

PROMOTING

HEALTHY GROWTH & DEVELOPMENT



A school-based toolkit

SUPPORTING THE FOUNDATIONS FOR A HEALTHY SCHOOL



PROMOTING HEALTHY GROWTH & DEVELOPMENT

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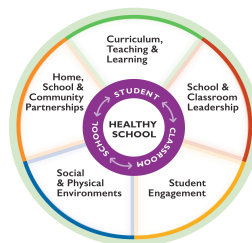
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Original Source: Ministry of Education, Foundations for a Healthy School:
A Companion Resource to the K-12 School Effectiveness Framework
(<http://www.edu.gov.on.ca/eng/healthyschools/resourceF4HS.pdf>)

Human Development and Sexual Health in Elementary Schools

Risky sexual behaviour can lead to poor reproductive health outcomes such as unplanned pregnancy and sexually transmitted infections.

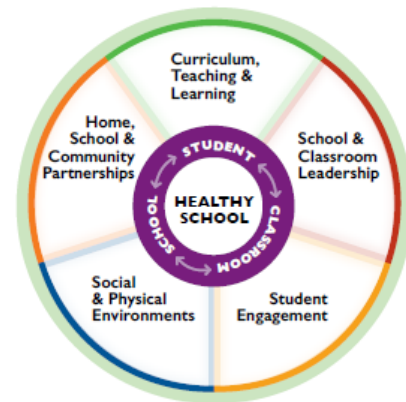
Purpose:

The purpose of this resource is to provide educators and parents with strategies to promote healthy growth and development that can lead to reducing risky sexual behaviour among children and youth. Strategies target curriculum, teaching and learning, as well as student engagement and home, school and community partnerships.

How was this resource developed?

This toolkit was designed to support the Foundations for a Healthy School Resource. It recommends that health topics are addressed across each of the components of the framework which include:

- Curriculum, teaching and learning;
- School and classroom leadership;
- Student engagement;
- Social and physical environment;
- Home, school, and community partnerships.



For more information about the Foundations for a Healthy School visit <http://www.edu.gov.on.ca/eng/healthyschools/foundations.html>

The evidence clearly indicates that for an initiative in the school setting to be impactful, it has to be multicomponent and delivered over long periods of time versus single component or “one off” programming. Therefore, strategies outlined in this tool kit are identified as aligning with the components of the framework.

Why do we need to promote healthy growth and development?

Providing students educational programs that focus on growth and development prior to them entering into sexual relationships helps to decrease the incidence of risky sexual behaviour. (Poobalan et al., 2009). Risky sexual behaviour is a health concern among youth that can lead to poor reproductive health outcomes such as unplanned pregnancy and sexually transmitted infections (STIs) (Bearinger, Sieving, Ferguson, & Sharma, 2007).

These outcomes are associated with behaviours which can include early initiation of sexual intercourse (Sandfort, Orr, Hirsch & Santelli, 2008); sexual intercourse with multiple partners (Kuortti & Kosunen, 2009; Rotermann, 2012), sexual intercourse without the use of condoms (Sprecher, 2013; Shneyderman & Schwartz, 2012), sexual intercourse without any form of contraception (Bearinger, Sieving, Ferguson, & Sharma, 2007), and sexual intercourse while intoxicated (Sprecher, 2013; Shneyderman & Schwartz, 2012).

The proportion of youth engaging in sexual behaviour increases with age and these trends have not changed in the past 20 years. In 2009/2010, 30% of Canadians aged 15-17 and 68% of Canadians aged 18-19 reported ever having sexual intercourse – a percentage that has remained unchanged since 1996/1997 (Rotermann, 2008, 2012). Sexual initiation occurs before age 15 for approximately 10% of youth and increases to one quarter of the population by age 16 (Rotermann, 2012). Early initiation of sexual intercourse puts youth at risk for other unhealthy sexual behaviours (Sandfort, Orr, Hirsch & Santelli, 2008). For instance, nearly 40% of males and 20% of females in Canada reported having multiple partners (Rotermann, 2012). A substantial proportion of youth are not using condoms and use appears to decline with age (PHAC, 2009/10). The Canadian Community Health Survey reported that in Ontario, only 81% of sexually active 15-17 year-olds reported using a condom at last intercourse which further dropped to only 70% of 18-19 year-olds. Males were more likely to use a condom than females (Rotermann, 2012). These rates are consistent with overall Canadian rates.

Local data also shows the need to decrease risky sexual behaviour and the associated undesirable outcomes. In Middlesex-London in 2009, about 32 of every 1000 female teenagers aged 15-19 were pregnant. Teen pregnancy rates and time trends are similar to those in Ontario and similar health unit areas (Middlesex-London Health Unit, n.d.). The annual average reported incidence rate of chlamydia infections was about 15 per 1000 females 15-19 years of age and 3 per 1000 males in the same age group. Chlamydia rates are over 20 times higher and gonorrhea rates are 10 times higher than the rates in the rest of the population (Middlesex-London Health Unit, n.d.).

There are, however, protective factors that are associated with healthy sexual behaviour which may lead to a decrease in the prevalence of negative outcomes of risky sexual behaviours, such as STIs and unplanned pregnancy. Connectedness, including family and school connectedness, can be a protective factor in adolescent sexual and reproductive health (Markham et al., 2010, Kao and Manczak, 2012). This toolkit offers resources to help educate students about healthy growth and development and provides strategies to enable students to make healthy choices. For additional information and resources on connectedness consider accessing our “Promoting School Connectedness Toolkit”.

Adolescents are better able to plan and engage in safe sexual practices if they have high self-efficacy in their ability to discuss with a partner about condom use, motivation to use a condom, and concern about pregnancy (Safii, Stovel, Davis, & Holmes, 2013). Another protective factor is parent and child communication (Kao and Manczak, 2012).

In summary, the evidence supports the need to decrease risky sexual behaviour among youth to support healthy sexual and reproductive health.

Why should school play a role?

Schools have been identified as an ideal setting to work with children and youth because of the universal enrollment of children in school and the consistent access to this target population. However, a more compelling reason aligns with Ontario’s Well-Being Strategy for Education. It is undisputed that healthy students are better prepared to learn. Studies demonstrate that promoting student health and well-being can help schools meet their educational goals, such as reduced absenteeism, fewer behavioural problems, and higher school-wide test scores and grades

(http://www.cdc.gov/healthyschools/health_and_academics/pdf/health-academic-achievement.pdf).

A healthy school not only provides educational opportunities but creates a supportive environment for health and well-being. The Foundations for a Healthy School is an Ontario Ministry of Education resource that is designed to support student health and well-being. It emphasizes the importance of taking a comprehensive approach to address health-related topics that contribute to well-being. This approach demonstrates that multiple levels of influence determine individual behaviour and recognize that no single factor can adequately account for why children and youth engage in health risk or health promotion behaviours. This toolkit was designed to support The Foundations for a Healthy School. Activities and resources to reduce risky sexual behaviour are described according to the foundations. The appendices contain supplementary information to assist with the implementation of the activities.

Why is student engagement important?

Students are arguably the most important stakeholders in the education system and thus student engagement should be at the heart of a healthy school. The Foundations for a Healthy School defines student engagement as *“the extent to which students identify with and value their learning; feel a sense of belonging at school; and are informed about, engaged with and empowered to participate in and lead academic and non-academic activities”*. While student engagement is one of the five components of a healthy school, student engagement is best achieved when it is integrated into all of the Foundation’s components.

When students are given the opportunity to be active contributors to their learning, and their learning environments, they derive a sense of belonging and connectedness to the school community, and gain feelings of competence and satisfaction from achievements in their work. The role of the adult is to empower students; give them the skills and confidence to contribute equally to decisions, lead meetings, and organize and implement activities.

Public Health’s Commitment to Schools

The goal of Middlesex London Health Unit’s (MLHU) Child and Youth Program Team is to improve the health of children and youth, and contribute to a positive and healthy school climate. Specifically, our team works with school boards and/or staff of elementary and secondary schools, using a comprehensive health promotion approach to influence the development and implementation of healthy policies and the creation or enhancement of a supportive environment to address key topics. Each school in London and Middlesex County is assigned a Public Health Nurse (PHN). For a list of PHNs assigned to schools, visit <https://www.healthunit.com/public-health-at-your-school>. Contact your PHN to determine how they can support this resource and collaborate with your school to improve the health of children and youth.

