



Sexual & Reproductive Health

Learner Outcomes

P6 Determine practices and behaviours that contribute to optimal physical well-being

P12 *Examine aspects of healthy sexuality and responsible sexual behaviour*

- *explain the ongoing responsibility for being sexually healthy*
- *describe sexually healthy actions and choices for one's body, including abstinence*

This lesson addresses all of the specific outcomes listed above. Instruction in human sexuality (***bolded and italicized*** outcomes) requires schools to provide notice to parents about the learning outcomes, topics and resources.

How To Use

This lesson plan contains several activities to achieve the learner outcome above. You may choose to do some or all of the activities, based on the needs of your students and the time available. Some of the activities build on the ones that come before them, but all can be used alone.

For a quick lesson, combine activities A, C and E.

Classroom Activities & Timing

- A. Ground Rules (5-10 minutes)
- B. Accessing Health Care (10-15 minutes)
- C. Taking Care of Your Body (15-25 minutes)
- D. Find Your Match (15-20 minutes)
- E. Question Box (5-10 minutes)

Required Materials

HANDOUT: Taking Care of Your Body

CARDS: Find Your Match Questions and Answers

Background Information for Teachers

Comprehensive sexual health education stresses the need for students to create a personal plan for achieving and maintaining their sexual health. This lesson teaches students to be advocates for their sexual health, outlining screening, self-examination techniques and risk factors. Students will learn what to look out for to stay sexually healthy and learn about the services available from health care providers. The aim of the lesson is to increase teens' comfort when discussing reproductive/sexual health care.

Inclusive Language

Language is complex, evolving, and powerful. In these lessons, [inclusive language](#) is used to be inclusive of all students, including those with diverse gender identities, gender expressions and sexual orientations. This includes the use of 'they' as a singular gender-neutral pronoun.

A person's sex can be assigned at birth as male or female. Some people are intersex (the reproductive, sexual, or genetic biology of a person is unclear, not exclusively male or female or otherwise does not fit within traditional definitions of male or female). Assigned sex is independent of gender.

Gender identity is a person's internal sense of identity as girl/woman, boy/man, fluid among genders or no gender (regardless of what sex they were assigned at birth).

For many people, their gender is the same as the sex they were assigned at birth (cisgender). For others, their gender identity is different from the sex they were assigned at birth. They may use terms like transgender, trans, non-binary, gender fluid, gender queer, agender or others, to describe their gender identity. The umbrella term 'trans' is primarily used here, to describe people whose gender identity and sex assigned at birth differ. While this umbrella term does not fit everyone, the intention is to be inclusive as possible.

Common Sexual and Reproductive Health Concerns

Breast Cancer

- Breast cancer begins when abnormal cells grow in the breast. These cells may form lumps called tumours.
- About 80% of people who develop breast cancer have no family history.
- Although breast cancer can occur in anyone with breast tissue, most breast cancer is found in females. Know what looks and feels normal for you so you can notice any unusual changes in your breasts.
- Current recommendations are for women aged 45-74 to have a screening mammogram every two years.

See [Screening for Life](#) for more information about breast and cervical cancer.

- There are ways to reduce the risk of getting breast cancer, including being physically active, having a healthy body weight, limiting alcohol and tobacco use, and breastfeeding.
- The following do not cause breast cancer: bras, breast implants, abortion, antiperspirants or deodorants.

Ovarian Cancer

- Ovarian cancer happens when cells that are not normal grow in or near the ovaries. The ovaries are two small glands, located on either side of the uterus.
- Ovarian cancer is more common in people aged 50-79. There is an increased risk for people with ovaries who:
 - have never had a baby
 - started their menstrual cycles before age 12 and went through menopause after age 50
 - were unable to become pregnant
 - used hormone therapy for menopause symptoms
- Taking birth control pills may lower the risk of getting ovarian cancer.
- There are ways to reduce the risk of getting ovarian cancer, including maintaining a healthy body weight through healthy eating and physical activity, limiting tobacco use, avoiding exposure to asbestos and avoiding long term hormone replacement therapy.

