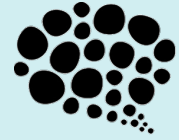


Lesson 10:

Safer Sex



Learner Outcomes

Students will:

- Discuss birth control methods including access
- Identify pregnancy options
- Describe symptoms, effects, treatments, and prevention of STIs
- Discuss safer sex strategies

These outcomes are related to the Alberta curriculum sexuality outcomes and **require parental notification**.

NOTE: STI and birth control do not appear in the Alberta curriculum until Grade 6.

This lesson is related to the PE&W Learning Outcome

Grade 6: Students investigate human reproduction from fertilization to birth.

and is related to the Health and Life Skills Learning Outcomes

Grade 7.14 Examine abstinence and decisions to postpone sexual activity as healthy choices.

Grade 8.13 Describe symptoms, effects, treatments, prevention for common sexually transmitted diseases; i.e. chlamydia, HPV, herpes, gonorrhea, Hepatitis B/C, HIV.

W-8.14 Identify and describe basic types of contraceptives; i.e., abstinence, condom, foam, birth control pills.

W-9.12 Determine 'safer' sex practices; e.g., communicate with partner, maintain abstinence, limit partners, access/use condoms/contraceptives properly.

and is related to the CALM Learning Outcome

P12 Examine aspects of healthy sexuality and responsible sexual behaviour

How To Use

Teachers and staff know their students best: before teaching this lesson, consider the individual goals of each student. The overall aim is for students to be healthy and safe while having the best personal and social

experiences possible. Avoid assuming that a student doesn't need or want this information.

All the Differing Abilities (DA) lesson plans can be adapted to the needs of individual students and groups. The lessons are scripted meaning there are answers and explanations for every question asked. The questions, answers and discussion points are prepared for you using plain and simple language at a level that is best suited to students with DA.

Text in italics is the script designed to be read directly to students. Possible answers to questions, activity instructions and other teacher information, is not in italics.

Classroom Activities

- A. Group Agreements and Check-in
- B. Introduction to Safer Sex
- C. Let's Talk About Sex and Abstinence
- D. Birth Control
- E. Pregnancy Options
- F. Sexually Transmitted Infections
- G. Condoms and Dental Dams
- H. Condom Lineup Game
- I. What Can They Do?
- J. Question Box
- K. Closure

Required Materials

[Birth Control Kit](#)

[Condom Lineup Game](#)

What Can They Do? Scenarios 1-4

Background Information for Teachers

Educational programs that result in the most positive sexual health outcomes (e.g., delayed first intercourse, safer sex strategies, healthy relationships, consensual activity) and are the best at reducing negative sexual health outcomes (e.g., unintended pregnancy, sexually transmitted infections) are programs that are comprehensive and include information

about birth control, relationships, sexual decision-making & prevention of sexually transmitted infections (STIs).

Birth Control and Abstinence

The only sure way to avoid pregnancy is to abstain from any activity where a penis or semen are near the vaginal area (including anal and vaginal sex or penis/vaginal touching).

For students who engage in sexual activity, these strategies can reduce the risk of pregnancy:

- Choosing sexual activities that cannot lead to pregnancy (e.g., mutual masturbation, oral sex)
- Correctly and consistently using dual protection. Condom plus another method of birth control increases birth control effectiveness and also reduces the risk for STIs.
- Clear communication with partners about intentions, limits and safer sex

For more background information about birth control, see the [Grade 8 lesson on Birth Control](#).

Pregnancy Options

It can be challenging to create a balance between prevention and positive messages related to parenthood and pregnancy outcomes. Prevention programs must consider different views and perceptions to be effective. Some cultures support earlier pregnancies, and in these cases, delaying pregnancy could alienate individuals from their culture.

Abortion

Abortion is a safe procedure when performed by a qualified doctor.

If the abortion is performed safely and without any complications, there is no effect on the ability to become pregnant again in the future.

