

Sex Talk

Promoting Sexual Health for Youth

Editor's note

Students reach grades 7 through 9 with widely varying degrees of sexual knowledge. Some are very naive, while others have retained only part of what they have been taught at home or in school. A few are actively involved in sexual relationships.

This is a time when young teens have a lot of decisions to make in their personal, social and sexual lives. Their attitudes have a tremendous effect on their actions. They wonder: When will I be ready for sex? How will I know I'm ready? Is romance important? Is it possible to have a relationship without intercourse?

They observe double standards around them and often reflect these in their personal relationships. The issues of dating, sex and rules are important. Teens and parents need to communicate about these issues and negotiate mutually acceptable limits and boundaries. This can be a struggle for teens, especially at this very vulnerable time in their lives.

Teachers and youth workers are often in a position where they are called upon to help teens steer safely through these potentially treacherous waters, and sometimes deal with parents on these issues as well.

This issue of Sex Talk looks at the *transition years*, some of the issues teachers and parents deal with every day, and ways to help students develop healthy attitudes towards sexuality and relationships.

Healthy
Sexuality

The Transition Years: Grades 7 to 9

Teaching sexuality: Role playing and other strategies

Glenda Hayes, a resource teacher at Beavercrest School in Markdale, uses role playing to help address sexuality issues in her classroom.

Role playing lets students speak out, explore different options, and get feedback in a non-threatening, safe environment.

Teachers can assign students different roles—roles of parents, roles of teens, and roles of both genders—along with topics such as dating and rule setting. Students can use their own ideas to work out their own scenarios and scripts, says Hayes.

confidence

"This helps them to develop confidence and gives them ideas of how to handle problems **before** they find themselves in a problem situation," says Hayes. "Because they are playing roles and have names other than their own, they feel safe expressing their ideas."

At the end of the exercise, Hayes thanks them for the "role" they played, in order to reassure them that she distinguishes between them and the person they played.

"You want them to develop their ideas, but you don't want to infringe on their privacy or offend anyone or make them uncomfortable," she explains.

"This exercise generates quite a bit of discussion among the teens about the characters' behaviour."

Because old ideas die hard and stereotypes continue to play a prominent role in student behaviour, sexual harassment and relationships can be a good place to start, says Hayes.

Teachers can discuss the difference between a healthy relationship and an unhealthy, exploitative one.

Students are able to distinguish what they don't like in behaviour, but they're not always sure what to do about it, says Hayes. "We discuss strategies.

"Most girls generally feel that they are not well treated by boys, either at school or at home, but they don't know the ideology behind it," she says. However, they can identify unfair treatment and learn to speak out against it.

Anna Scott, a sexual health nurse with the Bruce-Grey-Owen Sound Health Unit, says many boys experience similar unfair treatment so it's important to be open to the kinds of issues boys have.

Hayes tries to show the girls that some of the things they do send the wrong message. Sometimes flirting and body language can lead to situations beyond what they can handle. "It helps them to understand when they role-play the boys," she says.

peers

Sometimes teachers prefer to have a peer educator involved when teaching sexual health classes. "An effective peer program doesn't do away with the need for adult educators," says Betty Perkins, a sexual health nurse with the Bruce-Grey-Owen Sound Health Unit. "But it does help reduce embarrassment and resistance to hearing messages about sex.

"Peers never react by being shocked at your language or by demanding to know, Why would you ask me that?"

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Students feel free to talk frankly about things such as birth control, homosexuality or AIDS.

Teachers can encourage discussion at home by asking students to write three or four sentences for homework about their discussion with their parents. The homework can be check-marked rather than graded.

Sexual health nurse Anna Scott uses “agree” and “disagree” statements to provoke lively class discussions in which many viewpoints get aired. Students have a chance to air their opinions and listen to others. The facilitator remains neutral.

The dynamics in the class can be very important in the discussion. Each class can be so different. It can be very difficult or it can be wonderful, and class dynamics can be totally different in the same school.

differences

Students have different reactions to class discussions, says Hayes. “When a student is very withdrawn during discussions, it might be that they are from a cultural background where these things aren’t discussed.” Other students get involved in a heated way and it’s difficult to know how to help them other than hearing them out and acknowledging their concerns, she notes.

“Some of the girls are quite angry and frustrated because of the way they’ve been treated,” she says. Other students feel that it’s just the way things are and there’s nothing they can do about it.

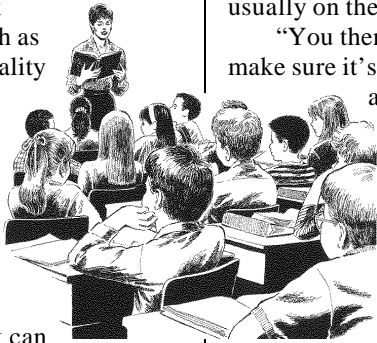
“The crux of the matter lies in helping them find ways in which they can get control. They can speak out, and there are people they can go to for help.”

