

GRADE 7
HEALTHY RELATIONSHIPS
PART I

TODAY'S OBJECTIVES

- Set guidelines for discussing sensitive topics
- Describe ways to express affection
- Analyze Friendships vs Romantic relationships
- Demonstrate communication skills that foster healthy relationships
- Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others

WORD BANK

☐ Relationship

☐ Healthy

☐ Unhealthy

☐ Communication

☐ Affection

☐ Aggressive

☐ Assertive

☐ Passive

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by establishing ground rules conducive towards a “safer” space.
 2. Due to the sensitive nature of these topics, remind students to avoid speaking about experiences of their fellow classmates.
 3. Let students suggest rules or limits of their own for the class to be mindful of throughout the discussion.

CREATING A SAFE SPACE

Turn & Talk

What are some ground rules we can agree upon to make this a safe space to talk about a sensitive topic?

TEACHER NOTES: Relationships Worksheet

Estimated Time: 10 minutes

Ask students to think about the word RELATIONSHIP

1. Define relationship in their own words
2. List different types of relationships
3. Teacher leads: Whole group share and development of common definition of relationship
4. Students list characteristics of healthy and unhealthy relationships

RELATIONSHIPS

Write a definition for RELATIONSHIP in your own words.

In the left column, list as many types of relationships you can think of...

For example: Brother is a type of relationship

RELATIONSHIP

: the way in which two or more people, groups, countries, etc., talk to, behave toward, and deal with each other

CHARACTERISTICS OF RELATIONSHIPS

HEALTHY

OR

UNHEALTHY

Healthy vs Unhealthy Relationships

HEALTHY RELATIONSHIP	UNHEALTHY RELATIONSHIP
Equality	Control
Honesty	Dishonesty
Physical safety	Physical abuse
Respect	Disrespect
Comfort	Intimidation
Sexual Respectfulness	Sexual Abuse
Independence	Dependence
Humor	Hostility

YOU SHOULD ALWAYS TRY TO
BE THE KIND OF PERSON THAT
YOU AND OTHERS RESPECT.

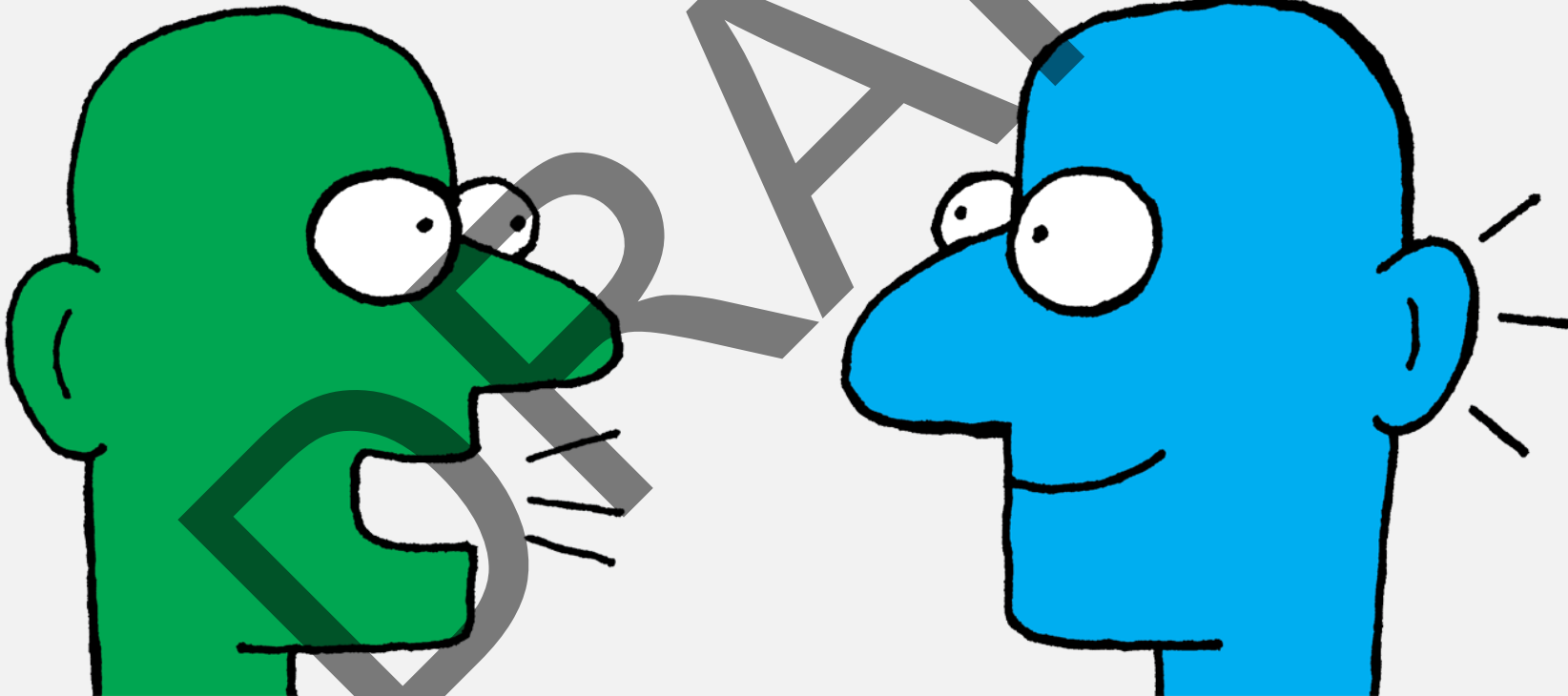


TEACHER NOTES: COMMUNICATION

- Estimated Time: 15 minutes
 - ELL & SpEd Strategy: Mixed-Ability Partners, Visual Cues
1. Teacher facilitates a class discussion about communication
 - Why is it important?
 - How does it impact relationships?
 - What are the types of communication?
 - Analyze a personal scenario

THINK - PAIR - SHARE

WHAT IS COMMUNICATION?
WHY IS COMMUNICATION IMPORTANT?



WHY IS GOOD COMMUNICATION IMPORTANT?

- **Preventing Misunderstandings** Unclear communication can cause hurtful misunderstandings.
- **Building Healthy Relationships** Communication is a tool for building good relationships.
- **Expressing Yourself** Good communication skills allow you to let others know what you want and need.

GOOD COMMUNICATION WILL HELP
IMPROVE YOUR RELATIONSHIPS
WITH YOUR FAMILY, FRIENDS,
TEACHERS AND OTHER ADULTS.

Good communication skills
include listening and speaking
effectively.