The type of abortion procedure depends on how far along the pregnancy is, the services offered by the clinic or hospital, and patient preference. The cost of an abortion is covered by Alberta Health Care. More information is available at www.ahs.ca/abortion

Adoption

There are different types of adoption, including open adoptions, closed adoptions, and direct placements.

For more information about adoption, visit the [Government of Alberta](#).

Parenting

Having a baby involves many changes, including lifestyle, emotional, physical and financial changes. It is important to see a health care provider for regular [prenatal care](#) while pregnant. Information about pregnancy and

parenting is available at [Healthy Parents, Healthy Children](#). Some school districts have programs for pregnant and parenting teens.

Sexually Transmitted Infections (STIs)

Learning about STIs helps students to take care of their own bodies, thereby reducing the risk of STIs and preventing possible health problems related to having an STI.

The only sure way to avoid STIs is to abstain from any activity that involves sexual contact between one person's body and another person's genital area, semen, vaginal fluid or blood.

For students who engage in sexual activity, these strategies can reduce the risk of STIs:

- Limiting sexual partners
- Correctly and consistently using barriers (internal and external condoms, dental dams) to reduce transmission
- Getting vaccinated against hepatitis B and human papillomavirus (HPV)
- Getting regular testing, and subsequent treatment if needed
- Clear communication between partners about sexual history, testing and treatment
- Using Pre-Exposure Prophylaxis ([PrEP](#)) if at high risk for HIV

STI education has often focused on trying to scare students into abstinence. Research shows that this technique does not work. STIs are often considered shameful and a “consequence” for sexual activity, especially for teens. This shame prevents many people from accessing testing and treatment. It is a major contributor to the high rates of STIs among young people.

A more effective strategy is to encourage everyone who is sexually active to access at least yearly testing, and treatment as needed, as a regular part of good healthcare. As many people have STIs without symptoms, regular testing is advised for everyone who is sexually active.

For more extensive background information about STIs, see [Sexually Transmitted Infections](#) on MyHealthAlberta, or the [Grade 8 Lesson Plan on STIs](#).

Language and terms

Talking about anatomy, physiology, and sexual development in terms of people, parts and processes is more accurate than talking about it in terms of assigned sex (female and male) or gender identity (girl and boy). For example, not everyone who gets periods is a girl, so saying “when someone gets their period” is more accurate than saying “when a girl gets her period.” This also helps make sure that everyone is included in the discussion, including trans, nonbinary and intersex youth.

However, some students with differing abilities may find this language confusing and will benefit from using gendered terms more frequently e.g., “when a girl gets her period, she may choose to use period underwear”. It’s important for students to be clear about what may happen to them and saying people who get periods may be too abstract, resulting in confusion. Terms can be used together when explaining concepts e.g., when someone is first starting to get their period, it may be irregular. Not all girls have a regular period at first.”

Students may have questions about their sexual orientation, gender identity and expression (SOGIE). Teachers play an important role in helping students feel seen and affirmed when they come to school so that they feel good about their gender expression and identities. These lessons use inclusive language and acknowledge different identities and relationships to acknowledge all students as they develop their sexuality. Learn more about [gender identity and expression](#).

A. Group Agreements and Check-in

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

Start with a check-in activity as appropriate for the group. You may want to answer the question box questions from the last class as part of the check-in.

B. Introduction to Safer Sex

Everyone has the right to accurate information that can help them make great decisions and stay healthy, whether or not they are currently dating or in a sexual relationship. It’s important not to make assumptions about whether students are having sex or will have sex in the future. Learning about birth control and STIs helps students make healthy choices, take care of their bodies and lower their risk of health problems associated with pregnancy or having an untreated STI.