Sometimes students may try to insult each other or label others with unkind terms like “slut” or “fag”.

trust

To make sure class discussions stay useful and healthy, Hayes likes to lay out the ground rules at the beginning of the year.

Students draw up a list of things they agree will not be permitted in class.



Language and treatment of each other are usually on the list, she says.

“You then post the list and they make sure it’s enforced,” she says. “The angry ones can disrupt things for every-one. You take the individual out of the classroom and talk to them, trying to identify the problem.

“Are they upset about name-calling? Is there a sexual harassment problem?”

Whatever the problem, the teacher is

in a unique position to help guide the student, whether it be in sorting out a classroom problem or a sexuality issue.

Young people have a sex drive, says Hayes, and there are not many people who can tell them how to deal with their sex drive in a safe and healthy way.

The Parent-Teacher Connection

Some people believe that if you give students information about sexual issues, you’re condoning whatever behaviour may occur, says Glenda Hayes of Beavercrest School.

When parents go to teachers about the teaching of sexuality issues, it almost always means they are uncomfortable with something they believe their child has been told at school, says Hayes.

If a child has not had puberty education or has been given very little information about sexuality, or if the child comes from a family that doesn’t feel comfortable discussing sexual issues, the parent may feel that the class subject matter is more advanced than it should be.

remove

A parent has the right to remove a child from a sexual health class, says Hayes. But you want to avoid this if you possibly can. The best approach is to make sure everyone understands what is being taught and why.

“Ask the parent, Have you talked about these issues with your son or daughter?” Hayes suggests. “Listen to them, give them information about the curriculum and involve them in the discussion. Invite them into the classroom.”

Explain that children need to be as familiar with the sexual parts as with the rest of the body so that they don’t get

incorrect information from their friends.

fear

Hayes says that when she is teaching sexual health, she tells students the topics they will be covering at the start of the session and gives them permission to go to the library during any discussion they feel uncomfortable with. Parents are also more comfortable knowing that a student can leave if he or she wants to, she adds.

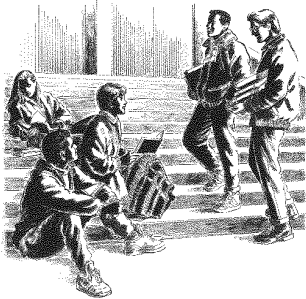
“As teachers, we have to be careful not to communicate to the parent, I know better than you do,” says Hayes. “Most parents are doing an excellent job with their kids.” Some worry that they don’t have all the answers, she says. But parents need to know that youth turning to them with questions about sexuality aren’t looking for an expert decision; they are looking to see how the parent reacts to an issue.

Kids need accurate information to be able to make good decisions out in the real world. Most parents know that, says Hayes.





- ❖ Will I feel good about myself if I have sex now?
- ❖ Does my partner want to have sex now?
- ❖ Am I being pressured to make a decision?
- ❖ If the relationship breaks up, will I be glad that I had sex with this person?
- ❖ If we have sex, will I use effective birth control every time?
- ❖ Am I afraid of anything?
- ❖ If our birth control method fails, are we ready to deal with an unplanned pregnancy?



An Opportunity






Guelph Sexuality Conference
June 15 - 17, 1998

This year's theme is
**Children and Youth: Strategies
and Skills for Sexual Health
Education and Services.**
Call (519) 767-5000 for a brochure.



The Public Health Nurse

As public health nurses in the Sexual Health Program at Bruce-Grey-Owen Sound Health Unit, one of the most important things we do is support parents, teachers and counsellors in their vital role, be it formal or informal, as sexual health educators. We hope this edition of Sex Talk has been helpful. Public health nurses can be called upon for:

-  phone consultation for resources, teaching activities and strategies.
-  articles for parent or teacher newsletters.
- C** train-the-trainer workshops for teachers.
-  presentations for parents.
-  participation in curriculum development.
-  participation in sexual health related school projects.

Delaying Sexual Intercourse Among Young Women

"If a teen is willing to listen, an adult can explain that there are actual health reasons for her to delay sexual intercourse," says Anna Scott, sexual health nurse with the Bruce-Grey-Owen Sound Health Unit.

Scott says research shows that the lining on the wall of the vagina is a very thin single layer in teen years. The cells of the cervix gradually transform to become thicker and multilayered, providing better protection against infection and injury.

They don't complete this significant change until the late teens or early twenties.