BEING A GOOD LISTENER IS AS IMPORTANT AS
BEING A GOOD SPEAKER!

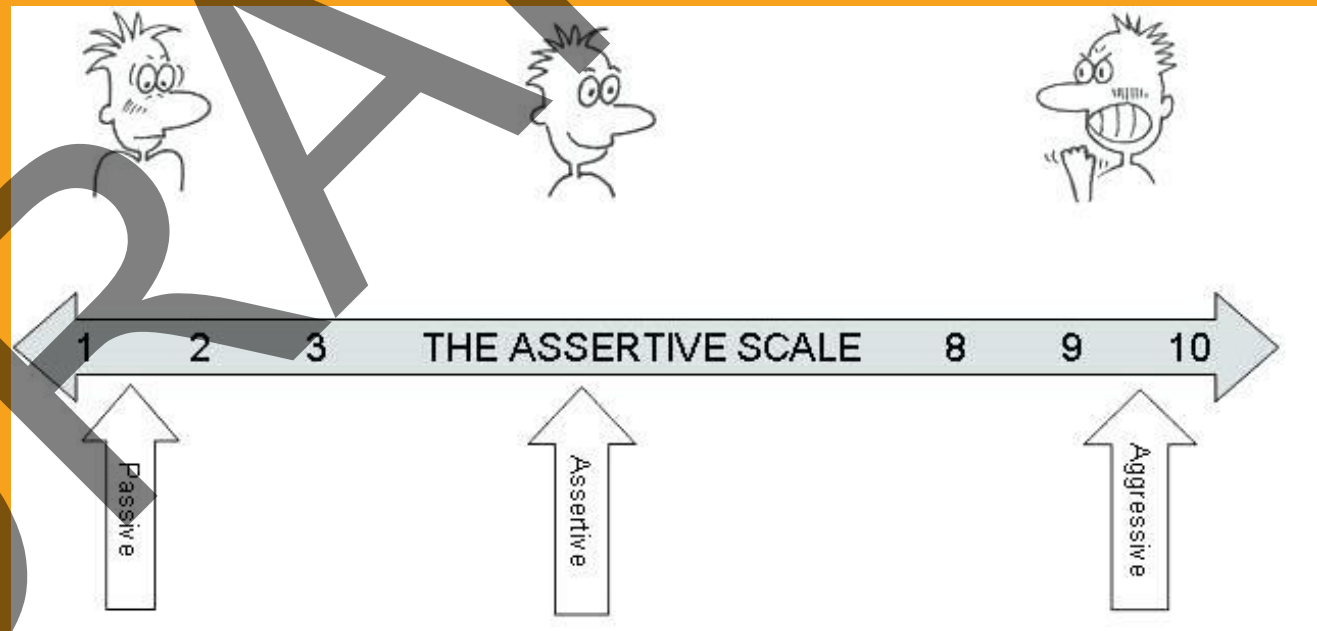
How can you show or tell someone you are listening?

Active Listening means letting the speaker know you are listening and clarifying anything confusing.

Paraphrasing means using your own words to restate what someone else says.

TYPES OF COMMUNICATION

- Passive -- does not offer opposition when challenged or pressured
- Aggressive -- hostile, unfriendly, always has to be right
- Assertive -- direct and respectful



THINK – PAIR – SHARE

Describe a situation where poor communication resulted in an argument or disagreement.

What type of communication was used that created the argument or disagreement?

TEACHER NOTES: AFFECTION & BOUNDARIES

Estimated Time: 15 minutes

Teacher facilitates discussion about affection & boundaries in relationships

- What is affection?
- What are boundaries?

Students complete Types of Communication worksheet related to boundary setting scenarios.

DEFINE AFFECTION

A feeling of liking and caring for someone or something ([Merriam-Webster](#))

Fond attachment, devotion, or love ([Dictionary.com](#))

A feeling of liking someone or something ([Cambridge Dictionary](#))

Turn & Talk

What are some ways we show affection?

How might affection look different in different types of relationships?

Who decides what affection looks like in YOUR relationships?

Personal Boundaries are...

Guidelines for how you want to be treated ([link](#))

Guidelines, rules or limits that a person created to identify reasonable, safe and permissible ways for other people to behave towards them and how they will respond when someone passes those limits ([wikipedia](#))

Using Communication to Set & Respect Boundaries

Communicate your thoughts with one another

Never assume or guess your partner's feelings

Follow through on what you say

Take responsibility for your actions

Know when it's time to move on

<https://www.breakthecycle.org/blog/setting-boundaries-relationship>

YOU decide on YOUR boundaries:

- Emotional Boundaries
- Physical Boundaries
- Digital Boundaries

Types of Communication Worksheet

DRAFT

Name _____

Relationships

Define "Relationship" in your own words:

Types of Relationships	Characteristics of Healthy Relationships	Characteristics of Unhealthy Relationships

Name _____ Date _____

Types of Communication Scenarios

There are three types of communication styles.

Directions: Use the descriptors of each type of communication style to write a response for each scenario.

	Passive Communicator	Aggressive Communicator	Assertive Communicator
	<i>Does not offer opposition when challenged or pressured</i>	<i>Aggressive, hostile, & unfriendly</i>	<i>Communicates with a direct and respectful way</i>
Your best friend tells someone else one of your secrets.			
Your partner tells you that you can't hang out with one of your friends.			

Name _____ Date _____

DRAFT

GRADE 7
RELATIONSHIPS - PART 2

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by reviewing ground rules conducive towards a “safer” space.
 2. Allow for an opportunity to add or modify ground rules as you begin a new lesson.

CREATING A SAFE SPACE

What are the ground rules or guidelines that we agreed on for when we have hard conversations about sensitive topics?

Do these still work? Would anyone like to make any changes or adjustments?

TODAY'S OBJECTIVES

- Review healthy relationships
- Analyze the influence of friends, family, media, and technology on relationships
- Describe the advantages and disadvantages of communicating using technology and social media
- Describe the effects and impact of technology on relationships
- How do external influences have an impact on relationships?
- How does our digital footprint impact ourselves and our relationships?

WORD BANK

☐ Relationship

☐ Healthy

☐ Unhealthy

☐ Digital

Footprint

☐ Integrity

☐ Empathy

☐ Social Media

☐ Responsibility

Review: Turn & Talk

What are the characteristics of a healthy relationship?

What are the characteristics of an unhealthy relationship?

How might a healthy relationship make you feel?