References

- Bearinger, L. H., Sieving, R. E., Feguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *Lancet*, 369, 1220-31.
- Jackson, C., Geddes, R., Haw, S., & Frank, J. (2012). Interventions to prevent substance use and risky sexual behaviour in young people: a systematic review. *Addiction*, 107(4), 733-747. doi:10.1111/j.1360-0443.2011.03751.x
- Kao, T. A., & Manzcak, M. (2012). Family Influences on adolescents' birth control and condom use, likelihood of sexually transmitted infections. *Journal of School Nursing*, 29(1), 611-70. doi:10.1177/1059840512444134
- Kuortti, M., & Kosunen, E. (2009). Risk-taking behaviour is more frequent in teenage girls with multiple sexual partners. *Scandinavian Journal of Primary Health Care*, 27(1), 47-52.
<http://doi.org/10.1080/02813430802691933>
- Markham, C., Lormand, D., Gloppen, K., Peskin, M., Flores, B., Low, B., & House, L. (2010). Connectedness as a predictor of sexual and reproductive health outcomes for youth. *Journal of Adolescent Health*, 46(3S), S23-41. doi:10.1016/j.jadohealth.2009.11.214
- Middlesex-London Health Unit. (n.d.). Figure 8.18: Chlamydia infections (by sex). In *Middlesex-London Community Health Status Resource*. Retrieved from <http://communityhealthstats.healthunit.com/chart/sexually-transmitted-and-blood-borne-infections/figure-818-reported-chlamydia-infections-sex>
- Middlesex-London Health Unit. (n.d.). Figure 9.7: Teen pregnancy rate per 1,000 (age 15-19). In *Middlesex-London Community Health Status Resource*. Retrieved from <http://communityhealthstats.healthunit.com/chart/pregnancy-and-fertility-rates/figure-97-teen-pregnancy-rate-1000-age-15-19>
- Ritchwood, T. D., Ford, H., DeCoster, J., Lochman, J. E., & Sutton, M. (2015). Risky Sexual Behavior and Substance Use among Adolescents: A Meta-analysis. *Children and Youth Services Review*, 5274-88.
<http://doi.org/10.1016/j.childyouth.2015.03.005>
- Rotermann, M. (2012). Sexual behaviour and condom use of 15- to 24-year-olds in 2003 and 2009/2010. *Health Reports*, 23(1), 41-45.
- Rotermann, M. (2008). Trends in teen sexual behaviour and condom use. *Health Reports*, 19(3), 1-5.
- Sandfort, T., Orr, M., Hirsch, J., & Santelli, J. (2008). Long-term health correlates of timing of sexual debut: results from a national US study. *American Journal of Public Health*, 98(1), 155-161.
doi:10.2105/AJPH.2006.097444
- Shafii, T., Stovel, K., Davis, R., & Holmes, K. (2004). Is condom use habit forming? Condom use at sexual debut and subsequent condom use. *Sexually Transmitted Diseases*, 31(6), 366-372.
- Specher, S. (2013). Predictors of condom use in first sexual intercourse: a consideration of individual, situational, relational, and cohort effects. *Journal of Applied Social Psychology*, 43, 71-84.



Curriculum, Teaching and Learning

- [Announce It!](#)
- Teaching Resources
 - [Personal Hygiene PowerPoint](#)
 - [Puberty PowerPoints](#)
 - [Healthy Relationships PowerPoints](#)
 - [Sexually Transmitted Infections \(STIs\) PowerPoint](#)
 - [STI Transmission and Symptoms](#)
 - [Birth Control/Contraception PowerPoint](#)
 - [Birth Control Match Up](#)
 - [Human Development and Sexual Health Questions](#)
 - [Question Box](#)
 - [Resource Lending System \(RLS\)](#)



School and Classroom Leadership

- [All About Me Placemat Activity](#)



Home, School and Community Partnerships

- [Parent Communication](#)
- [PHN Consultation](#)



Social and Physical Environments

- [I AM Activity](#)



Student Engagement

- [Girls Group](#)

RELATED FOUNDATIONS:

- Social & Physical Environments
- Student Engagement

RESOURCES:

- [Announce It!](#)

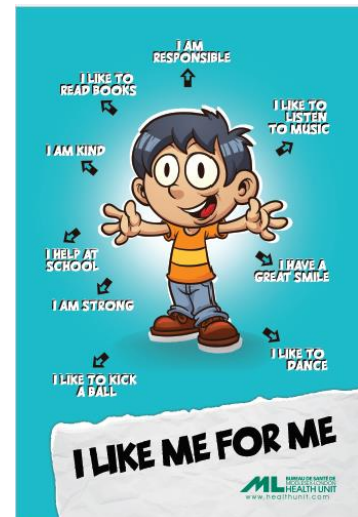
Announce It!

ACTIVITY GOAL: To increase students' awareness and knowledge about healthy growth and development.

ACTIVITY IDEA:

Pair announcements, health walls, newsletters and/or other growth and development activities to increase awareness and knowledge about growth and development.

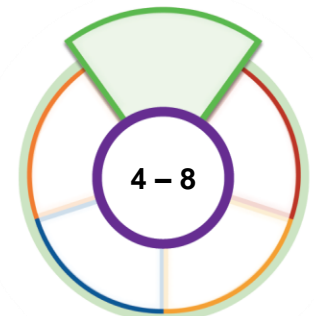
- Use communication strategies such as daily announcements, health walls, newsletters and social media to raise awareness.
- Visit Announce It! <https://www.healthunit.com/announce-it>, to access examples of announcements, health walls, newsletters and social media messages that you can use for your school.
- These communication strategies should be a part of a comprehensive healthy school approach and have the most impact when used together.
- For a more youth-friendly approach, engage students from committees or a class to assist with communication strategies.



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Curriculum Connections

- Grade 4: C2.4 Puberty – changes; emotional, social impact
- Grade 5: C3.2 Actions, self-concept
- Grade 6: C1.3 Development of self-concept
- Grade 7: C3.3 Relationship changes at puberty
- Grade 8: C2.4 Relationships



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [Personal Hygiene PowerPoint \(online\)](#)
- Personal Hygiene Kit for Grade 4-8
- RLS
 - [RLS Activity](#)
 - [RLS Login/Sign-Up](#)
- [Parent Communication Activity](#)

Personal Hygiene PowerPoint

ACTIVITY GOAL: To increase student's knowledge about hygiene practices during the puberty stage.

ACTIVITY INSTRUCTIONS:

1. Hygiene PowerPoint
<https://www.healthunit.com/healthy-schools-teaching-resources#human-development-and-sexual-health>
2. Consider using speaking notes found with presentation to engage students in discussion.
3. Complement presentation with the Personal Hygiene Kit for Grade 4-8 available through the Resource Lending System (RLS). See [Resource Lending System Activity](#) for instructions.
4. Contact your Public Health Nurse, 519-663-5317 ext. 3060, for consultation or support regarding these resources.
5. When planning to teach about growth and development it is recommended to connect with parents beforehand; reaching out to parents can support parent-student discussion outside the classroom. See [Parent Communication Activity](#) for a sample letter to help communicate your teaching plans.

Educator Prompts

- Tell me what the words 'personal hygiene' mean.
- Tell me why you think we are going to discuss hygiene.
- What do you know about hygiene as the body changes and matures or goes through puberty?

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Curriculum Connections

- Grade 4: C1.5 Puberty – changes; emotional, social impact
- Grade 4: C2.4 Puberty – personal hygiene and care
- Grade 5: C2.4 Puberty – emotional, interpersonal stresses puberty



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [Puberty PowerPoints \(online\)](#)
- Changing Me, Bodies and Parts Resource Kit (RLS)
- Personal Hygiene Kit for Grade 4-8
- RLS
 - [RLS Activity](#)
 - [RLS Login/Sign-Up](#)
- [Human Development and Sexual Health Questions Activity](#)
- [Parent Communication Activity](#)

Puberty PowerPoint

ACTIVITY GOAL: To increase students' awareness and knowledge of the physiologic and emotional changes that occur during puberty.

ACTIVITY INSTRUCTIONS:

1. French or English Puberty PowerPoint
<https://www.healthunit.com/healthy-schools-teaching-resources#human-development-and-sexual-health>
2. Consider using speaking notes found with presentation to engage students in discussion.
3. Complement presentation with resources available from Resource Lending System (RLS) - Personal Hygiene Kit for Grade 4-8 and Changing Me, Bodies and Parts. See [Resource Lending System Activity](#) for instructions.
4. For additional activities see [Human Development and Sexual Health Questions Activity](#).
5. Contact your Public Health Nurse, 519-663-5317 ext. 3060, for consultation or support regarding these resources.
6. When planning to teach about growth and development it is recommended to connect with parents beforehand; reaching out to parents can support parent-student discussion outside the classroom. See [Parent Communication Activity](#) for a sample letter to help communicate your teaching plans.

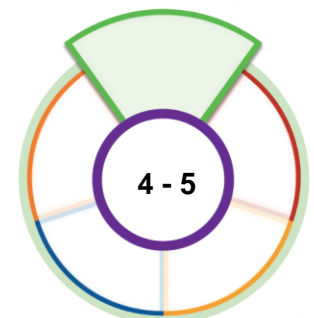
Educator Prompts – Grade 4/5

- When do we go through growth spurts? When does puberty start?
- What is puberty?
- How do you feel about puberty?
- Can you identify what body changes/emotional changes that may occur during puberty?
- Who could you talk to about changes happening during this time?

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Curriculum Connections

- Grade 4: C1.5 Puberty – changes; emotional, social impact
- Grade 5: C1.3 Reproductive system
- Grade 5: C1.4 Menstruation, spermatogenesis
- Grade 5: C2.4 Emotional, interpersonal stresses



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [Healthy Relationships PowerPoints \(online\)](#)
- [Parent Communication Activity](#)

Healthy Relationships PowerPoints

ACTIVITY GOAL: To increase students' knowledge, skills and confidence to develop healthy relationships as they transition through human development (puberty to young adult).

