consent, but it certainly isn’t enthusiastic.

Explain that consenting or seeking consent can feel tricky or challenging, particularly if folks are inexperienced with these types of conversations, haven’t had many role models, or opportunities to practise conversations about sex. Consent needn’t be as blunt as, “Would you like to have sex?” Let students know that they will learn more about ways to ask for consent later in the lesson.

Explain the basic legal principles of consent in Canada.

- 16 is the age of consent
- 14-15 year olds have the capacity to consent to sex, as long as their partner is less than 5 years older
- 12-13 year olds have the capacity to consent to sex, as long as their partner is less than 2 years older
- No one under the age of 12 can consent to sexual contact
- Folks must be at least 18 to consent to exploitative sex, namely: sex with someone in a position of power, sex work, or appearing in graphic or sexual photos or film

Explain some additional legal principles, not related to age:

- Consent may be withdrawn at any time, for any reason
- People cannot give consent when they are drunk or high
- Consent must be freely given (not under force, threats, or tricks)

In addition to the legal reasons, discuss why consent is important:

- Expressing our desires is empowering
- Connecting and talking during sex builds intimacy and closeness

Exercise student write response in their **activity books**.

Exercise: Clear Communication – “May I blank your blank?” (20 min)

Give each student three coloured (pink, blue, green) index cards or Post-It notes.

- On the pink cards, instruct students to write a May I... phrase (e.g., Can we..., Do you think I could..., Would it be OK if I..., How ‘bout we..., etc.);
- On the blue card ask them to write a verb (e.g., eat);
- On the green cards ask them to list a noun (e.g., pie).

Ask students to stand and quickly find a partner—no need to choose carefully, as they’ll be changing partners quickly. Take turns looking each other in the eye, and read the cards in pink, blue, green order. Once they’ve finished, ask them to trade the blue cards, then quickly find another partner and deliver their new phrase.

Trade green cards, new partner, new phrase, etc. Continue the exercise for several rounds, as long as they are still enjoying the activity, and then ask them to take their seats.

Ask: How did it feel to look someone in the eye and ask for something directly? Vulnerable? Confident?

What was the funniest phrase you had to use?

Which phrase made you the most uncomfortable? Did you ask differently?

Explain: Being assertive and asking for what we need and want takes practise and skills. Some things to keep in mind when communicating about boundaries or consent:

- Use “I” statements, like “I need...” or “I feel...”
- Make eye contact
- Hear partner’s feelings
- Watch “sorrys” (we don’t need to apologize for what we need!)
- Sandwiching (i.e., “I think you’re a babe, I’m not going to sleep over tonight, and I think we should hang out again real soon”)
- Use “and” instead of “but” to link statements
- Take a few deep breaths before and after

STUDENT SELF-ASSESSMENT AND QUESTION BOX (5 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

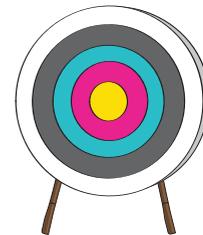
1. **I can** ... describe various ways to express affection across the physical affection continuum.
2. **I can** ... define consent, according to Canadian law.
3. **I can** ... identify ways to communicate or ascertain consent.

YES/NO/KIND OF
YES/NO/KIND OF
YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.

Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.



TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 6

CIRCULATE AND OBSERVE:

1. Which students are having an easy or hard time participating with their peers during the activities?
2. Are students able to generate appropriate ideas for Affection Is In and the Physical Affection Funnel?

Make a mental note, write down observations, give feedback.

THEME 2: RELATIONSHIPS

GRADE 7

LESSON 7: Values and Sexual Decision-Making²¹

“When your values are clear to you, making decisions becomes easier.”
~ Roy E. Disney

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

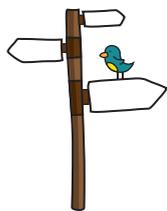
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify factors that influence healthy choices and explain their potential health effectsIdentify and apply strategies to pursue personal healthy-living goalsReflect on outcomes of personal healthy-living goals and assess strategies used <p>Social and community health</p> <ul style="list-style-type: none">Describe and assess strategies for responding to discrimination, stereotyping, and bullyingDescribe and apply strategies for developing and maintaining positive relationships <p>Mental well-being</p> <ul style="list-style-type: none">Describe and assess strategies for promoting mental well-being, for self and othersCreate and assess strategies for managing physical, emotional, and social changes during puberty and adolescenceExplore the impact of transition and change on identities	<ul style="list-style-type: none">Strategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settingsInfluences of physical, emotional, and social changes on identities and relationships

TIMING: 60 MINUTES

OBJECTIVES:

- Understand what values are, how people develop their values, and why values are important.
- Articulate core values in regard to relationships and sexuality.
- Expand emotional vocabulary and self-awareness.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Determine personal values in relationships and in sexuality
- Appreciate and respect that people have different sexual values for different reasons
- Explain how the Values Based Decision-Making Framework works with one's values and sexual decisions

²¹ Adapted from “Relationships, Communication and Decision-Making” exercise from Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education (2001), Planned Parenthood Federation of Canada.

RATIONALE

These activities are meant to help students uncover what matters most to them about relationships and sexuality and the reasons why.

When it comes to sexuality, the decisions people make can have significant outcomes on health and wellness, such as life-long STIs, infertility, unintended pregnancies, etc. Opportunities for teens to gain a better understanding of themselves, their values and sexual limits, coupled with models for making value-based decisions, can increase their ability to make healthy choices.

OUTLINE:

Introduction (10 min)

Activity 1: What I Value in Relationships (15 min)

Activity 2: Values and Sexuality (15 min)

Activity 3: Developing a Values Based Decision-Making Framework (15 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

None

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Give three non-sexual ways to express affection.
- Define sexual consent according to Canadian law.
- What are “sexual limits?” Why are they important to have?
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 7.

ACTIVITY 1: WHAT I VALUE IN RELATIONSHIPS (15 MIN)

Explain: All too often, sexual decisions are made in the heat of the moment. Taking the time to think about who we are as a person and what's right for us can help us make the best choices possible. Understanding our values and being able to make value-based decisions is good for all people, whether they are sexually active or not. Choosing when and with whom to initiate romantic and sexual relationships is a very important decision.

People have **values** about all sorts of things.

1. Values help us decide priorities and what is important about life, including relationships.
2. Values can serve as a personal guidance system (like a GPS locator!) for making healthy decisions we can be happy with.
 - Values are a personal thing and are not considered right or wrong. Everyone has their own set of values. Sometimes it can be hard to respect another person's values but some values that we, as a society, have agreed upon are written into our **laws**.

Ask: What values does our Canadian culture maintain as important? Freedom, diversity, humanitarianism, democracy, care of environment, etc.

Explain: Articulating values is not an easy task. Most often, we learn our values in very subtle ways. No one says: "Hey you, listen up. This is a value I want you to learn and adopt."

Many times we may not have a clear idea of what we think or value until a situation leaves us feeling confused, uncomfortable or hurt.

Ask: What is a relationship?

Explain: A **relationship** is simply having a connection to another person and is not always about romantic or sexual interests. People have lots of different kinds of relationships involving friends, family, teachers, etc.

Ask: *What do you value in a relationship?*

Exercise: Students individually complete the "What I Value in Relationships" activity in the **student activity book**.

Discuss: Students volunteer sharing some of the qualities valued in relationships. Teacher shares as well.

Ask: *What could people be doing or saying to express these qualities?*

Activity 1: What I Value in Relationships

Write down the name of people you are in a relationship with (friends, siblings, teachers, parents, etc.). Detail the qualities that you like about the relationship, the qualities you don't like about the relationship, and what this tells you about the qualities you value in a relationship.

The name of a person you have a relationship with	The qualities you like about this relationship	The qualities you don't like about this relationship	What this tells you about the qualities you value in relationships

ACTIVITY 2: VALUES AND SEXUALITY (15 MIN)

Exercise: In their **activity book**, students write the values of their family, friends, religion, and media; next they determine how these values influence their own.

Activity 2: Values and Sexuality

Write down the sexuality values of your family, friends, religion, and media in each category. How do these values influence your values?

	The right time to first have sex?	Who should have sex?	What sex means?	Safer sex?
Your Family				
Your Friends				
Your Religion				
The Media				
My Values				

Ask: *What did you notice about the values of the different people in your life?*

Are all values the same?

What did you learn about your own values? Other people's?

Did you always place the same importance on the same values as other people?

How can you apply what you've learned to your everyday life?

ACTIVITY 3: DEVELOPING A VALUES-BASED DECISION-MAKING FRAMEWORK (15 MIN)

Ask: Why is it useful to have a model when making decisions?

Explain: Romantic relationships are often emotionally charged and somewhat confusing. There is so much going on that it's hard to know what to do.

There's a saying that "love is blind," which means people can get so caught up in feeling good about being in a relationship that they forget to think logically. This can make it hard to know what the right decision is.

Having a **model** helps us keep our feet on the ground when making important decisions. This is especially true when the model helps us stay connected to our values and sexual limits.

Our values, sexual limits and feelings can be used to measure how comfortable we are with a situation and whether it fits within our sexual limits and value system or not.

Draw The Values-Based Decision-Making Framework on the board or flip chart – it can also be found in the **student activity book**.

Explain: The Values Based Decision-Making Framework gives you a green, yellow or red depending on the riskiness of the decision or activity.

Ask: *What might it feel like when our relationships and sexual behaviours match our sexual limits and values?*

Green

What might it feel like when we're not sure?

Yellow

What might it feel like when things are crossing our limits?

Red

How might it feel when our partner respects our sexual limits?

Green

How might it feel when our partner doesn't respect our sexual limits?

Red

Do you think our personal traffic light changes depending on the person?

What are some external factors that might make it hard for someone to make the kinds of decisions they know are best?

How can knowing your values and sexual limits help you make healthy decisions?

Explain: Everyone has different sexual limits. It is important to **check in with your partner** about their sexual limits and **respect** their decisions, as well as your own.

Activity 3: Developing Values-Based Decision-making Framework

Use the Values-Based Decision-Making Framework as a reference during the class discussion.

Values-Based Decision-Making Framework

The Values-Based Decision-Making Framework gives you a green, yellow or red depending on the riskiness of the decision or activity.

You Feel:	Respected Comfortable Safe Happy Confident Trusting	Guilty Uncertain Stressed Confused Upset Uncomfortable	Afraid Threatened Ashamed Fearful Controlled
How It Fits With Your Sexual Limits and Values	In line	Not sure	Violates
Decision-Making Traffic Sign	Green Light—GO	Yellow Light—Proceed with CAUTION	Red Light—STOP

STUDENT SELF-ASSESSMENT AND QUESTION BOX (5 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

1. **I know ...** my personal values in relationships and in sexuality.
2. **I can ...** appreciate and respect that people have different sexual values for different reasons.
3. **I know ...** how the Values-Based Decision-Making Framework works with my values and sexual decisions.

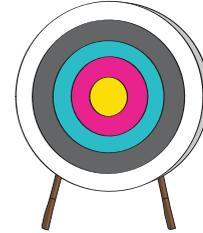
YES/NO/KIND OF

YES/NO/KIND OF

YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 7

STICKY NOTE:

1. At the end of the lesson, hand out a sticky note to each student.
2. Students write down a feeling word or draw a facial expression someone might have if something happened that DID NOT fit with their sexual limits and values.

Make a mental note, write down observations, give feedback.

THEME 2: RELATIONSHIPS

GRADE 7

LESSON 8: Types of Abuse²²

“It is easier to build strong children than to repair broken adults.”
~ Frederick Douglass

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

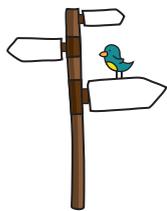
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Describe the impacts of personal choices on health and well-beingIdentify, apply, and reflect on strategies used to pursue personal healthy-living goals <p>Social and community health</p> <ul style="list-style-type: none">Describe and apply strategies that promote a safe and caring environment <p>Mental well-being</p> <ul style="list-style-type: none">Explore and describe strategies for managing physical, emotional, and social changes during puberty and adolescence	<ul style="list-style-type: none">Sources of health informationPhysical, emotional, and social changes that occur during puberty, including those involving sexuality and sexual identity, and changes to relationships

TIMING: 60 MINUTES

OBJECTIVES:

- Determine the signs, methods and consequences of the four types of abuse.
- Identify support people an abused person can access for help.
- Describe what an abused person can do to disclose the abuse.
- Understand the impact of abuse on an abused person.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Define abuse.
- Name the four different types of abuse.
- Understand what to do after abuse happens, who to tell, and how to support a friend who may have been abused.

²² Adapted from Alberta Health Services, 2013, teachingsexualhealth.ca, Grade 8, Lesson 1 “Abuse.”

RATIONALE:

Knowledge of abuse can empower people who are in abusive situations to recognize their need to get help. Others can use this information to help themselves or friends in abusive situations to get help. This lesson focuses on identifying various types of abuse, signs of abuse, the impact of abuse and ways to cope with abuse.

Addressing the topic of abuse may cause some students to be distressed or show signs they are, or have been, somehow involved in an abusive situation. Dealing with controversial issues encourages students to examine their own beliefs and experiences. Teachers need to act with sensitivity and discretion when handling individual student information that is sensitive or that could cause embarrassment or distress to the student or family. Respect confidentiality and anticipate where discussions will lead in order to protect students from revealing inappropriate personal information. Follow through with reporting if an abusive situation comes to light.

TEACHER NOTE: Before starting these lessons it is recommended teachers advise school counsellors so they are prepared for possible disclosures of abuse. Ensure your students understand that disclosures of abuse cannot be kept confidential. Disclosures will result in the immediate aid to the student who is, or has been, abused.

Please refer to Department of Education Policy 9.11: Mandatory Reporting of Suspected Child Abuse or Neglect—Staff Responsibilities

OUTLINE:

Introduction (10 min)

Activity 1: Types of Abuse (20 min)

Activity 2: Scenarios: Is It Abuse? (25 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

None

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Reflect on your personal values in a relationship.
- Describe how the decision-making framework can be used.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 8.

ACTIVITY 1: TYPES OF ABUSE (20 MIN)²³

Explain: In this lesson, we will be talking about the various types of abuse and how to cope with it if it happens to you or someone you are close to.

This information is also helpful for any person to be able to recognize negative behaviours in one's self or in people they know, and to learn how to get support to change for the better.

Brainstorm: As a class, brainstorm various types of abuse. Write the answers up on the board.

Explain that this lesson focuses on the following four types of abuse:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse, including sexual coercion and exploitation
4. Neglect

On the board draw the following chart and ask students to define each type of abuse:

1 Physical Abuse	2 Emotional Abuse	3 Sexual Abuse	4 Neglect

Explain

1. Physical abuse

- Any act that results in a trauma or injury to any part of a child's body (hitting, burning or shaking)
- It may happen once or many times

2. Emotional abuse

- An attack on a child's self-concept and self-worth
- It is a pattern of ongoing behaviour that interferes with health development
- May take various forms including:
 - verbal attacks, threats, humiliation, unrealistic expectations, rejection, inappropriate accusations
 - corruption (allowing a child to use alcohol or drugs, participate in criminal activity)
 - being ignored, isolated or restrained
 - exposure to violence or severe conflict
 - chronic exposure to alcohol/drug abuse

²³ <http://teachers.teachingsexualhealth.ca/wp-content/uploads/Grade-8-Abuse-Lesson-11.pdf>

3. Sexual abuse

- The inappropriate exposure of a child to sexual contact, activity or behaviour caused by anyone, including a parent, relative, friend or stranger
- It may take various forms including:
 - any sexual touching or intercourse
 - obscene phone calls or e-mails
 - exposure to pornography or flashing
 - sexual exploitation (engaging a child in sexual activities for exchange of money, gifts, shelter, food, etc.; using a child in pornography; luring a child via the Internet for sexual purposes)
- Sexual Coercion or Exploitation – one person using another person to make themselves feel good or to get something from the other person no matter how the other person feels. For instance, if someone sends you sexually explicit texts that make you uncomfortable.

4. Neglect

- **Physical neglect** is a failure to meet the child's physical needs (adequate nutrition, clothing, shelter, health care and safety)
- **Emotional neglect** is a failure to meet the child's emotional needs (affection and belonging)

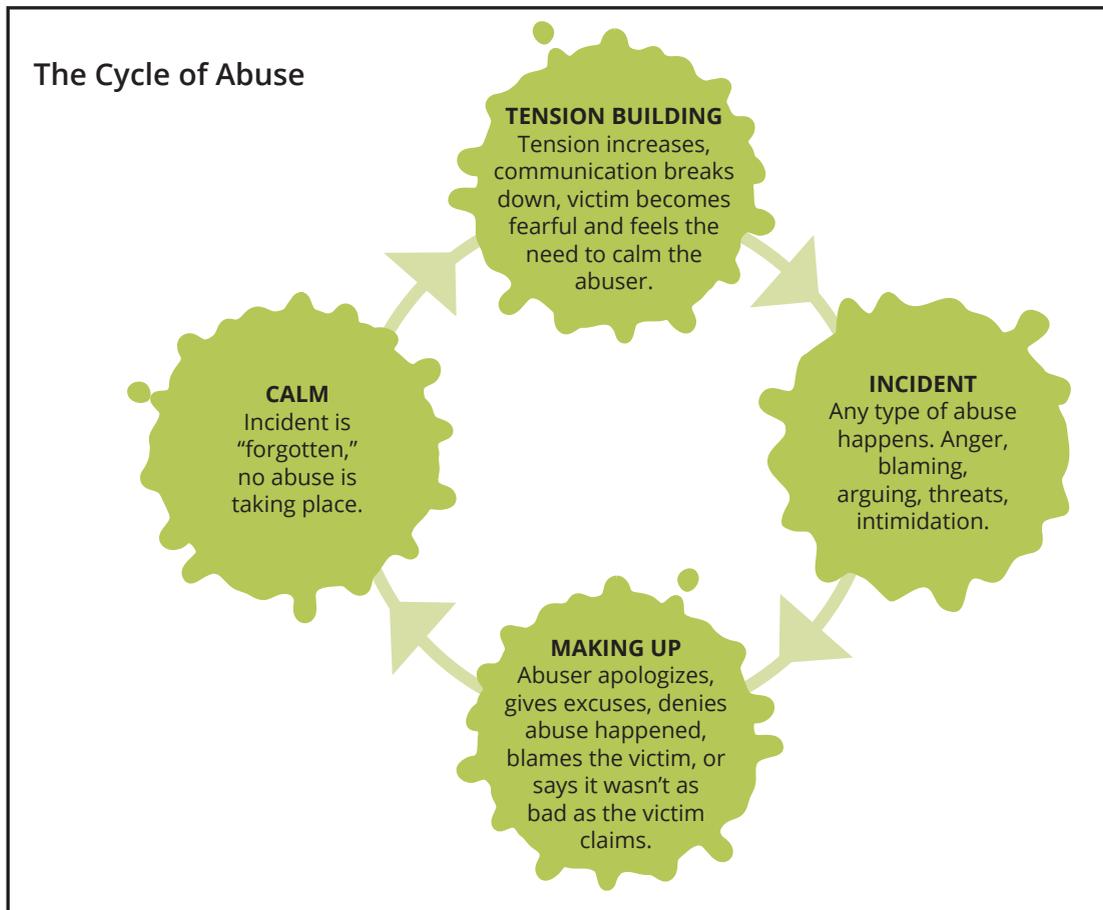
Exercise: Students write down the four types of abuse and a brief definition in their **activity book**.

