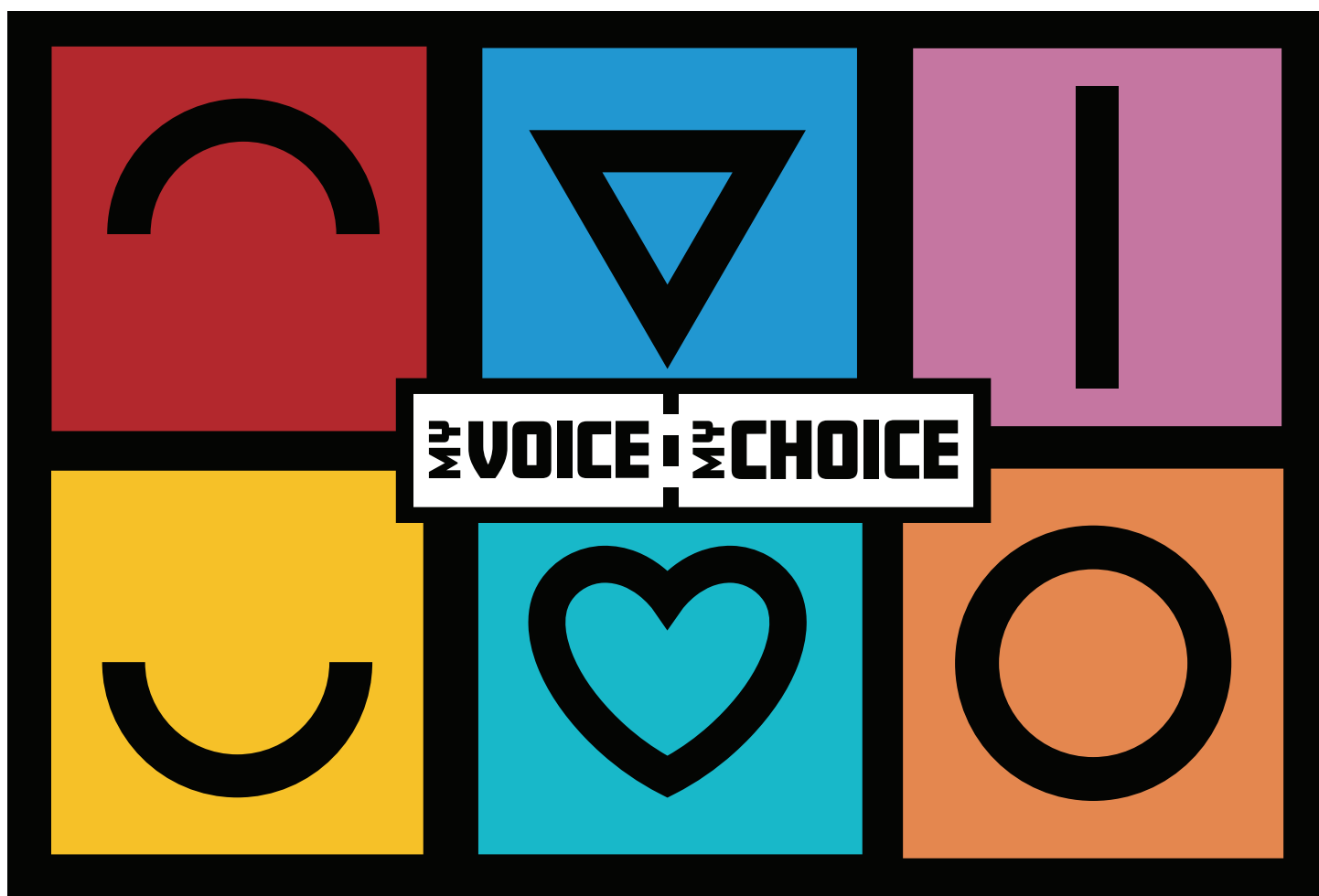


FACILITATOR'S GUIDE



SEXUAL HEALTH



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BACKGROUND FOR FACILITATORS

My Voice My Choice (MVMC) was first created in 2011 as an alcohol and drug resistance program for youth. Over the last ten years, the mission of MVMC has changed to a general focus on youth mental wellness throughout the Northwest Territories. The purpose of MVMC is to give youth the information they need to make positive personal choices related to their mental wellness.

The MVMC module on sexual health reflects the Canadian Guidelines for Sexual Health Education which identifies positive areas sexual health education:

- Respect for self and others.
- Understanding how one person's behaviour can affect someone else.
- Balanced messaging about positive and negative outcomes of sexual relationships.
- Recognizing sexual health education is not a "one-time event" at a specific age. People of all ages can learn about sexual health throughout their lives.

- Understanding people make their own choices and it's important for them to have good information to help them.
- Sexual health education should be available to everyone.
- Sexual health education should not discriminate against people based on age, race, ethnicity, gender identity, sexual orientation, religion, where they live, how much money they have access to, physical or mental abilities.
- Increases understanding and works to reduce discrimination against people.

(Public Health Agency of Canada, 2008)

Before the session begins, facilitators are encouraged to think about how comfortable they are leading discussions and activities around sexual health. If there is discomfort with the subject, facilitators are encouraged to speak with the organization sponsoring the session for ways to adapt or adjust the content.



KEEPING IT IN CHECK

Facilitating educational sessions on sex and relationships can be challenging due to the personal nature of these subjects. Even those who consider themselves as content experts and those who are experienced facilitators have moments of unease!

Some questions to consider include:

- What messages was I given about the subjects I am planning to teach?
- Are there any personal experiences that shape my own attitudes, values, and beliefs about this subject?
- Do I know what I need to do to support myself to facilitate something that may be triggering or in contradiction to my own values and beliefs?

See Appendix 1 for an optional self-reflection activity for facilitators.

Session Materials:

- Paper
- Pens/pencils
- MVMC sexual health subscription box with participant handbooks, activities, etc.
- Technology to support audiovisual (optional)



ACTIVITY OPTIONS

This facilitators guide contains several options for group activities. Facilitators should use their judgement to gauge what activities are best suited to the participants based on factors such as age and group dynamics.

Page 15 has an optional Empowerment and Focus Activity that can be done during Module 1, or wherever it fits best.

Appendix 2 has colouring sheets that can be handed out for times with youth feel uncomfortable during a discussion, so they have somewhere to look and something to do with their hands while the discussion is going on.

Youth also tend to be more engaged when doing something (i.e. a simple activity like coloring, walking, playing a sport, going for a drive, etc.).



PREPARING TO ADDRESS SESSION CONTENT

Discuss group guidelines in advance

The group should be asked to establish a set of guidelines for a safe learning environment. Suggestions from the group should be written on flipchart paper and put up as a reminder of the expectations. Here are some rules facilitators should consider adding if the group doesn't suggest them:

- Confidentiality (also discuss limits of confidentiality).
- Discuss what may be considered "oversharing" or "too much information (TMI)". It is important to help youth feel safe about sharing their

experiences and asking questions, but to not have gratuitous information that could take over the session or make some participants uncomfortable.