ACTIVITY INSTRUCTIONS:

1. Healthy Relationships PowerPoints.
<https://www.healthunit.com/healthy-schools-teaching-resources#human-development-and-sexual-health>
2. Consider using speaking notes found with presentation to engage students in discussion.
3. Contact your Public Health Nurse, 519-663-5317 ext. 3060, for consultation or support regarding these resources.
4. When planning to teach about growth and development it is recommended to connect with parents beforehand; reaching out to parents can support parent-student discussion outside the classroom. See [Parent Communication Activity](#) for a sample letter to help communicate your teaching plans.

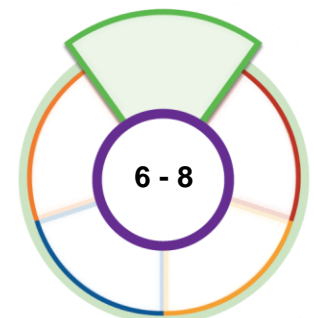
Educator Prompts

- Tell me about the different kind of relationships you have.
- What is a healthy relationship? Unhealthy relationship?
- What makes a relationship different from one friend to another or one family member to another?
- Tell me what you understand about consent.
- How is consent linked to a healthy relationship?

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Curriculum Connections

- Grade 6: C1.3 Development of self-concept
- Grade 6: C2.5 Understanding of puberty changes, healthy relationships
- Grade 6: C2.6 Decision making in relationships
- Grade 6: C3.3 Stereotypes and assumptions – impacts and strategies for responding
- Grade 7: C1.1 Benefits and dangers- technology
- Grade 7: C2.4 Sexual health and decision making
- Grade 7: C3.3 Relationship changes at puberty
- Grade 8: C1.4 Decisions about sexual activity; supports
- Grade 8: C1.5 Self-concept
- Grade 8: C3.3 Relationships and intimacy



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [STIs PowerPoint \(online\)](#)
- [True and False Quiz](#)
- [STI Critter Game](#)
- RLS
 - [RLS Activity](#)
 - [RLS Login/Sign-Up](#)
- [STI Transmission and Symptoms Activity](#)
- [Human Development and Sexual Health Questions Activity](#)
- [STI Webpage](#)
- [Parent Communication Activity](#)

Sexually Transmitted Infections (STIs) PowerPoint

ACTIVITY GOAL: To increase students' awareness and understanding of STIs and to promote protective measures and treatments against STIs.

ACTIVITY INSTRUCTIONS:

1. English or French presentation
<https://www.healthunit.com/healthy-schools-teaching-resources#human-development-and-sexual-health>
2. Consider using speaking notes found with presentation to engage students in discussion.
3. Complement presentation with English or French 'True and False Quiz'
<https://www.healthunit.com/uploads/sti-true-and-false-quiz.pdf>
4. Complement presentation with STI Critter Game, available through the Resource Lending System (RLS). See [Resource Lending System Activity](#) for instructions. Additional resources include: [STI Transmission and Symptoms Activity](#), [Human Development and Sexual Health Questions Activity](#) or information from <https://www.healthunit.com/sexually-transmitted-infections>
5. Contact your Public Health Nurse, 519-663-5317 ext. 3060, for consultation or support regarding these resources.
6. When planning to teach about growth and development it is recommended to connect with parents beforehand; reaching out to parents can support parent-student discussion outside the classroom. See [Parent Communication Activity](#) for a sample letter to help communicate your teaching plans.

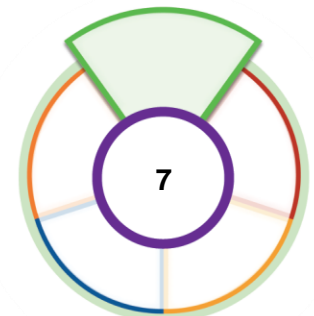
Educator Prompts

- What does STI stand for?
- Tell me why you think it is important to discuss STIs.
- What are some of the ways we can protect ourselves from getting STIs?

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Curriculum Connections

- Grade 7: C1.3 Delaying sexual activity
- Grade 7: C1.4 Sexually transmitted infections
- Grade 7: C1.5 STI and pregnancy prevention
- Grade 7: C2.4 Sexua health and decision making
- Grade 7: C3.3 Relationship changes at puberty



RELATED FOUNDATIONS:

- Student engagement

RESOURCES:

- [STI Transmission and Symptoms Cards Appendix D](#)
- [STI Transmission and Symptoms Answer Key](#)

STI Transmission and Symptoms Activity

ACTIVITY GOAL: To increase student knowledge of symptoms and modes of transmission of Sexually Transmitted Infections (STIs)

ACTIVITY INSTRUCTIONS:

1. Hand out STI symptoms and modes of transmission cards.
2. Post the categories at the front of the class.
3. Have students place the symptoms and modes of transmission under the correct category (based on what they know).
4. Discuss where each symptom and mode of transmission belongs.

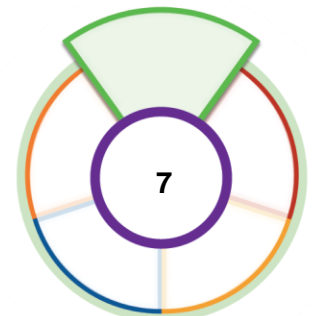
Educator Prompts

- What does STI stands for?
- Tell me why you think it is important to discuss STIs.
- What are some of the ways we can protect ourselves from getting STIs?

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Curriculum Connections

- Grade 7: C1.4 Sexually transmitted infections (STIs)
- Grade 7: C1.5 STI and pregnancy prevention



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [Birth Control PowerPoint \(online\)](#)
- [Birth Control Webpage](#)
- Sexual Health Teaching Kit – RLS
- RLS
 - [RLS Information](#)
 - [RLS Login/Sign-Up](#)
- [Birth Control Match Up Activity](#)
- [Human Development and Sexual Health Questions Activity](#)
- [Parent Communication Activity](#)

Birth Control/Contraception PowerPoint

ACTIVITY GOAL: To increase student's knowledge and awareness about birth control methods to prevent pregnancy and STIs.

ACTIVITY INSTRUCTIONS:

1. French or English Birth Control/Contraception PowerPoint <https://www.healthunit.com/healthy-schools-teaching-resources#human-development-and-sexual-health>.
2. Consider using speaking notes found with presentation to engage students in discussion.
3. Complement presentation with the Birth Control Webpage <https://www.healthunit.com/birth-control>, [Birth Control Match Up Activity](#) or the Sexual Health Teaching Kit available through the Resource Lending System (RLS). See [Resource Lending System Activity](#) for instructions.
4. Contact your Public Health Nurse, 519-663-5317 ext. 3060, for consultation or support regarding these resources.
5. When planning to teach about growth and development it is recommended to connect with parents beforehand; reaching out to parents can support parent-student discussion outside the classroom. See [Parent Communication Activity](#) for a sample letter to help communicate your teaching plans.

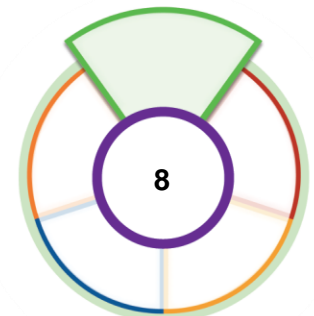
Educator prompts

- Whose responsibility is it to think about birth control before engaging in sexual activity?
- Whose responsibility is it to give consent before engaging in sexual activity?
- What are the benefits and risks of different types of birth control methods?
- What is the most effective method for preventing pregnancy?
- What is the most effective method for protecting against STIs?
- Who can you talk to about birth control?

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Curriculum Connections

- Grade 8: C2.4 Decision making, contraception



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [Birth Control PowerPoint \(online\)](#)
- [Birth Control Method Cards Appendix B](#)
- Pictures of birth control methods – from PPT
- Sexual Health Teaching Kit (RLS)
 - [RLS Activity](#)
 - [RLS Login/Sign-Up](#)

Birth Control Match Up

ACTIVITY GOAL: To review what students have learned about birth control methods and their effectiveness for preventing STIs and pregnancy.

ACTIVITY INSTRUCTIONS:

This activity can be done prior to the Birth Control PowerPoint, <https://www.healthunit.com/healthy-schools-teaching-resources#human-development-and-sexual-health>, or as an assessment of learning after the presentation.

1. Split class into two groups.
2. Hand out a method card to each student in one group and hand out a description card to each student in the other group.
3. Give students ten minutes to match up with students that have the matching birth control name or birth control description.
4. Have student pairs share with the class the method and description that they were given.
5. Have the students line up from least effective to most effective method against pregnancy. Discuss.
6. Have the students move to the side of the room that represents the method that protects and does not protect against STIs. Discuss.
7. Consider using the Sexual Health Teaching Kit available through the Resource Lending System (RLS), and have students find the method in the Kit and show it to the class. To access the Kit, see [Resource Lending System Activity](#) for instructions.

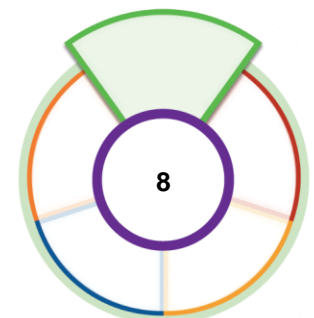
Educator Prompts:

- What makes a birth control method effective? e.g. proper use
- Which birth control methods prevent STI transmission?
- Where can you go in the community to learn more about birth control methods and STIs?