Signs of abuse may include:

- Hinting or talking out rightly about abuse
- Unexplained and/or repeated bruises or injuries in places not normally injured
- Burns that leave a pattern outlining the object used to make the burn (iron, rope)
- Being continually hungry, unsuitably dressed for the weather and/or always dirty
- Being left alone often as a young child
- Being aggressive, angry, hostile, withdrawn or afraid
- Refusing to participate or dress appropriately for physical activities
- Showing unusual knowledge of sexual matters or acting out sexually
- Repeatedly running away from home
- Poor school attendance

The Cycle of Abuse

Draw and **explain** the cycles of abuse on the board:



Ask: Can anyone think of an example of a negative pattern in relationships?

Explain: No one has a right to hit you or harm you, to touch you where or how you don't want to be touched, to threaten you or to make you feel small, stupid or useless.

If this is happening to you – or to someone you care about – help is available:

- Talk to a trusted adult, parent, doctor, teacher, or family friend, about your situation. If they don't take you seriously, try again.
- Ask your school counsellor where to go for help.
- In an emergency, if you need help right away, call 9-1-1.

Explain: If you have trouble keeping your anger in check, or if you think you might be abusive, get help:

- Talk to a trusted adult, parent, doctor, teacher, or family friend, about your situation. If they don't take you seriously, try again.
- Ask your school counsellor where to go for help.
- In an emergency, if you need help right away, call 9-1-1.

ACTIVITY 2: SCENARIOS: IS IT ABUSE? (25 MIN)

Exercise: Divide the class into small groups.

Groups read the scenarios (in the **student activity book**), discuss, and answers the questions at the end of each scenario. Groups record the answers in **student activity books** and share with the class.

Is this abuse? SCENARIO #1

Joey lived with his mom. No one knew where his dad was. He and his mom moved around a lot. Most of the time, Joey's mom had a boyfriend but boyfriends never stayed with them for very long. Each time a new boyfriend started to come over, Joey's mom would ask Joey to go away. Whenever a boyfriend left, Joey's mom would lay on the couch in front of the TV all day and all night. She would cry and tell Joey that men were no good.

Whether there was a boyfriend on the scene or not, Joey was the one left to make sure that there was food to eat in the cupboards and clothes to wear. If it was during the school year, it was up to Joey to set an alarm clock and get to school on time. Because they moved a lot, Joey was always starting at a new school. Paying attention in class and doing homework wasn't difficult, and Joey usually maintained a pretty good average. Still, sometimes the stress got to him and he would sleep in and miss school. Sometimes he would try to find odd jobs to help with rent or grocery money, and would have to miss school because of that. He was beginning to think that he might as well quit school, move out and get a job.

1. What type of abuse is this? Explain.
2. How do you think Joey feels? Explain.
3. Does Joey's mom have the right to treat him this way? Why or why not?
4. What advice would you give Joey?

Is this abuse? SCENARIO #2

Matty was a straight "A" student. School didn't always come easy, but Matty would work as hard as possible to make sure that assignments were done to perfection and that she was totally ready for any test. Not only was she on the honour roll, but Matty was also the student council secretary and a member of the school band and the basketball team. Matty seemed to love everyone, and everyone seemed to love Matty. At school, it looked as if she had a perfect life.

Things were a bit different at home. No matter how high her grades were, or how many awards she won or activities she was involved with, her parents were never satisfied. They would call Matty stupid if she came home with a grade of less than 90 per cent. They would attend a band concert or basketball game, and then spend the entire car ride home picking apart her performance and suggesting how she could have done better. During the school year, she would have to come right home after school and spend the entire night sitting at her desk in the study. If she was over fifteen minutes late, she wasn't allowed to eat supper. During the summer, she was expected to attend special science classes at the local university, since it was her parents' dream that she would become a doctor.

It wasn't as if Matty didn't like school. She did. She even thought that being a doctor might be kind of fun. Still, she was finding life stressful. Sometimes, she thought it would be easier if life could just stop.

1. What type of abuse is this? Explain.
2. How do you think Matty feels? Explain.
3. Do Matty's parents have the right to treat her this way? Why or why not?
4. What advice would you give Matty?

Is this abuse? SCENARIO #3

Andrea is 13. A year ago, she started seeing Tom, who is 17 and lives on his own. A few months ago, Tom began pressuring her to have sex with him. Andrea wasn't sure whether she wanted to, but Tom said if she loved him, that she should want to. Sometimes Tom drinks too much and calls her frigid. A few weeks ago Andrea decided to go ahead and do it.

Now she's not sure she did the right thing because Tom wants to have sex all the time. He never wants to go out any more, but instead tells her to come over to his place. Andrea knows that if she does, she will be expected to have sex with him.

Andrea is afraid to talk to anyone about this because her family and friends never really liked Tom. She often tells her mother that she is going out with girlfriends when she is really going to Tom's place. She doesn't talk to her friends about Tom because she believes they will think she is stupid. Andrea loves Tom and doesn't want to hear bad things said about him.

1. What type of abuse is this? Explain.
2. How do you think Andrea feels? Explain.
3. Does Tom have the right to treat Andrea this way? Why or why not?
4. What advice would you give Andrea?

TEACHER NOTE: It is important to note the Age of Consent in Scenario #3 between Andrea and Tom.

Explain: Consent means that people who want to be involved in a situation, all agree. For example, two people who want to be sexually involved with each other must agree to the activity and/or the limits.

If one person disagrees at any time, the other must respect the NO and not pressure to continue. If someone forces another person to have sex, this is called **sexual assault**. The legal age of sexual consent in Canada is 16.

The exceptions to this are:

- A 12 or 13-year-old can consent to sexual activity with a partner who is less than two years older than he or she is. However, there can be no legal consent if the 12 or 13-year-old is dependent on the partner, or if the partner is abusing or taking advantage of the 12 or 13-year-old.
- A 14 or 15-year-old can consent to sexual activity with a partner who is less than five years older than he or she is. However, there can be no legal consent if the 14 or 15-year-old is dependent on the partner, or if the partner is abusing or taking advantage of the 14 or 15-year-old.
- A 14 or 15-year old can consent to sexual activity with a partner to whom he or she is married.

There are times when consent is NOT legally possible:

- A child under age 12 can NEVER give legal consent to sexual activity.
- There can be no legal consent when a person is drunk, drugged, asleep, or passed out.
- There cannot be legal consent when one person is under the age of 18 and the other is in a position of authority or trust—for example, a teacher, neighbour, parent, older sibling, babysitter, relative, or coach. This is because there can be no voluntary consent unless the two people are equal. If one person has power over the other, consent is not legally possible.
- Unmarried people under age 18 cannot legally consent to anal sex.

Posting online or texting nude or sexually explicit photos of oneself or of another person (even with consent) under the age of 16 can lead to serious legal consequences. Children under the age of 16, or youth over the age of 16, who participate with youth aged 16 or younger can be charged with **pornography of a minor**. This also comes with hefty criminal consequences.

Ask: What can you do if you suspect or know someone is being abused?

Ask: How do you think a person who has been abused feels?

Choosing to Disclose ²⁴		
<p>WHEN TO TELL</p> <ul style="list-style-type: none"> • It is never too late to TELL SOMEONE. You can disclose when you are ready • Remember, the abuse is NEVER your fault. Abuse is NEVER okay • There are people who can help • Be persistent, keep telling 	<p>WHO TO TELL</p> <ul style="list-style-type: none"> • A close friend • A trusted adult (a teacher, a friend's parent, guidance counsellor, coach, relative, neighbour, or someone else you trust) • If you feel you are in immediate danger, contact the police or call 9-1-1 	<p>WHAT WILL HAPPEN?</p> <ul style="list-style-type: none"> • The person you tell should listen to you and believe you and will want to help you right away
<p>Call 911 for any emergency or to report an incident Kids Help Phone: 1-800-668-6868, toll-free, available 24/7 SEX-SENSE Sexual Health Information Line: 1-800-739-7367</p>		

²⁴<http://teachers.teachingsexualhealth.ca/wp-content/uploads/Grade-8-Abuse-Lesson-11.pdf>

Supporting a Friend²⁵

IMPORTANT THINGS TO TELL YOUR FRIEND:

- I believe you
- I'm sorry that happened to you
- I'm glad you told me
- I understand that telling is difficult to do and am proud of you for asking for help
- It's not your fault
- I'll help you to get help

IMPORTANT THINGS TO DO FOR YOUR FRIEND:

- Encourage your friend to tell a trusted adult and offer to help your friend tell
- Tell a trusted adult about the disclosure
- Respect your friend's privacy; DO NOT tell other friends about the assault
- If nothing happens, tell another trusted adult

A Word about Mental Health

Feeling happy one minute and in tears the next, sometimes for no apparent reason, isn't at all unusual at puberty. The hormones in your blood stream influence how you feel.

Being a pre-teen and teenager is hard. You're under stress to be liked, do well in school, get along with your family and make big decisions. You can't avoid most of these pressures, and worrying about them is common. But feeling very sad, hopeless or worthless could be warning signs of a mental health problem.

Mental health problems are real, painful and sometimes severe. You might need help if you feel hopeless or worthless or:

- often feel very angry or very worried
- feel grief for a long time after a loss or death
- think your mind is controlled or out of control
- use alcohol or drugs
- obsessively exercise, diet and/or binge-eat
- hurt other people or destroy property
- do reckless things that could harm you or others

To find help, talk to your parents, school counsellor or health care provider. Mental health problems can be treated.

²⁵ <http://teachers.teachingsexualhealth.ca/wp-content/uploads/Grade-8-Abuse-Lesson-11.pdf>

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

1. **I can ...** define abuse.
2. **I can ...** name the four different types of abuse.
3. **I can ...** explain what to do after abuse happens, who to tell, and how to support a friend.

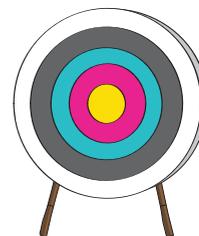
YES/NO/KIND OF

YES/NO/KIND OF

YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 8

CHECKING IN:

Write on the board: EASY, NOT BAD, A BIT DIFFICULT, TOO HARD

As the lesson ends, **students put a checkmark** under the heading to describe their level of understanding.

THEME 3: BODY SCIENCE

GRADE 7

LESSON 9: Puberty and Reproductive System Review²⁶

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

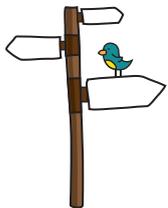
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify factors that influence healthy choices and explain their potential health effectsIdentify and apply strategies to pursue personal healthy-living goals <p>Mental well-being</p> <ul style="list-style-type: none">Create and assess strategies for managing physical, emotional, and social changes during puberty and adolescenceExplore the impact of transition and change on identities	<ul style="list-style-type: none">Influences of physical, emotional, and social changes on identities and relationships

TIMING: 145 MINUTES

OBJECTIVES:

- Review the changes that occur during puberty
- Examine the human reproductive process.
- Recognize misunderstandings associated with sexual development.

WHAT COUNTS? (ASSESSMENT)



Students will be able to:

- Identify common changes in appearance during puberty for males and females.
- Identify a trusted person to talk to about their feelings.
- Be able to explain how the female reproductive system works.
- Be able explain how the male reproductive system works.
- Explain the processes of reproduction, menstruation and sperm production.

RATIONALE:

In Grade 7 SHARE, students must be able to identify the basic changes of puberty for males and females. Students should have the ability to identify the basic components of the human reproductive system, nearby body parts and how they function. This lesson provides them with an overview of human sexual anatomy and physiology, menstruation, sperm production, fertilization and conception. Knowledge of body science is important when discussing sexual health. Teachers can refer to the Body Science units in Grade 5 and 6 SHARE Teacher Resources for additional teaching support.

²⁶ Adapted from Alberta Health Services, 2013, teachingsexualhealth.ca, Grade 7 Sexual Development, Lesson 1.

OUTLINE:

Introduction (10 min)

Activity 1: How Appearances Change in Puberty (30 min)

Activity 2: Who Can I talk to? (10 min)

Activity 3: Female Reproductive System Diagram: How Does it Work? (30 min)

Activity 4: Male Reproductive System Diagram: How Does it Work? (30 min)

Activity 5: How Reproduction Happens (30 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

✓ Female Reproductive System video clips – found on YouTube or the SHARE memory stick.
https://www.youtube.com/watch?v=RFDatCchpus&index=40&list=PL8dPuuaLjXtOAKed_MxxWBNaPno5h3Zs8.

✓ Male Reproductive System video clips – found on YouTube or the SHARE memory stick.
https://www.youtube.com/watch?v=-XQcnO4iX_U&list=PL8dPuuaLjXtOAKed_MxxWBNaPno5h3Zs8&index=41

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Describe the four types of abuse.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 9.

ACTIVITY 1: HOW APPEARANCE CHANGES IN PUBERTY²⁷ (30 MIN)

Explain:

1. Puberty is when a child's body turns into an adult's body.
2. Everyone goes through puberty at a time that's right for their body.
3. There are a lot of physical changes during puberty that happen to everyone and some happen just to boys or girls.

Ask the students to brainstorm any physical changes of puberty they have heard of or have questions about (use the "Fact Sheets" below, to inform the discussion). As learners share their responses, write them in one of three columns on the chalkboard that you have not labeled yet, so it looks like this:

Physical Changes during Puberty

Breast develop and may start wearing a bra	Start to grow taller	Grow hair on face/chest
Ovulation and menstrual periods begin	Develop pubic hair around genitals and under arms	Erections happen more often and for no reason
Hips get wider	Might get acne or pimples	Voice gets deeper

Once the students have finished brainstorming, make sure the list includes the following physical changes in the chart below.

Next, **ask** them to look at the three categories you have created with their responses and suggest what each category is. Once they have figured out the answer, write Females, Both, and Males on the top of each column so it looks like this:

Females	Both	Males
Breast develop and may start wearing a bra	Start to grow taller	Grow hair on face/chest
Ovulation and menstrual periods begin	Develop pubic hair around genitals and under arms	Erections happen more often and for no reason
Hips get wider	Might get acne or pimples	Voice gets deeper
Daily vaginal discharge	Hormone changes cause more sexual feelings	Shoulders get broader
		Sperm production begins and ejaculation is possible
		Nocturnal emissions happen to some, not all

Exercise: Students fill out the "Physical Changes during Puberty" chart, in their **student activity book**.

²⁷ Adapted from Beyond the Basics: A Sourcebook on Sexuality and Reproductive Health Education (2001, updated 2005), Planned Parenthood Federation of Canada, from "How Appearance Changes Over Puberty," pp 90–103

Fact Sheet: Changes During Puberty

CHANGES TO BOTH MALES AND FEMALES

1. Start to grow taller

All children going through puberty experience a growth spurt where they start to grow taller as all of their body grows bigger.

2. Develop pubic hair around genitals and under arms

Pubic hair starts to grow around the genitals, meaning the penis and scrotum on a boy and the vulva on a girl. Hair also starts to grow under the arms. This hair is sometimes a different color than the hair on the top of the head and some people choose to shave their underarm hair, but that is a personal decision.

3. Might get acne or pimples

The hormones that cause someone to go through puberty also trigger more oil to develop on the skin of their face. In some people this extra oil on their face can cause them to develop pimples or acne. Generally washing daily with soap and water can help reduce the amount of pimples a person gets, if they get any at all.

4. Sweat or perspire more

Even though everyone sweats when they are hot, during puberty the sweat glands start to produce sweat when a person is nervous or upset. This sweat also has a strong odour now when it did not before. People going through puberty may want to bathe more often and possibly use deodorant under their arms to help manage the new body odour.

5. Hormone changes cause more sexual feelings

The hormones that cause a person to go through puberty also cause new or more sexual feelings and desires. This might result in someone having new romantic feelings for other people and it might result in some people choosing to touch their genitals for pleasure, called masturbation. Masturbation cannot harm someone physically and is a personal decision.

Fact Sheets: Changes During Puberty

CHANGES TO FEMALES

1. Breasts develop and may start wearing a bra

Girls' breasts and nipples will grow larger over many months and even years so that if she chooses to have a baby later in life, she can feed the baby from her breasts if she wants to. There is a wide variety of breast shapes and sizes and no matter what they end up looking like, they will be sensitive to sexual touch and able to nourish a baby. Girls may choose to wear a bra to provide support for their breasts in order to feel more comfortable.

2. Ovulation and menstrual periods begin

As a girl goes through puberty, inside her body the ovaries will start to release an egg or ovum, generally about once every four weeks. It is during this time when the egg is traveling from the ovary, down the fallopian tube, through the cervix and into the uterus that she is MOST ABLE to become pregnant if sperm are present. If the egg does not join with a sperm and implant, the lining of the uterus is shed and the blood and tissue leaves through her vagina once a month. This is called "having a period." The bleeding can last between 2–10 days and girls can use maxi pads or tampons to catch the blood and then throw them away after they have been used. A girl can also experience cramps during her menstrual period when the uterus is contracting to shed the lining.

3. Hips get wider

The hips of a girl start to get wider so that her pelvis can support a pregnancy should she decide to have a biological child during her lifetime.

4. Daily vaginal discharge

The inside of the vagina cleans itself out every day and during puberty, girls might notice more clear to white discharge in their underwear or on the toilet paper when using the bathroom. This daily discharge, as long as there is no strong odour and it does not change colour, is very normal. Girls might notice that the discharge becomes more clear and slippery around the time when they are releasing an egg from an ovary. That is also quite normal. Girls might also notice wetness in their underwear when they wake up, as it is possible for girls to have sexually arousing dreams and/or orgasms while they sleep.

Fact Sheets: Changes During Puberty

CHANGES TO MALES

1. Grow hair on face/chest

The amount of hair a boy grows on his face and chest is based on his genes, meaning it's determined by his father and likely to be very similar to his other male relatives. Boys generally develop hair around their mouth, cheeks and neck around the face, and on the chest to some degree. Some boys might choose to remove this hair through shaving, but that is a personal decision.

2. Erections happen more often and for no reason

Erections are when the penis fills with blood and gets harder and bigger, standing away from the body. Although boys get erections from when they were very young, during puberty they get more frequent erections and sometimes for no reason. There is no harm to a boy if he has an erection and does not have vaginal sex as his erection will go away on its own without any physical harm to him at all.

3. Voice gets deeper

As a boy gets taller, the vocal chords get thicker causing his voice to slowly get deeper and maybe crack sometimes. The Adam's apple in the neck will start to stick out a bit and become more noticeable.

4. Shoulders get broader

A boy's shoulders will start to grow broader as one of the changes in his skeleton occurring during puberty.

5. Sperm production begins and ejaculation is possible

Sperm are the tiny cells a boy makes in his testicles during puberty. They combine with other fluids to create something called semen. Only after a boy has started going through puberty can his body create sperm and semen and release it from the tip of his penis when he ejaculates. Generally semen is about a teaspoon of whitish fluid containing hundreds of millions of sperm.

6. Nocturnal emissions happen to some, not all

Sometimes called a "wet dream," it is normal for some boys to experience ejaculation of semen while they are asleep. It often happens as a result of the hormones in his body and is normal if it does happen and totally normal if it never happens.