Cervical Cancer

- Cervical cancer occurs when abnormal cells on the cervix grow out of control. The cervix is the lower part of the uterus that opens into the vagina.
- Cervical cancer can be prevented. A Pap test checks for changes in the cells of the cervix. If any cell changes are found, they can be followed closely and if needed, treated so cancer never develops.
- Almost all cases of cervical cancer are caused by human papillomavirus (HPV). See HPV below for more information.
- Smoking and second-hand smoke increases the risk of cervical cancer in people with HPV.

Testicular Cancer

- Testicular cancer occurs when cells that aren't normal grow out of control in the testicles (testes). It is highly curable, especially when it is found early.
- Testicular cancer is rare, but is the most common cancer in young males.

Vaginal Infections

- A healthy vagina has many bacteria and a small number of yeast cells. When something happens to change the balance of these organisms, too much bacteria or yeast can grow and cause symptoms.

- Some discharge from the vagina is normal but a change in amount, colour or smell could indicate a problem that should be seen by a health care provider.
- A yeast infection is caused by a fungus called *Candida albicans*. This infection is treated with over-the-counter medicine. Some things that can affect the overgrowth of yeast are pregnancy, stress, a weak immune system, health problems (e.g., diabetes), taking antibiotics or birth control pills, wearing tight clothes that don't breathe and using scented feminine hygiene products.
- Bacterial vaginosis (BV) is caused by an imbalance of bacteria. BV is not a sexually transmitted infection, but it's more common in sexually active females. BV is treated with antibiotics. It may be linked to having multiple sex partners (of any gender), a new sex partner, and sex (anal, vaginal) without a condom.
- More information can be found on [My.Health.Alberta](https://myhealth.alberta.ca).

STIs (Sexually Transmitted Infections)

- STIs are infections that can be spread from one person to another through any type of sexual contact.
- Many STIs don't have symptoms, especially when the infection first starts.
- You can prevent getting an STI by:
 - talking to your partner(s) about using protection and each other's history of STIs, before sex (anal, oral, or vaginal)
 - getting tested regularly for STIs, even if you don't have any symptoms
 - getting immunized against hepatitis A, hepatitis B and human papillomavirus (HPV)
 - regularly using barrier methods of protection such as condoms, vaginal condoms and dental dams
- When an STI is found and treated early, it can lower the chances of having medical complications and can prevent the infection from spreading to sexual partners.
- STIs can often be cured or treated with medicine to lessen the symptoms of the infection and to prevent spread of the infection.
- For more information, see the [STBBI lesson plan](#).

HPV (Human Papillomavirus)

- HPV (human papillomavirus) is a family of viruses, passed through sexual contact that can cause infections that lead to skin warts, genital warts or cancer. There are 100+ strains (types) of HPV. Most strains are harmless and go away on their own.
- About 15 types of HPV can cause abnormal cells that lead to cancer. These 15 types of HPV can cause cancer of the cervix, anus, penis, vagina, vulva, mouth and throat.
- The strains of HPV that cause warts are not the same strains that cause cancer.
- HPV causes almost all cases of cervical cancers in women, and approximately 100% of head and neck cancers in Albertan men under the age of 40.

See [Immunize Alberta](#) for more information about HPV vaccine.

- These types of HPV can spread easily by skin-to-skin contact in the genital area.
- Condoms, vaginal condoms and dental dams provide some protection against HPV infection and should be used for all sexual activity.
- There are HPV vaccines available that can be obtained from family doctors, public health clinics and sexual and reproductive health clinics.
- HPV vaccine is offered in school to Grade 6 students. It is also offered in school to students in Grades 7 to 9 who missed getting it at the usual time. Students who have not received the HPV vaccine and wish to, should talk to their parents and health care provider.

Tests and Self-exams

Students should see their health care provider regularly for a health check-up, especially if they have any symptoms or questions about their sexual health.

Breast self-exam and mammograms

- People should know what looks and feels normal for them so they can notice any unusual changes in their breasts, and talk to their health care provider about any changes.
- People can talk to their health care provider to determine if clinical breast exams are needed as part of their regular health care.
- Students can consult a health care provider, [MyHealth.Alberta.ca](#) or [Screening for Life](#) for more information.
- A mammogram is an X-ray of the breast. There are two kinds of mammograms:
 - **Screening mammograms:** these are routine checks used with people who are not experiencing any problems or symptoms with their breasts.
 - **Diagnostic mammograms:** these x-rays provide more detailed images of any changes in the breast found during a screening mammogram; they're also used for people with a history or symptoms of breast cancer.
- Women aged 45-74 should have a screening mammogram every two years.