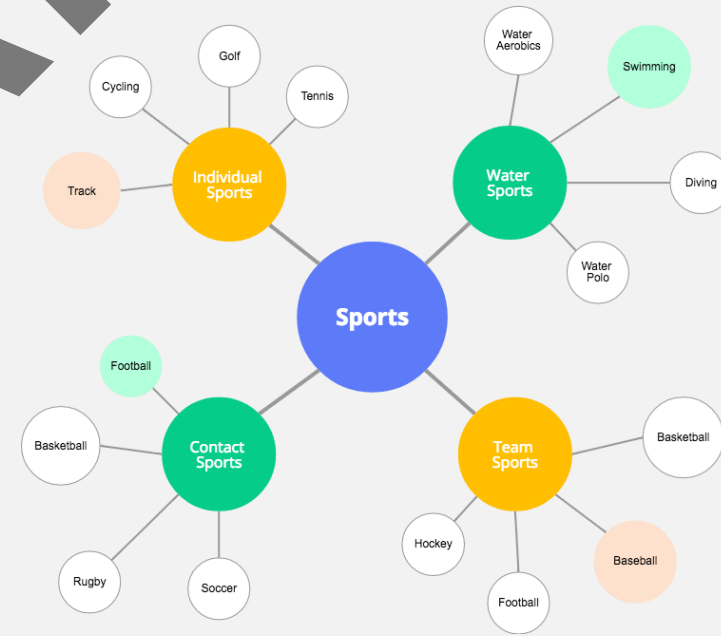
How might an unhealthy relationship make you feel?

TEACHER NOTES: Relationships CONCEPT MAP

- Estimated Time: 15 minutes
 - ELL & SpEd Strategy: Blank Concept Map, Visual Prompt
1. Students create a concept map to show how different factors may influence their perception of relationships
 2. Teacher provides individual support for students

Relationship Influencers CONCEPT MAP

- Create a concept map that indicates how various segments of your life influence your perception of relationships



So much pressure...
Makes it tough to just...

BE YOU!!!

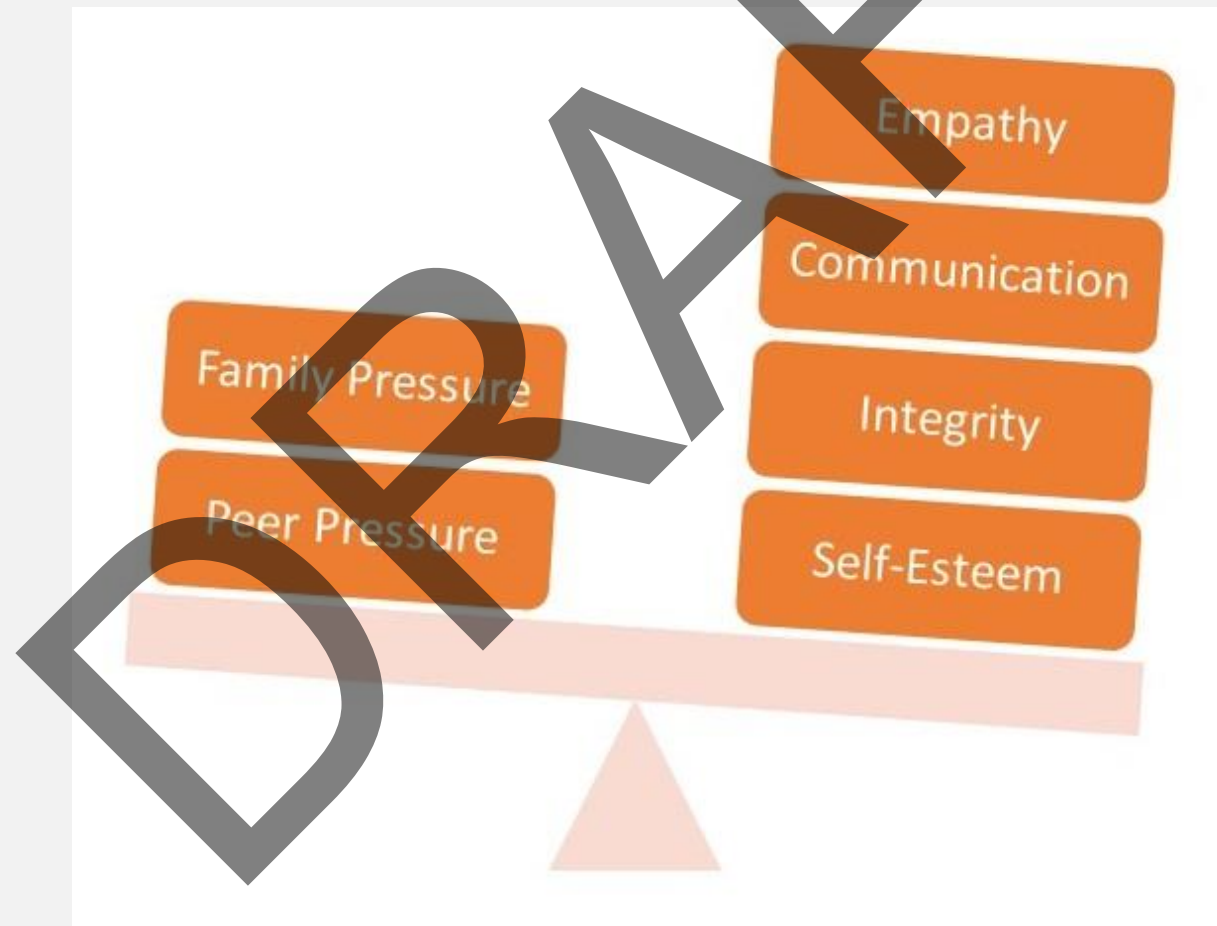
TEACHER NOTES: Pressure and How to handle it

Estimated Time: 10 minutes

Teacher facilitates discussion about pressure

- We are pressured by many factors in life: peers, family, media, etc.
- We use self-esteem, integrity, empathy, and communication to make the right choices for ourselves

You can overcome PRESSURE!!!



Self-Esteem

Self-esteem is a measure of how much one values, respects, and feels confident about oneself.

Improving your self-esteem:

- Use Positive Self-Talk
- Act with Integrity
- Choose Supportive Friends
- Accept Yourself

Integrity & Empathy

Integrity:

The characteristic of doing what one KNOWS is right.

Empathy:

The ability to understand another person's feelings, behaviors, and attitudes

COMMUNICATION

Be Honest & Assertive

Focus on Integrity & Empathy

Verbal

Nonverbal

Digital???