Fact Sheets: Changes During Puberty

CHANGES DURING PUBERTY AND AVERAGE AGES

Changes for Females

Average ages 8-11

- Hormone production begins; ovaries enlarge

Average ages 11-12

- Breast buds grow
- Height and weight increase
- Fine pubic hair appears

Average ages 12-13

- Breasts grow
- Pubic hair darkens
- Vagina enlarges and begins to produce discharge
- First menstrual period may occur

Average ages 13-14

- Underarm hair appear
- First menstrual period is likely; ovulation begins in some girls, but is irregular

Average ages 15 and up

- Growth is complete
- Menstruation and ovulation are well established

Changes for Males

Average ages 8-12

- Hormone production begins

Average ages 12-13

- Testicles and scrotum begin to enlarge
- Height increases

Average ages 13-14

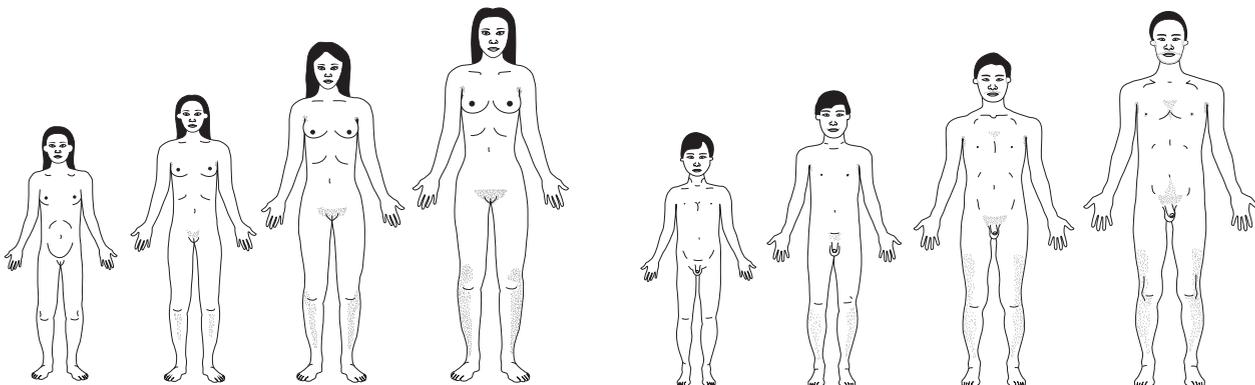
- Penis begins to grow
- Pubic hair darkens
- Voice begins to deepen
- Facial hair and pimples may develop

Average ages 14-15

- Penis and testicles continue to grow
- Underarm hair appears and facial hair grows
- Most boys have first ejaculations

Average ages 16 and up

- Near-full adult height and physique attained
- Shaving may begin

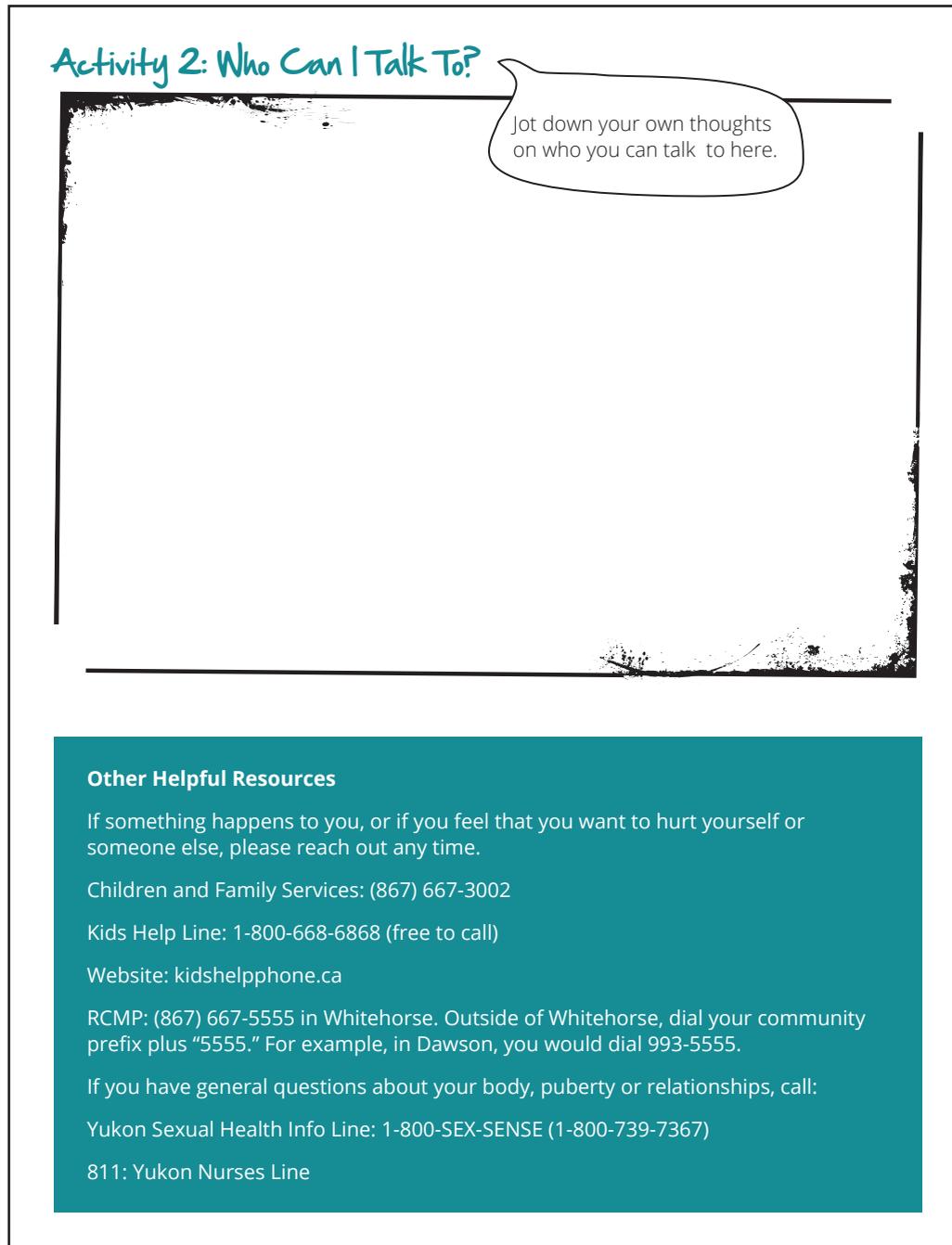


ACTIVITY 2: WHO CAN I TALK TO? (10 MIN)

Brainstorm: List some people students can talk to during puberty about the changes they are experiencing. Be sure to include parents, guardians, teachers, health professionals, friends, clergy, sports coaches and so on.

Exercise: Students write their own personal choices in the **student activity book**.

Encourage students to refer to this list in their **activity books** in future situations when they need some extra support.



The image shows a worksheet template for 'Activity 2: Who Can I Talk To?'. At the top left, the title 'Activity 2: Who Can I Talk To?' is written in a teal, cursive font. To the right of the title is a speech bubble containing the instruction: 'Jot down your own thoughts on who you can talk to here.' Below the title and speech bubble is a large, empty rectangular box with a black border, intended for students to write their answers. At the bottom of the worksheet, there is a teal-colored box containing the following text:

Other Helpful Resources

If something happens to you, or if you feel that you want to hurt yourself or someone else, please reach out any time.

Children and Family Services: (867) 667-3002

Kids Help Line: 1-800-668-6868 (free to call)

Website: kidshelpphone.ca

RCMP: (867) 667-5555 in Whitehorse. Outside of Whitehorse, dial your community prefix plus "5555." For example, in Dawson, you would dial 993-5555.

If you have general questions about your body, puberty or relationships, call:

Yukon Sexual Health Info Line: 1-800-SEX-SENSE (1-800-739-7367)

811: Yukon Nurses Line

ACTIVITY 3: FEMALE REPRODUCTIVE SYSTEM DIAGRAM: HOW DOES IT WORK? (30 MIN)

Explain: We will now identify the basic parts of the female reproductive system and describe how they function.

Exercise:

Step 1: View the female Reproductive System: Crash Course video:

https://www.youtube.com/watch?v=RFDatCchpus&index=40&list=PL8dPuuaLjXtOAKed_MxxWBNaPno5h3Zs8.

You can also view the video on your SHARE memory stick.

Step2: Read the “The Female Reproduction System: How Does It Work” explanation to students. Students colour the internal and external organs according to the explanation.

The Female Reproduction System: How Does It Work

The **labia majora (outer lips)** and **labia minora (inner lips)** sit outside the female body and together with the clitoris, make up the vulva. Colour the labia two shades of **yellow**.

The **clitoris** is the female sex organ whose function is providing pleasure and sexual arousal.

Being highly sensitive, the clitoris becomes larger and firmer during arousal, similar to the penis. The visible parts of the clitoris are the **glans** (head) and the **shaft**, which are located under the **clitoral hood**.

The **clitoral hood** is made of skin similar to the male foreskin and is attached to the labia minora. The clitoris grows and the labia also grow and darken in puberty. The rest of this organ is located inside the female body and makes up a large part of the female arousal network. Colour the whole **clitoris** (outside glans, shaft and inner part) **purple**.

The opening leading up into the internal reproductive system is called the **vagina**.

The **vagina** is a soft, muscular elastic tube. Its inner lining is soft and moist. During sexual arousal, the walls of the **vagina** secrete a lubricant to assist in intercourse. The vagina also functions as the birth canal for a baby and allows menstrual flow to exit the body from the uterus. Colour the **vagina dark blue**.

The **uterus** is a pear-shaped organ about the size of a woman’s fist that stretches to house the baby, placenta and amniotic fluid during pregnancy. It is very strong, muscular and stretchable. Colour the **uterus pink**.

The bottom of the uterus that is nested inside the top of the vagina is the **cervix**.

The **cervix** is slightly open in women who are not pregnant, but is plugged during pregnancy to avoid infection. When a baby is ready to be born, the **cervix** opens to a diameter of ten cm. Colour the **cervix light blue**.

The thick tissue inside the entire uterus is the **uterine lining**.

If **fertilization** and **implantation** do not occur, this **lining** is shed every month. This is called **menstruation**, the process by which the uterus rids itself of its old lining and prepares for the possibility of conception the following month. About 14 days after ovulation, the body begins to shed the uterine lining, which is made up of blood and fluid. This is commonly called a “period.” Colour the **uterine lining red**.

Follow the tubes out of the uterus, they are called the **fallopian tubes**.

Every month one of the **fallopian tubes** carries one ovum (a single egg) from the ovary down to the uterus. This journey usually takes about three days. Usually, conception (joining of the sperm and egg) occurs in the fallopian tube. Colour both **fallopian tubes orange**.

The finger-like structures at the end of the fallopian tube are called **fimbria**.

The internal, very tiny hair-like structures inside the fallopian tube are called **cilia**. The cilia help the ovum move down the fallopian tube from the **ovary**.

Two egg-shaped organs on either side of the uterus are the **ovaries**.

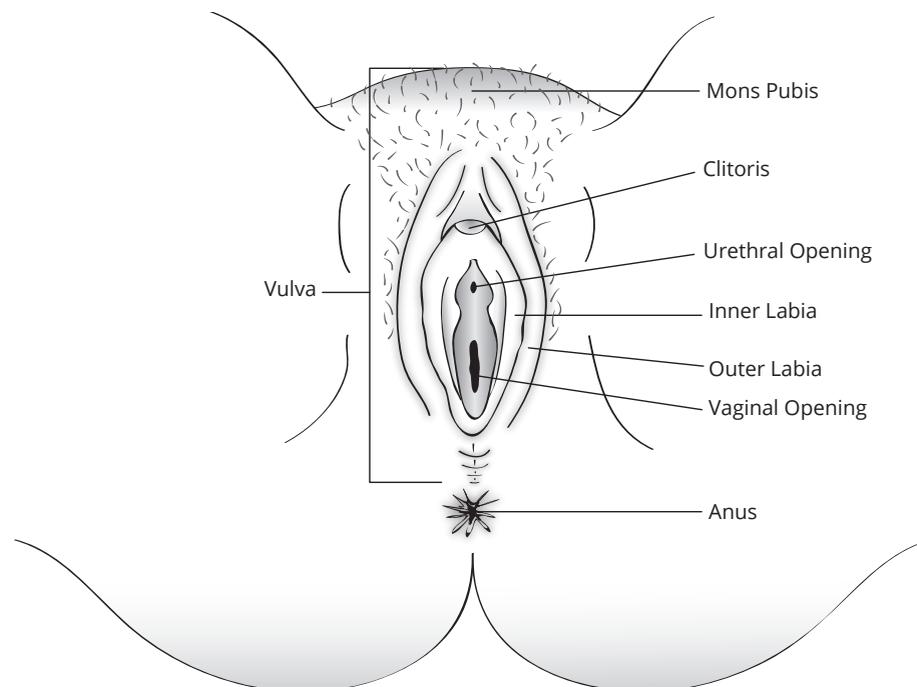
These are the female counterparts to the male testicles. An **ovary** is about the size of an almond. Unlike the testicles, ovaries only house ova. Unlike sperm which are produced continuously throughout a man's life, a woman is born with ovaries that already contain all the ova (eggs) she will ever release. A female is born with approximately two million eggs in their ovaries.

The **ovary** releases one **ovum** (a single egg) each month. This process is called **ovulation**. When the ovary releases the ovum, it travels down the fallopian tube with help from cilia. If a sperm cell does not fertilize the ovum cell, it will not adhere to the uterus wall. As a result, menstruation will occur. Colour each **ovary dark brown**.

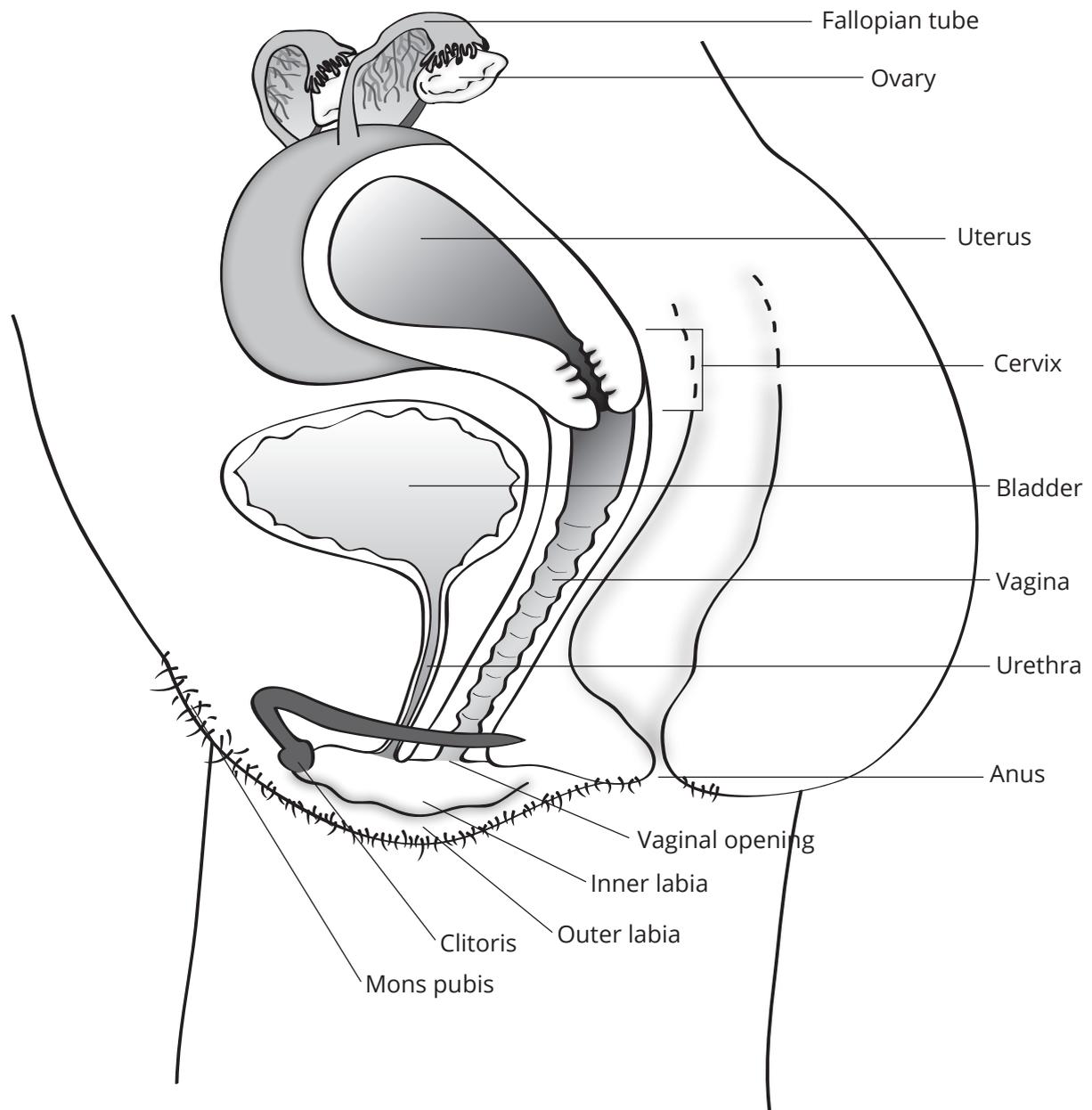
Menstruation

1. Lining of uterus is shed (day one of menstrual flow)
2. Lining of uterus thickens with blood
3. Ovulation occurs (ovum released from ovary)
4. Ovum travels through fallopian tube and enters the uterus within one to two days
5. Ovum dissolves if unfertilized and about 14 days later, the lining of uterus is shed once again

External Female Reproductive System



Internal Female Reproductive System



ACTIVITY 4: MALE REPRODUCTIVE SYSTEM DIAGRAM: HOW DOES IT WORK? (30 MIN)

Explain: This lesson serves as a review of both male and female reproductive systems. We will identify the basic parts of the male reproductive system and describe how they function.

Exercise:

Step 1: View the Male Reproductive System: Crash Course video:

https://www.youtube.com/watch?v=-XQcnO4iX_U&list=PL8dPuuaLjXtOAKed_MxxWBNaPno5h3Zs8&index=41. You can also view the video on your SHARE memory stick.

Step2: Read the “The Male Reproduction System: How Does It Work” explanation to students. As you read, students colour the internal and external organs according to the explanation.

The Male Reproduction System: How Does It Work

This special sac of skin housing the two testicles is called the **scrotum**. Colour the **scrotum blue**.

The **scrotum** is a sac of loose skin divided into two parts. Each part contains a testicle, **epididymis** (the small kidney shaped gland at the top of the scrotum) and the end of the **vas deferens**.

Colour the **epididymis purple**. Each testicle contains tiny tubes that are continuously creating sperm throughout a man's life. When puberty occurs, sperm move to the **epididymis** to mature.

The **vas deferens** allows the sperm to move up to the **seminal vesicle**.

Follow the **vas deferens** tube up to the top of the diagram. Colour the entire **vas deferens orange**, (but be sure to stop colouring as the **vas deferens** tube enters the prostate gland).

The large oval shaped organ in the centre of your diagram is the bladder. This organ stores urine until it can be expelled from the body. It is not considered part of the reproductive system so leave it uncoloured.

As the **vas deferens** curves around the top of the bladder and back down again, it passes the **seminal vesicles**. These glands are oblong-shaped and are located behind the bladder on your diagram. The seminal vesicle produce seminal fluid that stores and activates sperm. Colour the **seminal vesicle light blue**.

The **prostate gland** is located just below the bladder.

When a man is sexually aroused to the point of orgasm (the peak of sexual arousal), the fluid from the prostate gland combines with the seminal fluid to create semen, just prior to ejaculation. Strong muscle contractions in and around the **prostate gland** contract rapidly to force the semen out of the urethra. Colour the **prostate gland brown**.

Just under the prostate gland rests very small round glands called **Cowper's glands**.

The **Cowper's glands** secrete a neutralizing fluid when a male is sexually aroused. This fluid removes any acidity and urine from the urethra just before ejaculation. This ensures that the sperm have the best chance of living and of moving safely up the urethra. Colour the **Cowper's glands pink**.

The tube leading from the prostate and bladder that goes down the length of the penis is called the **urethra**.