Pelvic exam

- A [pelvic exam](#) (also called an internal exam) is a physical examination of the cervix, ovaries, fallopian tubes and uterus.
- A speculum is a tool that is gently inserted into the vagina and then opened, to allow the doctor to see the cervix.
- A pelvic exam may include a Pap test and can include an STI test if needed.
- Regular pelvic exams are recommended for people age 21 and over.

Pap test

- A Pap test looks for changes in the cells of the cervix. A sample of cells is collected and tested for changes that could turn into cervical cancer. If needed, they can be treated so that cancer does not develop.
- If you have ever been sexually active, you should have
 - Pap tests regularly starting at age 25, or 3 years after becoming sexually active, whichever is later.
 - Unless your health care provider tells you otherwise you should have a Pap test once every 3 years.
 - Sexually active includes any skin-to-skin contact in the genital area, including touching, oral sex, or vaginal sex with a partner of any gender.
- A Pap test can be done by a doctor or at a Sexual and Reproductive Health Clinic and only takes a few minutes.
- A Pap test does not test for infections and is not an STI test.

STI tests

- Many STIs have no symptoms, so getting tested is the only way a person would know for sure if they have an STI.
- Students can see a doctor or visit [ahs.ca/srh](https://www.ahs.ca/srh) to find a clinic in their area.
- A person should be tested when:
 - they have a new sexual partner, or a partner has a new sexual partner
 - it has been 3-6 months since their last test
 - they have any symptoms of an STI
 - a partner has an STI
 - they had sex without a condom/vaginal condom/dental dam, or the condom broke
- For more information about STI testing, see the [STBBI lesson plan](#).

Testicular self-exam

- People should know what looks and feels normal for them so they can notice any unusual changes in their testicles, and talk to their health care provider about any changes.

Students can consult a health care provider, [MyHealth.Alberta.ca](https://myhealth.alberta.ca) or [Testicular Cancer Canada](https://www.testicularcancer.ca) for instructions on how to do a testicular self-exam.

Reproductive Health Information

It is common for all teens to:

- be at a different stage of physical development from peers of the same age
- have some natural, healthy genital odour
- have genital hair that is a different colour from hair on other parts of their bodies

- masturbate occasionally, frequently, or not at all (with no resulting physical harm)

It is common for people with breasts, ovaries, uteruses and vaginas to:

- have labia, breasts and nipples of various sizes, shapes, and skin tones
- have occasional lumps in their breasts
- have breast swelling and tenderness just before their menstrual periods
- have nipples that turn in instead of sticking out, or hair around the nipples
- have occasional clear or milky discharge from nipples
- have cramps before and/or during their periods
- have a 'regular' menstrual cycle length between 24 and 38 days
- have irregular menstrual periods
- have a total menstrual discharge equal to approximately 60-80 ml (4 to 6 tablespoons of blood plus other fluids and some tissue)
- have wetness in the vaginal area when sexually aroused
- have varying amounts of clear to cloudy discharge from the vagina, as part of their monthly cycle, or with antibiotics, birth control pills or pregnancy
- have hymens of different thicknesses, with different natural openings (rarely completely covering the opening)
- have their hymens stretched or broken during routine physical activities like bike riding or gymnastics

It is common for people with penises and testicles to:

- have a temporary swelling or enlargement of the breasts during puberty (gynecomastia), or a sore spot under one or both nipples
- have a penis that varies from others in length and width when flaccid (limp) or erect (hard)
- have a penis that becomes erect at any angle, or which curves to the right or left
- believe, incorrectly, that penis size is crucial to proper sexual functioning
- have an ache in the testicles ('blue balls') after prolonged sexual arousal, which will go away by itself or after ejaculation
- have one testicle larger and lower hanging than the other
- have their testicles hang closer to, or further from the body, depending upon temperature changes, stress or sexual arousal
- have either a circumcised or uncircumcised penis
- have frequent erections, sometimes due to sexual arousal, stress or general excitement, and sometimes for no apparent reason
- wake up in the morning with an erection
- sometimes lose an erection during intercourse
- have approximately 5 ml of milky, 'globby' fluid come out of the penis (ejaculate) when sexually aroused, or while sleeping (nocturnal emission/wet dream)

- have erections without ejaculating
- be unable to urinate at the same time they ejaculate
- have occasional, short-lived itching around testicles and/or inside thighs
- feel a thickening or ridge (epididymis) in the top back portion of the testicle

A. Ground Rules

Ensure [ground rules](#) are established before beginning this lesson. For classes that have already established ground rules, quickly reviewing them can help ensure a successful lesson.