1. *We’ve talked a lot about our bodies, growing up, dating, reproduction and even making choices about sex. What do you remember from any of those classes?*
2. *We’ve talked about healthy relationships and dating along with decision making. Some people date, others don’t. In some dating relationships people have sex, others don’t.*

3. *Today, we are going to talk about having a sexual relationship and ways to make it safer. We call this safer sex.*
4. *Why do you think we say safer instead of safe?*
 - No activity is 100% safe
 - There are benefits and risks to doing things. It's important to think about the risks and benefits before deciding whether to do something.
 - If someone chooses to have sex, they can make it safer.
5. *What is sex?*
 - One person's body touching another person's genitals
 - Oral sex – mouth touches genitals
 - Vaginal sex – penis goes into the vagina
 - Anal sex – penis goes into anus (bum)
 - Hand sex – hand touches someone's genitals.

C. Let's Talk about Sex and Abstinence

It is very important to clearly define a range of sexual behaviors (oral, vaginal, anal, hand to genital) to make sure students understand what sex is and, therefore, what they are making decisions about. Personal, family and cultural values and good information help people make choices about sex that are right for them.

1. *We talked about sex when we talked about reproduction and sexual decision making. What is sex?*
 - When one person's body touches another person's genitals when it's not for healthcare or hygiene.
 - Mouth to genital touching (oral sex), penis to bum touching (anal sex) and penis to vagina touching (vaginal sex)
2. *Sex is private. Talking about sex is usually private, but it's ok to talk about sex with your doctor, adults you trust like a parent or guardian, or in class when it is what we are learning about. You can also talk to a friend or someone you are dating about sex. Be sure to get their consent to talk about sex or sexuality.*
3. *Sometimes, people in dating relationships think about having sex. Do all teens date?*

No. Many do not.
4. *Do all teens who date have sex?*

No.

Remind students that anytime they want to touch another person, they need to ask permission or get consent. Refer back to the Private vs Public, Boundaries, and Relationships lessons.

5. *Most teens do not have sex. There are many reasons they might make that decision.*
6. *What can teens who date do instead of having sex?*
Go to the movies, watch Netflix, play computer games, go for a walk, go to a hockey game, talk on the phone, kiss, cuddle, hold hands.
7. *Why do people have sex?*
It feels good, they are curious/want to know what it feels like, it's fun, and they want to show they care.
8. *Why might someone decide not to have sex?*
It doesn't fit with their values (this includes their family and faith beliefs), they are scared, they are worried about pregnancy and STIs, they are worried what people might say about them, they don't feel ready.
9. *Having sex is a choice. You don't have to have sex if you don't want to, many people don't. Every time someone has sex, they need to get and give consent. Forcing someone to have sex is never OK.*
10. *Do you think there's there any way to get 100% protection from pregnancy and STIs?*
 - Abstinence means not doing something. Not having sex, or being abstinent from sex, is one very good way to not get pregnant and not get an STI.
11. *If you do decide to have sex, what are some important things to think about?*
 - Consent, birth control, STI protection, communicating with partner, safety

D. Birth Control

It will be helpful if students have recently reviewed the concepts and vocabulary of sex and reproduction before completing this activity. The video [How do you get pregnant?](#) can be a quick review. See [Lesson 8: Reproduction, Pregnancy and Birth](#) for a review of how to use inclusive language and terms that can be adapted for your group.

1. *Pregnancy can happen anytime a penis or semen comes in contact with the vulva or vaginal area. Sperm swims through the cervix and uterus into fallopian tubes. If the person releases an egg within 3-7 days, sperm fertilizes the egg in the fallopian tubes. Then, the fertilized egg travels down the tubes and implants into the uterus.*