TEACHER NOTES: Technology & Relationships

Estimated Time: 15 Minutes

- Teacher facilitates discussion about using technology for communication and its impact on relationships
- Students will define digital footprint and analyze the impact of social media on relationships

Think - Pair - Share

How do we use technology to communicate?

Using Tech to Communicate

Advantages

Convenient

Eliminates distance

Accessible to people with speech or social problems

Multimedia (text, video)

Easy archiving and retrieval

Disadvantages

Loss of face-to-face interaction

Constant need to 'check my phone'

Lack immediacy

Loss of tone and nonverbal cues

Security and privacy concerns

Define Digital Footprint

One's unique set of digital activities, actions, and communications that leave a data trace on the Internet or on a computer or other digital device and can identify the particular user or device.

One's overall impact, impression, or effect as manifested on the Internet; online presence or visibility, as of a person or company.

<https://www.dictionary.com/browse/digital-footprint?s=t>

Your digital footprint is a reflection of you
and NEVER goes away!

How can you ensure your digital footprint reflects the truest YOU?

- Avoid Oversharing

- Sharing personal feelings, information, or experiences that later make the sharer feel uncomfortable or regretful

- Notice Red Flag Feelings

- When something happens on digital media that makes you feel uncomfortable, worried, sad, or anxious

- Focus on Integrity & Empathy

- Do what you know is right and think about how what you say or post would make another person feel

Assignment

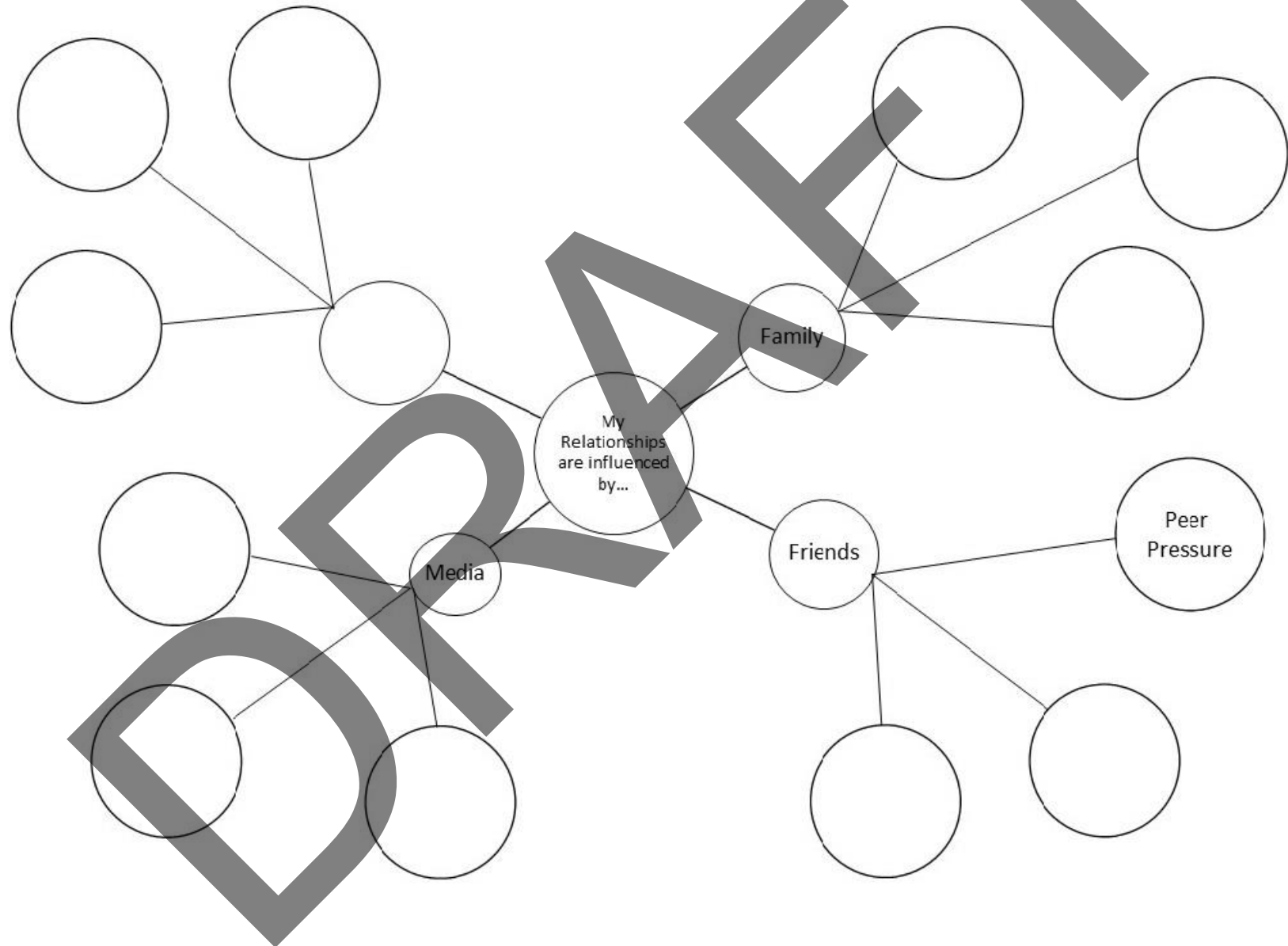
Noticing Red Flag Feelings*

Exit Ticket*

*Adapted from [Common Sense Media](#)

Name: _____

Our personal relationships are influenced by many factors. Family, friends, and the media all play a big role in how we view relationships. Think about HOW each of those factors influences your relationships and add them to the concept map below. Add 2-3 examples for each influencing factor, you may draw in extra circles if needed. There is one blank space available to fill in another influencing factor in your life, this might be something like an extracurricular activity (for example: sports, theater, job, etc.).



Name: _____

Red Flag Feelings -- Directions

Write down what *red flag feeling* you might get if the situation happens. Work with a partner to complete the other columns and discuss with the class.

When this happens ...	Slow down, pause and remember Feel, Identify, Reflect, and Enact			
	<u>Feel.</u> Take stock of your emotions. <i>Are you feeling sad, anxious, jealous, excluded, or uncomfortable? If not, what emotion captures how you feel?</i>	<u>Identify.</u> Think about what caused you to have this feeling. <i>What happened? Was it something you—or someone else—said or did?</i>	<u>Reflect.</u> Consider possible responses. <i>What choices of action are available to you? What are the benefits or drawbacks—for you and for others—of each step you might take?</i>	<u>Enact.</u> Take steps to act. <i>How can you move forward to address the situation in a way that is positive and productive—for you and for others?</i>
1. I see a post of my friends having fun without me and I feel left out.				
2. I deleted several of my posts because they didn't get enough likes or shares				
3. I posted a video of my friend without asking them and I am embarrassed about it later.				