- Suggest participants "challenge ideas, but not each other"; it's okay to disagree on things, but it should be done respectfully.
- No put downs or rude/mean language.

Youth in your session need to know what the term "confidentiality" means. You can explain to them that it means you can't tell anyone what is spoken about in your sessions. However, they also need to realize that sometimes you need to tell someone about what is shared because it's about safety. "Limits to confidentiality" include any safety concerns such as abuse, neglect, self-harm, or threats to harm themselves or others. If you have questions about your role in protecting the safety of children and youth, speak to your organization's leaders about learning more.

Note: Facilitators should make sure they offer participants a way to ask questions or share experiences they may not feel comfortable asking in front of others. For example, the facilitator can begin the discussion by giving out small pieces of paper and a pen/pencil to participants. Participants can write down any questions they do not want to ask in front of the group and the facilitator would collect the notes at the end of the module to address the questions.



FACILITATORS AND MANAGEMENT OF PERSONAL BOUNDARIES

“How old were you when you first had sex?”

“What’s your sexual orientation?”

“Do you use condoms?”

It is common for youth to ask personal questions to a facilitator. Facilitators should set clear boundaries at the start of sessions. Remember that your personal life is your own, and you do not have to share anything you are not comfortable with. Even if you are open to sharing personal details making personal disclosures, it may not always be appropriate.

Consider the following:

- What is the context in which the young person is asking these questions? They may assume you are open to these conversations, they may be trying to make you uncomfortable, or they may be genuinely curious to gain information about something they are not familiar with.
- If you disclose personal information, what is the motivation? Is it being done as a way to establish credibility or build relationships? Always ask yourself why you think it would be necessary for the young person to know this information about you.

- Will there be unintended consequences to your colleagues or other youth participants if you make personal disclosures? (For example, e.g. a co-facilitator or a group participant may feel pressured to self-disclose or a young person may think it is okay to ask similar questions that others may find invasive.)
- Young people need to understand that people have reasons for not wanting to disclose. For example, some people may have personal boundaries where they prefer to keep some information private. For others, they may not feel safe identifying sexual orientation.

Here are some examples of how a facilitator may respond to personal questions:

“I actually don’t discuss my personal life, but since you brought up _____, let’s discuss that.”

“How would this be helpful for you to know?”

“If you have questions about this, how about you see me after the session is done and we can talk about it more.”



SEX, GENDER, SEXUAL ORIENTATION AND GENDER EXPRESSION

Learning about sexual health inevitably invites discussion about sex and gender. Being informed about matters related to sex and gender is central to creating safety. Facilitators are encouraged to explore and understand sex and gender concepts prior to leading sessions.

The Rainbow Coalition of Yellowknife offers some helpful resources:

<http://www.rainbowcoalitionyk.org/resources/>

Importance of Trauma and Violence Informed Care (TVIC) in Sexual Health Education

TVIC means that facilitators for MVMC understand that those attending their program may have experienced trauma in their lives. Facilitators will work to create safe spaces to learn by understanding what trauma is, being trustworthy, encouraging choice and working to build positive relationships with participants. A TVIC approach does not include encouraging participants to share traumatic stories, but a way to make them feel welcome, supported, not judged, and safe in order to reduce the risk of being retraumatized.

What is trauma, exactly? Trauma is an experience that may make it difficult for someone to cope and can affect all areas of a person's life. In these sessions, youth with trauma histories - particularly related to sexual violence - may present in any of the following ways:

- Irritability
- Difficulties engaging in sessions (not participating, being argumentative or generally disruptive)

- Dissociation or being “spaced out”
- Exaggerated startle response

Several of these characteristics can be attributed to other things including “typical” adolescent behaviour, and we don't want to be too quick to assume that we are dealing with trauma histories.

However, being trauma and violence informed means that the facilitator is aware that certain behaviours may be connected to trauma and can work to try and make sure everyone feels safe.

For more information on trauma and violence informed spaces to learn, please refer to Klinik's Trauma-informed: A resource for service organizations and providers to deliver services that are trauma-informed (http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf)



MODULE 1

Consent

OBJECTIVES

- Understand what “consent” means
- Learn about laws with respect to consent
- Discuss ways consent is communicated

LESSON STYLE: Group Discussion

MATERIALS REQUIRED: None



Special considerations

This module can be particularly triggering because of connections to sexual violence. Some youth may have difficulty understanding analogies.

If some participants indicate that they need additional support outside of this session, the facilitator should direct them to resources listed in Appendix 8.

Note to facilitator: The following lesson includes information on laws with consent and HIV disclosure. It is important to understand that these laws are not simple and they can change. Since HIV self-disclosure and the law may be beyond the scope of what would be discussed in a regular session, facilitators can choose to focus on a conversation with youth on their personal views on disclosing any kind of STBBI to a partner and what their expectations would be if they were at risk of exposure.

What is consent?

Simply put, “consent” is a word to use to describe permission to cross personal boundaries. It can be:

- Between two or more people
- Activity-specific
- Taken back at anytime

Consent must be given with a “clear state of mind,” so someone who is drunk, high, or sleeping cannot provide consent.

ASK: What are some examples of scenarios where consent would be required in a non-sexual context? Some scenarios could include:

- Borrowing someone’s property (clothing, electronics, money, etc.)
- Going into someone’s home
- Accessing someone’s phone

Using one of these scenarios or one suggested by a participant, **ASK:**

- Why should someone ask you if they can cross this boundary?
- If you allow someone to cross this boundary, can others automatically assume they can too?
 - o Why or why not?

- Is it okay for someone to cross this boundary if you are not able to answer (eg: sleeping, affected by a substance)?
- Is it okay for someone to pressure you and/or make you feel bad about setting a boundary?

Age of Consent

ASK: What does “age of consent” mean?

The age of consent is the age a young person can legally agree to sexual activity. Age of consent laws apply to all forms of sexual activity, ranging from kissing to sexual intercourse.

In Canada, the age of consent is 16 years old.

Remind the group that **all sexual activity without consent is a criminal offence, regardless of age.**



Close in age exceptions

While 16 is the age of consent in Canada, a 14 or 15-year-old can consent to sexual activity as long as the partner is less than five years older and there is no relationship of trust, authority, dependency or exploitation of the young person.

ASK: What does this mean? What kind of relationship might someone have with a young person that would involve trust or authority?

Potential Answers:

- A family member or other caregiver responsible for the young person's well-being
- A mentor or teacher
- A law enforcement professional

This means that if the partner is five years or older than the 14 or 15-year-old, any sexual activity is a criminal offence.

There is also a "close in age" exception for 12 and 13-year-olds. A 12 or 13-year-old can consent to sexual activity with a partner as long as the partner is less than two years older and there is no relationship of trust, authority, dependency or exploitation of the young person.

This means that if the partner is 2 years or older than the 12 or 13-year-old, any sexual activity is a criminal offence.



Discussion on Communicating Consent

Note: This discussion can be a simple group discussion, or the facilitator can choose to write down answers on a flipchart or whiteboard if materials are available.

ASK: What are some ways to express that you do not give consent?