2. *Sometimes, people have sex for pleasure and sometimes to get pregnant. If someone does not want to get pregnant, what can they do to stop a pregnancy? Are there any ways you know?
e.g., pill, condoms*
3. *Birth control is anything people do to prevent pregnancy. There are many different types of birth control. They work in different ways:*
 - *stop the egg from being released*
 - *stop sperm from getting to the egg*
 - *stop a fertilized egg from attaching to the wall of the uterus*
4. *When choosing birth control, people think about:*
 - *safety – talking with your doctor about your health, lifestyle and medical history can help you choose one that is safe and effective for you*
 - *how easy it is to use – the less you have to think about it, the easier it is to use. Also, if it isn't used correctly, it doesn't work as well.*
 - *how long it lasts – most teens don't want to get pregnant anytime soon, so choosing a longer acting birth control is often most practical*
5. *Some types of birth control are prescribed by a doctor and bought at a pharmacy.*
 - *You don't have to be a certain age, you don't need parent permission/consent, your privacy is protected, and you can ask questions.*
 - *They may be able to help you get your birth control for free if you let them know you can't afford it.*
 - *If you have a doctor that won't prescribe birth control for teens, they must refer you to one that will.*
6. *There are special clinics for teens in many cities that provide birth control.*
 - *They might be called "Birth control clinics" or "Sexual health clinics".*
 - *These clinics often have free or low-cost birth control options available.*
 - *Clinics may have appointments, drop-in times or both.*
 - *People can find out more at ahs.ca/srh*
7. *You can get condoms and some types of emergency contraception at many stores.*
8. Use the [Birth Control Kit](#) to describe and discuss birth control methods available to and effective for teens. Depending on the

needs of the group, you may choose to only focus on more commonly used methods such as condom, pill, IUD and emergency contraception.

E. Pregnancy Options

Comprehensive sexual health education stresses the need for students to make decisions and respect the decisions and values of others.

1. *Some people get pregnant when they feel ready to be pregnant and parent; the timing means that they can take care of themselves and a child physically, emotionally, economically, and spiritually.*

Many people get pregnant when they do not expect it. If someone thinks they are pregnant (they have had sex where semen from the penis came in contact with the vulva or vagina and they miss a period or have signs of pregnancy such as sore breasts) it is important to take a pregnancy test.

2. *Have you ever seen a pregnancy test?*
Consider having a test or a picture of one to demonstrate what it looks like and how it works.
3. *A pregnancy test can be done at home or a clinic. The test instructions will tell you what to do. The test result will say pregnant or not pregnant. Doing a test right away gives the person more time to make a choice if they are pregnant.*
4. *What are the choices a person has if they are pregnant?*
The pregnant person has three choices:
 - Continue with the pregnancy and parent the baby.
 - Continue with the pregnancy and place the child for adoption.
 - End the pregnancy – this is called an abortion and usually happens at a clinic.
5. *Every person is different and will make a choice that is right for them at the time. It is their decision, but they may want to get help with that decision. That could be from a family member, their doctor, a counsellor or another adult they trust.*

F. Sexually Transmitted Infections

Some students may be more familiar with the term STD (sexually transmitted disease). STD and STI refer to the same illnesses.

- Sometimes, when people spend time together, they can catch a sickness from them. Can you think of any sicknesses that people catch from each other?*

A cold. The flu. Covid.
- People can only catch a cold or the flu from someone who has it. But you can't always tell if someone around you has a cold or the flu. If you don't want to catch someone's cold, or give your cold to someone else, what can you do?*

 - Wash your hands.
 - Cough and sneeze into your sleeve or a tissue.
 - Stay away from others when you are sick.
- If someone chooses to have sex, they might get an STI.*
- What does STI mean?*

A sickness you can catch by having sex.
- You can get some STIs, like HIV, if the blood of someone who has it gets into your body, or if you share needles (like through drug use or piercing). Just like with the flu or a cold, you can only get an STI from someone who has it. You can't get an STI from someone if they don't have it.*
- There are things people can do to lower the chance of getting an STI. Can you think of anything that you could do that would for sure mean you won't catch an STI?*

 - Not have sex (oral, anal, vaginal, touch another person's genitals)
 - Not touch people's blood.
 - Not share drug equipment.
 - Only get pierced at licensed shops.
- What are some things people who have sex can do to lower their risk of STIs?*