Name: _____

Exit Ticket – How does social media bring you closer to your friends? How does it create more distance between you?

DRAFT

**GRADE 7
PERSONAL SAFETY**

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by reviewing ground rules conducive towards a “safer” space.
 2. Allow for an opportunity to add or modify ground rules as you begin a new lesson.

CREATING A SAFE SPACE

What are the ground rules or guidelines that we agreed on for when we have hard conversations about sensitive topics?

Do these still work? Would anyone like to make any changes or adjustments?

TODAY'S OBJECTIVES

- Explain rights as to personal space, your body, and touches
- Identify parents or trusted adults to report abuse or assault
- Describe ways to treat people with dignity and respect
- Demonstrate how to react to bullying

WORD BANK

- ☐ Rights
- ☐ Dignity
- ☐ Respect
- ☐ Bullying
- ☐ Abuse
- ☐ Bystander
- ☐ Boundaries

Teacher Notes: Respect

Estimated Time: 15 minutes

- Students will complete writing activity
- Teacher facilitates discussion about respect
- Students complete INNER CIRCLE activity

WRITE - PAIR - SHARE

Define Respect in your own words.

Write about a situation in which you felt RESPECTED.

Who was involved?

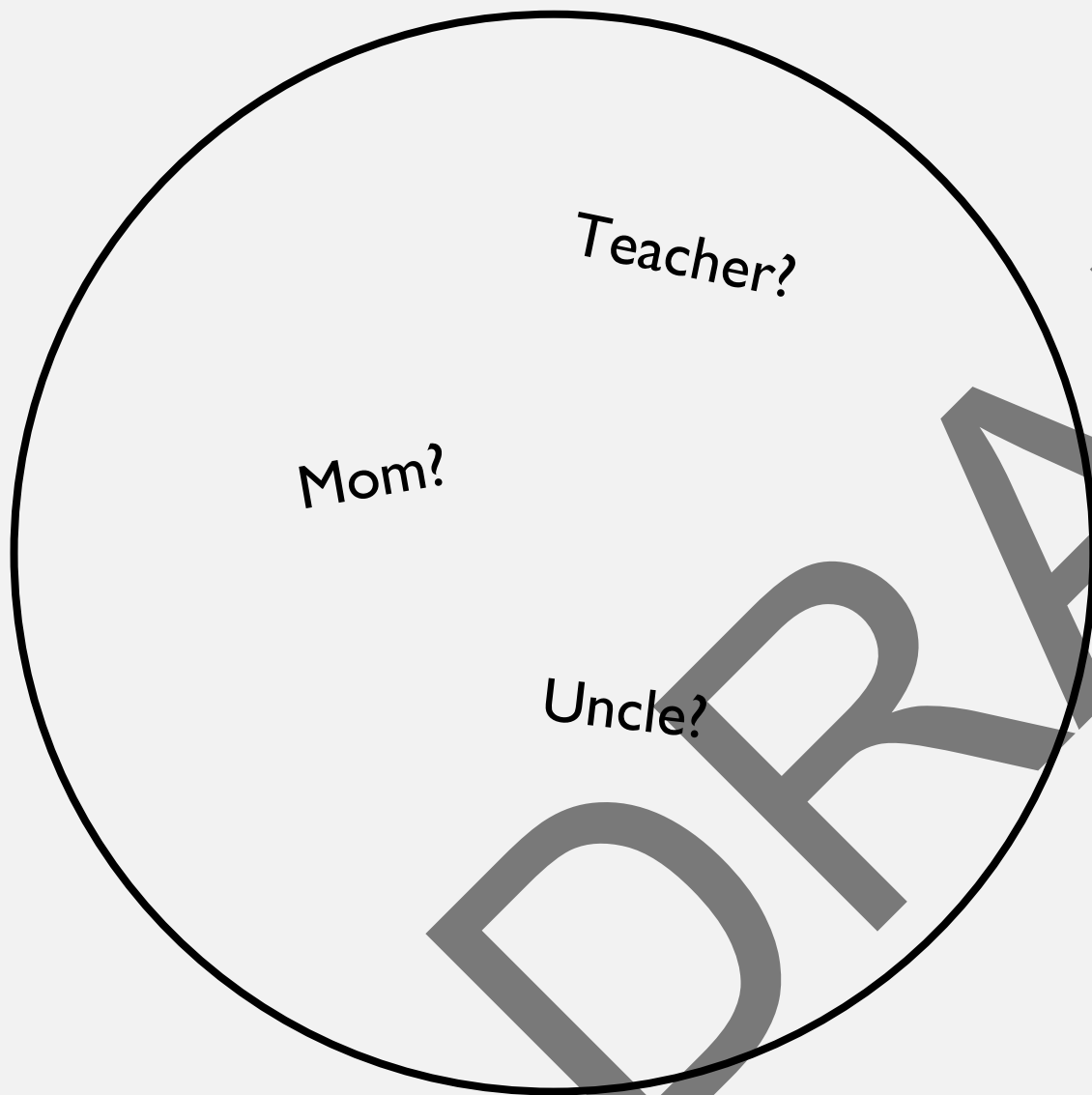
Why did you feel respected?

RESPECT

: a feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements

YOU SHOULD ALWAYS TRY TO
BE THE KIND OF PERSON THAT
YOU AND OTHERS RESPECT.





Who's in YOUR inner circle?

Using the space at the bottom of your paper, draw a circle.

Then fill the circle with the names (or titles) of the 2-3 people you respect.

These are people that you can ask for help in tough situations.

Teacher Notes: Abuse & Bullying

Estimated time: 15 Minutes

- Students do a turn & talk to transition into a new topic
- Teacher facilitates discussion about abuse and bullying
- Bullying Scenarios
 - Students in groups of 3-4
 - They will read each scenario and choose the appropriate response.
 - Students should explain why they chose their answer

Turn & Talk

What does it feel like when you are NOT respected?

Abuse & Bullying

Abuse: to treat in a harmful, injurious, or offensive way ([dictionary.com](https://www.dictionary.com))

Bully: to habitually intimidate, badger, or domineer smaller or weaker people ([dictionary.com](https://www.dictionary.com))

How might you feel if you were abused or bullied?

Give examples of different forms of bullying.