The **urethra** is the special passageway that allows urine to be voided from the bladder and allows semen to travel out of the body during ejaculation. Both urine and semen cannot exit the urethra at the same time. During an erection, a small valve at the entrance from the bladder seals it off. Colour the **urethra light green**.

The organ in which the **urethra** is housed is called the penis.

The penis has spongy tissues containing small blood vessels and nerves. During sexual arousal, the spongy tissue fills with blood and the penis hardens. This is called an erection.

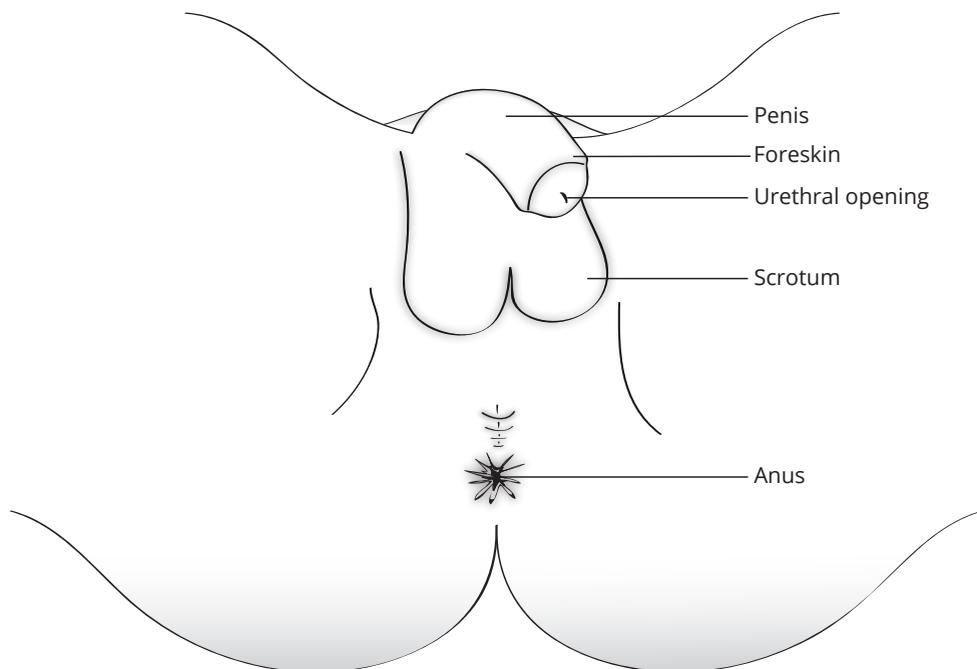
An erection is a necessary part of human reproduction. It allows the male to insert his penis into the female's vagina, which enables semen to reach the ovum inside the woman's reproductive system.

At the very tip of the penis is the **glans**, which is the head of the penis. This part of the male reproductive system may or may not be covered by **foreskin**. If the male is circumcised, the foreskin will have been removed and the glans will be exposed. Some parents may choose not to circumcise their son, while other parents do. Colour the area of the **glans and/or the foreskin yellow**.

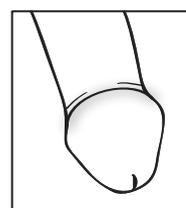
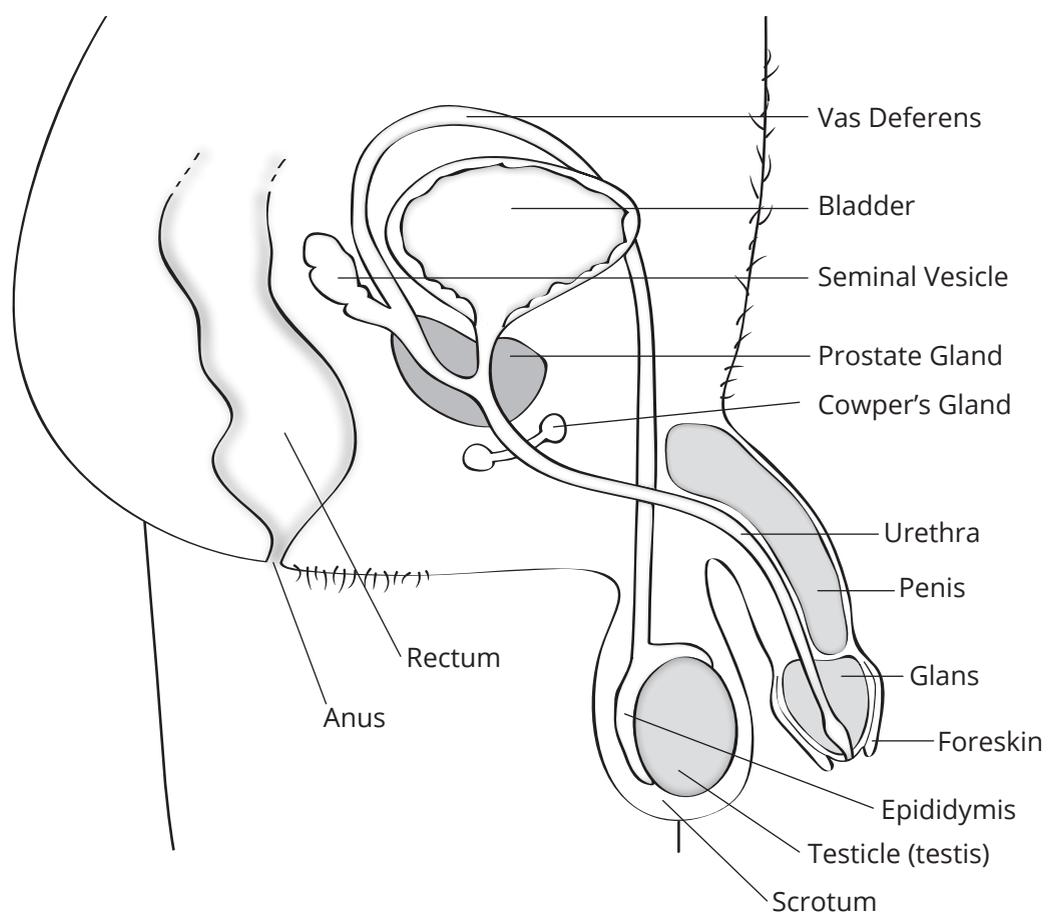
Sperm Production

1. Sperm made in testicles and matures in epididymis
2. Sperm travel up vas deferens and mix with fluid in seminal vesicles
3. Seminal vesicles store sperm in seminal fluid until ejaculation
4. Seminal fluid mixes with prostate fluid to make semen
5. Semen leaves the penis by ejaculation

External Male Reproductive System



Internal Male Reproductive System



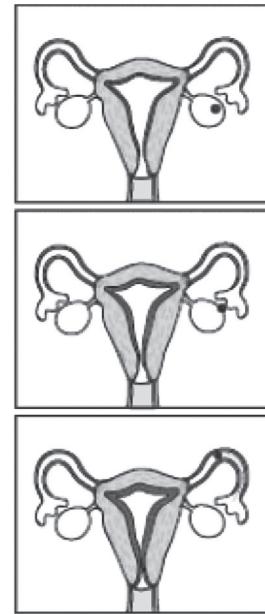
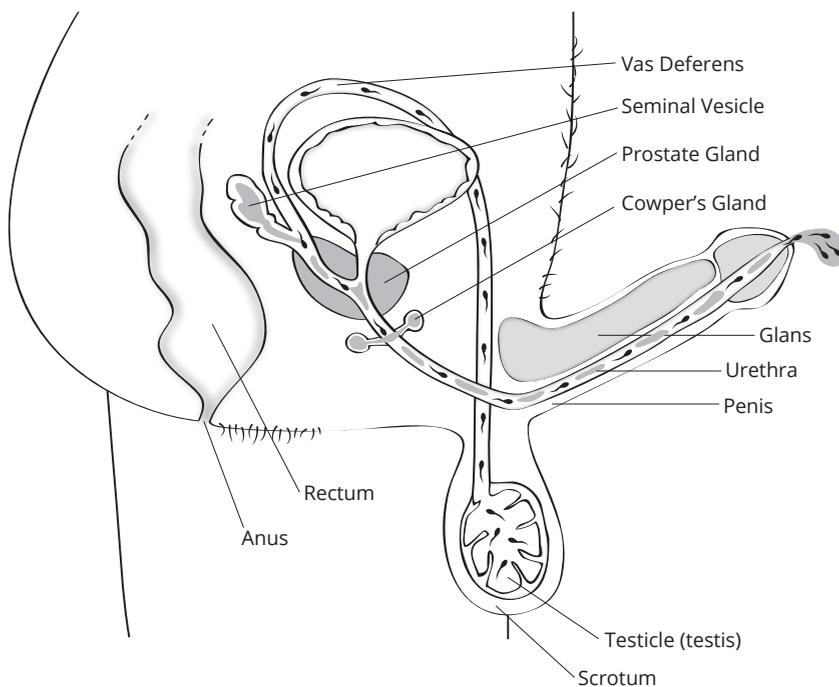
Circumcised Penis

ACTIVITY 5: HOW REPRODUCTION HAPPENS (30 MIN)

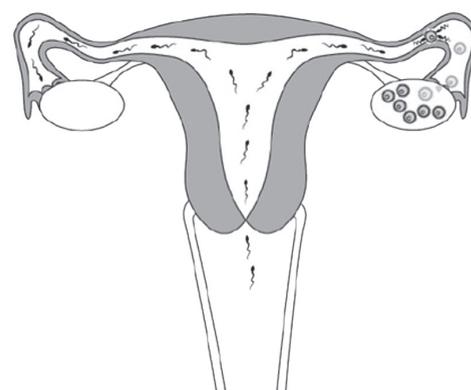
Explain the Four Steps to Pregnancy.

Step 1: Ovulation. One ovary releases one ovum (egg) into the fallopian tube usually just one time every month. This ovum will travel down the fallopian tube for a few days. This is when a woman is most likely to get pregnant. In young females ovulation is very unpredictable and there is no “safe” time to have unprotected sex.

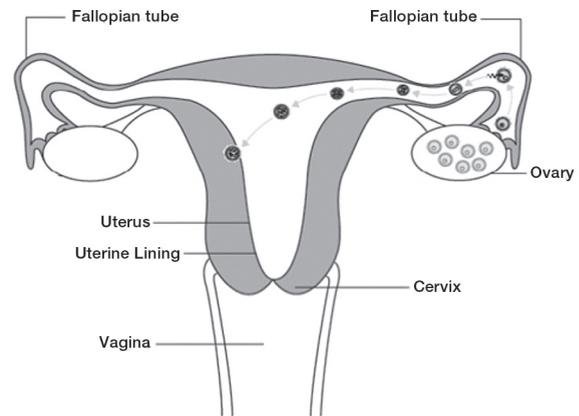
Step 2: Sexual Intercourse. The male penis enters the female vagina. Sperm is released into the female through the process of ejaculation.



Step 3: Fertilization. This is also called conception. One male sperm connects with the female ovum in the fallopian tube. The sperm swims through the outer shell of the ovum and merges its genetic material with the ovum's genetic material. Then the sperm and ovum start to grow together as one. This is called a zygote. The zygote forms during fertilization, also called conception.



Step 4: Implantation. The zygote spends a few days travelling down the fallopian tube to the uterus, then burrows (implants) into the side of the uterus and spends the next 270 days or so growing into a baby.



Exercise: In the **student activity book**, students number the steps of fertilization and conception in the correct order

FERTILIZATION and CONCEPTION Axis Answer Key

5	Fertilized ovum (zygote) attaches itself to the lining of the uterus
6	Zygote takes about nine months to grow completely into a full-term baby
3	Sperm meets ovum in the fallopian tube (fertilization)
1	Sperm enters vagina
7	Zygote uses lining of the uterus for nourishment
4	Fertilized ovum travels down the fallopian tube into the uterus
2	Sperm travels up the vaginal canal, cervix and uterus

1. Sperm enters vagina
2. Sperm travels up the vaginal canal, cervix and uterus
3. Sperm meets ovum in the fallopian tube (fertilization)
4. Fertilized ovum travels down the fallopian tube into the uterus
5. Fertilized ovum (zygote) attaches itself to the lining of the uterus
6. Zygote uses lining of the uterus for nourishment
7. Zygote takes about nine months to grow completely into a full-term baby

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

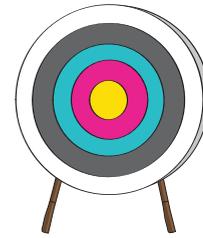
1. **I can ...** identify common change in appearance during puberty for males and females.
2. **I can ...** identify a trusted person to talk to about my feelings.
3. **I can ...** accurately explain how the male reproductive system works.
4. **I can ...** accurately explain how the female reproductive system works.
5. **I can ...** explain the processes of reproduction, menstruation and sperm production.

YES/NO/KIND OF
YES/NO/KIND OF
YES/NO/KIND OF
YES/NO/KIND OF
YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.

Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.



TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 9

CHECKING IN:

Write on the board: EASY, NOT BAD, A BIT DIFFICULT, TOO HARD

As the lesson ends, **students put a checkmark** under the heading to describe their level of understanding.

THEME 3: BODY SCIENCE

GRADE 7

LESSON 10: Pregnancy Awareness²⁸

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

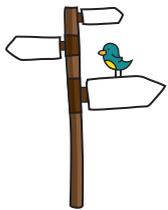
CURRICULAR COMPETENCIES	CONTENT
<p>Mental well-being</p> <ul style="list-style-type: none">• Create and assess strategies for managing physical, emotional, and social changes during puberty and adolescence• Explore the impact of transition and change on identities	<ul style="list-style-type: none">• Sources of health information• Influences of physical, emotional, and social changes on identities and relationships

TIMING: 55 MINUTES

OBJECTIVES:

- Learn what abstinence means.
- Learn about at least four contraceptive methods.
- Explain that using any contraceptive method is more effective than not using any contraception.
- Learn at least two good reasons to communicate with parents and loved ones about contraception.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

1. List four different ways to reduce the risk of an unplanned pregnancy.
2. List at least four different types of available contraceptive methods.
3. Identify who to talk to, and how to get more information about preventing pregnancy.

RATIONALE:

This exercise set is foundational and a simple way of introducing some of the many methods available to prevent pregnancy. It is recommended that every student go to a clinic to discuss what birth control options are best suited to their needs from a health care provider. Most doctors allow patients to bring a friend or trusted adult to this visit if it makes them more comfortable. Consent to health care, under the *Care Consent Act*, applies to a person of any age. That means that a person of any age can consent to their own health care as long as they are capable of understanding and appreciating the consequences of that decision.

²⁸ Adapted with permission from Public Health—Seattle and King County, Family Planning Program, © 1986, revised 2013, www.kingcounty.gov/health/flash FLASH Lesson Gr. 7-8, Birth Control Basics.

TEACHER NOTES:

- If you do not feel knowledgeable enough to teach this lecture/demonstration, invite a guest speaker such as a school or community nurse or school counsellor or contact the Health Promotion Unit for more information.
- Many unintended pregnancies happen in the first year of initiating heterosexual intercourse. A critical step to being sexually healthy is to access the resources in your community regarding contraception.
- This lesson is purely introductory. **Explain** to students if they are considering becoming sexually active, they should talk to a community health nurse, doctor, or call the Sexual Health Information Line 1-800-SEX-SENSE to find out which form of contraceptive would be best for them to use.

OUTLINE:

Introduction (10 min)

Activity 1: Contraceptive Methods Including Abstinence (40 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

✓ Optional: Contraceptive kit (available through the Health Promotion Unit – health.promotion@gov.yk.ca)

If teachers are unable to obtain a kit containing examples of various contraceptives, create a set of images to be displayed on a screen.

PROCEDURE:**INTRODUCTION (10 MIN)**

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Describe a change that happens to both males and females during puberty.
- Describe the steps for menstruation.
- Describe the steps for sperm production.
- Describe the steps for reproduction.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 10.

ACTIVITY 1: CONTRACEPTIVE METHODS INCLUDING ABSTINENCE (40 MIN)

Explain: This very important lesson focuses on preventing pregnancy. Anyone can use this information at any time in his/her life. If people choose to have sex, one of the very real outcomes can be pregnancy. Different cultures have differing views on sexual activity, especially among youth. Consider your personal and family values on sex before becoming sexually active. Today we will review what abstinence means and the various contraceptive methods legally available to everyone in Canada.

Brainstorm as many contraceptive methods as you can, even ones you are not sure about.

Write all suggestions on the board or flip chart.

Exercise: Students write the brainstorm suggestions in their **activity book**.

Explain: Throughout this activity, focus on how each method reduces the risk of pregnancy and note the success rate and/or percentage of failure.

Display samples of birth control methods as they are discussed, if a Contraceptive Kit is available.

Abstinence:

Explain: Abstinence, also called celibacy, is the most effective way to not start a pregnancy. When it's used to prevent pregnancy abstinence means not having sexual intercourse (not putting the penis in the vagina) and not ejaculating near the opening of the vagina. The only 100 per cent guaranteed way to avoid getting pregnant is abstinence.

Contraception:

Explain: If and when a person makes his/her decision to have sex, precautions must be taken to avoid an unintended pregnancy or to avoid contracting or transmitting a sexually transmitted infections (STIs). If a person chooses to be sexually active, one way to have safer sex is to use a contraceptive.

Contraceptives are available to people who choose to be sexually active. Various methods are easily attained from a doctor, nurse, clinic, counsellor or purchased at grocery stores and pharmacies. Many contraceptive methods do not require a prescription. Abortion is NOT a contraceptive.

Explain: There are two main methods of birth control:

1. Barrier methods
2. Hormonal methods

1. Barrier methods work by preventing the sperm from reaching the egg. At the time of writing, the male condom was the only barrier method available for purchase (the diaphragm, female condom and cervical cap were unavailable for purchase).