 - Using condoms
 - Limiting the number of partners
 - Regular STI testing
 - Talking to partners about STI testing and sexual history (have they been tested for STIs)
 - Take medicine that helps prevent STIs (PrEP)
 - Get vaccinated

8. *How might someone know they have an STI?*
 - Sores, lumps, bumps, rash in the genital area
 - Itching, irritation in the genital area
 - Pain or bleeding during or after peeing or sex
 - Discharge from the genitals that is different than normal e.g., it is a different colour than usual, or smells bad
 - They might not know. Many people have no symptoms.
9. ***Most people don't get any symptoms when they have an STI.***
You can't always tell if you have one, and you almost never can tell if another person has one. If you can't always tell if there's an STI, how would someone know if they have one?

Go to the doctor or sexual health clinic and get tested.
10. *STI testing is usually a doctor or nurse using a swab, a needle to take a bit of blood or peeing a bit in a cup. People get STI testing:*
 - *Before sex with a new partner*
 - *After sex with a new partner*
 - *After unprotected sex*
 - *After a sexual assault*
 - *If they are sexually active, every year (or more often if the doctor says so)*
11. *Most STIs are curable. That means if you take the medicine, the infection goes away. Some STIs don't go away, but the medicine keeps you from getting sick and can help make sure you don't give it to anyone else. Medicine for most STIs is free.*
12. *Where could you go for STI testing?*
 - *Your family doctor or walk-in clinic.*
 - *Some cities have teen clinics. They might be called "STI clinics", "Birth control clinics" or "Sexual health clinics".*
 - *Clinics may have appointments, drop-in times or both.*
 - *People can find out more at [ahs.ca/srh](https://www.ahs.ca/srh)*

G. Condoms and Dental Dams

Using condoms (especially making a dental dam) requires dexterity and may need lots of practice.

Seeing the packaging, the product, and how it is used can help students be more prepared to use condoms and dental dams correctly. You can choose to demonstrate using 'real' condoms and dental or use the demo videos.

- [External condom demo](#)
 - External Condom [Teacher Notes](#)
- [Internal \(vaginal\) condom demo](#)
 - Internal Condom [Teacher Notes](#)
- [Dental dam demo](#)
 - Dental Dam [Teacher Notes](#)

If you choose to demonstrate with actual condoms, be sure to check if any students have latex allergies. Some people may need to use non-latex products.

H. Condom Lineup Game

This activity can be used to check learning and also to talk through each stage of using an external condom (you can demo with an actual condom as you go through each card).

1. Before class, print the [Condom Lineup Game](#) cards. You may wish to print more sets of cards depending on how the size of the class.
2. Ask students to place the cards in order of use. They can lay them out in order on a table, the floor, or along the wall.
3. Emphasize that this is not a test, but rather a way to work together to discuss the steps.
4. Once complete, go through each stage, correcting if necessary. There are several ways the cards can be arranged that are correct.
5. Be sure to connect to access e.g., ask students where they can get condoms for free.

I. What Can They Do?

These scenarios can be used in pairs or small groups and may require support from staff. The sex and gender of the people in the scenarios allows for discussion that is inclusive of all genders.

1. Before class, print the **What Can They Do?** Scenario handouts.
2. *Talking about STI and sex with boyfriends/girlfriends/partners helps keep us healthy and lowers the risk of STI. It's an important skill that takes practice.*
3. As a class or in small groups, discuss ways to handle each scenario.

Answer Key

Scenario 1

- Kalin and Sam are talking which will help them share their values, needs and any worries they have.
- Kalin can tell Sam that they want to be safe, that they have learned about STIs and it's important to use protection.
- Sam can share that they don't feel trusted by saying what bothers them.
- If they keep talking, they can share their knowledge, ask questions about any STI testing in the past and make a decision to visit a sexual and reproductive health clinic together to talk with a healthcare provider.
- They could also talk to a trusted adult about how they are feeling.