Potential Answers: could include:

- Saying “no”
- Making an excuse
- Ignoring the person
- Delaying (“Not now” or “Maybe later”)

Remind participants about non-verbal communication.

Ask: What are some ways you tell someone you are not interested in giving consent without speaking?

- Leaving the situation
- Looking annoyed
- Ignoring them

ASK: What do you do if you are not sure if you are getting consent or not?

Potential Answers:

- Ask the person
- Stop the activity

Facilitator’s Note: They should get a clear message that they should always ask directly if they are unsure about consent.

Points to take away from the discussion:

- Everyone has boundaries.
- Boundaries are self-created.
- Boundaries need to be respected.
- Sometimes people change their minds when it comes to boundaries – and that is okay.



MINI LESSON:

Condom Stealthing

This mini lesson may take the form of a facilitated group discussion.

Ask the group if they have ever heard of this concept before and ask what it means

- Explain that condom stealthing is “non-consensual removal of a condom”.

Ask the group what the risks could be if someone were to do this. The facilitator may choose to write answers on a flipchart paper or a whiteboard if available.

Potential answers could include:

- Increased risk of sexually transmitted blood borne infection (STBBI) or unplanned pregnancy.
- Affects the trust in a relationship.

Ask participants what they would do if a friend confided in them to say they believed this happened to them.

- What sort of advice would they give them?

Takeaway message: It is never okay to remove a condom without the consent of the other person. Sex without a condom comes with a risk no matter what.

MINI LESSON:

Being Honest and Upfront About HIV Status

ASK: If someone has HIV, do they have to tell the person they are sexually active with?

Facilitator Response: It depends. In Canada, a person with HIV-positive status must tell the other person they are planning to be sexually active with if there is a “realistic possibility of transmission.” This would include:

- If someone is HIV positive and they have vaginal, frontal, or anal sex with someone without a condom.
- If someone with a higher amount of the virus in their body has vaginal, frontal, or anal sex even with a condom.
- The purpose of letting someone know in advance is for them to be able to choose as to whether they want to take that risk.

Takeaway message: If you have HIV, you are supposed to tell the person you are sexually active with.



FOCUS AND EMPOWERMENT ACTIVITY:

Fish Scale Art

This can be done during or after a lesson to help keep youth engaged and to give them something to do with their hands while having discussions that might be difficult or uncomfortable.

Objective:

- Help youth create a visual reminder of their own empowerment with respect to their bodies.
- Move focus to a hands-on project in case youth are becoming embarrassed during the conversation.

*Facilitators are encouraged to try making this on their own first before introducing it to the youth participants in order to feel more comfortable teaching the process.

You would need:

- Gorilla Glue (any glue that dries clear)
- Tweezers
- Wax paper or tin foil or paper plate

Step1: Gluing on the scales. Lay out your wax paper that is big enough for your work area so that you don't get glue on your table surface.

- To make a flower, use a yellow center vertebrate and glue it to the middle of the hide (wait until it is dry). Next, glue on your scales, placing approximately 4-5 scales around the vertebrate (wait until it is dry). Then, glue another layer of 4-5 scales. Continue until you have desired amount of layers. You can also mix your colours however you like.
- To make stems and leaves, measure the green bones to the length of the stem as desired. Glue and place it under the flower. Then, glue on green scales where you like your leaves to be.

Step 2 – When the flowers are dry, turn over and glue the two magnets on the back.

Step 3 - Let dry in a safe space for at least 24 hours. Then you can hang your Art!



MODULE 2

Birth Control and Pregnancy Options

OBJECTIVES

- Learn about different kinds of birth control and how they can be accessed
- Understand how pregnancy can or cannot happen
- Learn about available options if pregnancy occurs

LESSON STYLE: Group Discussion and activity

MATERIALS REQUIRED:

- Infographics (Appendix 3)
- Worksheets (Appendix 4)
- Something to post images on the wall such as tape or sticky tack
- Clipboards
- Resource pamphlets



Special considerations

Youth who struggle with reading, comprehension, or mobility issues could experience challenges with this activity. If you think this may be an issue, potential solutions may include making this lesson into a group activity with everyone seated or youth can be put into groups of two or more to lessen the pressure.

Some youth may have strong feelings about birth control, including abortion, due to personal experiences and values. The facilitator should let the group know that it is okay to feel one way or another about birth control methods and that the purpose of the lesson is to gain information, and not necessarily change their minds.

Pregnancy

Objective: To understand how pregnancy can happen and learn about options if it does.

Facilitator can say “Pregnancy is possible with consensual sexual contact and in cases of sexual assault.”

The facilitator should communicate the following information:

A person **cannot** get pregnant from:

- Kissing
- Mutual masturbation
- Dry humping (with clothes on)
- Oral sex
- Anal sex
- Ejaculate released in a pool or hot tub that you are swimming in

A person **can** get pregnant from:

- Vaginal sex with a penis
- Any activity where semen is ejaculated in or near the vagina

The facilitator should state that no method of birth control is 100% effective. Pregnancy can happen when a birth control method fails (like if a condom breaks) or when a birth control method is used the wrong way (like if you miss taking a birth control pill).

ASK: What choices do you have if you or the person you had sex with becomes pregnant?

Potential Answers:

- Abortion
- Choose to give birth and parent
- Choose to give birth and have someone adopt the child

Facilitator can say: If you or your sexual partner becomes pregnant, it’s important to remember there are choices. Medical decisions are private and personal and no one has the right to force a person who is pregnant to do something they do not want to do.

There are three options for pregnancy:

- Staying pregnant and parenting the child yourself
- Staying pregnant and choosing adoption
- Having an abortion

No matter what choice is made, it is important to speak to a healthcare provider to get information and support.



Birth Control

The facilitator can communicate the following information:

People prevent pregnancy from happening by using birth control. Birth control can be used by men, women or both.

ACTIVITY:

Investigative Contraceptive

Objective: For youth to become more aware of birth control options and consider the advantages and disadvantages of each of these options.

Instructions:

Optional: Before the session begins, have the birth control infographics around the room either on tables or attached to a wall. These areas can be called “stations.”

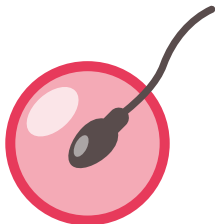
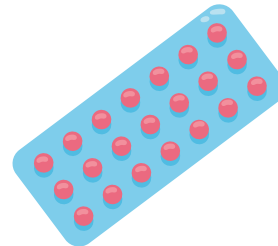
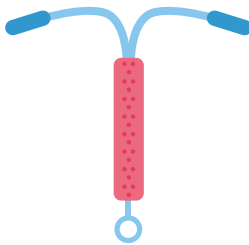
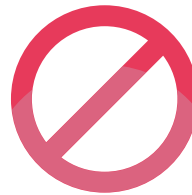
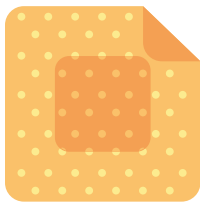
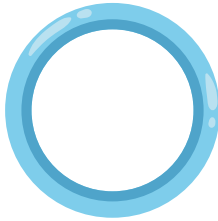
1. Facilitator will hand out clipboards, worksheets, and pencils.
2. Explain to the group that they should walk around the room with their worksheets and take turns viewing stations where the infographics are.
3. Tell the group to fill out their worksheets while they are looking at the infographics.