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Curriculum Connections

- Grade 8: C2.4 Decision making, contraception
- Grade 8: C3.3 Relationships and intimacy



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- [Bank of Questions Appendix C](#)

Beach Ball

- Beach ball
- Permanent marker

Quiz, Quiz Trade

- Scissors
- [Quiz, Quiz, Trade Template Appendix D](#)

Trivia

- Buzzer or bell

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Human Development and Sexual Health Questions

ACTIVITY GOAL: To increase student knowledge of human development & sexual health topics.

ACTIVITY INSTRUCTIONS: BEACH BALL ACTIVITY

1. Use a permanent marker to draw numbers all over the surface of a beach ball.
2. Use a numbered list of trivia questions on your chosen topic.
3. Toss the ball out into the class.
4. The student who catches the ball says the number that is facing them on the ball and the teacher asks the corresponding question to the student.
5. The student can answer the question, or defer the question to the class.

ACTIVITY INSTRUCTIONS: QUIZ, QUIZ, TRADE

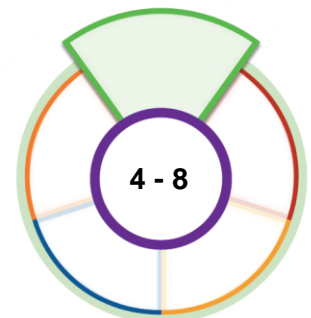
1. Using the template (in the appendix below), make quiz cards for your chosen topic.
2. Provide each pair of students with a set of Quiz cards.
3. Working in pairs, student 1 asks student 2 the question on the card.
4. Student 2 either answers or says "I don't know." (Important to respond within a time limit, so that game can continue).
5. Student 1 either congratulates student 2 or provides the answer.
6. Reverse roles and use another question.
7. Rotate around the room to a new partner and continue the game.

ACTIVITY INSTRUCTIONS: TRIVIA CHALLENGE

1. Divide class into 2 or 3 teams.
2. Read a question from your chosen topic (i.e. Puberty, STIs or Contraceptives)
3. The first team to hit the buzzer/bell answers the question.
4. Consider offering a small incentive to the winning team.

Curriculum Connections

- Grade 4: C1.5 Puberty – changes; emotional, social impact, C2.4: Puberty – personal hygiene and care
- Grade 5: C1.3: Reproductive system C1.4 Menstruation, spermatogenesis
- Grade 6: C2.5: Understanding of puberty changes, healthy relationships
- Grade 7: C1.3: Delaying sexual activity C2.4: Sexual health and decision making
- Grade 8: C1.4 Decisions about sexual activity; supports C2.4: Decision making,



RELATED FOUNDATIONS:

- Student Engagement

RESOURCES:

- Question Box
- Ground Rules (from [Healthy Relationships PowerPoints](#))
- [Toronto Public Health- Sexual Health Resources for Teachers: Training Videos](#)

Question Box

ACTIVITY GOAL: To encourage open communication about healthy growth and development.

ACTIVITY INSTRUCTIONS:

Best to use this activity following a class lesson on human development and sexual health.

1. Distribute a piece of paper to each student.
2. Inform class they will submit an anonymous question using the piece of paper. Every student must submit a piece of paper whether it has a question or not (to ensure anonymity).
3. Review questions and prepare to answer during the following class.
4. Set ground rules prior to reviewing questions. Provide simple, straight-forward factual information to students.
5. For more support answering common questions, visit Toronto Public Health Sexual Health Resources for Teachers: Training Videos.

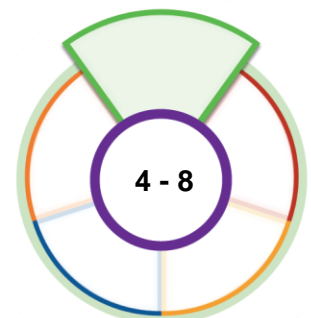
Educator Considerations

- If it is an information question, provide simple, straight-forward factual information to students.
- If it is a feeling question, attempt to give honest responses that reflect the feelings you wish to portray.
- If the question is about the student's feelings, try to validate them.
- When the question is more about values than facts, consider asking students to discuss this topic with someone they trust.

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Curriculum Connections

- Grade 4: C1.5 and C2.4 Puberty (changes: emotional and social impact, personal hygiene)
- Grade 5: C1.3 Reproductive systems; C1.4 Menstruation, spermatogenesis; C2.4 Emotional interpersonal stresses- puberty
- Grade 6: C1.3 Development of self-concept; C2.5 Understanding of puberty changes, healthy relationships; C2.6 Decision making in relationships; C3.3 Stereotypes and assumptions- impacts and strategies for responding
- Grade 7: C1.3 Delaying sexual activity; C1.4 STIs; C1.5 STI and pregnancy prevention; C2.4 Sexual health and decision making; C3.3 Relationship changes at puberty
- Grade 8: C1.4 Decisions about sexual activity; support; C1.5 Gender identity, sexual orientation, self-concept; C2.4 Decision making, contraception; C3.2 Relationships and intimacy



RELATED FOUNDATIONS:

- Home, School & Community Partnerships

RESOURCES:

- [RLS Login/Sign-Up](#)

Resources available for sign-out:

- Personal Hygiene Kit for Grade 4-8
- Changing Me, Bodies and Parts
- STI Critter Game
- Sexual Health Teaching Kit

Resource Lending System (RLS)

ACTIVITY GOAL: To increase educators' use of resources available in Middlesex London Health Unit Resource Lending System that support the health and physical education curriculum.

1. Go to <http://rls.healthunit.com/>.
2. **Login** or **Create Account** –complete the information required.
3. You will see a notification that your registration was submitted. Do **not** click **Home**, close window.
4. An email will be sent to you indicating that your request to use the online system is *pending* approval from an RLS administrator. **Note:** this email may go to your junk mailbox.
5. Once approved, you will receive an email with instructions to complete your registration.
6. If you do not receive a Resource Lending System Notice within two days, please call the Resource Centre at 519-663-5317 ext. 2243 and leave a detailed message with your name and e-mail address if possible. Alternatively, you may e-mail the RLS admin at RLSAdmin@mlhu.on.ca

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Curriculum Connections

- Grade 4: C1.5 Puberty – changes: emotional and social impact; C2.4 Puberty – personal hygiene and care
- Grade 5: C1.3 Reproductive systems
- Grade 7: C1.4 Sexually transmitted infections; C1.5 STI and pregnancy prevention
- Grade 8: C2.4 Decision making, contraception



RELATED FOUNDATIONS:

- Social & Physical Environments
- Student Engagement

RESOURCES:

- “All About Me” placemat template
- Crayons, colour pencils, markers
- Photograph of each student

All About Me Placemat

ACTIVITY GOAL: To promote positive relationships and students feeling connected to caring adults at school.

ACTIVITY INSTRUCTIONS:

1. Provide each student with a copy of the “All About Me” placemat template.
2. Inform students that the placemats will be given to the principal and/or office staff (or other staff) to put on their desk or hang on the wall in the office as a way to learn about them.
3. Instruct students about how to complete their placemats.
4. Laminate placemats as an option, if there are resources available.
5. Students can deliver the completed placemats to office staff.
6. Encourage staff to get to know each student and to take some time to greet students by name.
7. Rotate placemats as applicable.

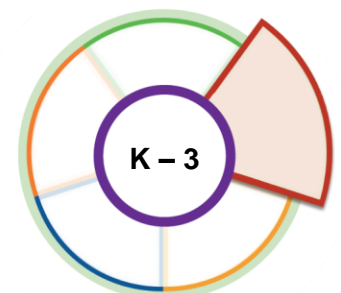
Educators Prompts:

- What are some things you are interested in?
- Tell me your favourite colour, subject, food etc.
- Think about a goal you would like to achieve and write it down.
- Draw a picture of yourself.