What would you Do? THINK - PAIR - SHARE

Your friends start calling you names, sending you nasty text messages and forcing you to give them things. You don't feel good when these things happen. What would you do?

1. Nothing, You must have done something wrong to make your friends act like that.
2. Start calling them names in return and threaten them.
3. Speak to your parents or teacher and tell them what is happening.
4. Something else?

A group of older students like to pick on the younger ones from your school. They wait to catch them walking home or waiting for bus to surround them and take their money, food, or toys. They also throw rocks and threaten to do worse. What would you do?

1. Be very careful to go to and from school in groups
2. Tell adults in your school what is happening and ask for help
3. Carry rocks to protect yourself
4. Something else?

You receive an email telling an embarrassing story about another student who has often been mean to you. What would you do?

1. Forward the email to your friends because you know they would think it's funny too
2. Speak to your parents or teachers and tell them what is happening
3. Reply to the sender and tell them that it isn't funny and delete the email
4. Something else?

Responding to Abuse & Bullying

- Use assertive communication
- Focus on Integrity
- Demonstrate Empathy
- Seek help

Bystander

a person present but not involved, onlooker, chance spectator ([Dictionary.com](https://www.dictionary.com))

Teacher Notes: Boundaries

Estimated Time: 20 minutes

- Teacher facilitates discussion about boundaries including definition and different types of boundaries
- Display the question: Where do boundaries come from?
 - Elicit responses from students about how they determine their personal boundaries
 - Friends, Family, Religion, Media, etc.
- Students complete 'Understanding Boundaries' worksheet individually

Boundaries

Boundaries are the limits we set for ourselves and others in our life.

Types of Boundaries

Physical
Emotional
Sexual
Relational
Spiritual

- What does it feel like when someone crosses our boundaries?
- Who has an influence on how we set boundaries?
- Is there someone in your life with whom it is hard to set boundaries? What kind of boundaries are hard to set with them?

Boundaries are the basis for consent!



Consent = Ask, Listen, Respect

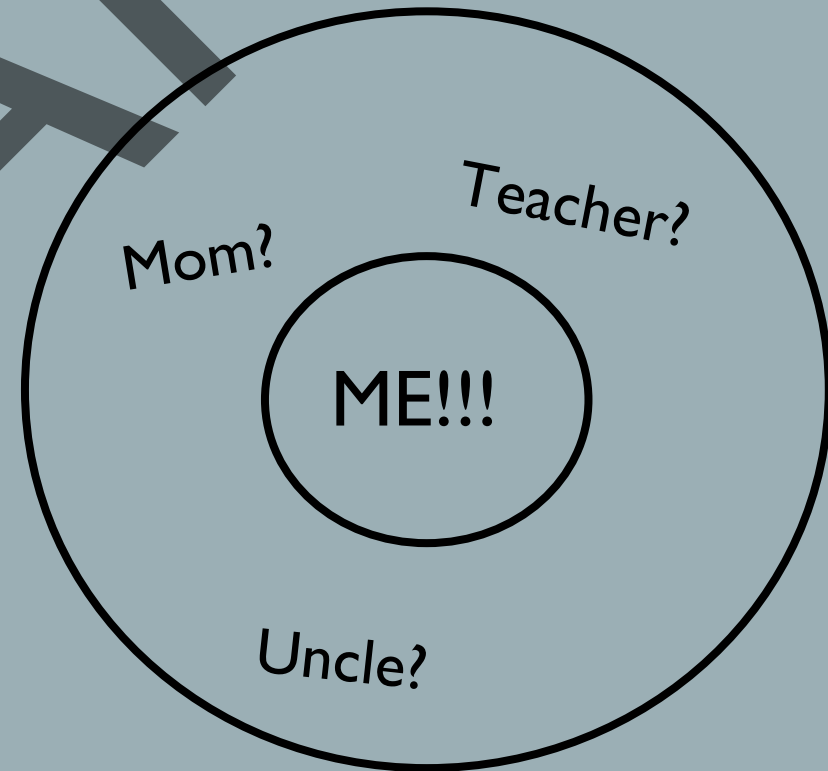
You have a right to be respected

Your Space

Your body

Your boundaries

YOU are at the center of your inner circle!!



Name _____

Define RESPECT

Describe a situation in which you felt RESPECTED. Who was involved? Why did you feel respected?

DRAFT

Name: _____ Date: _____

Boundaries are the limits we set for ourselves and others in our life. Boundaries can be physical, emotional, relational, and sexual. The tasks below will ask you to think about your boundaries and what is comfortable for YOU.

What does it feel like when someone or something crosses your boundaries? Think about both physical and emotional feelings.

Do we all have the same boundaries?

For each situation listed below, consider if it is a boundary for you, your friends, and the adult in your life. Put an X in the column to show if it is OK or NOT OK.	You		Friends		Adult	
SITUATION	OK	NO	OK	NO	OK	NO
A stranger sits very close to you on a bench.						
Trading food items at lunch.						
Getting a hug from someone you just met.						
Sharing passwords to social media sites.						
Holding hands with a partner at school.						
Being alone with your partner or crush.						
Staying out later than an expected curfew						
Kissing (open mouth)						

When someone crosses our boundaries, it can be challenging to bring it up to them. Pick out one of the situations from the table above and imagine someone has crossed it and made you uncomfortable. Write a firm, clear, and assertive response to that person so that you maintain your boundaries.

GRADE 7 IDENTITY

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by reviewing ground rules conducive towards a “safer” space.
 2. Allow for an opportunity to add or modify ground rules as you begin a new lesson.

CREATING A SAFE SPACE

What are the ground rules or guidelines that we agreed on for when we have hard conversations about sensitive topics?

Do these still work? Would anyone like to make any changes or adjustments?

YOU SHOULD ALWAYS TRY TO
BE THE KIND OF PERSON THAT
YOU AND OTHERS RESPECT.



TODAY'S OBJECTIVES

- Differentiate between and explain terms of gender and gender roles
- Communicate respectfully with and about people of all gender identities and sexual orientation
- Develop a plan to promote dignity and respect

WORD BANK

- ☐ Gender
- ☐ Gender Identity
- ☐ Sexual Orientation
- ☐ Gender Expression
- ☐ Gender Roles

Teacher Notes: Stereotyping

Estimated Time: 10-15 minutes

- Teacher facilitates discussion of Stereotyping
 - How can we define stereotype?
- Separate students into 5 equal groups and give each group one Stereotyping worksheet.
- Students will work in groups to answer all questions.
- Each group elects one person to share out their stereotyping scenario and the group's response.
- Allow for other students to comment or ask clarifying questions of the presenters.