4. It will be up to each individual to choose the top advantage and disadvantage of each.
5. After the participants have filled in their charts, they can return to the group to have a large group discussion and the facilitator can *ASK*:
 - “What was that activity like for you?”
 - “Was there any information that surprised you?”
 - “What kind of contraceptives are the most difficult to get in our community?”
 - “What kind of advice would you give to a friend who was thinking about using birth control and why would you give them that advice?”

Choosing not to be pregnant

Facilitator can say: There are no laws that restrict abortion access in Canada, but the number of providers available to perform the medical procedure will vary depending on where you live in Canada and how far along the pregnancy is.

Facilitator should refer to resources such as Northern Options for Women (NOW). There is more information available in Appendix 8.





MODULE 3

Sexually Transmitted Blood Borne Infections (STBBIs)

OBJECTIVES

- To learn more about kinds of STBBIs including how they can be caught, what the symptoms are, and how they can be treated.
- To reduce shame and stigma around STBBIs.
- To explore attitudes, values, and beliefs with respect to STBBIs.

LESSON STYLE: Group Discussion and Group Activities

MATERIALS REQUIRED:

- Flipchart paper and markers (optional)
- Box of plush microbes with information sheets
- Facilitator “cheat sheet” (Appendix 7)
- Agree/disagree/don’t know signs and statement cards (Appendix 6)



Special considerations

This activity may be challenging for youth who struggle with reading. Facilitators may choose to read scenarios or see if participants would like to volunteer reading to avoid any uncomfortable situations.

Reminder: A chart outlining the different STBBIs, their symptoms and causes can be found in Appendix 7.

What are STBBIs?

STBBI stands for “Sexually Transmitted Blood Borne Infections,” though many people are more familiar with terms such as Sexually Transmitted Infection (STI) or Sexually Transmitted Disease (STD).

There are several kinds of STBBIs; some are caused by bacteria, some are viral, and some are parasites. There is such a thing as genital infections such as bacterial vaginosis (BV) and yeast infections that are not sexually transmitted, but the risk of BV can increase with higher numbers of sexual partners.

For discussion purposes, the facilitator can [ASK](#) the group to:

- Name as many STBBIs that you have heard about.

The facilitator can write the list on board or flipchart if they want and can add to the list as well. Within this discussion, the facilitator can add information on symptoms and how to get treated. The facilitator should also discuss the stigma about STBBIs and why some people may not get the treatment they need.

[ASK:](#) Does anyone know what the word “stigma” means?

Explain to the group that stigma is when someone (or some people) are set apart from others and viewed in a negative way. Stigma can make people feel badly about themselves and this can happen to people who have an STBBI.

[ASK:](#) What can happen when people with STBBIs are stigmatized?

Possible answers from the group or suggested by the facilitator can include:

- They feel too embarrassed to get treatment.

- They can have serious physical and mental health problems if they go untreated.
- They may spread infections because they don’t want to tell other people they have sexual contact with that they have an STI.

For more information on how to talk about stigma with STBBIs, the facilitator can consult the Canadian Public Health Association’s information on destigmatizing STBBIs, sexual health and substance use. The link to this document is located in the reference section of this guide.



ACTIVITY:

Play catch

Objective: To increase understanding of STBBIs including symptoms and treatment.

Materials needed: Plush Giant Microbes

Instructions:

Before the activity can take place, the facilitator needs to attach the appropriate information from Appendix 5 to each microbe with tape or a paper clip. The facilitator can explain that the plush “characters” for this activity are a million times the size of the actual microbe.

The facilitator will throw a plush microbe to a participant and when they “catch” it, ask them to read what is written on the card. If the participant is uncomfortable reading for any reason, the facilitator can read it on their behalf. After reading the information, the group can allow some natural discussion to occur.

Facilitator is encouraged to refer to the “Facilitator Cheat Sheet” in Appendix 7.



ACTIVITY:

Values, Attitudes and Beliefs About Sexual Health

Objective: To encourage an exploration of knowledge and stigma around sexual health and help participants to be comfortable in seeking more information and support.

Materials needed:

- Statement cards (Appendix 6)
- “Agree,” “Disagree,” and “Don’t Know” signs (Appendix 6) placed in front of the group

Instructions:

Facilitator will hand out cards/paper with a statement on them. After the statement is read, youth can discuss as a group or decide individually which category it fits under – agree, disagree or don’t know.

A natural discussion can flow and the facilitator can use the cheat sheet in Appendix 7 for help if needed.

Wrapping it Up

Congratulations on making it through the activities that were a good fit for your group! At this point, facilitators can also congratulate the youth for making their way through the lessons and activities, and express thanks for their attention, honesty and bravery in discussing these important topics.

If facilitators or youth require additional support after these discussions, a list of community resources can be found in Appendix 8.

Youth may want to speak more about the lesson topics privately or later. Appendix 9 has additional sexual health and reproductive resources that may be helpful for those conversations, or to pass directly to the youth.



APPENDIX 1: FACILITATOR SELF-REFLECTION (ADAPTED FROM DO...RSE PROGRAMME)

Reflecting on our own experiences can be very valuable as we look at teaching subjects about relationships and sexual health. Sometimes looking back on these experiences can be difficult, so please remember to use self-care and ask for support if you need to.

Instructions: On your own and in a private space, take a few minutes to reflect on each of the following questions about your experiences with sexual health education.

1. What kinds of messages did you receive growing up about sex and relationships? These may have been things that were said to you or messages you received in a more indirect way, such as through the media.
 - a. How people have sex or what counts as sex (e.g. only penis to the vagina)
 - b. Who has sex (e.g. young people versus older people, able-bodied only, etc.)
 - c. Why people have sex (e.g. procreation, pleasure, etc.)
 - d. What kinds of bodies are desirable
 - e. Self-touch (e.g. people who do this are “dirty” or is it considered healthy)
 - f. Relationships (e.g. people only having sex if they are in love and/or married, etc.)
2. Consider if there are any “triggers points” for you when it comes to facilitating information that can be considered controversial or difficult in general. Consider your own stance views on topics that can be considered controversial, such as:
 - a. Abortion
 - b. Age of consent
 - c. Sex work
 - d. Marriage equality
 - e. Having more than one partner
 - f. Pornography and sexually explicit media
 - g. Teenage pregnancy
 - h. Sex without love
3. If strong feelings arise from any of the examples provided in this activity, it can be helpful to reflect on where these feelings come from and why others may view things differently. Take the opportunity to consider strategies you may need to support yourself in facilitating this information in a neutral and non-judgemental way.