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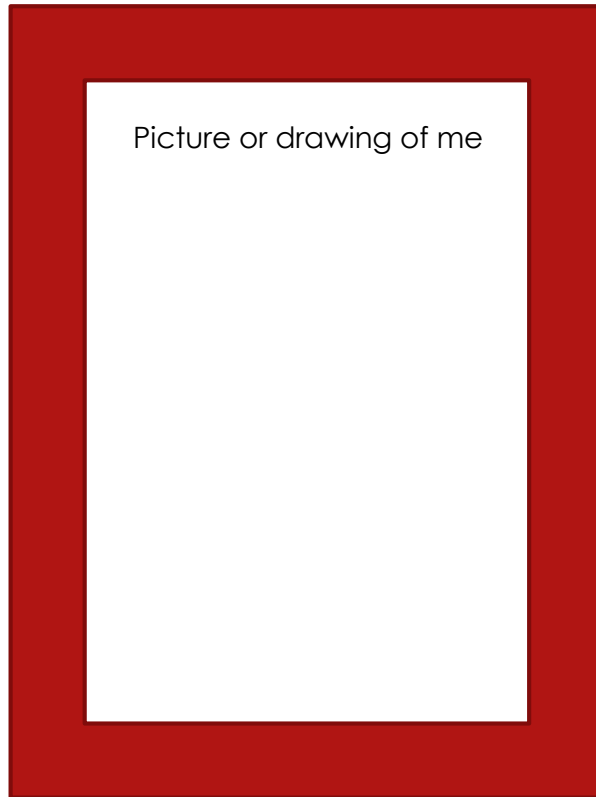
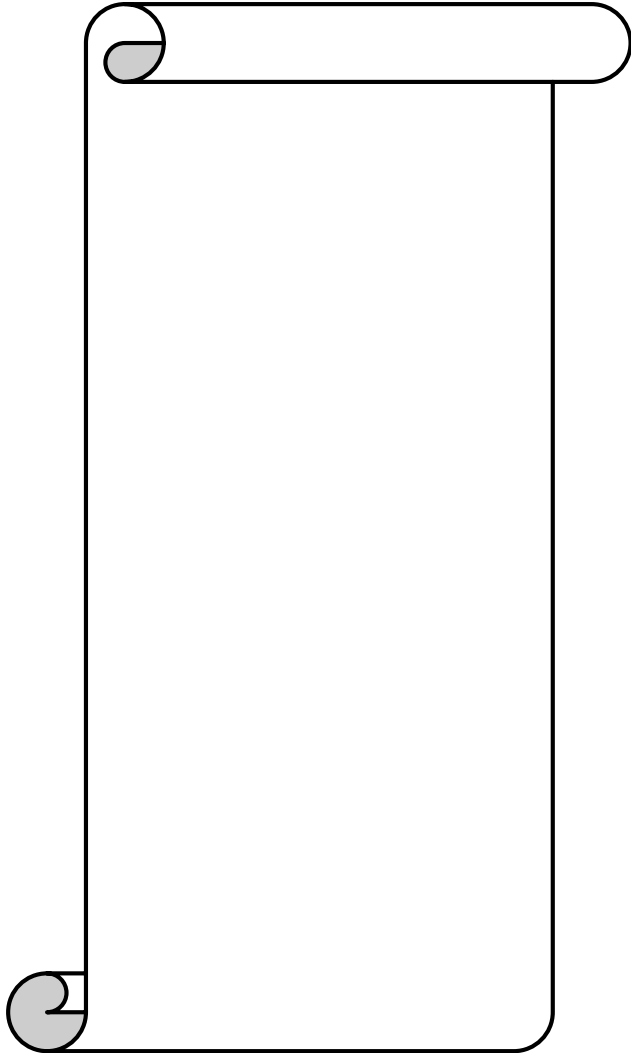
Curriculum Connections

- FDK: OE 3 Social skills, OE4 Problem solving in social contexts, OE 5 Diversity and OE6 Awareness of their own health and well-being
- Grade 1: C1.2 Safe Practices; C2.3 Caring behaviours
- Grade 2: C3.1 Relating positively to others
- Grade 3: C1.4 Factors that affect physical and/or emotional development

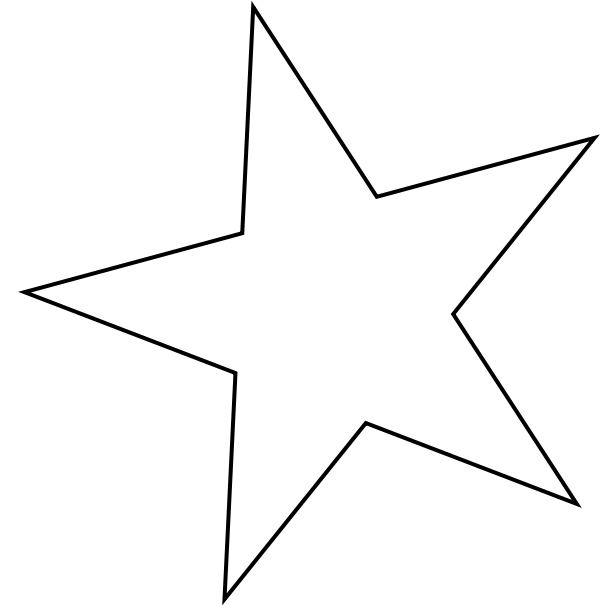
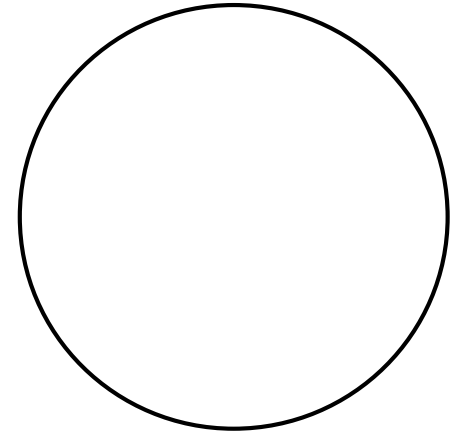




All About Me



Picture or drawing of me



My name is:

Something that I want to do this year is:

RELATED FOUNDATIONS:

- Curriculum Teaching & Learning
- Social and Physical Environments

RESOURCES:

Girls Group

ACTIVITY GOAL: To increase connectedness, self-efficacy, self-concept, and improve body image through skill building & group activities.

ACTIVITY INSTRUCTIONS:

This activity is designed to be completed in schools who have regular support from a public health nurse.

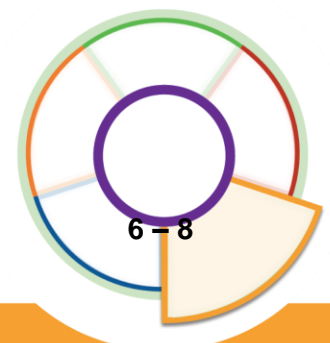
1. Talk with the school administration: based on needs & action plan of school and agree on implementation plan.
2. How to get started:
 - **Facilitators:** 2 (1 Public Health Nurse, 1 School staff – e.g. teacher/social worker)
 - **Grades** 6-8. It is recommended that students are selected by school staff and/or school administrators.
 - **Length:** 6-10 sessions
 - **Time:** Discuss what time of day to run the program (e.g. during school time, over lunch, after school)

The school may require students/parents to complete a consent form. It is recommended that a letter of information is sent home.

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Curriculum Connections

- Grade 6: C3.1 Healthy Eating
- Grade 6: C3.2 Personal Safety and Injury Prevention
- Grade 6: C1.1, C1.2, C2.4 Substance Use, Addictions, and Related Behaviours
- Grade 6: C1.3, C2.6, C3.3 Human Development and Sexual Health
- Grade 7: C3.1 Healthy Eating
- Grade 7: C1.1, C2.2 Personal Safety and Injury Prevention
- Grade 7: C1.2, C2.3, C 3.2 Substance Use, Addictions, and Related Behaviours
- Grade 7: C2.4, C3.3 Human Development and Sexual Health
- Grade 8: C3.1 Healthy Eating
- Grade 8: C3.2 Personal Safety and Injury Prevention
- Grade 8: C1.3, C2.3 Substance Use, Addictions, and Related Behaviours
- Grade 8: C1.4, C1.5, C2.4, C3.2 Human Development and Sexual Health



RELATED FOUNDATIONS:

- Curriculum Teaching & Learning

RESOURCES:

- [PHN list](#)
- [Sexual health teaching resources](#)
- [Ministry Resource](#)
- [Health and Physical Education 2015](#)

Parent Communication

ACTIVITY GOAL: To communicate with parents/guardians or caregivers the grade specific Human Development and Sexual Health curriculum expectations.

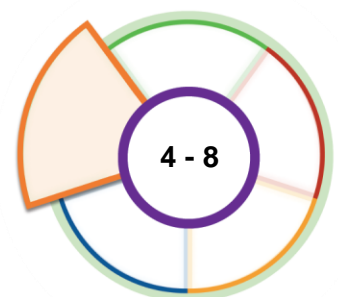
ACTIVITY INSTRUCTIONS:

1. Prior to teaching curriculum to students, consider adapting the sample parent letter to inform parents of the upcoming Human Development and Sexual Health lesson.
2. Encourage students to share what they've learned with their parents/guardians or caregivers.
3. Consider contacting the Public Health Nurse (PHN) for additional support, health expertise, or resources to complement curriculum.

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Curriculum Connections

- Grade 4: C1.5 Puberty – changes: emotional and social impact; C2.4 Puberty – personal hygiene and care
- Grade 5: C1.3 Reproductive systems; C1.4 Menstruation, spermatogenesis; C2.4 emotional, interpersonal stresses – puberty
- Grade 6: C1.3 Development of self-concept; C2.5 Understanding of puberty changes, healthy relationships; C2.6 Decision making in relationships; C3.3 Stereotypes and assumptions – impacts and strategies for responding
- Grade 7: C1.3 Delaying sexual activity; C1.4 Sexually transmitted infections; C1.5 STI and pregnancy prevention; C2.4 Sexual health and decision making; C3.3 Relationship changes at puberty
- Grade 8: C2.4 Decision making, contraception



PARENT LETTER SAMPLE

The following is a sample letter that can be used to communicate with the parents/guardians or caregivers of the students about what is being taught in the classroom. This letter is meant to encourage parents to have discussions with their child about what they are learning. Research shows that children are less likely to participate in risky sexual behaviours when their parents take the opportunity to have an open discussion with them. It is recommended that the letter is sent home one to two weeks prior to starting the Human Development and Sexual Health Unit.

Dear _____

In the next few weeks, your child's class will begin the curriculum unit, Human Development and Sexual Health. The topics in the curriculum include:

(Insert appropriate grade specific topics below)

-
-
-

As a _____, you play a significant role in helping your child develop their values and behaviours related to these topics. Take this opportunity to talk to your child about what they are learning and discuss any questions they have. This is an important time when children are learning decision-making and communication skills and they need to know that you support them. Some ideas to assist with generating conversations are:

Watching television, movies or videos about relationships and communication between genders, and

- Talking about how commercials, marketing or media messages that target children relate to sexuality.