Teacher Notes: Stereotyping Worksheet & Scenarios

Name _____ Date _____

Define STEREOTYPE: _____

Examples of Stereotypes -- In the left column, list examples of different stereotypes that you may know or have heard.

Example: All teenagers are rebels.	Group

Now, in the right column, go back through your list and identify if the stereotype is based on: Gender, Race, Culture, or Group

Stereotyping Scenario -- One person in the group read the scenario out loud. Then discuss and answer the following questions.

Rachel and her friends

Rachel and Sasha are having a sleepover at their friend Anna's house. They are looking through magazines when Anna says:

'Ewww! You're joking! I used to like her, I didn't know that she was like that!'

Rachel and Sasha hover over her shoulder to see what she's talking about. In the magazine there's an interview with a famous Hollywood actress who all of the girls like. Next to a picture of the actress is a caption quoting her: 'I've experimented with both men and women and, yes, I see myself as bisexual.'

'No way!' says Sasha, 'Her? Really?'

'I guess that's who

Lindsey and Jemr going around that other behind the sl 'dykes'.

Sasha and Anna k uncomfortable and going out with eac cares?

What should Rach

Dylan on the bus

Dylan is on the bus home from school. He lives quite far out of town and his friends have already gotten off the bus before him. The bus is nearly empty except for him and two other students, Craig and Josh, who are sitting in the seats in front of Dylan.

Dylan overhears Craig and Josh talking about their math teacher and how unfair it was of him to assign so much work over the holidays.

"It's so unfair!" says Craig, "None of the other teachers did". "I know" says Josh, "It's totally gay that he would do that".

"Sooooo gay!" says Craig.

Dylan feels uncomfortable with Craig and Josh using that word in this way. Dylan is not gay himself, but he grew up in a household with two dads, and knows that being gay is nothing to be ashamed of and that using the word gay as an insult is hurtful and wrong.

Craig and Josh continue to use derogatory names like "gay, poof" and so on, making Dylan feel increasingly worse.

Dylan doesn't know Craig and Josh very well, but he wants them to know that using these words is harmful and wrong.

What should Dylan do?

STEREOTYPE

What is the definition of a stereotype?

How do stereotypes make people feel?

Teacher Notes: Gender Roles

Estimated Time: 10 Minutes

- With a partner, students will sort certain qualities, job, or characteristics based on whether they are traditionally viewed as male/female/masculine/feminine.
- Teacher facilitates discussion of gender roles.

Are the words/topics below MALE or FEMALE?

PINK HOMEMAKER SCIENTIST
PASSIVE DOCTOR LOGICAL
STRONG BREADWINNER WEAK
NURSE BLUE TEACHER
AGGRESSIVE EMOTIONAL

Gender Roles ARE Stereotypes

How do gender roles affect relationships?

How are gender roles influenced by friends, family, and media?

Teacher Notes: Gender

Estimated Time: 15-20 Minutes

- Watch video.
- Students work individually on gender match game after the video
- Students check work with others to define all gender terms
- Teacher facilitates “Question Box” Discussion
 - Each student anonymously writes down one question they might have about gender/sex and places it into a box.
 - Teacher draws a question and leads discussion about the question.
- Teacher shows The Genderbread Person
 - Demonstrates that gender expression is a combination of many components on a spectrum and can be fixed or fluid.

Gender Terms & Matching



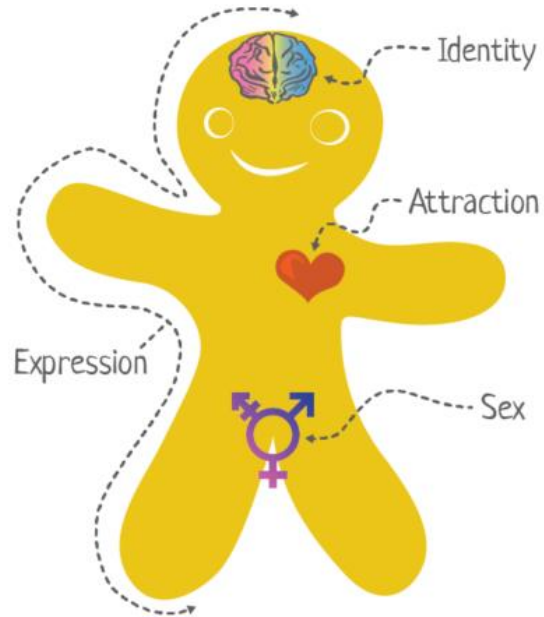
Follow along on the gender match game worksheet while watching the video. Match the term from the left with its definition on the right.

Question Box

On a scrap piece of paper, write down a question you might have about gender, identity, expression, sexual orientation, etc.

Do not write your name.

The Genderbread Person v4 by its pronounced METROsexual



⊖ means a lack of what's on the right side.

Gender Identity

- ⊖ → Woman-ness
- ⊖ → Man-ness

Gender Expression

- ⊖ → Femininity
- ⊖ → Masculinity

Anatomical Sex

- ⊖ → Female-ness
- ⊖ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
□ Female □ Intersex □ Male

Sexually Attracted to... and/or (a/o)

- ⊖ → Women a/o Feminine a/o Female People
- ⊖ → Men a/o Masculine a/o Male People

Romantically Attracted to...

- ⊖ → Women a/o Feminine a/o Female People
- ⊖ → Men a/o Masculine a/o Male People

The Genderbread Person is a tool that can help one to understand their own gender identity, gender expression, sexual attraction, and romantic attraction.

<https://www.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/>

Promote Dignity & Respect for ALL

- Use correct pronouns
 - Don't know them, ASK!!!
- Avoid stereotypes
- Be an Ally
 - Use your gender privilege to support others
- Communicate

Deliberately misgendering someone by using the wrong pronouns is a refusal to respect and acknowledge these fundamentally important aspects of ourselves.

Intentionally misgendering someone is the same as telling someone they don't exist.

Gender Match Game!