B. Accessing Health Care

Students will consider the need to take care of their own bodies, community resources and barriers to accessing sexual and reproductive health care.

1. Ask the students to give some reasons people their age might seek healthcare/go to the doctor. List their reasons on the board. Answers might include:
 - Sports or other injury
 - Cold/flu/sore throat
 - Annual check-up
2. Ask them to add some reasons anyone might need healthcare, specifically regarding sexual and reproductive health. Answers might include:
 - Birth control prescription
 - Painful periods
 - Unusual discharge from the genitals
 - New lumps or bumps around or on the genitals
 - Pregnancy
 - Breast, ovarian or cervical cancer
 - Testicular or penile cancer
 - STI testing and/or treatment
 - Polycystic Ovarian Syndrome (PCOS)
 - Steroid effects on sex organs
 - After sexual assault
3. Ask the students to share some reasons why teens might not seek healthcare, particularly for sexual or reproductive health concerns. Answers might include:
 - Feel uncomfortable about discussing their reproductive anatomy
 - Embarrassed to have a physical examination

- Worried about what they might find out
 - Worried that their visit will be reported to their parents / guardians
 - Lack of doctors taking new patients
 - Uncomfortable with doctors of another gender
4. As a class, brainstorm a list where teens can go for sexual and reproductive health concerns and check-ups. Try to have specific information about resources in your community that specialize in teen clients to add. Visit ahs.ca/srh for local resources.
- Family doctor
 - Walk-in clinic
 - STI or Sexual and Reproductive Health clinics
 - School public health nurse for general questions and accessing doctors
 - Call Health Link at 811

Note: Many teens have not had a doctor's visit without a parent. Some doctors may choose not to see teens under the age of 16 without the consent of a parent. To be sure, they can call the doctor's office before their visit to ask about their policy. Most doctors keep information confidential and will not contact a parent unless withholding the information is life threatening. It is best to ask about their policy with respect to confidentiality.

Before a doctor or nurse can provide treatment to someone under the age of 18 without parental consent, that person needs to be considered a mature minor. A mature minor means someone who fully understands the treatment/decision, including the risks and consequences.

5. As a class, make a list of suggestions that would make it easier to go to the doctor or clinic. You may wish to divide their ideas into the three groups shown here, with some possible answers.

Before the visit:

- Write down questions / concerns in advance
- Ask if a family member or friend can come with you

During the visit:

- Take notes
- Ask questions using notes you prepared
- If you don't understand what your health care provider says, say so
- Tell the health care provider your physical symptoms
- Tell the health care provider your thoughts and feelings
- Repeat what you were told in your own words to check your understanding

After the visit:

- Review your notes
- Get more information if you need it

- Follow-up with any recommended referrals
- Get a second opinion if necessary
- Switch providers if you and your health care provider do not have a good rapport

C. Taking Care of Your Body

Students explore sexual and reproductive health self-care opportunities.

1. Refer to the list of sexual and reproductive health concerns named in the previous activity. If you did not complete the previous activity, brainstorm as a class reasons anyone might need to visit a health care provider, specifically regarding sexual and reproductive health.
2. Ask students if they have heard of anything a person could do to prevent or identify any of the concerns they listed. Answers may include:
 - Regular check-ups
 - Testicular self-exam
 - Mammograms
 - Knowing what looks and feels normal for your breasts
 - Pap tests
 - STI tests
 - Condom/dental dam use
3. Give each person a copy of the **Taking Care of Your Body** handout. Ask the students to work with a partner and fill in as much of the table as they can. Consider providing these links as resources for the students as they work:
 - Screening for Life <https://screeningforlife.ca/cervical/>
 - Testicular Cancer Canada <https://www.testicularcancer.ngo/>
 - MyHealth.Alberta <https://myhealth.alberta.ca>
4. Come together as a class and fill in any information missing from the handout.

D. Find Your Match

Students find answers to common questions about reproductive and sexual health concerns.