<p>Male condom (external condom) – A condom is a thin cover worn over the penis during sex. Condoms prevent pregnancy by blocking sperm from entering the vagina.</p>	
<p>Pros</p> <ul style="list-style-type: none"> • Condoms made from latex or polyurethane are the only form of birth control that can protect you from STIs. • Widely available • Inexpensive • A contraceptive method that males can use 	<p>Cons</p> <ul style="list-style-type: none"> • Some people are allergic to latex condoms or to the spermicide in some condoms. If you or your partner notice any burning, itching, or swelling after using a condom, you may be allergic. Try using condoms made of polyurethane or condoms with no spermicide. • Condoms have a “best before” date. Check the expiration date on the package. • May break if improperly stored or used incorrectly.
<p>Do condoms work?</p> <p>Used the right way and used every time:</p> <ul style="list-style-type: none"> • 97 per cent effective <p>Not used the right way or not used every time:</p> <ul style="list-style-type: none"> • 86 per cent effective 	

<p>Female condom (internal condom) – The internal, or female, condom is a condom made for internal use. It is made from a soft, loose-fitting polyurethane plastic, shaped like a pouch, and has a soft ring at each end. The ring at the closed end is used to put the device inside the vagina and holds it in place. The other ring stays outside the vagina and partly covers the outer lips or labia.</p>	
<p>Pros</p> <ul style="list-style-type: none"> • Protect against STIs and unwanted pregnancy. • Protect against Sexually Transmitted Infections (STIs) and unwanted pregnancy. • One size fits all—relies on lining the vagina not on fitting snugly to the penis. • A female can choose to use this condom herself. 	<p>Cons</p> <ul style="list-style-type: none"> • Not readily available in Yukon • Expensive - about three times more expensive than an external (male) condom • Condoms have a “best before” date. Check the expiration date on the package.
<p>Do condoms work?</p> <p>Used the right way and used every time:</p> <ul style="list-style-type: none"> • 95 per cent effective <p>Not used the right way or not used every time:</p> <ul style="list-style-type: none"> • 79 per cent effective 	

2. Hormonal methods work by mimicking the natural hormones of the woman's body: estrogen and progesterone or just progesterone. They prevent pregnancy as follows:

- Ovulation does not occur (without an egg, sperm cannot fertilize)
- The lining of the uterus thins to prevent implantation
- The cervical mucus thickens making it difficult for sperm to enter the uterus

<p>Birth Control Pills (the pill) – The birth control pill (also known as an oral contraceptive) is a combination of the hormones estrogen and progestin. It prevents pregnancy by stopping ovaries from releasing eggs.</p>	
<p>Pros</p> <ul style="list-style-type: none"> • The pill gives you very effective, non-stop protection from pregnancy. • Taking the pill can make your periods shorter, lighter, less crampy and more regular. 	<p>Cons</p> <ul style="list-style-type: none"> • The pill won't protect you or your partner from STIs. You still need a male condom even though you are on the pill. • Birth control pills work only if you follow the directions exactly. • Some women have side effects.
<p>Do birth control pills work?</p> <p>Used the right way:</p> <ul style="list-style-type: none"> • 99.9 per cent effective <p>Not used the right way:</p> <ul style="list-style-type: none"> • 92-94 per cent effective 	

<p>Depo-Provera (the needle) – Depo-Provera is a hormone injections given once every 12 weeks. You must get another needle every 12 weeks. Depo-Provera stops the ovaries from releasing an egg each month.</p>	
<p>Pros</p> <ul style="list-style-type: none"> • One injection will give you continuous, extremely effective birth control for 12 weeks. • You don't have to think about birth control between needles. 	<p>Cons</p> <ul style="list-style-type: none"> • Depo-Provera does not protect you from STIs. You still need to use a male condom. • You might have side effects like depression, weight gain, or weight loss. • Irregular bleeding is common in the first few months. • After 1 year about half of women will stop having periods.
<p>Does depo-provera work?</p> <p>Used the right way:</p> <ul style="list-style-type: none"> • 99.7 per cent effective <p>Not used the right way:</p> <ul style="list-style-type: none"> • 97 per cent effective 	

The Patch

The patch is about the size of a matchbook and sticks to your skin. You can attach it to your abdomen, buttocks, upper arm, or anywhere on the front or back of your torso, except for your breasts. It will not wash off or come off while swimming.

You put on a new patch each week for three weeks and then use no patch for the fourth week. Each patch is left in place for one week. The patch prevents pregnancy in the same way the pill does. It contains estrogen and progestin that are absorbed through the skin. This stops the ovaries from releasing an egg.

Pros

- The patch provides excellent, continuous protection from unintended pregnancy.
- You don't have to remember to take a pill every day. You only need to think about birth control once a week.

Cons

- The patch does not protect you from STIs. You will still need to use a male condom.
- You may have side effects, including headaches, menstrual cramps, nausea, or breast tenderness.

Does the patch work?

Used the right way:

- 99.3 per cent effective

Not used the right way:

- 92 per cent effective

The Ring

The ring is a soft, flexible plastic ring that you insert into your vagina. Once you insert it, the walls of your vagina hold it in place and you don't feel it, even during sex.

You insert the ring once a month and leave it in place for 3 weeks. At the end of three weeks, you remove the ring.

Your period usually starts within a few days. Exactly 7 days after you remove the ring, you insert a new one, even if you are still having your period. The ring prevents pregnancy in the same way as the birth control pill and the patch. It releases the hormones estrogen and progestin. These are absorbed into your body and stop your ovaries from releasing an egg.

Pros

- The ring provides excellent, non-stop protection from pregnancy.
- You only have to insert the ring once a month. You don't have to remember to take a pill every day or change a patch every week.
- The hormones in the ring may make your periods more regular and less crampy.

Cons

- The ring does not protect you from STIs. You will still need to use a male condom.
- You may have side effects like headaches, nausea, breast tenderness, or vaginal discharge, discomfort or irritation.

Does the ring work?

Used the right way:

- 98-99 per cent effective

Not used the right way:

- 92 per cent effective

Intrauterine Device (IUD)

An IUD is a small T-shaped device that is put into a person's uterus by a doctor or nurse practitioner.

The IUD stays in place for 3 -10 years or until it is removed by a doctor or nurse practitioner. There are two types of IUDs available: Progesterone and copper.

Pros

- The IUD is always in place.
- Reduced cost over time compared to other methods.
- It is immediately reversible with no long term effects on fertility.

Cons

- Requires at least one visit to a health care provider.
- Does not protect against STIs.
- You may have side effects such as heavier and crampier periods with a copper IUD.
- Has approximately 5 per cent chance of falling out.

Emergency Contraception (EC)

Even if you use birth control, accidents can happen—for example, condoms can break, or you or your partner might miss several birth control pills; however, it is still possible to prevent pregnancy, by using an emergency contraception (EC) method.

There are two kinds of ECs available: hormonal methods (Plan B) and the copper IUD.

- Plan B are pills that are taken by mouth. The pills are more effective the sooner they are taken, but they can be taken up to 120 hours (five days) after unprotected vaginal intercourse.
- The copper IUD is an extremely effective form of EC if inserted within five to seven days of unprotected intercourse (note: the hormonal IUD cannot be used as an emergency contraceptive method, only the copper IUD can be used).

ECs prevent pregnancy. If you are already pregnant, they will not cause a miscarriage or hurt the baby.

TEACHER NOTE: For more information on birth control methods please see www.optionsforsexualhealth.org/birth-control-pregnancy/birth-control-options

Exercise: Students refer to the Birth Control Reference Sheets available in the **student activity book**.

Birth Control Reference Sheet

<p>Abstinence</p> <p>When it's used to prevent pregnancy, abstinence means not having sexual intercourse (not putting the penis in the vagina) and not ejaculating near the opening of the vagina. The only 100% guaranteed way to avoid getting pregnant is abstinence.</p> <p>100% effective in preventing pregnancy and STIs</p> 	<p>Combining two methods</p> <p>For extra protection, couples can combine a condom with another method of birth control (e.g., birth control pills and a condom). A combination like this will help cut down the risk of pregnancy and STIs.</p> <p>Up to 99.9% effective depending on the combination</p> 	
<p>Male/External Condom</p> <p>A thin cover worn over the penis during sex. Male condoms prevent pregnancy by blocking sperm from meeting the egg and act as a barrier against sexually-transmitted infections (STIs).</p> <p>86%-97% effective in preventing pregnancy</p> 	<p>Female/Internal Condom</p> <p>Is worn in the vagina during sex. Female condoms prevent pregnancy by blocking sperm from meeting the egg and act as a barrier against sexually-transmitted infections (STIs).</p> <p>79%-95% effective in preventing pregnancy</p> 	
<p>Birth Control Pill (The Pill)</p> <p>Contain hormones (like the ones already in the female body) that keep a female's ovaries from releasing eggs as long as she keeps taking them. They must be prescribed by a health care provider. One pill is taken by mouth, daily and at the same time.</p>  <p>92%-99% effective in preventing pregnancy; does not protect against STIs</p>	<p>The Patch</p> <p>The patch is about the size of a matchbook and sticks to your skin. You can attach it to your abdomen, buttocks, upper arm, or anywhere on the front or back of your torso, except for your breasts. It will not wash off or come off while swimming.</p>  <p>92%-99.3% effective in preventing pregnancy; does not protect against STIs</p>	<p>Depo-Provera (The Needle)</p> <p>Is made of hormones. It's given in a female's muscle (in the arm or hip) and lasts 12 weeks (3 months). It keeps the ovaries from releasing eggs. The needle must be prescribed by a health care provider and needs to be given every 12 weeks (3 months).</p>  <p>97%-99.7% effective in preventing pregnancy; does not protect against STIs</p>
<p>The Ring</p> <p>The ring is a soft, flexible plastic ring that you insert into your vagina. Once you insert it, the walls of your vagina hold it in place and you don't feel it, even during sex. You insert the ring once a month and leave it in place for 3 weeks. At the end of three weeks, you remove the ring.</p>  <p>92%-99% effective in preventing pregnancy; does not protect against STIs</p>	<p>IUD (Intrauterine Device)</p> <p>An IUD is a small T-shaped device that is put into a person's uterus by a doctor or nurse practitioner. The IUD stays in place for 3 -10 years or until it is removed by a doctor or nurse practitioner. There are two types of IUDs available: Progesterone and Copper.</p>  <p>98%-99% effective in preventing pregnancy; does not protect against STIs</p>	
<p>Emergency Contraception (EC)</p> <p>Even if you use birth control, accidents can happen—for example, condoms can break, or you or your partner might miss several birth control pills; however, it is still possible to prevent pregnancy by using an emergency contraception (EC) method. There are two kinds of ECs available: hormonal methods (Plan B) and the copper IUD. If you are already pregnant, they will not cause a miscarriage or hurt the baby.</p> 		

Photos above have been downloaded from https://en.wikipedia.org/wiki/Birth_control. There is no copyright protection on these images, see this link for more details: <http://www.webmd.com/about-webmd-policies/about-terms-and-conditions-of-use?ss=fr#part3>
 STIs = Sexually-transmitted infections

Ask: Where else, besides this class, could a person get accurate up-to-date information about contraceptives?

- Parents or guardians are not always the best source of information due to biases or a lack of knowledge but they can be excellent allies.
- Pharmacist – up to date and good to talk to.
- Doctor or nurse – excellent knowledge, can provide a prescription and check-ups.
- Internet – use www.bettertoknow.yk.ca
- Yukon Communicable Disease Control (YCDC) #4 Hospital Road, Whitehorse. 1-800-661-0408 ext. 8323
- Yukon Sexual health clinic 406 Lambert Street, Whitehorse, YT. (867) 393-6635
- Community health centres located in every rural community
- 1-800-SEX-SENSE sexual health information line – toll-free from anywhere in the Yukon. Sexuality educators are available to answer your questions live by phone Monday to Friday, from 9 am–9 pm.

Explain: If you are sexually active, you still need to protect yourself and your partner from sexually transmitted infections, not just pregnancy. Heterosexual sex may cause unintended pregnancy but all sexual encounters, be they homosexual, bisexual or heterosexual, come with a risk of contracting or spreading STIs.

Exercise: Using the Birth Control Reference Sheet, students answer the Contraceptive Questions in the **activity book** and review answers as a class.

Contraceptive Questions

1. Which method of contraceptive works 100 per cent of the time?
2. Of the kinds of contraceptive on the Birth Control Fact Sheet, name three that are more than 90 per cent effective in preventing pregnancy.
3. Which methods give the most protection from STIs (sexually transmitted infections)?
4. Which methods can teenagers get without parental consent?
5. What contraceptive method can be used to prevent pregnancy following unprotected intercourse or a contraceptive failure (e.g., if a condom breaks)?
6. Why is it good to talk with your parents, guardians or other trusted adults about contraceptives?
7. Why is it good to talk with your boyfriend/girlfriend/partner about contraceptives?
8. Where else, besides this class, could a person get accurate up-to-date information about contraceptives?

Write two questions you still have about contraceptive methods:

1. _____
2. _____

Call the 1-800-SEX-SENSE line to get your questions answered. (free!)

Contraceptive Questions (Answers)

1. Which method of contraceptive works 100 per cent of the time?

Abstinence ... no sexual intercourse; no anal intercourse; no oral sex; and semen is not ejaculated onto partner's genitals or into the mouth.

2. Of the kinds of contraceptive methods detailed on the Birth Control Reference Sheet, name three that are more than 90 per cent effective in preventing pregnancy?

1. Abstinence—100 per cent effective.
2. The IUD—99 per cent effective.
3. Combining two methods (e.g., condoms with a hormonal method)—nobody has studied the effectiveness of combining two methods but it would be higher than either alone and using a barrier like a condom would also reduce STI risk. Only use one condom at a time.
4. The Pill is typically 99 per cent effective when taken exactly as prescribed. One missed pill could result in an unplanned pregnancy.

What about condoms and Plan B?

- Condoms are almost as effective against pregnancy as these other five options (98 per cent effective, if used perfectly).
- With Plan B, it depends when she takes it. If a woman takes it in the first 24 hours after she has unprotected sex or after a condom breaks, it reduces pregnancy risk by up to 95 per cent. The percentage of success drops each day, though it can be used up to five days after sex.

3. Which methods give the most protection from STIs (sexually transmitted infections)?

- Abstinence (no genital-to-genital contact; no mouth-to-genital contact; no anal sex)
- Condoms (male and female)

4. Which methods can teenagers get without parental consent?

All methods listed.

The law recognizes that some families cannot or do not talk about sexual issues and the most important thing is helping people prevent unintended pregnancy. Therefore, all methods are available to youth. Under the Yukon *Care Consent Act*, a person of any age can consent to their own health care as long as they are capable of understanding and appreciating the consequences of that decision (s.6 (4)CCA).

5. What contraceptive method can be used to prevent pregnancy following unprotected intercourse or a contraceptive failure (e.g., if a condom breaks)?

- Plan B
To be most effective it must be taken as soon as possible but within five days of unprotected intercourse. This can reduce the risk of pregnancy by 89 per cent on average and up to 95 per cent if taken the first day. You can get it for free from any Yukon hospital or health centre and many doctors' offices. You can buy it at any pharmacy without a prescription.
- IUD
The copper IUD can be used within five to seven days of unprotected intercourse. An IUD must be inserted by a health care practitioner.

6. Why is it good to talk with your parents, guardians or other trusted adults about contraceptives?

- Avoids secrecy, lying, guilt, mistrust
- May bring family closer together
- May offer support in going to the doctor or pharmacy and financial support. Many contraceptives can be paid for under your parents' medical plans
- May offer help in decision making about sex or about contraceptives based upon their own experience

7. Why is it good to talk with your boyfriend/girlfriend/partner about contraceptives?

- Avoids secrecy, lying, guilt, mistrust
- Brings maturity to the relationship and increases respect
- Protects both people from unintended pregnancy
- May support each other in going to a doctor or pharmacy
- Can help each other use a method correctly and consistently
- Can make decisions together
- Can share expenses; some forms of contraception can be expensive. It is the responsibility of both partners to shoulder the cost and make sure the contraceptive is available when needed

IMPORTANT: If talking about, obtaining or using contraceptives is a challenge for you or your partner, or if they refuse to talk about or use contraception, you may want to reconsider the relationship. Do you want to be intimate with someone who does not respect their own body or yours? Or with someone who pressures you to go against something you highly value, such as using contraceptives?

8. Where else, besides this class, could a person get accurate up-to-date information about contraceptives?

- Parents or guardians are not always the best source of information due to biases or a lack of knowledge but they can be excellent allies
- Pharmacist – up to date and good to talk to
- Doctor or nurse – excellent knowledge, can provide a prescription and check-ups
- Internet – use www.bettertoknow.yk.ca
- Yukon Communicable Disease Control (YCDC) #4 Hospital Road, Whitehorse. 1-800-661-0408 ext. 8323
- Yukon Sexual Health Clinic, 406 Lambert Street, Whitehorse, YT. (867) 393-6635
- Community health centres located in every rural community
- 1-800-SEX-SENSE sexual health information line – toll-free from anywhere in the Yukon. Sexuality educators are available to answer your questions live by phone Monday to Friday, from 9 am to 9 pm. Call 1-800-739-7367.

Write two questions you still have about contraceptive methods:

1. Student choice – no correct answer
2. Student choice – no correct answer

Call the 1-800-SEX-SENSE line to get your questions answered. (free!)

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in their Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

1. **I can ...** list four different ways to reduce the risk of an unplanned pregnancy.
2. **I can ...** list at least four different types of contraceptive methods.
3. **I can ...** identify who to talk to and how to get more information about preventing pregnancy.

**YES/ NO/ KIND OF
YES/ NO/ KIND OF
YES/ NO/ KIND OF**

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 10

CHECKING IN:

Write on the board: EASY, NOT BAD, A BIT DIFFICULT, TOO HARD

As the lesson ends, **students put a checkmark** under the heading to describe their level of understanding.

THEME 3: BODY SCIENCE

G
R
A
D
E
7

LESSON 11:
Sexually-Transmitted Infections

“If and when you become sexually active, get tested.”
~ Options for Sexual Health

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

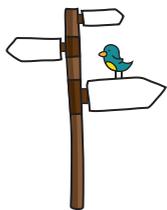
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify factors that influence healthy choices and explain their potential health effectsIdentify and apply strategies to pursue personal healthy-living goals	<ul style="list-style-type: none">Sources of health informationPractices that reduce the risk of contracting sexually transmitted infections and life-threatening communicable diseases:<ul style="list-style-type: none">GonorrheaChlamydiaHerpesHIV/AIDSHepatitis B

TIMING: 150 MINUTES

OBJECTIVES:

- Explain what STIs are
- Explain how STIs are transmitted
- Identifying common STIs
- Emphasizing the importance of STI testing

WHAT COUNTS? (ASSESSMENT):



- Students will be able to:
1. Explain what STIs are and how they are transmitted
 2. Identify common STIs
 3. Understand the importance of STI tests

RATIONALE:

Having information regarding the risks of sex prior to sexual engagement helps prevent early sexual activity and promotes safer sex for youth who are already engaging or considering engaging in sexual activity.

This lesson is very experiential. The Handshake Virus exercise lets students experience how easily STIs can be transmitted without one's awareness.

Furthermore, the discussion can easily move from STIs into safe sexual decision-making, which is critical to sexual health.

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

OUTLINE:

Introduction (10 min)

Activity 1: How bacteria and viruses are transmitted (15 min)

Activity 2: What are STIs and how are they transmitted? (20 min)

Activity 3: What are some common STIs? (20 min)

Activity 4: How and where are STIs diagnosed and treated? (20 min)

Body Science Quiz (60 minutes)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

✓ Prep one set of Handshake Virus Game Card (see page 117)

✓ Prep Body Science Quiz – one for each student (see page 123)

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- List as many different contraceptives or contraceptive types as you can.
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read "What Counts?" with students in preparation for Lesson 11.

ACTIVITY 1: HOW BACTERIA AND VIRUSES ARE TRANSMITTED (15 MIN)

Ask students to raise their hand if they have had a cough, cold, or flu in the last year. Inform the class that a **virus** or **bacteria** causes all of these illnesses.

Ask students to brainstorm different kinds of illnesses they know of. Write their suggestions on the board, and arrange the list in two columns, like this:

Types of Viruses:	Types of Bacteria:
<ul style="list-style-type: none">• Chickenpox• Colds• Measles• Flu• Sore throats (except strep)	<ul style="list-style-type: none">• Strep throat• Pneumonia• Pink eye• Most ear infections• Bladder infections

Exercise: Students write down list in their **activity books**.

Explain: **Viruses** and **bacteria** are transmitted from person-to-person, often through very casual contact (breathing in virus particles after someone sneezes or coughs, ingesting virus particles from our hands when we eat, sharing a drink or food, etc.). Humans live in groups and **viruses** and **bacteria** can be passed quite easily between people.

Explain: When a **virus** enters our body, the immune system launches a series of offensives designed to destroy this intruder. Often, we aren't even aware that this is happening—at any given time, people may be fighting up to 2000 viruses and feel perfectly fine. The immune system is a marvelous thing! If a virus does manage to live and start replicating in our body, an *immune response* is triggered and our body will try to flush out the virus by making our body sneeze, cough, run a fever, etc.

Eventually, our immune system will figure out how to destroy the virus. Once that happens, information about the virus' weaknesses gets recorded or memorized, and shared with all the cells of the immune system. We now have *immunity* to the virus that was just destroyed. If we ever come in contact with the same virus, we will not get sick because we are immune to its effects.