Should you have any concerns or questions please feel free to come in and speak with me.

Thank you,

RELATED FOUNDATIONS:

- Curriculum Teaching & Learning

RESOURCES:

- [PHN list \(online\)](#)
- [Human Development and Sexual Health Teaching Resources \(online\)](#)

PHN Consultation

ACTIVITY GOAL: To support teachers in delivering the Health and Physical Education curriculum related to Human Development and Sexual Health.

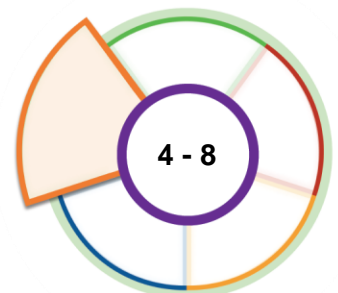
ACTIVITY INSTRUCTIONS:

1. As you plan to teach the Human Development and Sexual Health curriculum, consider consulting with your school Public Health Nurse (PHN) and sending a letter home to parents from the [Parent Communication Activity](#).
2. The PHN is available to provide health knowledge and expertise along with materials and curriculum resources.
3. The PHN is available to discuss resources and amount of support required for your classroom.
4. For more information, contact your PHN
<https://www.healthunit.com/public-health-at-your-school>

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Curriculum Connections

- Grade 4: C1.5 Puberty – changes: emotional and social impact; C2.4 Puberty – personal hygiene and care
- Grade 5: C1.3 Reproductive systems; C1.4 Menstruation, spermatogenesis; C2.4 emotional, interpersonal stresses – puberty
- Grade 6: C1.3 Development of self-concept; C2.5 Understanding of puberty changes, healthy relationships; C2.6 Decision making in relationships; C3.3 Stereotypes and assumptions – impacts and strategies for responding
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- Grade 8: C2.4 Decision making, contraception



STI Transmission Activity

Answer Key

STIs Are Passed on This Way (modes of transmission)

- Contaminated piercing and tattooing equipment
- Vaginal sex (penis in vagina)
- Contaminated razors or toothbrush
- Pregnant woman to her baby
- Sharing needles
- Genital skin to skin contact
- Anal sex (penis in anus)
- Oral sex (mouth on genitals)

STIs Are Not Passed on This Way

- Donating blood
- Mosquitoes
- Shaking hands
- Drinking from a water fountain
- Sharing knives and forks
- Toilet seats
- Hugging
- Contact with animals

Sign or Symptom of STIs

- Change in colour or odour of vaginal discharge
- Discharge from penis
- Burning or pain when urinating
- Lumps or bumps
- Blisters or open sores
- Itching
- Bleeding between periods
- Lower abdominal pain
- No signs or symptoms

Not a Sign or Symptom of STIs

- Loss of appetite
- Headache
- Chest pain
- Blurred vision
- Fainting

**STIs Are
Passed On
This Way
(modes of
transmission)**

Contaminated
piercing & tattooing
equipment

Vaginal sex
(penis in vagina)

Contaminated razors
or toothbrush

Pregnant woman to
her baby

Sharing needles

Genital skin to skin
contact

Anal sex
(penis in anus)

Oral sex
(mouth on genitals)

**STIs Are NOT
Passed On
This Way**

Donating blood

Mosquitoes

Shaking hands

Drinking from a water
fountain

Sharing knives, forks

Toilet seats

Hugging

Contact with animals

Signs or Symptom of STIs

Change in colour or
odour of vaginal
discharge

Discharge from penis

Burning or pain when
urinating

Lumps or Bumps

Blisters or open sores

Itching

Bleeding between
periods

Lower abdominal pain

No symptoms

**Not a Sign or
Symptom of
STIs**

Loss of appetite

Headache

Chest pain

Blurred vision

Fainting

Birth Control Match Up

<h1>Male Condom</h1>	<ul style="list-style-type: none">• Soft latex cover that fits over an erect penis• Traps sperm in the condom so it cannot fertilize the egg• No prescription required• Purchase at a drug store or get for free from the Health Unit• Reduces the risk of STIs
<h1>Female Condom</h1>	<ul style="list-style-type: none">• Polyurethane pouch worn inside the vagina• Prevents sperm from entering the uterus• No prescription is required• Purchase at a drug store• Reduces the risk of most STIs

Abstinence

- Avoiding all genital contact or intercourse
- Need partner cooperation
- No pregnancy or STI risk

Tubal Ligation

- Involves surgery
- Is permanent
- Blocks the fallopian tubes so the sperm and egg cannot meet
- Does not protect against STIs

Vasectomy

- Involves surgery
- Is permanent
- Blocks the tubes that carry the sperm to the penis
- Does not protect against STIs

The Pill

- Take one every day
- Prevents ovulation
- Regulates menstrual cycles
- Requires a prescription from a doctor
- Does not protect against STIs

Nuva Ring

- A ring that is put inside the vagina
- Releases hormones that prevent the ovary from releasing an egg
- Use monthly
- Requires a prescription from a doctor
- Does not protect against STI's

Evra Patch

- Worn on the skin
- Change it once a week
- Prevents the ovary from releasing an egg (ovulation)
- Requires a prescription from a doctor
- Does not protect against STIs

Depo-Provera

- An injection that is given in the muscle every 10-13 weeks by a doctor
- Prevents the ovary from releasing an egg
- Requires a prescription from a doctor
- Does not protect against STIs

Intrauterine Device (IUD)

- T-shaped plastic frame that is surrounded by a thin copper wire
- Put in the uterus by a doctor
- Can remain in the uterus for three to ten years
- Copper causes changes in the uterus which destroys sperm
- Does not protect against STIs

Intrauterine System (IUS)

- T-shaped soft plastic that contains small amount of a hormone called levonorgestrel
- Put in the uterus by a doctor
- Slowly releases hormone that changes lining and mucous of uterus making it difficult for sperm to reach egg
- Can remain in the uterus for up to five years
- Does not protect against STIs

Human Development and Sexual Health Questions

Puberty Questions

Q: What do you need to do to keep your bones strong?

A: Healthy eating, adequate sleep, weight resistance/Calcium & Vitamin D/bone density decreases starting at 18yrs

Q: How many bones are there in the human body?

A: 206

Q: What is the longest bone in the body?

A: Femur

Q: When are the 3 periods of rapid growth?

A:

- 1) In Utero (before you were born): from 1 cell to billions of cells
- 2) First year of life: babies triple their body weight
- 3) Puberty

Q: What are 3 factors that will determine how much you will grow?

A:

- 1) Hereditary (parents/grandparents)
- 2) Your health
- 3) Your lifestyle choices/environmental factors

Q: Why is personal hygiene so important?

A: Feel better about yourself/fit in better with others/keeps you healthy/time to show you can take on more responsibility - then comes more privileges

Q: What are 2 kinds of sweat glands?

A:

- 1) **Eccrine** – millions – have since birth – clear/odourless
- 2) **Apocrine** – become active during puberty – mainly underarms & pubic area –
You may need to shower daily, wash hair. Wear clean clothes

Q: When is the best time to apply antiperspirant or deodorant?

A: On clean skin (after shower)

Q: What is a sebaceous gland?

A: Thousands of oil glands that moisturize skin & act as a barrier to protect the skin. These glands produce sebum. They become active during puberty and when they overproduce, pores become plugged. When mixed with bacteria, acne results. These glands are abundant on the face with larger ones on the chest and back (especially with males). There are washes/creams & Rx available to reduce acne.

Q: Where does hair begin to grow during puberty?

A: Everyone grows hair in their underarm and pubic areas and on their arms and legs. A male will also grow hair on his face, chest and perhaps back.

Q: When should I start shaving?

A: Consider safety before beginning to shave. There also may be different cultural practices that people follow, so not all people shave. If you plan on shaving, use warm water with soap or shaving gel.

Q: What are mood swings?

A: You may experience sudden changes in feelings (e.g. quickly moving from anger to sadness then happiness). Your body is adjusting to increasing hormones and these mood swings do settle over time. It is best to talk out your feelings.

Q: What is PMS?

A: It stands for Pre-Menstrual Syndrome. This sometimes occurs in girls/women. It is related to their menstrual cycle and hormones. Symptoms can be physical and/or emotional.

Q: When does puberty usually begin for girls?

A: Puberty usually starts between the ages of 8 and 13 & lasts for a few years

Q: What is the main female hormone?

A: Estrogen (Other hormones include: Progesterone, Androgens)

Q: What are the female reproductive cells?

A: Ova (eggs)

Q: What is the uterus?

A: A hollow, muscular organ where a baby can grow. By the end of puberty, the uterus has grown to about the size of an orange. It grows much larger during pregnancy

<http://americanpregnancy.org/while-pregnant/uterus-size-during-pregnancy/>

Q: What is ovulation?

A: Females have an ovary on either side of the uterus. Estrogen signals an ovary to release one egg (ovum) every month and the ovaries take turns. Ovulation occurs about 2 weeks before a female has her period.

Q: How many ova (eggs) are in the ovaries?

A: About 300,000 at birth and about 400 will mature and be ovulated

Q: Why do girls have periods?