APPENDIX 2: COLOURING SHEETS (OPTIONAL)

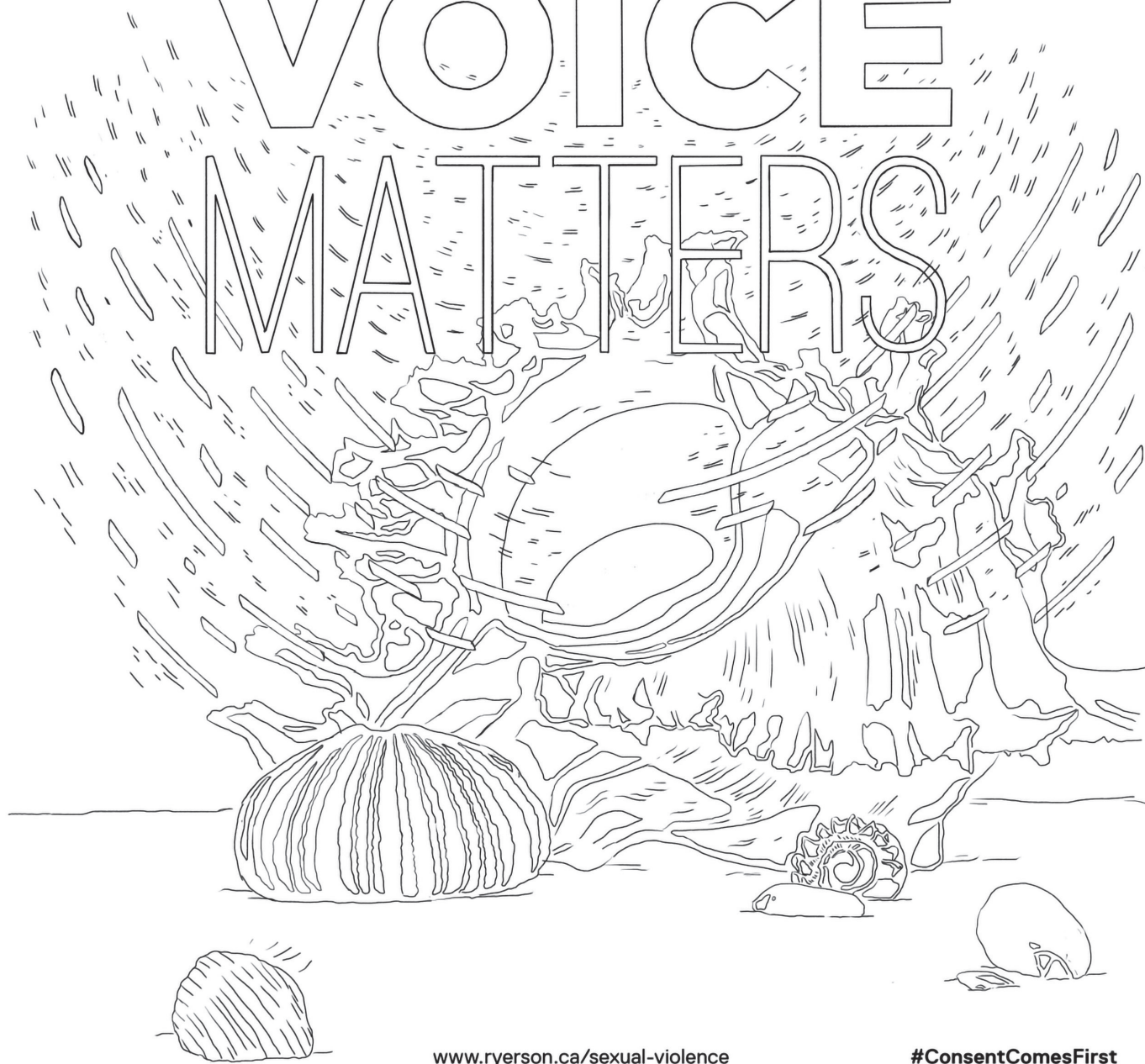


www.ryerson.ca/sexual-violence

#ConsentComesFirst



My VOICE MATTERS



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VOICE CHOICE

SEXUAL HEALTH



CONSENT COMES

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≡ VOICE ≡ CHOICE

SEXUAL HEALTH





You
choose
what
TO DO
Next

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#ConsentComesFirst

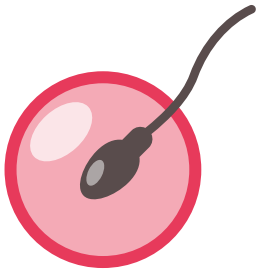
3 VOICE 3 CHOICE

SEXUAL HEALTH





APPENDIX 3: BIRTH CONTROL INFOGRAPHICS



Using nothing

OTHER NAMES: unprotected sex, unsafe sex, bareback

WHERE CAN YOU GET IT: no purchases or products needed

ADVANTAGES: no purchases or products needed

DISADVANTAGES: does not protect against STBBIs, does not protect against pregnancy



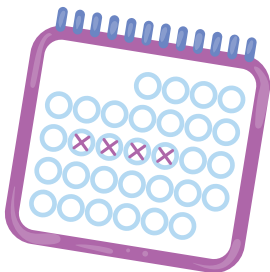
Abstinence

OTHER NAMES: virginity, celibacy, chastity

WHERE CAN YOU GET IT: no purchases or products needed

ADVANTAGES: also protects against STBBIs, no purchases or products needed, effective, reversible, safe, no cost

DISADVANTAGES: does interfere with sex life – can be challenging, requires both partners to be fully committed



Fertility Awareness Method

OTHER NAMES: tracking and rhythm method

WHERE CAN YOU GET IT: no purchases or products needed

ADVANTAGES: no purchases or products needed, safe, no side effects, considered natural, no hormones, allows you to learn about your own body

DISADVANTAGES: difficult if periods are irregular and when starting to track, does not protect against STBBIs, can be ineffective, requires a lot of practice to learn, can be difficult to avoid sex at certain times, requires both partners to be fully committed



Withdrawal



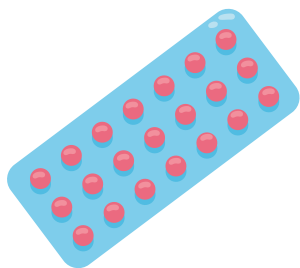
OTHER NAMES: pull and pray or pull out method

WHERE CAN YOU GET IT: no purchase or produce necessary

ADVANTAGES: considered a natural method, safe and convenient, no cost, no hormones, immediate for partners who have entered into a sexual act without having an alternative method, no consultation or prescription required

DISADVANTAGES: not easy, it takes self-control, risky practice – even if the penis is pulled out in time, pregnancy can still happen, does not protect against STBBIs

Birth control pill



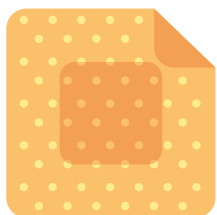
OTHER NAMES: the pill

WHERE CAN YOU GET IT: by prescription from a doctor or nurse practitioner

ADVANTAGES: highly effective, reversible, does not interfere with sex, decreases PMS, regulates periods

DISADVANTAGES: may interact with other medications, may cause spotting or irregular bleeding, may cause breast tenderness, nausea or headaches, must be taken at the same time every day, increases risk of blood clots, does not protect against STBBIs