Sometimes we can also become immune to a virus by getting vaccinated. Scientists inject a hollow or inert virus that cannot make us sick into the body. The immune system is tricked into thinking that the virus is dangerous, and will launch an attack, learn to defeat it, share that information with the rest of the immune system, and that body will now be immune to the virus as though they had been sick and recovered.

Explain: Why do viruses come back?

No two viruses are alike; many viruses like those that cause flu are skilled at rapidly mutating as they replicate. Each new virus has small but often advantageous changes in its genes and these accumulate as the virus passes from one person to another. During this process, the virus alters its appearance and our immune memory cells struggle to recognize it, leaving the virus free to infect us once more.

Explain: When a **bacteria** enters our body we take antibiotics to kill the bacteria. If the bacteria enters our body again, we have to take antibiotics again. You cannot be immune to a bacteria and you cannot get vaccinated.

Explain: Usually, when we are sick with a **virus** (chickenpox) or **bacteria** (strep throat), our loved ones are sympathetic and take care of us. Rarely (if ever) do people tell us that we deserve to be sick, or that we must have done something bad in order to fall ill, and certainly no one tells us that we are immoral or disgusting when we catch a cold.

ACTIVITY 2: WHAT ARE STIs AND HOW ARE THEY TRANSMITTED? (20 MIN)

Explain: Just like chickenpox (virus) and strep throat (bacteria), sexually transmitted infections (or STIs) can be a virus or bacteria, which can be passed or transmitted during sexual contact, when one partner is infected. STIs are transmitted through certain fluids and through skin-to-skin contact.

Explain: Even though STIs are much like the viruses and bacteria humans get in their day-to-day lives, because they're associated with sex we often think of STIs in a more negative way. Shame and stigma can prevent people from taking important steps, like getting tested, getting treated, asking partners to practise safer sex, or disclosing their status to new partners.

Brainstorm: Ask student to list every bodily fluid they can think of. Suggestions might include:

- Tears
- Sweat
- Blood
- Urine
- Semen
- Saliva

Encourage them to list every fluid they know. You will likely have to add one fluid to the final list: vaginal fluid.

Once the list has been populated, cross out all expect:

1. Blood
2. Semen
3. Vaginal fluid

Explain: These are the three fluids that can carry enough quantity of an STI to transmit infections to a partner. When these fluids come in contact with each other, transmission is possible.

Exercise: Students record the three body fluids that carry STIs in their **activity books**.

Explain: Some STIs can be transmitted when certain areas of the body come in contact with each other. Those areas are:

1. Mouth
2. Genitals
3. Rectum

Exercise: Students record the areas of the body that can transmit STIs in their **activity books**.

Ask: *What can folks use during sex to keep these fluids from mixing, and these skins from touching?*

Explain: People can use a barrier method, like a condom. Condoms offer excellent protection against STI transmission because they keep fluid out of a partners' bodies, and keep vulnerable skin from contacting other skin.

Exercise: Students write down how to protect themselves against STIs.

Exercise: Handshake Virus Instructions²⁹

1. Prepare cards (photocopy and cut) prior to activity.
2. Give each student one card, making sure that someone gets the Handshake Virus card (be sensitive and careful about who you give the Handshake Virus card to). Students are not to tell others what is written on their cards.
3. Instruct the students to move about the room and to shake hands with three people (unless otherwise instructed by their card).
4. As they shake hands with a person, they are to write down the names of people with whom they have shaken hands.
5. After everyone has been given sufficient time to shake hands with other people, have the students open their cards.
6. Have the person with Handshake Virus written on their card stand and say: "I have the handshake virus. It is transmitted through handshakes."
7. Have this person read off the names of those people with whom he/she has shaken hands.
8. Have these people stand and explain that these people have been exposed to the handshake virus.
9. Explain that people can protect themselves by the use of gloves. Instruct anyone that has "glove" written on their card to sit down because they protected themselves from the virus.
10. Explain that anyone with a card stating "Postpone shaking hands and just sit down" is also protected because they abstained from hand shaking.
11. Continue to have people read the names of people they have shaken hands with until all participants who did not have protection are standing.

Conclude activity by asking students to discuss how the "Handshake Virus" is similar to STIs and how it is different. Point out how quickly a virus can spread throughout a community. The best ways for people to protect themselves from STIs is to abstain from intercourse, engage in lower risk sexual activities, or if having intercourse, to use condoms each and every time they have sex.

²⁹ Adapted with permission from Planned Parenthood Federation of Canada (2001) *Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education*, "Handshake Virus," pp 329–330.

Handshake Virus Game Card

Handshake Virus	Glove
Glove	Glove
Glove	Glove
Postpone shaking hands and just sit down	
Postpone shaking hands and just sit down	

Postpone shaking hands and just sit down	

ACTIVITY 3: WHAT ARE SOME COMMON STIs? (20 MIN)

Exercise: Ask students to brainstorm every STI they know. Write their suggestions on the board, and arrange the list in two columns, like this:

Bacteria	Viruses
Chlamydia	Herpes
Gonorrhea	HIV
Syphilis	Hepatitis B
Pubic Lice (crabs) (is actually a parasite)	HPV

Ask students what the STIs on the right have in common—they all begin with the letter “H.” These are the viruses. The list on the left is bacterial infections (though technically, pubic lice is an infestation).

Briefly characterize each STI, listing some important or interesting information. Some examples:

- **Chlamydia and gonorrhea** are very common infections, especially among youth. Symptoms are very rare—most people feel quite healthy and have no idea that they are infected. Even if the infection isn’t bothering them, it’s very important for someone to know they have chlamydia or gonorrhea. If the infections isn’t treated it will progress and can cause scarring in the reproductive systems. Scientists believe that as much as 30 per cent of infertility in adults is caused by an undiagnosed chlamydia or gonorrhea infection when that person was younger.
- **Syphilis** was once a deadly infection, but it is curable with one injection of antibiotics. Though syphilis was all but wiped out decades ago, it is becoming quite common again. Scientists worry that people will be fooled by this bacteria’s mild symptoms, like a rash on the palms of the hands or belly. If left untreated, it can cause serious damage to internal organs.
- **Pubic lice** is rarely unnoticed—it’s super itchy! When someone has pubic lice they buy a special shampoo and use a special comb to rid themselves of this infestation. Pubic lice is not a bacteria, but a parasite.
- **Herpes** is an extremely common virus, and most people have come in contact with it. Though it’s classified as an STI, it is easily passed through very casual contact: a quick kiss on the cheek, sharing a drink or cigarette, etc. Herpes is a benign skin condition that can cause distress during outbreaks, but is not harmful to people’s health. There are excellent treatments for people who get frequent outbreaks around their mouth or genitals, but there are no ‘cures’ for herpes.
- **HIV is the Human Immunodeficiency Virus**, and people usually have a lot of anxiety about this STI. It’s very serious when someone acquires this infection, and it’s important that they know they’re infected so they can begin the treatment that will keep the virus in check. If untreated, this virus can weaken the immune system. When this happens, the person can get very sick from a simple cough or cold. If they develop a number of opportunistic infections, a doctor will say that they have a syndrome called AIDS—the Acquired Immune Deficiency Syndrome. HIV can also be transmitted if people share the needles they use to inject drugs (like heroin, or steroids).
- **Hepatitis B** causes an infection of the liver, but the good news about this virus is you are probably immune to it. Most people who live in Canada have been vaccinated against Hep B. That means if they ever have unprotected sex with someone who is infected, they won’t get Hep B because they’re immune. If you haven’t been vaccinated, or don’t know whether or not you’ve been vaccinated, you can get the vaccine free at a community health centre.

- **The human papilloma virus, or HPV**, is a very common virus. Almost everyone comes into contact with this virus and doesn't get sick. Of the hundreds of possible strains, two of them (HPV 16 and HPV 18) are known to cause cervical cancer in women, and head or neck cancers in men. Luckily there is a very effective vaccine available free for females in Grade 6 or Grade 9. Males can also be vaccinated, though it's expensive to purchase. Most extended medical plans will cover the vaccine for male patients.

ACTIVITY 4: HOW AND WHERE ARE STIs DIAGNOSED AND TREATED? (20 MINS)

Explain: Because of the stigma surrounding STIs, and because symptoms are rare, many people aren't aware that they are infected. Left untreated, many sexually transmitted infections can have long-term health consequences. People can also be infecting their partners without realizing it!

The simple principle to follow is: **Sexually active? Get tested regularly.**

Explain: STI tests are quick and easy, and usually involve a urine sample and/or a blood test. If a patient is found to have an STI, they can be treated at the same clinic. Bacterial STIs can be treated and cured quickly with a dose of antibiotics. Viral STIs cannot be cured, but the symptoms can be managed effectively with medication.

Whitehorse Clinics In Whitehorse the following clinics provide free and confidential STI tests		
Yukon Communicable Disease Control (YCDC) #4 Hospital Road Whitehorse, YT Phone (867) 667-8864 or 1-800-661-0408 ext. 8323	Yukon Sexual Health Clinic 406 Lambert Street Whitehorse, YT (867) 393-6635	Yukon's Sexual Health Information line: 1-800-SEX-SENSE (1-800-739-7367)
Community Health Centres In the communities all health centres provide free and confidential STI tests		
Beaver Creek Health Centre P.O. Box 3 Beaver Creek, YT Y0B1A0 Phone: (867) 862-4444	Faro Health Centre P.O. Box 99 111 Bell Avenue Faro, YT Y0B 1K0 Phone: (867) 994-4444	Ross River Health Centre 14 Kulan Street Ross River, YT Y0B 1S0 Phone: (867) 969-4444
Mayo Health Centre P.O. Box 98 21 Centre Street Mayo, YT Y0B 1M0 Phone: (867) 996-4444	Haines Junction Health Centre P.O. Box 5369 Haines Junction, YT Y0B 1L0 Phone: (867) 634-4444	Teslin Health Centre P.O. Box 70 Teslin, YT Y0B 1B0 Phone: (867) 390-4444
Carmacks Health Centre 106 River Drive P.O. Box 230 Carmacks, YT Y0B 1C0 Phone: (867) 863-4444	Watson Lake Health Centre 5 Hospital Road Whitehorse, YT Y1A 3H7 Phone: (867) 536-5255	Watson Lake-Parhelion Medical Services P. O. Box 127 403 – 8th Street North Watson Lake, YT Y0A 1C0 Phone: (867) 536-2565
Carcross Health Centre P.O. Box 27 Carcross, YT Y0A 1B0 Phone: (867) 821-4444	Dawson Medical Clinic 501 6th Avenue Dawson City, YT Y0B 1G0 Phone: (867) 993-5744	Dawson Health Centre 501 6th Avenue Dawson City, YT Y0B 1G0 Phone: (867) 993-4444
Old Crow Health Centre P.O. Box 92 Old Crow, YT Y0B 1N0 Phone: (867) 966-4444	Destruction Bay Health Centre General Delivery Destruction Bay, YT Y0B 1H0 Phone: (867) 841-4444	Pelly Crossing Health Centre P.O. Box 20 Pelly Crossing, YT Y0B 1P0 Phone: (867) 537-4444
Yukon's Sexual Health Information line: 1-800-SEX-SENSE (1-800-739-7367)		

Exercise: Students to work in pairs and complete the STI quiz in the **student activity book**.

STI Quiz Answer Key

Circle True or False and briefly explain why you chose your answer.

1. A person can have an STI and not know it. **True**
2. You can only get any STI once; if it has been cured, you won't ever get it again. **False**
3. HIV is mainly present in semen, blood, and vaginal secretions. **True**
4. Chlamydia and gonorrhea can cause infertility in women and can prevent a woman from ever having a baby. **True**
5. Most STIs go away without treatment if people wait long enough. **False**
6. STIs that aren't treated quickly can cause sterility and even death. **True**
7. Birth control pills offer excellent protection from STIs. **False**
8. Condoms can help prevent the spread of STIs. **True**
9. If you know your partner, you can't get an STI. **False**
10. Chlamydia is the most common bacterial STI. **True**
11. The HPV immunization protects me from all STIs. **False**
12. You should get tested for STIs after every new partner. **True**
13. What are the three bodily fluids that carry STIs:

Blood

Semen

Vaginal Fluid

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

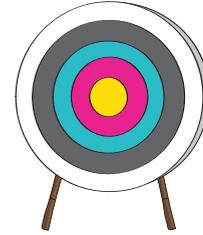
Step 1: Did you learn what counts for this lesson?

1. **I can ...** explain what STIs are and how they are transmitted.
2. **I can ...** identify common STIs.
3. **I understand ...** the importance of STI tests.

YES/NO/KIND OF
YES/NO/KIND OF
YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 11

CHECKING IN:

Write on the board: EASY, NOT BAD, A BIT DIFFICULT, TOO HARD

As the lesson ends, **students put a checkmark** under the heading to describe their level of understanding.

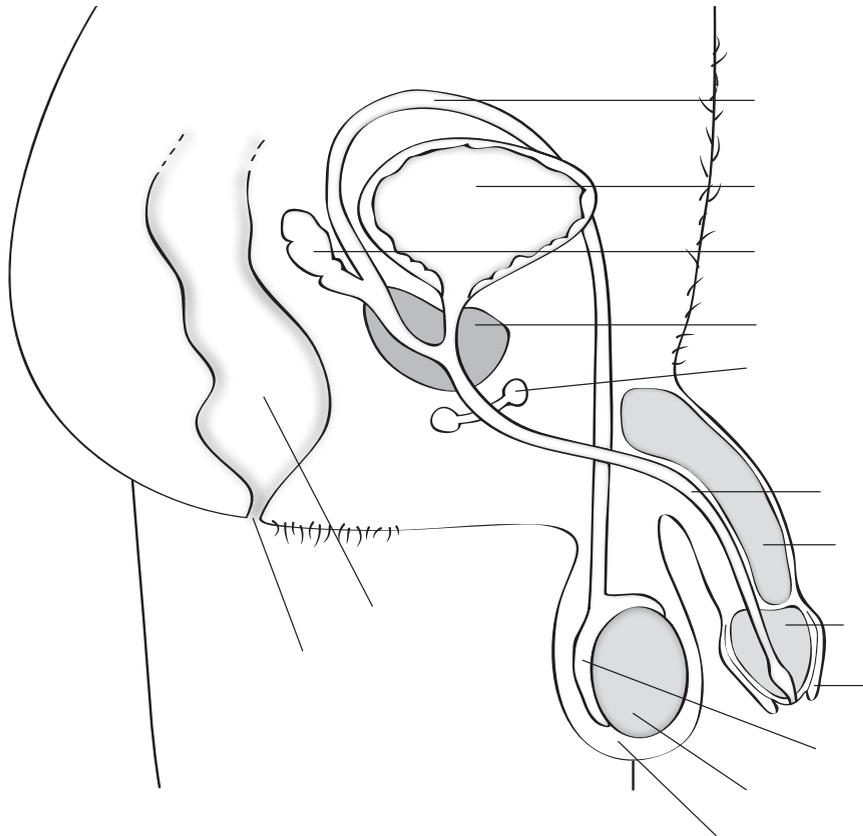
BODY SCIENCE QUIZ

GRADE 7

1. Label the MALE reproductive parts on the diagram:

/13

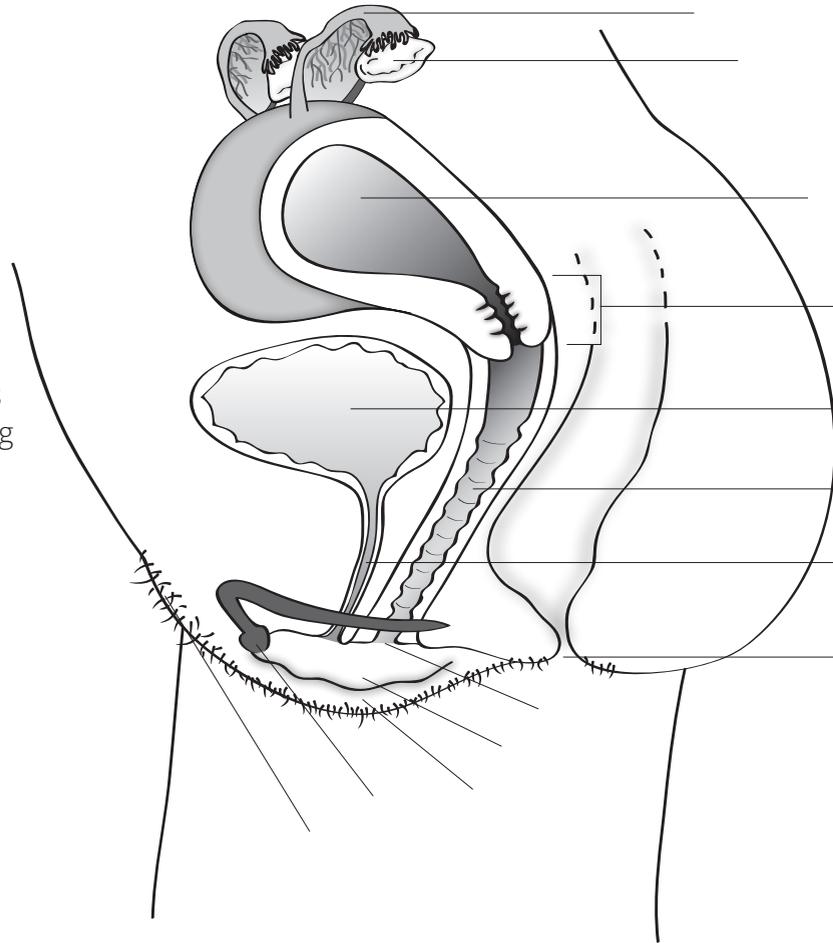
1. penis
2. anus
3. scrotum
4. foreskin
5. testicles
6. urethra
7. vas deferens
8. seminal vesicle
9. glans
10. rectum
11. epididymis
12. prostate gland
13. Cowper's glands



2. Label the FEMALE reproductive parts on the diagram:

/14

1. vulva
2. clitoris
3. urethra
4. uterus
5. bladder
6. ovaries
7. cervix
8. labia majora
9. labia minora
10. anus
11. rectum
12. fallopian tubes
13. vaginal opening
14. vagina



3. Number the five steps in SPERM PRODUCTION in the correct order:

/5

- | | |
|--|---|
| | Semen leaves the penis by ejaculation |
| | Sperm travel up vas deferens and mix with fluid in seminal vesicles |
| | Seminal fluid mixes with prostate fluid to make semen |
| | Sperm made in testicles and matures in epididymis |
| | Seminal vesicles store sperm in seminal fluid until ejaculation |

4. Number the five steps in the MENSTRUAL CYCLE in the correct order:

/5

	Ovulation occurs (ovum released from ovary)
	Ovum travels through fallopian tube and enters the uterus within one to two days
	Lining of uterus thickens with blood
	Ovum dissolves if unfertilized and about 14 days later, the lining of uterus is shed once again
	Lining of uterus is shed (day one of menstrual flow)

5. Number the seven steps of fertilization in the correct order.

/4

	Fertilized ovum (zygote) attaches itself to the lining of the uterus
	Zygote takes about nine months to grow completely into a full-term baby
	Sperm meets ovum in the fallopian tube (fertilization)
	Sperm enters vagina
	Zygote uses lining of the uterus for nourishment
	Fertilized ovum travels down the fallopian tube into the uterus
	Sperm travels up the vaginal canal, cervix and uterus

6. Match each of the following types of BIRTH CONTROL with its corresponding picture.

17

The Pill



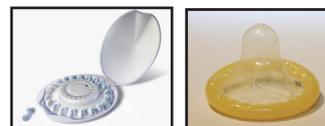
IUD



Male/External Condoms



Abstinence



Plan B (Or Emergency Contraception)



Condoms PLUS Another Method



Female/Internal Condoms



7. Answer the following questions about CONTRACEPTIVES:

/5

a) Which form of birth control works 100 per cent of the time, when used every time?

b) Name one place where someone could get condoms.

c) Where would someone be able to get the pill or an IUD?

d) Where can someone get more information about birth control?

e) Who is someone you could talk to about birth control?