A: Periods or menstruation are part of the menstrual cycle. This is the natural cycle to enable a woman to have a baby. Once an egg has been released from the ovary, it travels along a fallopian tube towards the uterus which has developed a thick lining of blood & tissue as nutrients for a baby. If the egg is not fertilized by a sperm, it begins to dissolve and the uterine lining is shed through the vagina (passageway from the uterus to outside of the body)

Q: What are menstrual cramps?

A: It is the cramping of the uterine muscle which can be felt in the lower abdomen or the low back. There are some things to help, such as soaking in a warm bath or being physically active.

Q: Why do breasts develop?

A: In females, hormones stimulate milk glands in breasts to grow. Milk glands are cushioned by fatty tissue for protection. It takes about 3-5 years to fully develop. These hormones can cause some swelling and tenderness in the breast area for males too.

Q: When does puberty usually begin for males?

A: Puberty usually begins between the ages of 10 & 17 for males and lasts for a few years

Q: What is the main male hormone?

A: Testosterone

Q: What are the male reproductive cells?

A: sperm

Q: Where are sperm produced?

A: In the testes/testicles. Sperm are microscopic and the testes make ~ 1000 sperm per second. A man will produce millions of sperm/day, but they take 2.5 - 3 months to mature.

Q: What is semen?

A: Semen is made up of sperm and seminal fluid. This fluid is produced to allow the sperm to move easily through the sperm ducts and is filled with sugar & nutrients.

Q: This tube is part of the male body and allows for BOTH urination and ejaculation – what is this tube called?

A: The urethra – valves ensure that urine and semen are not carried in the tube at the same time.

Q: What are nocturnal emissions (also known as wet dreams)?

A: The male body only begins making sperm during puberty so takes some time to regulate. The testes keep making sperm and when there is a build-up, the body needs to get rid of it resulting in the release of ejaculate from the penis (semen spurts out of the opening in the penis).

Q: What is an erection?

A: This happens when a male's penis fills with blood, becoming harder and stands away from his body. This can occur during sexual excitement or for no reason at all. In time it will be more easily controlled.

Q: Why do boys and girls' voices 'crack' during puberty?

A: The larynx (voice box) becomes larger in both males and females. It grows more in males which can cause the voice to crack or sound scratchy for a short time. People may refer to the larynx in males as an Adam's Apple after puberty.

.....

Q: For females, puberty begins between the ages of 10-17 and from ages of 8-13 for males.

True or False?

A: False. It is the other way around! Females usually begin puberty and growth spurts sooner and males a bit later, but males eventually catch up and surpass females in height and weight

Q: Deodorants reduce the amount of odour-causing sweat. True or False?

A: False. Deodorants are perfumes which mainly help to mask or cover up body odour. Antiperspirants help stop odour from developing by reducing underarm wetness.

Q: During puberty, both males' and females' voices change because the _____ grows bigger.

A: Larynx (Adam's Apple) – the larger larynx causes the voice to deepen and become more resonant but is more noticeable in males. Voice change occurs due to thickening of the vocal cords (which vibrate to make sound).

Q: Occasionally a male's body will release some fluid through the penis during the night while he is asleep. The fluid consists of _____ and _____. This release of fluid during sleep is called _____.

A: **Sperm** and **seminal fluid** – sperm is made in the testes, seminal fluid is made by the prostate, seminal vesicles and Cowper's glands. It is stored in the epididymis. The release of this fluid during sleep is called **Wet dreams** or **nocturnal emissions**. Wet dreams do not happen to all boys during puberty but are normal.

Q: This hormone is responsible for most of the changes in boys during puberty – what is it called and where is it produced?

A: Testosterone is a steroid hormone produced in the testicles

Q: This monthly discharge of fluid from the uterus occurs in females, starting in puberty, who are not pregnant. What is it called, and why does it not occur during pregnancy?

A: This is the menstrual period, menstruation or “period”. Females don’t menstruate during pregnancy because the blood and fluid remain in the uterus to nourish the embryo during the pregnancy.

Q: These organs are found in the female reproductive system. There are two of them, and they are oval in shape. What are they called and what are two things that they do?

A: The ovaries! They produce estrogen and they store eggs/ova before one matures each month and is released.

Q: What are the names of the two cells that join to result in a pregnancy – one from the male, one from the female?

A: Male: sperm, Female: egg/ovum

Q: When the muscles around the male genitals contract, an _____ occurs, and _____ may leave the penis. This discharge is called an _____.

A: Erection, semen, ejaculation. People use a lot of other terms for all of these answers, but these are the anatomically correct answers!

Q: A common skin condition during puberty is called _____. It is caused by eating too much chocolate and greasy foods – True or False?

A: Acne, False. It is now believed that diet is not a cause of acne. However, a well-balanced diet is very important for overall health and well-being.

Q: Eccrine glands produce perspiration that can lead to odour. True or False?

A: False. ECCRINE glands produce perspiration that is clear and odourless. These glands start working as soon as you are born. APOCRINE glands become active during puberty and produce perspiration that can smell unpleasant when combined with bacteria on the skin.

Q: Changes that happen during puberty usually happen all at once and at the same age for everyone. True or False?

A: False. Changes happen gradually and at different ages for males and females. It also depends on your own body’s schedule and your heredity (family history).

Q: The gland that causes the changes of puberty to begin is called the adrenal gland. True or False?

A: False. The PITUITARY gland releases hormones that cause the body to begin the physical changes of puberty. It activates the other glands in the body (adrenals and gonads – testes and ovaries).

Q: During puberty, males and females may experience enlargement of breast tissue. True or False?

A: True. Females' breasts begin developing during puberty to enable them to breastfeed an infant if they have a baby. Males may also experience less extensive breast tissue enlargement which becomes less noticeable as their chest muscles grow and develop as puberty proceeds. It's a good thing to warn them about!

Q: The amount of fluid released in a male ejaculation is approximately half a cup (125 mL). True or False?

A: False. The volume is about one teaspoon (2.5 to 5 mL) of seminal fluid.

Q: This pouch of skin holds the testicles as part of the male reproductive anatomy. What is this part of the body called, and what is a reason that the testicles are located outside of the body?

A: It is called the scrotum, and the testicles are where sperm is produced, and sperm need to be stored below body temperature for optimum health and activity. Remember boxers, not tight briefs for improved fertility.

Q: The hormone Epinephrine is responsible for the maturation of the female reproductive system and the changes in the body during puberty. True or False?

A: False. The name of the hormone responsible is Estrogen, produced in the ovaries. Another hormone, progesterone is also involved in pregnancy and menstruation and female changes, but estrogen is the primary hormone of puberty for females.

Q: The general term for male and female reproductive organs on the outside of the body is the _____. During puberty, _____ begins to grow in this area of the body on both boys and girls.

A: Genitals, pubic hair.

STI Questions

Q: Can a person have an STI and not know it?

A: Yes, many STIs are asymptomatic (they do not have any symptoms). The only way to detect an infection is through testing.

Q: Is it normal for women to have some vaginal discharge?

A: Yes, a certain amount of vaginal discharge is normal. Normal vaginal discharge does not have a strong odour and is usually clear, white, or slightly yellow. If you find that the discharge is smelly, has changed color, or is itchy or irritating to your skin, see a healthcare provider.

Q: If someone has had an STI and have been cured, can they get it again?

A: Yes

Q: What are the best ways to avoid getting STIs?

A: Abstaining from vaginal, oral and anal intercourse is the only 100% effective method. If engaging in sexual activity, using condoms/dental dams is the best way.

Q: What advice would you give to someone who just tested positive for an STI?

A: Get treatment, inform sexual partners, don't have sex until your infection has been successfully treated.

Q: HIV is mainly present in semen, blood, vaginal secretions, and breast milk of individuals living with HIV. True/False?

A: True

Q: Are chlamydia and gonorrhea curable?

A: Yes, the infection can usually be cured with a single course of antibiotics as well as abstaining from sexual activity while the individual is being treated. Any sexual partners should be notified so that they can be tested as well (and get treatment if needed). Always go back for a 'test of cure' –to be sure it's gone, before you resume sexual activity

Q: Can a pregnant woman who has an STI pass the infection on to her baby?

A: Yes

Q: If someone waits long enough, will STIs go away without treatment?

A: No

Q: What is the only way a person could know if they had an STI?

A: Getting tested

Q: Do birth control pills offer protection from STIs?

A: No, birth control only helps protect against pregnancy. Barrier methods (condoms, dental dams) offer protection from STIs.

Q: Condoms help prevent the spread of what?

A: STIs (Sexually Transmitted Infections) that are spread through body fluids.

Q: If you know your partner, can you still get an STI?

A: Yes, if they have been sexually active with another person, they may still have an STI even if they do not have symptoms.

Q: What is the most common bacterial STI?

A: Chlamydia

Q: How often should women get Pap tests?

A: Cervical cancer screening is recommended every 3 years for all women starting at age 21 who are or ever have been sexually active.

Q: What is a Pap test?

A: A Pap test can also be referred to as a pap smear. This test involves collecting cells from a female's cervix and then looking at them under a microscope to make sure they are healthy.

Q: How are STIs tested?

A: STIs are usually tested by a urine sample, swab or in some cases a blood test.

Q: Should someone have sexual intercourse if they have an STI?

A: No, people should not have sexual intercourse if they have an active infection. The doctor will tell someone when they are treated how long they must wait before engaging in sexual activity.