During the teen years, the mucus itself changes, becoming more protective as the years go on, and reaching peak protection by the early twenties. Here is how it works:

1. It acts as a slippery barrier to keep out bacteria.
2. It flushes the vagina in a self-cleaning way.
3. It protects the vaginal walls against abrasion.
4. It has an immune function, which chemically protects against infection.

"Another reason to delay intercourse is that it is the best way to prevent pregnancy. Teen mothers have an increased risk of having low birth-weight babies, premature babies, and babies who die in the first year of life," says Scott. Significantly, the lower the age of the teen mother, the higher the risks for the baby.

Suggested Resources

VIDEOS

“Changing” and “Kids to Kids: Talking About Puberty” — suitable for grades 5 to 8.

Available from Always. Write to: School Program Orders, 20 Torbay Road, Markham, Ontario, L3R 1G6.

PAMPHLETS

“Accent On You” — suitable for grade 5.

Available from Tambrands Canada Inc., Educational Program, 255 Consumers Road, Suite 280, Willowdale, Ontario, M2J 1R4.

“Facts About You” — suitable for grade 6.

Available from Kimberly-Clark Inc., Educational Services, 90 Burnhamthorpe Road West, Mississauga, Ontario, L5B 3Y5.

“Growing Up Is A Wonderful Experience” — suitable for grade 7.

Available from Johnson & Johnson Inc., Consumer Services, P.O. Box 937, Montreal, Quebec, H1V 9Z9, 1-800-361-4233.

“Changing: Young Girls’ & Boys’ Questions About Growing Up” — suitable for grade 8.

Available from Procter & Gamble Inc., 4711 Yonge Street, North York, M2N 6K8.

BOOKS

“Puberty Education” — by Peggy Brick, noted author and sexual health educator. Available for \$20 (U.S.) from The Center for Family Life Education, 575 Main Street, Hackensack, N.J., 07601.

“It’s Perfectly Normal: Changing Bodies, Growing Up, Sex & Sexual Health” — by Robie H. Harris. Illustrated by Michael Emberley. Candlewick Press. ISBN #156402-159-9. Cost: \$11.95. Available at public libraries and book stores.

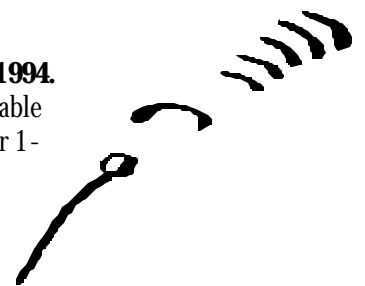
“STD Handbook”, “Birth Control Handbook” and “Sexual Assault” — Cost: \$4.00 per copy. Available from Montreal Health Press, P.O. Box 1000, Station Place du Parc, Montreal, Quebec, H2W 2N1, fax 514-282-0262.

Excellent resource books, loaded with class activities, are available from The Center for Family Life Education, 575 Main Street, Hackensack, N.J., 07601, phone 201-489-1265. These books are authored by noted sexual health educator Peggy Brick and colleagues. Titles are: **“Teaching Safer Sex”, “Positive Images: A New Approach to Contraceptive Education”, “AIDS Aids”, “Streetwise to Sexwise”.** These low-cost books are \$15 (U.S.) each if one full set is ordered.

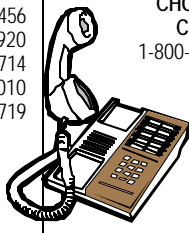
OTHER

“The Canadian Guidelines for Sexual Health & Education” — Health Canada, 1994.

This is a great resource for educators and curriculum advisory committees. Copies are available from Bruce-Grey-Owen Sound Health Unit, Owen Sound office. Call us at 376-9420 or 1-800-263-3456, ext. 257.



USEFUL PHONE NUMBERS FOR YOUTH	
Sexual Health Clinics	24-Hour Hotline..... 1-800-720-7411
Owen Sound..... 376-9420 (toll free) 1-800-263-3456	CHOICES - Drug & Alcohol Counselling for Youth 1-800-265-3133 or 519-371-5487
Walkerton..... 881-1920 (toll free) 1-800-821-7714	
Port Elgin..... 797-2010 (toll free) 1-800-230-7719	Kids Help Phone 1-800-668-6868
There is also a school clinic at JDSS.	AIDS Hotline 1-800-668-2437
Crisis Intervention	24 Hour Recorded Information on Sexuality 1-800-Info Sex
Ask for Crisis Team..... 519-376-2121	
Sexual Assault Centre	



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To contribute ideas, comments or materials, please call Sue Askin, Sexual Health Program Manager, at 519-376-9420 (1-800-263-3456) or fax 519-376-7782.



Bruce-Grey-Owen Sound Health Unit
Prevention is the Intention