Contraceptive patch



OTHER NAMES: the patch

WHERE CAN YOU GET IT: by prescription by a doctor or nurse practitioner

ADVANTAGES: highly effective, reversible, does not interfere with sex, may reduce menstrual flow and cramps, decreases PMS, regulates periods, reduces risk of some cancers, may reduce risk of cysts, easy to use

DISADVANTAGES: does not protect against STBBIs, may cause irregular bleeding, may cause breast tenderness, nausea and headaches, may cause skin irritation, may be less effective in those who weigh more than 198 pounds



Birth control injection



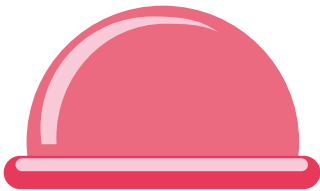
OTHER NAMES: birth control shot

WHERE CAN YOU GET IT: from a healthcare provider every 3 months

ADVANTAGES: effective and long lasting, reversible, safe, convenient, discreet, effectiveness not affected by most medicines, may be used while breastfeeding, may be suitable for those over 35 who smoke, reduces or eliminates periods, reduces PMS symptoms, may reduce risk of some cancers

DISADVANTAGES: does not protect against STBIs, initial irregular bleeding, continued light or heavy bleeding, decreases bone density, change in appetite, hormone effects such as acne, headaches, etc, can take longer to reverse

Diaphragm



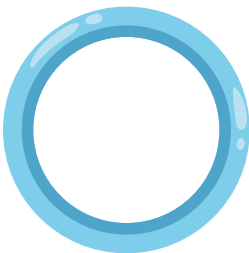
OTHER NAMES: barrier

WHERE CAN YOU GET IT: healthcare centres or pharmacies

ADVANTAGES: no hormones, can be used while breastfeeding, one size and fits most, available at pharmacies without a prescription

DISADVANTAGES: higher failure rate compared to other types of contraception, increased risk of recurrent urinary tract infections, increased risk of toxic shock syndrome, some users may have trouble inserting it correctly, water-based gel must be reapplied after each act of intercourse, latex or silicone allergy will prevent some users from using the diaphragm, does not protect against STIs

Nuva Ring



OTHER NAMES: vaginal ring or the ring

WHERE CAN YOU GET IT: by prescription from a healthcare provider

ADVANTAGES: highly effective, reversible, does not interfere with sex, may reduce menstrual flow and cramps, decreases PMS, regulates periods, reduces risk of some cancers, may reduce risk of cysts, does not have to be remembered each day

DISADVANTAGES: does not protect against STBIs, may cause irregular bleeding, may cause breast tenderness, nausea and headaches, may cause vaginal irritation, required remembering to change ring once per month



Emergency Contraception



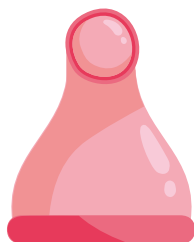
OTHER NAMES: the morning after pill, plan b

WHERE CAN YOU GET IT: a healthcare centre or pharmacy

ADVANTAGES: can be effective, can be safe while breastfeeding, can increase chance of pregnancy after taking it

DISADVANTAGES: does not protect against STBBIs, can interact with other medications, can cause nausea, headache, sore breasts, effectiveness can vary, limited window of effectiveness

Female Condom



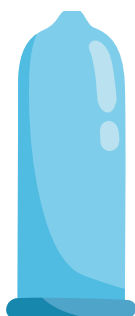
OTHER NAMES: femidom, internal condom

WHERE CAN YOU GET IT: healthcare clinics, pharmacies, online and retail stores

ADVANTAGES: Protects against both pregnancy and STBBIs, the person at risk of pregnancy has control and autonomy in placing the condom, can be used by people with latex allergies, can be used with oil-based lubricants, may feel more comfortable and less constricting than male condoms, the internal and external rings of the female condom may increase sexual stimulation, available at pharmacies without a prescription

DISADVANTAGES: Some users may have trouble inserting it correctly, more expensive than male condoms, potential challenges include slippage and breakage, the rings on the female condom may cause discomfort during sex, female condoms may be noisier than male condoms during sex

Male Condom



OTHER NAMES: rubber, love glove

WHERE CAN YOU GET IT: healthcare clinics, pharmacies, retail and online stores

ADVANTAGES: widely available without a prescription, inexpensive, safe and effective, protects against most STBBIs, non-latex options available for those with latex allergies or sensitivities. both partners participate in their use – shared responsibility, hormone-free, may decrease the risk of cervical cancer, may help the wearer avoid premature ejaculation, may be used with other contraception methods to increase their contraceptive effectiveness

DISADVANTAGES: Must be available at time of sexual activity, must be stored and handled properly – be sure to check the expiration date, may slip or break during intercourse, may reduce sensitivity for either partner, latex allergies, requires participation of both partners



Abortion Pill



OTHER NAMES: medical abortion

WHERE CAN YOU GET IT: by prescription from a healthcare provider

ADVANTAGES: can be effective, can be accessible

DISADVANTAGES: does not protect against STBBIs, limited window of effectiveness, effectiveness may vary; often by prescription only, may cause nausea

Surgical Abortion



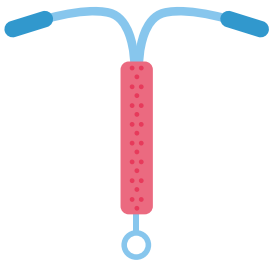
OTHER NAMES: aspiration abortion, termination

WHERE CAN YOU GET IT: a clinic or hospital

ADVANTAGES: safe, legal, effective, decision is up to the person who is pregnant

DISADVANTAGES: does not protect against STBBIs, stigma, can be some risk, access can be limited, can be limited period of pregnancy where it is available

Intrauterine Device (IUD)



OTHER NAMES: IUD

WHERE CAN YOU GET IT: must be inserted by a healthcare provider

ADVANTAGES: effective, reversible and safe, long term, forgettable and invisible, cost-effective, reduces risk of some cancer, can be used with breastfeeding

DISADVANTAGES: initially irregular bleeding or spotting may occur, some pain or discomfort during insertion, some risks when inserted, does not protect against STBBIs, must be inserted by doctor



APPENDIX 4: INVESTIGATIVE CONTRACEPTIVE WORKSHEET

Method	Other names for this?	Where can you get it?	Biggest advantages	Biggest advantages
Using nothing				
Abstinence				
Fertility Awareness Method				
Withdrawal				
Birth control pill				
Contraceptive patch				
Birth control injection				
Diaphragm				
Nuva Ring				
Emergency Contraception				
Female Condom				
Male Condom				
Abortion Pill				
Surgical Abortion				
Intrauterine Device (IUD)				

(adapted from Alberta Health Services)



APPENDIX 5: "YOU CAUGHT" PAPERS

Don't cut out this sheet, as this will be included in the box as extra sheets. They should be folded and fastened to the corresponding plush microbe with tape or a paperclip.

YOU CAUGHT... HERPES!