8. Circle the correct answer for the following questions about STIs.

/5

a) Can someone have an STI (sexually transmitted infection) and NOT know it?

YES / NO

b) Can you tell if someone has an STI or HIV by looking at them?

YES / NO

c) Condoms help prevent the spread of STIs and HIV but the pill and IUD do not.

TRUE / FALSE

d) Condoms can be used two at a time and can be used more than once.

TRUE / FALSE

9. Name two ways someone can prevent getting an STI? /2

10. What does ABSTINENCE mean? /2

11. Name two ROMANTIC or AFFECTIONATE activities someone could do with a partner without having sex: /2

12. If someone you liked wanted to do something with you that did not feel right about and that was outside of your sexual limits, HOW COULD YOU REFUSE them? /2

13. Types of ABUSE: Draw a line from each type of abuse to the matching example: /4

Physical Abuse	unwanted naked pictures
Emotional Abuse	a young child left alone
Sexual Abuse	getting slapped
Neglect	a lot of put downs

14. It is OK for people to have arguments and it is OK for people to feel angry, but it is NOT OK to be abusive. What are two ways to cope with strong feelings WITHOUT being abusive? /2

15. What should you do if abuse has happened to you, even if it was a long time ago? How can you show support if abuse happened to a friend and they told you? /2

TOTAL: /74

THEME 4: MEDIA AND CULTURE

G
R
A
D
E
7

LESSON 12:
**Physical and Emotional Influence of
Drugs and Alcohol**

“*Kid... if you need booze or drugs to enjoy your life to the fullest, then you’re doing it wrong.*”

~ Robin Williams

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

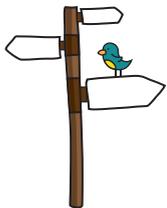
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify factors that influence healthy choices and explain their potential health effectsIdentify and apply strategies to pursue personal healthy-living goals <p>Social and community health</p> <ul style="list-style-type: none">Identify and describe strategies for avoiding and/or responding to potentially unsafe, abusive, or exploitative situationsDescribe and apply strategies for developing and maintaining positive relationships <p>Mental well-being</p> <ul style="list-style-type: none">Describe and assess strategies for promoting mental well-being, for self and othersDescribe and assess strategies for managing problems related to mental well-being and substance use, for others	<p>Students are expected to know the following:</p> <ul style="list-style-type: none">Signs and symptoms of stress, anxiety, and depression

TIMING: 85 MINUTES

OBJECTIVES:

- Describe the physical and emotional effects of alcohol and other drugs.
- Recognize that alcohol and drugs impair a person’s ability to make decisions.
- Learn reasons why some teens use drugs.
- Learn healthier, less dangerous alternatives for meeting one’s needs.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Describe the physical and emotional effects of alcohol and drugs.
- List at least three reasons why adolescents might use alcohol and/or drugs.
- Describe how alcohol and drugs impair decision-making.
- List at least three healthy alternative activities to using drugs and/or alcohol.

RATIONALE:

“If it’s really dangerous, why is it legal?” Alcohol is both legal and accessible, which can be confusing for young students. Help your students learn why alcohol and drugs can be dangerous as well as strategies for making good decisions.

OUTLINE:

Introduction (10 min)

Activity 1: Physical and Emotional Effects of Alcohol and Other Drugs (30 min)

Activity 2: Healthy Ways to Meet Social and Emotional Needs (40 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

√ Optional—Wake and Bake Project (2011) DVD—available in all school libraries and Department of Education

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- Explain what STIs are
- Explain how STIs are transmitted
- Identifying common STIs
- Answer Question Box questions.

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 12.

ACTIVITY 1: PHYSICAL AND EMOTIONAL EFFECTS OF ALCOHOL AND OTHER DRUGS (30 MIN)

Brainstorm what substance use is.³⁰

Read the World Health Organization's substance abuse definition:

"Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state".

Explain: Most youth know that drinking alcohol and doing drugs are risky business, but sometimes, they do it anyway. These exercises will explore why students may try alcohol and drugs (in particular marijuana), and explore the physical and emotional effects of alcohol and drugs and how they impact one's ability to make decisions.

TEACHER NOTE: It is important to remember that for adolescents, drugs and alcohol can feel like they're serving a positive purpose in their life—social acceptance, relief from emotional pain, it feels good, risk-taking as "normal part of teen life," experimentation, etc.

If you can listen to the positive aspects of substance use, as described by your students, not only will it lend credibility, it will pave the way for open discussion about how to get those same needs met in healthy ways.

Ask: *What effects do alcohol and other drugs have on a person's body?*

What effects do alcohol and other drugs have on a person's emotions, or how they feel?

What effects do alcohol and other drugs have on a person's behaviour, or how they act?

Write student responses on board or flip chart.

Possible answers may include:

1. Feeling high or light-headed
2. Nauseous, dizzy, drowsy
3. Depressed
4. Silly
5. Feel good
6. Relaxed—don't care as much, apathetic
7. Less shy or anxious
8. Less concerned about privacy, values, responsibility, etc.
9. Exciting to take risks
10. Experimentation is interesting
11. More aggressive: fighting, shouting, using weapons, etc.
12. Less cautious: swimming at night, driving when drunk, being in sexual situations, trying something new, etc.
13. More confident: talking to people who normally make them feel nervous; asking someone out on a date, etc.

³⁰ http://www.who.int/topics/substance_abuse/en/

Explain the effects of **alcohol**³¹

- Though we often hear alcohol is a depressant, and it is, alcohol also increases the release of a chemical in the brain called dopamine, which makes us feel good. As you keep drinking, the dopamine effect diminishes, putting you at risk for feeling the need to drink more often. This is how alcohol addiction begins.
- Alcohol depresses brain centres, enhances the effects of calming agents on the brain, and slows down the rate at which information travels down the brain's highways. This is what causes its disorienting effects as well as deterioration of motor skills and judgment, and impacts the brain's ability to make decisions.
- The depression of brain centres can also trigger negative effects on memory and decision-making. Even just a few drinks can impact memory in a big way, making you unable to recall parts of events or even entire nights.
- Studies show females are also more susceptible to these effects than men due to the differences in how their bodies metabolize alcohol.

Summary:

- Alcohol releases dopamine in the brain.
- Alcohol depresses brain centres, affecting motor skills and memory.
- Alcohol's depression of brain centres can also trigger negative effects on memory.

Explain the effects of drugs (marijuana)³²

- There are several different types of drugs and each one has a different impact on the developing brain. Marijuana is the most widely used drug in the Yukon; this section focuses on the effects of marijuana on the developing brain.
- Marijuana comes from the Cannabis plant. The active ingredient in marijuana and other products from the Cannabis plant is a substance known as tetrahydrocannabinol (THC).
- In the short term, marijuana use has been shown to impair functions such as attention, memory, learning and decision-making. Those effects can last for days after the high wears off.
- Youth are especially vulnerable to the health effects of marijuana use, including harmful effects on mental functioning, psychosis, and schizophrenia. This is because adolescence is a critical time for brain development. THC targets a system in the brain that plays an important role in the way the brain develops and works. Having THC in the brain at such a critical time can therefore interfere with brain development and harm brain function.
- Regular long-term marijuana use can harm concentration, cause loss of memory, harm the ability to think and make decisions, and decrease IQ. Some of these effects may persist after stopping marijuana use.

Summary:

- Marijuana interferes with brain development and function.
- Marijuana impacts the ability to think and make decisions.
- Regular long-term marijuana use can harm concentration and cause loss of memory.

³¹ <http://drugabuse.com/featured/the-effects-of-alcohol-on-the-body/>

³² <http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/controlled-drugs-substances-controlees/marijuana/about-au-sujet-eng.php#a3>

Explain: If a person can't think clearly and make good decisions due to alcohol and drug consumption, they are more likely to take greater risks, which includes having **unsafe** or **unintended sexual activity**. All drugs and alcohol affect a person's ability to make a safe decision.

In certain situations you may be peer pressured to use drugs and alcohol. One of the best ways to deal with peer pressure is to be prepared. First, by being aware of the people in your life who influence the decisions you make and whether they are positive, negative, or both. Second, by practising what you would do before you ever find yourself in a sticky situation.

Exercise: First, students fill out the "Under the Influence" questions, in the **student activity book** (to determine who has the most influence over them and whether that influence is positive or negative).

Next, in small groups, students read through the "What Would You Do" scenarios and describe how they would respond in each scenario.

Finally, ask each group to share their answers, and as a class create a list of statements that students can use if they find themselves being peer pressured to drink alcohol or take drugs.

Under the Influence³³

Instructions:

- List 5 people who influence you and 5 people you influence.
- Then, how much do these people influence you and how much do you influence them?
- Rate the influence on a scale from 1 to 3
1 = rarely, 2 = sometimes, and 3 = always).
- Finally, write P (positive), N (negative), or PN (both) to describe whether the influence is positive, negative, or both. Remember, this list is only for you. No one else will see it.

Who influences me ?	How much?	Positive or negative?
1.		
2.		
3.		
4.		
5.		

³³ http://kidshealth.org/classroom/3to5/problems/drugs/alcohol_handout2.pdf

Who do I influence?	How much?	Positive or negative?
1.		
2.		
3.		
4.		
5.		

Exercise: What Would You Do?³⁴

Explain to students that one of the best ways to deal with peer pressure is to practise what you would do before you ever find yourself in a sticky situation.

Ask students to read three “peer pressure” scenarios in their **activity book**, and describe how they would handle each one.

Scenario #1

Your good friend John asked you to come over to his house after school to work on a science project. John is a straight-A student who has helped you with school projects before. When you get there you see that there are no adults or other kids there. John goes to the refrigerator, gets a bottle of his father’s beer, opens it, and takes a sip. He then hands you the bottle and says, “Here, have some. I do it all the time. I never get caught.” What would you do?

³⁴ http://kidshealth.org/classroom/3to5/problems/drugs/alcohol_handout2.pdf

Scenario #2

You and your best friend, Karen, go on a camping trip with a group of other girls. After the adults go to bed, one of the girls pulls out a marijuana joint from her backpack. The joint is passed around and when it gets to you, you say, "No thanks." The other girls laugh at you and call you a big baby. The joint is now passed to Karen, who is about to try it. What would you do?

Scenario #3

Your best friend has an older brother who's 16. When you go over to your friend's house, you see that this older brother is sitting around with a group of his friends drinking beer with your friend's dad. What would you do?

ACTIVITY 2: HEALTHY WAYS TO MEET SOCIAL AND EMOTIONAL NEEDS (40 MIN)

Explain: Some people use alcohol and other drugs to fit in or to have fun with their friends, or because of boredom.

Ask: *What are other healthy or less dangerous ways people could have fun with their friends or by themselves?*

These could include:

- join a club or sports team
- exercise and eat well to feel balanced and emotionally stable
- talk to a trusted adult or a friend if something is bothering you
- practise MindUp or other conscious breathing to cope with a stressful situation
- play music or express yourself through creativity
- sit with a pet and breathe deeply
- get a friend or older sibling to help you with homework if you don't understand something
- do things that bring you confidence and make you feel good about yourself

Remind students of the importance of actively taking steps to increase their self-esteem. Ask them to review the "Be Your Own Best Friend" poster in their **activity book**.

Explain: Anything you love doing or that interests you can make you feel better than addictive substances like alcohol or drugs. No one plans on becoming addicted to substances, and it can happen to anyone. Once you start, it is really tough to quit.

Exercise: Create a list of at least five other activities (e.g., sporting events, dances, community centre activities, museums, etc.) that you and your friends can do for fun, instead of trying alcohol or drugs. Be sure to include locations, times and costs.

Activity	Location	Hours	Cost
1. Mount Sima – skiing/ snowboarding	Mount Sima	Friday – Sunday 10 am-3 pm (winter only)	\$33.00
2.			
3.			
4.			
5.			
6.			

Be Your Own Best Friend



Know Yourself

Accept your strengths and weaknesses.
Everyone has both!

Accept Help

Some problems are too big to solve alone.
Confide in someone you trust, and lighten the load.

Go Gently

Don't be hard on yourself. Be careful not to
expect too much, or to overreact
to your mistakes.

Be True to You

Be yourself. Be proud of who you are.
Pay attention to your own thoughts and feelings.
Do what seems right for you.

Increase Positive Self-Talk

Positive self-talk is a way to encourage yourself.
Practise these phrases daily: I am strong, today is a great day,
I am a good friend, I am loved, I am kind, I rock.

Take Time Out

Spend some time alone and enjoy your favourite music,
read a book or magazine, play a musical instrument
or write in your journal.

Stay Active

Try doing your favourite physical
activity for at least 30 minutes
a day. You will feel fit, strong,
and ready for challenges.



Exercise: Read “Lily and Gino’s Story” aloud and as a class answer the discussion questions below.

Lily and Gino’s Story

Lily and Gino are in 9th grade. Lily likes Gino a lot. They’ve gone out a couple of times, and she thinks she might want to try sex. She’s not really sure. She has a couple of older girlfriends who’ve tried it, and she’s starting to feel a little weird about waiting. Lily’s feeling a little left out, too. Gino has said he didn’t think he wanted to have sex.

Lily doesn’t want to talk to Gino about it, because she worries what Gino would think. She knows condoms are important, but she’s too embarrassed to buy them.

So, Saturday night, at a party, she smokes marijuana, which she doesn’t usually do, and drinks some beer. She encourages Gino to do the same. They both get pretty drunk and high and end up having sex before they leave. No condom was used.

The next morning, everything is still a little hazy. Lily can’t remember everything exactly, but she doesn’t think Gino used a condom. She starts counting the days until her next period.

Discussion Questions:

1. Why did Lily use alcohol and other drugs in this situation?
2. Exactly what risks did Lily take?
3. Did Lily consider Gino’s feelings about having sex?
4. Did her decision to have sex have any possible benefits?
5. Were the possible benefits worth the risks, in your opinion?
6. What are some steps that Lily could take now?

TEACHER NOTE: In lieu of this story, teachers are encouraged to watch the 55-minute video of *Wake and Bake*, (2011) before, as well as with, the class and follow the discussion guide presented in the DVD package. The DVD package was sent to all schools in March 2012 and is available in all school libraries. This performance also comes with a discussion guide for Grade 7 with lesson plans.

The play is based on the experiences of Yukon youth who used drugs and alcohol during their teenage years. It originally toured to all Yukon schools, Grades 7–12, as a live professional theatre production in the fall of 2011.

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

1. **I can ...** describe physical and emotional effects of alcohol and drugs.
2. **I can ...** list at least three reasons why adolescents may use alcohol and/or drugs.
3. **I can ...** describe how alcohol and drugs impair decision-making.
4. **I can ...** list at least three healthy alternative activities to using drugs and/or alcohol.

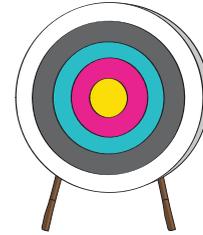
YES/NO/KIND OF

YES/NO/KIND OF
YES/NO/KIND OF

YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 12

CHECKING IN:

Write on the board: EASY, NOT BAD, A BIT DIFFICULT, TOO HARD

As the lesson ends, **students put a checkmark** under the heading to describe their level of understanding.

THEME 4: MEDIA AND CULTURE

GRADE 7

LESSON 13: Visioning Myself and My Life

“*Love yourself first and everything else falls into line.*”
~ Lucille Ball

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

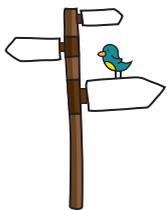
CURRICULAR COMPETENCIES	CONTENT
<p>Healthy and active living</p> <ul style="list-style-type: none">Identify factors that influence healthy choices and explain their potential health effectsIdentify and apply strategies to pursue personal healthy-living goalsReflect on outcomes of personal healthy-living goals and assess strategies used <p>Social and community health</p> <ul style="list-style-type: none">Describe and apply strategies for developing and maintaining positive relationships <p>Mental well-being</p> <ul style="list-style-type: none">Describe and assess strategies for promoting mental well-being, for self and othersCreate and assess strategies for managing physical, emotional, and social changes during puberty and adolescence	<ul style="list-style-type: none">Influences of physical, emotional, and social changes on identities and relationships

TIMING: 90 MINUTES

OBJECTIVES:

- Identify the effects of social influences on self-image (e.g., media, culture).
- Recall healthy body image messages.
- Examine the effects of media on self-image and behaviour.
- Challenge negative influences regarding self-image.
- Students create a “Vision Board” for themselves and their lives, beginning to articulate self-acceptance/self-love.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Understand that a person's attributes are more important than his or her looks.
- Explain how society and the media can pressure people to look a certain way, which can create negative and limiting self-perceptions.
- List healthy ways to create a positive vision for life.

RATIONALE:

Self-image is greatly affected by social and media influences on sexuality, gender, relationships, social status, wealth, ethnicity, etc. This lesson raises student awareness of how media can influence our self-image and resulting behaviours.

Knowing how to self-monitor and being aware of social and media influences brings more empowerment to students' lives. The exercise "If I Could Be" allows students to challenge social influences and gives a chance to delve into this topic on a personal level.

Mind mapping and creating a vision board for their ideal life offers a chance at deeper exploration and supports the kinds of activities that will serve them well in their relationships and in their lives. Healthy, secure adolescents grow into functioning, self-aware, contributing members of society.

Vision boards are a tool to help people make their dreams and intentions a reality. If we focus on what we truly desire, the how will more likely manifest. Visualization is one key way to achieve goals.

OUTLINE:

Introduction (10 min)

Activity 1: If I Could Be (15 min)

Activity 2: Body Image (30 min)

Activity 3: Creating and Living My Vision (30 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

- ✓ One large piece of paper or poster board, 11 x 17, per student
- ✓ Old magazines, catalogues, travel brochures, etc., for cutting out

TEACHER NOTE: Ensure there are available diverse magazines offering pictures of men and women of varied race/ethnicities, especially the race/ethnicities to which the teens in the group belong. If these are unavailable, it presents a good opportunity to discuss the presence/absence and stereotyping of various groups in the mainstream media, for example, how women are used in car ads, youth in alcohol ads and the complete absence of First Nations in mainstream magazines, except when used stereotypically, such as with a feathered headdress or a cowboy. You can also discuss how important it is for us to "see" ourselves in movies, media, advertising, so that we feel like we belong and are represented in society and media.

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- List the consequences and impacts of drugs and/or alcohol on decision making.
- What are some healthy ways to deal with stress or peer pressure that do not involve substances?
- Answer Question Box questions

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Read “What Counts?” with students in preparation for Lesson 13.

ACTIVITY 1: IF I COULD BE³⁵ (15 MIN)

Explain: Personal attributes are characteristics like being caring, compassionate, intelligent, funny, kind, helpful, respectful, confident, having self-love, etc. It’s important to be aware of your “ideals” regarding your own personal attributes.

Exercise: Ask students, in their **activity books**, to complete the statement, “If I could be anyone, I would be... because...”

Debrief this activity using the following questions:

- *How many examples provided by the group emphasize wanting to share personal traits such as personality? Such as physical appearance?*
- *Why do you think personal attributes are important?*
- *Would your answer be different if the question had been, “If I could look like anyone, I would... because...”?*
- *What are the dangers of selecting appearance as a desired quality in someone you admire?*

³⁵ Adapted from Alberta Health Services, 2013, teachingsexualhealth.ca, Grade 7 “Social Influences” Lesson 3 from <http://teachers.teachingsexualhealth.ca/wp-content/uploads/Grade-7-Social-Influences-Lesson-3.pdf>

ACTIVITY 2: BODY IMAGE³⁶ (30 MIN)

Explain: Media often influences how we feel about our physical appearance, our self-images, and our behaviour.