Scenario 2

- Talking to her friend Emma can be a good way to share a problem and work through the feelings of embarrassment.
- Emma can encourage Jess to go for testing and may offer to go with her for support. Emma can explain that testing for STI is part of health checkups and STIs can be treated.
- It's important for Jess to think about talking with her boyfriend, especially if she needs treatment for an STI, as her boyfriend will also need to get testing. This is a good time to talk about using condoms and getting vaccinated.

Scenario 3

- If they drink alcohol or use drugs, it could be harder for them to make decisions about whether or not to have sex and how to make sex safer e.g., using condoms.

- It's better to have fun at the party in a group and then talk about sex after, when they are sober and can think clearly. Kissing and touching can be private activities so Jamie and Tunde need to think if they will kiss and touch in front of other people. When someone uses alcohol or drugs their boundaries might not be as strong; they may do something that embarrasses them and others.
- Their friends could encourage them to have fun with their friends and keep the couple time for another day.
- They could talk to trusted adults in their life and go to a clinic to talk with a healthcare provider about safer sex.

Scenario 4

- Kai and Riley need to talk about consent, their own values, safer sex including using condoms and birth control, will they tell others.
- Using birth control and condoms together provides dual protection from STIs and pregnancy.
- They could talk with friends or trusted adults; they could also talk to a healthcare provider.
- Is this the right time for them? Will it affect how they feel about each other? What will their family and friends say if they find out? Is that important to them? What if they got pregnant or had an STI?

J. Question Box

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

- Some students may need assistance either during the class or in between classes from staff to record their questions.
 - Hand out paper to each student.
 - Students who don't have a question can write something else on the piece of paper, such as something they learned or just a comment about their day.
- When everyone writes something down, the people with questions feel safer writing them.
- Use a box or bag to collect the papers.
- Answer the questions during the **next class**. This allows you time to review the questions and prepare responses.

K. Closure

- *Today, we talked about safer sex. What is one thing you learned? How do you feel after talking about safer sex?*
- *Remember, dating is a choice; having sex is a choice. You don't have to date or have sex if you don't want to, many people don't. ALWAYS GET AND GIVE CONSENT*
- *If you decide not to be abstinent, the best protection is safer sex – birth control, condoms, dental dams, talking with a partner, getting tested, and getting vaccinated.*
- *Who can you talk to about what you learned today?*

What Can they Do? 1

Kalin and Sam have been going out for several months and are talking about having sex. Kalin says that if they do, they should use a condom. Sam says there is no risk of STIs, so won't use one. Sam doesn't feel trusted. Kalin wants to be safe.

- What should Kalin do?
- What should Sam do?
- Is there anything other than STIs that Kalin and Sam should think about when making decisions about sex?

What Can they Do? 2

Jess and her boyfriend have been dating for several months and have started having sex. Jess told her friend Emma about this and about new symptoms she's having, like feeling itchy in her genital area and it sometimes burns to pee. Jess is really worried but is too embarrassed to go to the doctor.

- What should Jess do?
- What should Emma do or say to help her friend?

What Can they Do? 3

Jamie and Tunde have been dating for a few months. They kiss and touch each other with clothes on. They haven't talked to each other about sex, STIs, pregnancy or condoms because they are both too uncomfortable. They go to a friend's party and have a few drinks.

- What might affect Jamie and Tunde's decisions about sexual activities at the party?
- What should they do to feel good and safe about their decisions?
- What would you do if you were Tunde and Jamie's friend?
- Who could they talk with to help with their decision making?

What Can they Do? 4

Kai and Riley have been together for a long time and are considering having sex for the first time.

- What do Kai and Riley need to talk about?
- Who else should they talk to?
- What do they need to think about to make the right decision for each of them?



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