1. Before class, print the **Find Your Match** questions and answers pages, and cut into cards. If you have more than 30 students, print extra copies of some or all the questions so that you have enough cards for every student to have one.
2. Distribute one question or answer card to each student.

3. Explain that they have either a question or answer card. Their job is to find the person in the room holding the best match to their own card.
4. Give students about 2-3 minutes to find their match. Let them know they need to remain with their match until the activity is completed.
5. After everyone has found their match, ask each pair to read their question and answer to the group, one at a time.
6. If the group believes the match is accurate, the pair sits down, and the entire group adds information or asks questions about the issue.
7. If someone questions the accuracy of the match, ask that pair to move to a specified section of the room until all the pairs have reported.
8. When all the pairs have read their cards, have participants with the questionable matches reread their cards, and others suggest the correct match for any that were paired incorrectly.

E. Question Box

Answer any questions from the [question box](#) in the previous lesson. Have students submit any new questions and address them next class.

Addressing the questions at the next class allows you time to review the questions and prepare responses.

Self-Reflection

During the lesson, were:

- Ground rules being followed?
- Good practices established regarding group work and discussion?

What will you change for future classes with this group?

What will you change for future use of this lesson?

Student Assessment

During the lesson, did students:

Knowledge:

- Identify sexual and reproductive health concerns?
- Outline the importance of learning about sexual and reproductive health concerns?

Skills:

- Identify ways to access sexual and reproductive health services for information and health care?

Attitudes:

- Recognize the importance of regular self-examinations and routine visits to health care providers?

Taking Care of Your Body

Fill in the chart below with actions you or your health care provider can take to support your sexual and reproductive health.

Action	Who should do this?	Done by self or health care provider?	Helps find or prevent	Notes
Testicular self-exam	Anyone with testicles			
HPV vaccine		Health care provider		
Pelvic exam			Find infections, sores or lumps on the genitals	
Pap test				Start at age 25, or 3 years after becoming sexually active, whichever is later
Condom/ vaginal condom/ dental dam use			Prevent STIs	

Taking Care of Your Body Answer Key

Action	Who should do this?	Done by self or health care provider?	Helps find or prevent	Notes
Testicular self-exam	Anyone with testicles	Self	Find testicular cancer	Start now
HPV vaccine	Everyone	Health care provider	Prevent cancer of the cervix, vagina, vulva, penis, anus, mouth or throat, and genital warts	Free to students up to age 18
Pelvic exam	Anyone with a vulva/vagina	Health care provider	Find infections, sores or lumps on the genitals	Start when sexually active or age 21
Pap test	Anyone with a cervix	Health care provider	Find cervical cancer	Start at age 25 or 3 years after becoming sexually active, whichever is later
Condom/vaginal condom/dental dam use	Everyone	Self	Prevent STIs	Use every time

Find Your Match

Question	Answer
What are 2 reasons to get a pelvic exam?	<ul style="list-style-type: none"> • Being sexually active or age 21+ • Change in usual vaginal discharge
Who should examine their testicles regularly?	Anyone over age 15 who has testicles
What factors increase a person's risk of getting cervical cancer?	<ul style="list-style-type: none"> • Smoking • HPV infection
What health benefits can condoms provide?	<ul style="list-style-type: none"> • Reduce risk of STIs • Reduce risk of cervical cancer by reducing HPV infections
Who should get a screening mammogram regularly?	Women age 45-74

Who should get a Pap test regularly?	Anyone over age 25 with a cervix
Who can get HPV vaccine for free?	All Alberta students
What is the most common type of cancer in young people with testicles?	Testicular cancer
What kind of cancer happens mostly to females?	Breast cancer
What can reduce the risk of getting breast cancer?	<ul style="list-style-type: none">• Regular physical activity• Breastfeeding• Limiting alcohol & tobacco use

What can reduce the risk of getting ovarian cancer?	Using the birth control pill
What test can detect problems that may indicate ovarian cancer?	Pelvic exam
What test can detect breast cancer?	Mammogram
What can cause a yeast infection?	<ul style="list-style-type: none">• Antibiotics• Douching• Using scented soap or tampons
Who can provide a pelvic exam or STI test?	<ul style="list-style-type: none">• A family doctor or walk-in clinic• A sexual and reproductive health clinic