(pronounced hur-pees)



People sometimes call me "the gift that keeps on giving" which sounds nice, because who doesn't like gifts? Apparently, I am not really a "gift" and the only reason people say that about me is because of how I go from one person to another through sexual contact.

I can make people have sores on their mouth, genitals or anal area (where your butt hole is). Lots of people don't get sores, so they don't know they have me, which is why it is important to get tested regularly.

There is no cure for me, but you can take medicine to help the sores come out less often and not be as bad. You can also help protect other people by not having sexual contact with them if you have sores, using condoms, and talking to them about it before you have a sexual relationship.

VOICE CHOICE

SEXUAL HEALTH



YOU CAUGHT... CHLAMYDIA!

(pronounced kla-mid-ee-ah)



Hi there! I'm Chlamydia, but some people call me "The Clam." I'm an infection who travels through unprotected vaginal, oral, or anal sex. You may know I'm hanging out in your body if you see stuff called discharge coming out of your vagina, penis, or anus. Sometimes I cause pain in your belly or make it hurt when you're trying to pee. I can be very sneaky though and sometimes people have no idea I'm hanging around!

The best way to avoid me is to not have sex, but if you have sex, I have a harder time getting in you if condoms are used.

If you catch me (or think you caught me), try not to feel badly about it. You will need to get tested by a medical professional and I'll go away with medication. If you ignore me, I can cause some serious health problems to your reproductive organs, meaning it may be difficult to have kids if you want.

VOICE CHOICE

SEXUAL HEALTH



YOU CAUGHT... SYPHILIS!

(pronounced siff-ill-iss)



What's up? I'm Syphilis, but you can call me "syph" for short. Some people call me "The Pox" too. I might look adorable as a giant microbe, but what I can do to people is anything but cute. The first sign of me attaching myself to you is a sore where sexual contact was made which could be your mouth, genitals or your butt. It may seem like it's no big deal, but without treatment I can be a big problem. I can make people really sick, I can put sores that look like warts on your body, and I can even make your hair fall out. Years later, I can cause brain damage and blindness. Sometimes people don't know they have me until it's too late.

The best way to make sure you don't get me, is to not have sex. But, if you are sexually active and use protection, you are less likely to catch me.

If you get tested and find out you caught me, you can get rid of me with medication! People who never use the medicine to make me go away may develop health problems that will stay.

VOICE CHOICE

SEXUAL HEALTH



YOU CAUGHT... GONORRHEA!

(pronounced gone-a-ree-ah)



Hi, I'm Gonorrhea, but some people refer to me as "The Clap" or "The Drip"...how rude is that? Anyway, I like to go from person to person through unprotected vaginal, oral, or anal sex. People who catch me sometimes get drippy stuff coming out of their vagina, penis, or anus called discharge. For the guys, I might make your testicles hurt. Girls, I may make you bleed in between your regular periods. For everyone, I may cause pain in your belly as well as when you're trying to poop or pee. Quack! For lots of people, they have no idea they caught me so I can infect lots of people without them even knowing it!

The best way to avoid me coming to hang out with you is to not have sex. However, if you do have sex, I'm more likely to stay away if condoms are used.

If you catch me (or think you caught me), you can take charge by talking to a medical professional and get tested. If you want me to go away, it's not going to happen unless you get medication. If I'm ignored, I can cause other problems in your reproductive system, make it hard for you to pee, and I can infect your blood which can cause other issues.

VOICE CHOICE

SEXUAL HEALTH



YOU CAUGHT... HPV!



My real name is human papillomavirus, but that's hard to say so just call me HPV for short. I go from person to person through sex and even some kinds of skin-to-skin-contact.

I'm a virus that lots of people have and give to others without them knowing it. I can cause genital warts which can be large or so small that you can't even see them! One of the worst things I can do is cause cancer, so you will want to take me seriously.

One way you can help to stop me from getting to you is by getting vaccinated. Lots of people get vaccinated for HPV before they even have sex for the first time. Condoms are a good idea, but they aren't perfect when it comes to preventing me from coming to stay with you. It's also good to get regular check ups with a doctor, ask questions about getting vaccinated, and get tested regularly to protect yourself from jerks like me.

VOICE CHOICE

SEXUAL HEALTH





APPENDIX 6: AGREE, DISAGREE OR DON'T KNOW SIGNS AND STATEMENT CARDS

Don't cut out this sheet, as this will be included in the box as extra sheets. They should be folded and fastened to the corresponding plush microbe with tape or a paperclip.





Agree, Disagree, or Don't Know

Only people who have sex with lots of people can get STBBIs.



Agree, Disagree, or Don't Know

If I get an STBBI, it's someone else's fault

Agree, Disagree, or Don't Know

You can get an STBBI if you have oral sex.

Agree, Disagree, or Don't Know

I would be grossed out if someone told me they had an STBBI.



Agree, Disagree, or Don't Know

If a friend told me they were worried they had an STBBI, I know what I could say to help them.



Agree, Disagree, or Don't Know

You can protect yourself against STBBIs.

Agree, Disagree, or Don't Know

STBBIs will eventually go away if you ignore them.

Agree, Disagree, or Don't Know

You can always tell if you have an STBBI



APPENDIX 7: FACILITATOR "CHEAT SHEET" FOR DISCUSSION ON STBBIS

STBBI	Some Facts	Symptoms	Treatment
Chlamydia	<ul style="list-style-type: none"> • Most common bacterial STBBI • Transmitted through oral, anal, or vaginal sex. 	<ul style="list-style-type: none"> • Lots of people have NO symptoms • A change in vaginal discharge or discharge from penis • Burning with urination • Abdominal pain • Pain during sex • Bleeding after sex or other abnormal vaginal bleeding • Rectal pain or discharge • Pain, swelling, burning, or itching in genital areas 	<ul style="list-style-type: none"> • Treated with antibiotics • Serious problems, such as pelvic inflammatory disease (PID) is a possible complication if chlamydia is left untreated. PID can cause fertility issues for females.
Gonorrhea	<ul style="list-style-type: none"> • Slang terms include "the clap" or "the drip" 	<ul style="list-style-type: none"> • Usually begin 2 to 5 days after exposure, but can take as long as 30 days before symptoms start • Lots of people have NO symptoms • Painful urination • Some females think it feels like a bladder infection • Pus-like discharge from the tip of the penis • Pain or swelling in one testicle • Increased vaginal discharge • Vaginal bleeding between periods, such as after vaginal intercourse • Abdominal or pelvic pain • Can be spread even if no symptoms and is contagious until treated • Can affect rectum, eyes, throat, and joints 	<ul style="list-style-type: none"> • Treated with antibiotics • If left untreated, there can be serious health problems such as PID