Q: Will the doctor tell someone's parent if they have an STI?

A: No, all the information that someone gives the doctor is confidential. They won't tell your parents or friends. They do tell (report it) the STI nurse at the Health Unit.

Q: Where can a person go for information and help if they are worried about STIs?

A: A doctor, nurse, Public Health Nurse, parent, guardian, teacher, or trusted adult.

Q: People can get HPV or herpes without having sexual intercourse? T/F

A: True, skin to skin contact in the 'boxer short area' can spread these 2 viruses.

Q: If a couple chooses to have sex, what are two possible consequences they should be aware of?

A: Pregnancy, STIs

Q: You can get an STI by giving or receiving oral sex? T/F

A: True

Q: You can get an STI from a toilet seat? T/F

A: False

Q: What is the most common reportable Sexually Transmitted Infection in the Thames Valley Region?

A: Chlamydia. Reportable STIs are infections that are, by law, reported to local public health units.

Q: You can be infected with more than one STI at a time. True or False?

A: True.

Q: Treatments for STIs helps to prevent you from becoming infected a second time. True or False?

A: False. Treatment does not protect you from re-infection. You can become re-infected every time you are exposed.

Q: What Sexually Transmitted Infections can a person receive vaccines against?

A: Hepatitis B, HPV (9 strains only in the Gardasil vaccine)

Q: What factors increase a female's risk of getting cervical cancer?

A: 1) Infection with HPV 2) smoking

Q: List four symptoms of STI's

A: NO SYMPTOMS, burning with urination, unusual discharge, unusual bleeding from vagina, unusual genital ulcers, sores or blisters

Q: Name an STI that is not curable.

A: Herpes, HIV, HPV

Q: Name 2 ways a person can help prevent getting an STI. BONUS: Which is 100% effective?

A: Abstinence (100%)-discuss need to not have skin to skin contact in boxer short area, Condoms

Q: Hepatitis C is occasionally contracted from sexual activity but is usually contracted how?

A: Blood to blood contact (Often from injection drug use, but could be through sharing drug paraphernalia or unsterilized tattooing and piercing equipment, etc.)

Q: Name 3 ways a person can become infected with HIV.

A: Sexual contact, injection drug use, mother to baby through placenta, breastfeeding

Q: Correct use of condoms cannot prevent the spread of which viral STIs?

A: Herpes, HPV

Q: Give 2 reasons why you think teens don't seek contraception and STI testing?

A: Fear parents will find out, think the withdrawal method will protect them, lack of knowledge about community resources, embarrassment, think they need parent's permission

Q: Chlamydia is the most common reportable STI in Ontario. True or False?

A: True. The highest prevalence is among 15-24 year olds.

Q: A person with a cold sore could spread herpes to their sexual partner through oral sex. True or False?

A: True

Q: Condom use from start to finish of sexual activity can protect you from all STI's. True or False?

A: False. Human Papilloma Virus and Herpes are spread from skin to skin contact and condoms may not be effective in preventing transmission.

Q: Name 3 possible signs and symptoms of an STI

A: Discharge from penis/vagina, unexpected vaginal bleeding with intercourse or spotting between periods, painful or painless blisters, lumps or sores, painful urination, lower abdominal pain or painful intercourse, * 4/5 of women and 1/2 of men have no symptoms.

Q: A person is at greater risk for an STI if they have unprotected sex with multiple partners. True or False?

A: True

Q: There is no test for genital warts. True or False?

A: True. Diagnosis of a genital wart is through visual assessment and treatment. HPV is a virus therefore reoccurrence is possible after treatment.

Contraception Questions

Q: Does someone under the age of 16 need parental consent to obtain birth control pills?

A: No. There is no minimum age to prescribe contraception and youth are under no legal obligation to inform their parents that they are being prescribed/using contraception.

Q: Can condoms be used with water-based lubricants?

A: Yes. Oil or petroleum based lubricants (e.g. Vaseline or hand lotion) cause condoms to break.

Q: How often should oral contraceptives (the birth control pill) be taken to maximize effectiveness?

A: To maximize efficacy, the pill should be taken at the same time every day.

Q: How often do women need to receive the Depo-Provera injection?

A: Women must receive Depo-Provera injections every 3 months.

Q: Can a woman become pregnant if she has vaginal intercourse during her period?

A: Yes, although it is unlikely that a woman would become pregnant during her period. However, some women with shorter menstrual cycles ovulate earlier than day 14, and sperm can survive 4-5 days inside a woman's body.

Q: Does air need to be squeezed out of the tip of the condom before putting it on?

A: Yes. This helps to decrease the chance of breakage.

Q: Withdrawal is an effective method of birth control. True or False?

A: False. Withdrawal (pulling the penis out of the vagina prior to ejaculation) is not a reliable method. There may be a small amount of sperm(pre-ejaculate) on the penis at the beginning of SI

Q: Can emergency contraception (the Morning After Pill) be taken up to 5 days after unprotected vaginal intercourse?

A: TRUE. For some emergency contraceptives (Plan B), the earlier a woman takes emergency contraception, the more effective it is.

Q: Can a condom be used more than once?

A: No. A condom can only be used once and should be thrown out after use.

Q: Abstinence is 100% effective in the prevention of pregnancy. True or False?

A: True.

Q: Name the birth control methods that you need a prescription from a doctor to get.

A: Birth control pills, Evra Patch, NuvaRing, Depo-Provera, IUD/IUS

Q: If a person can't remember to take a pill every day, what other hormonal birth control methods could they choose?

A: The Evra Patch, the NuvaRing, Depo Provera, IUD/IUS.

Q: Where can a teen go for birth control methods and condoms?

A: Walk-in clinic, family physician, birth control clinic at the health unit

Q: Which methods of birth control also reduce the risk of STI's?

A: Condoms

Q: Give 2 rules for proper use of condoms

A: Only use water-based lubricant/ do not use oil based lubricant (it breaks down latex), protect from light, heat and cold, check expiry date and discard if old, use polyurethane if latex allergy

Q: Name 2 methods of birth control that are more than 82% effective

A: The pill (Oral Contraceptive Pill), the patch (Evra), the ring (Nuva Ring), the needle (Depo-provera), IUD/IUS (Intrauterine Device/system)

Q: Name a hormonal contraceptive.

A: The pill, the patch (Evra), the ring (Nuva Ring), the needle (Depo-Provera)

Q: Why is withdrawing the penis from the vagina just before ejaculation not an effective method of reducing the risk of pregnancy or STI reduction?

A: Pre-ejaculate, it is difficult to control and STI's can be transmitted without ejaculation.

Q: A female can't get pregnant during her period. True or False?

A: False. Sperm can live in the female reproductive tract for about 5-7days so it is possible for a sperm to fertilize an egg days after unprotected sex.

Q: Making condoms available to young people will increase sexual activity. True or False?

A: False. Research has clearly documented that the promotion and distribution of condoms to adolescents does not increase rates of sexual activity, but significantly increases condom use among those adolescents who are sexually active.

Q: A female can't get pregnant when she has sex for the first time. True or False?

A: False. A woman who is ovulating can get pregnant on her very first time having sex, regardless of her age or her sexual history. Pregnancy can occur if sperm are present at the time of ovulation.

Q: Name 5 types of contraception

A: Oral contraception (the pill), Evra (patch), Nuvaring (the ring), Depo Provera (the shot), condoms (male and female), Intrauterine Device (IUD)

Q: Depo Provera (the shot) is 100% effective in preventing pregnancy. True or False?

A: False. It is approximately 97% effective with typical use.

Q: If someone is under the influence of drugs or alcohol they cannot give consent for sexual activity. True or False?

A: True

Q: What is the percentage of pregnancy occurring when having unprotected sex for one year?

A)25%

B)60%

C)85%

D)100%

A: C, 85%

Q: What method of contraception is changed monthly?

A: Nuva ring (the ring)

Q: What method of contraception is given every 12 weeks?

A: Depo Provera (the shot)

Q: What method of contraception is changed weekly?

A: Evra (the patch)

Q: Which of the following is not a chemical contraceptive?

- A) Oral Contraceptive (the pill)
- B) Evra (the patch)
- C) Flavoured condom
- D) Nuvaring (the ring)
- E) Depo Provera (the shot)

A: Flavoured condoms are not a chemical contraceptive. They are considered a barrier method contraceptive.

Q: What method of birth control can be used up to 5 days after unprotected intercourse but is most effective in the first 24-72 hours? Where can you get it?

A: Emergency contraception pill (Plan B). You can get it at your pharmacy or local public health unit

Q: When would a person consider using the Emergency Contraceptive Pill?

A: Up to 72 hours after intercourse (some evidence of effectiveness up to 120 hours), when no birth control is used or there is improper use of birth control, condom failure

MISCELLANEOUS

Q: How long can sperm live in the female body?

A: Live sperm have been found in the female reproductive tract up to 5 days after intercourse

Q: What is the most important sex organ and organ of pleasure?

A: The brain.

Q: What is the life span of the egg?

A: 24-48 hours

Q: Sexual activity means that two people are in a committed relationship. True or False?

A: False. Sexual activity does not prove love, you can have sex without love, love can be expressed without sex

Quiz, Quiz, Trade Template

Question	Answer

Question	Answer

Question	Answer

Question	Answer

Question	Answer