Exercise:

1. Place students in small groups and provide each group with a piece of poster paper.
2. Ask each group to write the title, “Images of Beauty” on the piece of paper, and using magazines, find pictures of people the group agrees are attractive. Have each group make a collage of these pictures underneath the title. Ask groups to add words or phrases that describe an attractive person.
3. When groups are finished, have them post their posters side by side on the board or wall.
4. When all groups are done posting, have students walk around the room reading the lists and looking at the collages.
5. Debrief this activity using the following questions:
 - 1) What are some standards that are set by the media regarding beauty?
 - 2) How does media influence the image we have of ourselves? Family? Friends?
 - 3) Is the media’s ideal image of beauty realistic for most people? Why or why not?
 - 4) What are some attractive qualities people can have that are not based on appearance?
Are these qualities reflected in the collages?
 - 5) Why do you think people might have a self-image that is more critical than reality?
 - 6) What are some ways we can combat negative perceptions we have of ourselves?

ACTIVITY 3: CREATING AND LIVING MY VISION (30 MIN)

Explain: A Vision Mind Map is a tool that helps generate ideas about one’s ideal life. The ideas created in the Vision Mind Map help formulate a Vision Board.

A Vision Board is a tool that can be adapted and recreated numerous times throughout a person’s life to help establish and achieve one’s goals. Goals can be short or long term and can change. A Vision Board is flexible and personalized.

Exercise:

Step 1: Students create Vision Mind Map:

- In the **activity book**, students write down who they are, what they love, what they would like to do in their life now and when they grow up.

Step 2: Students create a Vision Board:

- Using their Vision Mind Map for inspiration and direction, students find photos, images, words, phrases, etc., that capture their specific visions or goals.
- Students lay the images and words out to create a collage on a piece of poster paper. Once the design is complete, students glue images to finish the project.
- Post Vision Boards around the classroom or in the hall to inspire other students.

³⁶ Adapted from Alberta Health Services, 2013, teachingsexualhealth.ca, Grade 7 “Social Influences” Lesson 3 from <http://teachers.teachingsexualhealth.ca/wp-content/uploads/Grade-7-Social-Influences-Lesson-3.pdf>

TEACHER NOTE: Remind students that some visions can take a long time to happen, but not to give up.

Teachers are encouraged to create their own Vision Boards as an example for students. If teachers want to share how some of their own childhood visions or dreams have come true, this is a good time to do so.

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

1. **I can ...** understand that a person's attributes are more important than his or her looks.
2. **I can ...** explain how society and the media can pressure people to look a certain way that can create negative and limiting self-perceptions.
3. **I can ...** list healthy ways to create a positive vision for myself and my life.

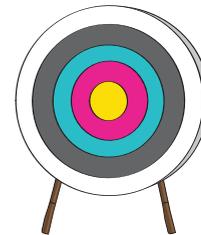
YES/NO/KIND OF

YES/NO/KIND OF
YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.

Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.



TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 13

QUESTION AT THE DOOR:

As students line up to leave the classroom, ask them to name a personal attribute they like about themselves.

Make a mental note, write down observations, give feedback.

THEME 4: MEDIA AND CULTURE

GRADE
7

LESSON 14:
Online and Texting Safety³⁷

“The Internet is becoming the town square for the global village of tomorrow.”
~ Bill Gates

LEARNING STANDARDS ADDRESSED IN THIS LESSON:

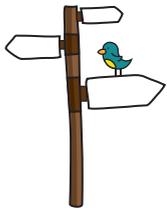
CURRICULAR COMPETENCIES	CONTENT
<p>Social and community health</p> <ul style="list-style-type: none">Describe and apply strategies for developing and maintaining positive relationships	<ul style="list-style-type: none">Strategies to protect themselves and others from potential abuse, exploitation, and harm in a variety of settingsConsequences of bullying, stereotyping, and discrimination

TIMING: 55 MINUTES

OBJECTIVES:

- Build understanding of web-based and texting activities as well as perceptions of and attitudes towards these activities.
- Build an understanding of how to assess and measure their vulnerability to cyberbullying.
- Build an understanding of the importance of ethical behaviour and “virtual reputation” in various web environments and through texting.
- Build an understanding of the importance of protecting one’s personal privacy online.
- Build an understanding that on the Internet, individuals are not always as anonymous as they believe themselves to be, nor is their texting completely private or protected.

WHAT COUNTS? (ASSESSMENT):



Students will be able to:

- Be aware of their own level of safety and appropriateness online and when texting.
- Demonstrate skills that help make good decisions online and when texting.
- Understand that what is done or said online is never truly anonymous.

³⁷The Society of Obstetricians and Gynaecologists of Canada (SOGC). (2013). Teachers: Middle Childhood (5–8). Sexuality and U. Retrieved from <http://www.sexualityandu.ca/teachers/sexuality-and-childhood-development/middle-childhood-5-8>

RATIONALE:

This lesson is the second part of a three-part series adapted from “Promoting Ethical Behaviour Online—Our Values and Ethics,” from MediaSmarts.ca.

In My Virtual Life, students assess the privacy and ethics of their online or texting activities by using a questionnaire that focuses on how they post materials in online profiles; the characteristics of their online or texting communication with others; how well they protect their passwords; their understanding of the potential lifespan of online or texting data and the consequences related to this; and their perceptions of anonymity.

Empowering students with strategies and information about ways that the world around them operates can protect them from victimization and exploitation. This lesson offers a way for students to feel more secure and in control of their lives online or via texting.

In addition, students determine whether their online or texting activities put them at risk for harassment or cyberbullying, as victims or as perpetrators. Through class discussion, they explore the importance of behaving ethically for its own sake rather than out of fear of “being caught.”

OUTLINE:

Introduction (10 min)

Activity 1: My Virtual Life— (40 min)

Student Self-Assessment and Question Box (5 min)

ADDITIONAL MATERIALS:

None

PROCEDURE:

INTRODUCTION (10 MIN)

Perform MindUp breathing (see page 18 for instructions).

Review ground rules.

Review key concepts from last class and answer Question Box questions.

- What is self-image?
- List three ways a person can build a positive and healthy self-image.
- Answer Question Box questions

For more information and recommendations on how to answer questions effectively, please refer to page 9.

Explain: This lesson will give the opportunity to really look at and consider how we portray ourselves online or through texting and what that means to our lives.

Read “What Counts?” with students in preparation for Lesson 14.

ACTIVITY 1: MY VIRTUAL LIFE (40 MIN)

Explain: In order to assess how you behave online, you need to create a virtual conscience that can be used to gauge your online or texting activities.

A virtual conscience is a check or filter. It measures whether or not what you are about to do online or electronically by text is wise and/or appropriate.

Ask: *Why do you think this sort of self-check might be helpful before you do something or engage with others online or texting?*

Explain: One of the great features of the Internet is the speed and ease it provides in doing things, such as downloading music, instant messaging friends, posting photos on social networking sites, etc.

But beware—the immediacy that the Internet offers can also lead to a “**click before you think**” syndrome where we act so quickly we may inadvertently do things that are inappropriate or will get us into trouble.

It's important to remember that once something has been sent online or via texting, there is no taking it back. Unlike a verbal message, a written message is permanent and therefore more powerful. If we are in the habit of checking in with a virtual conscience, then we have a moment to pause and reflect on what we are about to say and/or do.

Exercise: Students think of two people—someone famous who is admired for his/her courage, AND an adult in their life who is trusted and respected. Students write these two names in their **activity book**.

Explain: As of today, these two people will act as your **virtual conscience**.

Each time you intend to do something online or texting that you are not sure about, ask yourself: *What would my virtual conscience think of such an action?*

Online or texting actions are witnessed, or potentially witnessed, by far more people than just the intended recipients. Yet research has shown that many young people do things online or through texting that they would not do otherwise because they believe themselves to be anonymous.

Exercise: Students answer the My Virtual Life questionnaires by applying the questions to the one or more online environments where they interact with others most often (websites, Facebook, chat rooms, gaming). Explain that the questions will help students assess how easily they can be tracked online or when texting. It will also measure how ethical their online or texting activities are. Emphasize that this exercise is just for them. They won't be showing it to anyone else.

My Virtual Life Questionnaire

Use the following questionnaires to assess your online behaviour, where you interact with others most often (Snapchat, Facebook, chat rooms, etc.). Record your answers on the score card and assess your online behaviour at the the end of each section.

Online Profile (e.g., Facebook):

1. This profile has:
 - a. One (or several) recognizable photo(s) of me
 - b. One (or several) unrecognizable general photo(s)
 - c. Personal data that could be used to identify me (e.g., e-mail address, birthday, name, school, reference to a sports team, etc.)
 - d. There is no profile option on this web site
 - e. I have chosen not to complete an online profile on this site

2. Imagine that someone you know in the physical world comes across this online profile. Could this person link this profile to you (either by reading the profile content or by following your e-mail address)?
 - a. Yes
 - b. No
 - c. Not sure

3. Who can see this profile?
 - a. Only people I invite (secret profile)
 - b. Only people I accept (limited profile)
 - c. People in my network: school, town (public profile)
 - d. Everyone
 - e. Not sure

4. Have you ever posted recognizable photos of your friends in your profile?
 - a. Yes, after checking with them to make sure they didn't mind
 - b. Yes, without checking with them
 - c. No

5. Profile content
 - a. I would have no problem showing what I have posted in my profile to my virtual conscience
 - b. I would not want to show my profile to my virtual conscience

Online Profile Score Sheet

Answers	Colour Rating
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Use the following colour guide to rate your online profile:

Question 1:

- If you answered **b**, **d** or **e**, give yourself a **blue** rating
- If you answered **c**, give yourself a **yellow** rating
- If you answered **a**, give yourself a **red** rating

Question 2:

- If you answered **a** or **c**, give yourself a **red** rating
- If you answered **b**, give yourself a **blue** rating

Question 3:

- If you answered **a**, give yourself a **blue** rating
- If you answered **b**, give yourself a **yellow** rating
- If you answered **c**, **d**, or **e**, give yourself a **red** rating

Question 4:

- If you answered **a**, give yourself a **yellow** rating
- If you answered **b**, give yourself a **red** rating
- If you answered **c**, give yourself a **blue** rating

Question 5:

- If you answered **a**, give yourself a **blue** rating
- If you answered **b**, give yourself a **red** rating

Yellow:

- If you are mostly yellow, you are fairly cautious about your online profile.
- You do tend to include some information and images of yourself or your friends, perhaps on purpose or by accident, but you perhaps try to limit the number of people who can access such data.
- You may understand that information and images that you post may be seen or downloaded and passed on by others, so perhaps you make sure to ask permission before posting images of your friends and you might make sure that nothing you do post would embarrass or hurt you or anyone else.

Blue:

- If you are mostly blue, give yourself a pat on the back.
- You are most likely careful about what you post online and that's a good thing.
- You may be less vulnerable to being cyberbullied or harassed because the footprints you leave online are either not easily traced back to you or are directed only toward a limited group of people who you trust wholeheartedly.
- Perhaps you understand that information and images that you post online may be seen or downloaded and passed on by others, so you post only general images in your profile.

Red:

- If you are mostly red, you may be setting yourself up for a lot of problems.
- You need to be more careful with the access to your personal life—and that of your friends—that you provide to others through your online profile. This may be because you are not very careful, nor is anyone you know. Perhaps it's because no one has really taught you how to be careful online.

Communication and Texting Characteristics (e.g., chat rooms):

1. What are your online/texting characteristics?
 - a. One-way communication (where your audience or the object of your comments has no way of responding directly to you)
 - b. Two-way communication (where your audience or the object of your comments may respond, online or otherwise)

2. Have you ever sent, forwarded or posted an **image** of someone that was intended to put down, make fun of, or embarrass them?
 - a. Yes
 - b. No

3. Have you ever sent, forwarded or posted **comments** about someone that were intended to put down, make fun of, or embarrass them?
 - a. Yes
 - b. No

4. Nature of communication
 - a. I would have no problem showing my chat logs or what I have posted to my virtual conscience
 - b. I would not want to show my chat logs to my virtual conscience

Communication and Texting Characteristics Score Sheet

Answers	Colour Rating
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Use the following colour guide to rate your communication and texting characteristics:

Question 1:

- If you answered **a** give yourself a **yellow** rating
- If you answered **b** give yourself a **blue** rating

Question 2:

- If you answered **a** give yourself a **red** rating
- If you answered **b** give yourself a **blue** rating

Question 3:

- If you answered **a** give yourself a **red** rating
- If you answered **b** give yourself a **blue** rating

Question 4:

- If you answered **a** give yourself a **blue** rating
- If you answered **b** give yourself a **red** rating

Blue:

- If you are mostly blue, you are probably respectful and ethical in your online and texting communications.
- You may tend to communicate with others, not at others.
- You probably don't behave aggressively or in an intentionally mean way when you are chatting, e-mailing or instant messaging.

Yellow:

- If you are mostly yellow, you are fairly respectful and ethical in your online and texting communications.
- You mostly communicate in a respectful way, with people you know, but sometimes you may not.

Red:

- If you are mostly red, you may be setting yourself up for a lot of problems.
- You need to be more careful with the access to your personal life—and that of your friends—that you provide to others through your online profile. This may be because you are not very careful, nor is anyone you know. Perhaps it's because no one has really taught you how to be careful online.

Passwords (e.g., Facebook):

1. Does anyone else know any of the passwords that you use online?
 - a. Yes
 - b. No

Passwords Score Sheet

Answers	Colour Rating
1.	1.

Use the following colour guide to rate your passwords:

Question 1:

- If you answered **a** give yourself a **red** rating
- If you answered **b** give yourself a **blue** rating

Red:

- If you scored red, watch out!
- There are a lot of people out there who have had their identities stolen and/or misused as a result of sharing their password(s) with too many people.
- Or using the same one with many sites or profiles.

Blue:

- If you scored blue, you are password-savvy.
- You don't share passwords even with friends and you don't make up passwords that anyone who knows you could easily guess.

Lifespan of Online Information (e.g., Twitter):

1. What is the lifespan of the images and/or information I have posted or shared in this online environment?
- a. Temporary
 - b. Permanent
 - c. Don't know

Lifespan of Online Information Score Sheet

Answers	Colour Rating
1.	1.

Use the following colour guide to rate your passwords:

Question 1:

- If you answered **a** give yourself a **red** rating
- If you answered **b** give yourself a **red** rating
- If you answered **c** give yourself a **red** rating

Red:

All these answers score **red**!

- This is something of a trick question since, contrary to what many people think, there is no such thing as temporary data on the Internet.
- It's not uncommon for universities, colleges and prospective employers to check out what people have posted on sites like Facebook to see whether or not they are desirable candidates for programs or positions.
- This may not be that important to you now but it's a good idea to build healthy habits so the "oops!" of "Click Before You Think" syndrome doesn't haunt you indefinitely!

Bonus question

1. Are you ever truly anonymous when you are online?
 - a. Yes
 - b. No

Explain: Let's say you are true **blue**. You do everything right: you're careful with what you post about yourself, you are considerate in how you communicate with others, and you protect your privacy when you are on other websites.

Ask: *Are you still anonymous? How do you know?*

Explain: We are never truly anonymous online or when texting.

No matter how careful we may be about privacy, whenever we go online our computer leaves a digital footprint or record that tells Internet Service Providers (ISP) exactly who we are.

Consider that when people sign in to use services like Bebo, Facebook or Instagram, their actions are *not* anonymous and that the website can read, monitor and record the Internet Protocol (IP) address of the user's computer. The police are able to track down people committing crime online by accessing their IP addresses.

Explain: Remember to THINK before putting something online or telling others.

Remember to **THINK** before putting something online or telling others:

- T – Is it TRUTHFUL?
- H – Is it HONEST?
- I – Is it IMPORTANT?
- N – Is it NECESSARY?
- K – Is it KIND?

STUDENT SELF-ASSESSMENT AND QUESTION BOX (10 MIN)

Students fill in the Self-Assessment page for this lesson in their **activity books**.

Step 1: Did you learn what counts for this lesson?

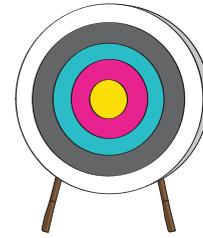
1. **I am ...** aware of my own level of safety and appropriateness online and when texting.
2. **I have ...** skills to help make good decisions online and when texting.
3. **I can ...** understand that what is done online is never truly anonymous and that data stays online forever.

YES/NO/KIND OF
YES/NO/KIND OF

YES/NO/KIND OF

Step 2: Are you on target?

Put an arrow into the target ring that best describes where you are at in your overall understanding of this lesson.



Step 3: Write a question, or a new fact you learned this lesson, and put it in the Question Box.

TEACHER MINI-ASSESSMENT FOR GR. 7 LESSON 14

CIRCULATE AND OBSERVE:

1. Do students' online activities seem safe?
2. Do students understand WHY they should be careful online?
3. Are students willing to adjust their online behaviour?

Make a mental note, write down observations, give feedback.

Resource Rubric

PHYSICAL AND HEALTH EDUCATION

Grade	Participation	Student Activity Book	Self-Evaluations	Anecdotal notes / Mini-Assessments	Quizzes / Tests	Ground Rules	Your own	Your own
A	Excellent performance in participation. Outstanding effort in focusing, discussions, partner work, roleplays, etc.	Total completion of work, demonstrating excellent understanding.	Accurately described themselves as in the WOW target very often.	Demonstrates excellent understanding in discussions and mini-assessments.	All, or nearly all, answers correct.	Excellent at following all of the ground rules.		
B	Very good performance in participation. A strong effort in focusing, discussions, partner work, roleplays, etc.	Completion of work, demonstrating very good understanding.	Accurately described themselves as in the WOW target somewhat often.	Demonstrates very good understanding in discussions and mini-assessments.	Many answers correct.	Very good at following the ground rules.		
C+	Good performance in participation. A reasonable effort in focusing, discussions, partner work, roleplays, etc.	Most work complete, demonstrating a good understanding.	Accurately described themselves as in the GOOD target very often.	Demonstrates good understanding in discussions and mini-assessments.	A reasonable number of answers correct.	Good at following most of the ground rules.		
C	Satisfactory performance in participation. A partial effort in focusing, discussions, partner work, roleplays, etc.	Most work complete, demonstrating a satisfactory understanding.	Accurately described themselves as in the GOOD target somewhat often.	Demonstrates satisfactory understanding in discussions and mini-assessments.	Just over half correct.	Satisfactory at following most of the ground rules.		
C-	Minimally acceptable performance in participation. A low effort in focusing, discussions, partner work, roleplays, etc.	Some completion of work, demonstrating a minimal level of understanding.	Accurately described themselves as in the CONTINUE target more than the other targets.	Minimally meets showing understanding in discussions and mini-assessments.	Around half correct	Minimally following some of the ground rules.		
I	incomplete	incomplete	incomplete	incomplete	incomplete	incomplete	incomplete	incomplete
F (Fail)	Failing to meet minimally acceptable performance for participation, or no participation.	Very low completion of work, not meeting minimal levels of understanding.	Accurately described themselves as OFF TARGET very often.	Does not minimally meet showing understanding in discussions and mini-assessments.	Very few or no correct answers.	Did not follow the ground rules the majority of the time.		
N/M	No Mark	No Mark	No Mark	No Mark	No Mark	No Mark	No Mark	No Mark





**Department of Health and Social Services Health Promotion Unit
and Department of Education
2016**