Human Papillomavirus (HPV) Genital warts	<ul style="list-style-type: none"> • Very common with over 100 types of the virus • Can be with or without warts • Usually clear within 2 years, but if it doesn't clear, there is a risk of cancer forming in the genital area, anus and throat • Cervical cancer is the most common form of cancer resulting from HPV 	<ul style="list-style-type: none"> • Usually no symptoms • Warts are in the groin, genital, or anal areas and they can be different sizes and shapes. Sometimes, the warts are not visible. 	<ul style="list-style-type: none"> • There are vaccinations which can protect against some types of the virus, but they do not treat HPV. • Warts can be treated with topical medication or freezing, but the treatments will not cure the HPV
Herpes	<ul style="list-style-type: none"> • Two main types of Herpes Simplex Viruses: HSV 1 and HSV 2. • Both can cause blisters or sores on the mouth or genitals. • Spread through skin to skin contact with someone who is infected. 	<ul style="list-style-type: none"> • First outbreak can develop 1-3 weeks after skin-to-skin contact with someone who is infected. • Small blisters in the genital area, around the anus, thighs, or buttocks • Painful urination • Fever and aches • Many people do not notice symptoms. 	<ul style="list-style-type: none"> • There is no cure, but there are treatments for outbreaks.
Hepatitis A, B & C	<ul style="list-style-type: none"> • A very contagious infection which causes inflammation of the liver. • Hep A is usually spread through contaminated food, but can be transmitted through sexual contact. Hep B&C are transmitted through sexual fluids and blood. 	<ul style="list-style-type: none"> • There can be many symptoms and some of them include: fatigue, yellowing skin and whites of eyes, abdominal pain, vomiting, diarrhea. • Some people have no symptoms. 	<ul style="list-style-type: none"> • Vaccinations are available for Hep A&B • All types of hepatitis are treatable, but only A&C are curable.
Pubic Lice	<ul style="list-style-type: none"> • Slang term is "crabs" • Takes three forms: nit (egg), nymph (young bug), and louse (adult bug) • Usually spread through sexual contact • Occasionally spread through close contact with clothing, bedding or towels used by someone with the lice 	<ul style="list-style-type: none"> • Itching of genital area • Visible eggs or bugs 	<ul style="list-style-type: none"> • Treated with a special lotion or shampoo with or without a prescription depending on the severity



Pelvic Inflammatory Disease	<ul style="list-style-type: none"> • Complication caused by some STBBIs for female reproductive organs • Risk increases with having more than one sex partner or having sex with someone who has multiples partners • Being sexually active before age 25 • Douching • Small risk associated with IUD use 	<ul style="list-style-type: none"> • Pain in lower abdomen • Fever • Unusual vaginal discharge and odor • Pain and/or bleeding during sex • Burning sensation while urinating • Bleeding between periods 	<ul style="list-style-type: none"> • Can be treated if caught early. The longer someone waits, there are more chances of complications.
Syphilis	<ul style="list-style-type: none"> • Spread through sexual contact or from an infected woman to her fetus. 	<ul style="list-style-type: none"> • There are different stages of syphilis with different symptoms. • Some symptoms come and go repeatedly and some are unnoticeable. • Usually starts with a sore which increases to a rash, and people can get very physically and mentally sick over time • Can be cured with antibiotics, but should be treated as early as possible 	<ul style="list-style-type: none"> • Can be cured with antibiotics, but should be treated as early as possible
HIV & AIDS		<ul style="list-style-type: none"> • Some people have symptoms shortly after they have been exposed to HIV. These symptoms include chills, rash, night sweats, sore throat, fatigue, etc. • AIDS is the last and most severe form of HIV. People with AIDS cannot fight off illness or infection very well, so they can get very sick. 	<ul style="list-style-type: none"> • There is no cure for HIV, but it can be controlled with medical care. People with HIV can live healthy lives for years.



APPENDIX 8: COMMUNITY SUPPORT RESOURCES

Kids Help Phone

- Web: <https://kidshelpphone.ca/>
- Call: 1-800-668-6868
- Text: 686868
- Live chat counselling: <https://kidshelpphone.ca/live-chat-counselling>

Northern Options for Women (NOW)

- Web: <https://www.nthssa.ca/en/services/northern-options-women-now>
- Call: 1-888-873-5710

NWT Community Counselling Program (CCP)

- Web: <https://www.hss.gov.nt.ca/en/services/nwt-community-counselling-program-ccp>
- Call: 867-767-9061
- Email: mha@gov.nt.ca

NWT HelpLine

- Web: <https://www.hss.gov.nt.ca/en/services/nwt-help-line>
- Call: 1-800-661-0844.

Rainbow Coalition of Yellowknife

- Web: <http://www.rainbowcoalitionyk.org/>
- Call: 867-444-7295
- Email: info@rainbowcoalitionyk.org



APPENDIX 9: SEXUAL HEALTH AND REPRODUCTIVE RESOURCES

Action Canada for Sexual Health

- Web: <https://www.actioncanadashr.org/>

Scarleteen

- Web: <https://www.scarleteen.com/>

Sex and U

- Web: <https://www.sexandu.ca/>

Sex, Etc.

- Web: <https://sexetc.org/>

Teen Health Source

- Web: <https://teenhealthsource.com/>

Additional resources for community support groups can be found at <https://arcticfoxy.com/resources/>



APPENDIX 10: ADDITIONAL RESOURCES FOR FACILITATORS AND PARTICIPANTS

AMAZE

This website is full of free and fun educational resources such as videos, toolkits and lesson plans on sex and sexuality for youth, parents, caregivers, and educators.

<https://amaze.org/>

BREATHINGROOM™

This is a multimedia experience designed for youth to help improve mental health. The app can be downloaded from Google Play or the App Store. Enter the code XXQTGPUE for full access.

<https://app.breathingroom.me/register?code=XXQTGPUE>

KIDS DEFINE THE LINE

This is a resource created by McGill University for youth on topics such as sexual violence, gender-based violence, and cyberbullying.

<http://kidsdefinetheline.ca>

LOVE IS RESPECT

This resource is aimed at young people and provides education on healthy relationships, personal safety, and supporting others. This site is inclusive to all kind of relationships.

<https://www.loveisrespect.org/>

7 CUPS

7 Cups provides on demand emotional health support and online therapy services. People accessing this site can have 1-on-1 conversations, group chats, participate in forums, and read up on advice from experts.

<https://www.7cups.com/>

STOPTHEHURT

StopTheHurt is an inclusive website designed to support people in having positive relationships in their lives.

<https://stopthehurt.org/>

THAT'S NOT COOL

This site is dedicated to increasing awareness of online relationship dynamics between young people. The site has information, videos, and interactive games about topics related to healthy boundaries and online safety.

<https://thatsnotcool.com/>

TEEN TALK

This is a Manitoba-based site with information and activities on many topics including healthy relationships.

<http://teentalk.ca/>

THE TREVOR PROJECT

The Trevor Project is resource hub for youth who are sex and gender diverse as well as those who support these young people.

<https://www.thetrevorproject.org/>

WELLNESS TOGETHER CANADA (GOVERNMENT OF CANADA)

This website connects users of all ages and backgrounds to a variety of free resources to support mental wellness. Users can get personal recommendations based on their needs and track their progress.

<https://wellnesstogether.ca/en-CA>



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NOTES:

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Government of | Gouvernement des
Northwest Territories
Territoires du Nord-Ouest