Match each term to its correct definition by drawing a line

- | | |
|----------------------|---|
| 1. Gender Identity | 1. Being mean to or fearing someone whose gender identity does not match up with the sex that was given to them at birth |
| 2. Transgender | 2. A person who does not think of themselves as either a boy or a girl |
| 3. Cisgender | 3. A person whose gender identity does not match the sex that was given to them at birth |
| 4. Gender Expression | 4. How a person feels about and relates to their gender identity |
| 5. Pronouns | 5. A person whose gender identity matches with the sex that was given to them at birth |
| 6. Biological Sex | 6. Words used to refer to someone (e.g. him, her, they) |
| 7. Transphobia | 7. How a person presents their gender on the outside, such as through their choice of clothes or the way they act |
| 8. Non-binary | 8. The male, female, or intersex label given to a person when they're born based on what their bodies and genitals look like. Many people think this is the same thing as gender, but it's not. |

Gender Match Game Answer Key

1. Gender Identity: (4) How a person feels about and relates to their gender identity
2. Transgender: (3) A person whose gender identity does not match the sex that was given to them at birth
3. Cisgender: (5) A person whose gender identity matches with the sex that was given to them at birth
4. Gender Expression: (7) How a person presents their gender on the outside, such as through their choice of clothes or the way they act
5. Pronouns: (6) Words used to refer to someone (e.g. him, her, they, them)
6. Biological Sex: (8) The male, female, or intersex label given to a person when they're born based on what their bodies and genitals look like. Many people think this is the same thing as gender, but it's not.
Note: Intersex refers to people who are born with reproductive or sexual anatomy which does not fit with typical definitions of male or female.
7. Transphobia: (1) Being mean to or fearing someone whose gender identity does not match up with the sex that was given to them at birth
8. Non-binary: (2) A person who does not think of themselves as either a boy or a girl.

Note: There are many other words that people who don't identify as either a boy or a girl use, such as genderqueer, agender, bigender, and gender fluid.

Name _____ Date _____

Define STEREOTYPE: _____

Examples of Stereotypes -- In the left column, list examples of different stereotypes that you may know or have heard.

Example: All teenagers are rebels.	Group

Now, in the right column, go back through your list and identify if the stereotype is based on: Gender, Race, Culture, or Group

Stereotyping Scenario -- One person in the group read the scenario out loud. Then discuss and answer the following questions.

Scenarios – Cut out each scenario and distribute

Rachel and her friends

Rachel and Sasha are having a sleepover at their friend Anna's house. They are looking through magazines when Anna says:

'Ewww! You're joking! I used to like her, I didn't know that she was like that!'

Rachel and Sasha hover over her shoulder to see what she's talking about. In the magazine there's an interview with a famous Hollywood actress who all of the girls like. Next to a picture of the actress is a caption quoting her: 'I've experimented with both men and women and, yes, I see myself as bisexual.'

'No way!' says Sasha, 'Her? Really?'

'I guess that's who Lindsey and Jemma are copying then. Imagine it – gross!'" says Anna.

Lindsey and Jemma are two girls in their grade who have been best friends for years. Recently there's been a rumor going around that they're actually going out with each other and a boy in their grade says that he saw them kissing each other behind the school. Rachel has heard a group of boys in their year shout things at them like: 'lezzzy weirdos' and 'dykes'.

Sasha and Anna keep gossiping and don't seem to notice that Rachel isn't saying anything. Rachel is feeling uncomfortable and annoyed with her friends. She's thinking that it's not that fair – who cares if Lindsey and Jemma are going out with each other? Or who the actress sleeps with? Lots of people are gay or lesbian or bi or whatever, who cares?

What should Rachel do?

Dylan on the bus

Dylan is on the bus home from school. He lives quite far out of town and his friends have already gotten off the bus before him. The bus is nearly empty except for him and two other students, Craig and Josh, who are sitting in the seats in front of Dylan.

Dylan overhears Craig and Josh talking about their math teacher and how unfair it was of him to assign so much work over the holidays.

"It's so unfair!" says Craig, "None of the other teachers did". "I know" says Josh, "It's totally gay that he would do that".

"Sooooo gay!" says Craig.

Dylan feels uncomfortable with Craig and Josh using that word in this way. Dylan is not gay himself, but he grew up in a household with two dads, and knows that being gay is nothing to be ashamed of and that using the word gay as an insult is hurtful and wrong.

Craig and Josh continue to use derogatory names like "gay, poof" and so on, making Dylan feel increasingly worse.

Dylan doesn't know Craig and Josh very well, but he wants them to know that using these words is harmful and wrong.

What should Dylan do?

Jenna's Aunt Mary

Jenna has been thinking about her sexuality for a while now. She has spoken about it a little bit with her guidance counsellor but hasn't told anyone else.

One night, Jenna and her family are getting ready for a family reunion. They have invited over several of their relatives and Jenna is helping her mom in the kitchen.

Jenna asks her mom which family members are coming over, and her mom says a few names. Jenna can't help but notice that her Aunt Mary has not been invited.

"What about Aunt Mary?" says Jenna. Her mom pauses and gives her a serious look. She sighs and says that Jenna is old enough to know now: Aunt Mary is a lesbian and has been living with her girlfriend for the last five years.

Jenna's mom looks really upset. 'That sort of thing isn't right Jenna, and I'm not having it! I wouldn't be exposing you to that nonsense. She knows the family doesn't approve of her and she just goes right ahead and does it anyway.'

Jenna feels ashamed and sad. Even though her guidance counsellor has supported her in coming out to her friends and family, her mother's feelings about her aunt being a lesbian have made her feel really scared to come out or speak to anyone about her identity.

What should Jenna do?

Katie in gym class

Katie's friend Nicole recently told her that she thinks she might be a lesbian. Nicole tells this to Katie right before they start their first year of grade 8.

Katie was happy that her friend felt comfortable telling her, and told her that she wouldn't share it with anyone else until Nicole felt comfortable coming out to everyone.

When Katie and Nicole return to school, however, they're placed in different classes, and their friendship fades a little bit. Even though Katie was supportive of Nicole's decision to come out, the two of them drift apart.

One day, a popular girl in Katie's class comes over and tells her that she heard a rumor that Nicole is gay.

"Have you heard that Nicole is gay? Gross! Good thing you two aren't friends anymore".

Katie says nothing but feels bad for her friend and wonders how everyone found out about Nicole's sexuality.

Later that day, in gym class, the one class Katie and Nicole share, the girls see each other in the change room.

As Nicole walks in, all of the other girls begin to whisper and make a scene by dramatically covering up their bodies in front of her.

Nicole looks as if she is about to cry and storms out of the change room into the hallway.

Everyone but Katie begin to laugh and roll their eyes. The popular girls invite Katie to be on their team for volleyball in gym that day, but Katie is thinking about Nicole and feeling sad.

What should Katie do?

Joe's dad

Joe's parents recently got a divorce. Joe's dad came out as gay, causing him and Joe's mom to split up. While it was stressful on the family, Joe and his mom are both happy that his dad can now be who he wants to be.

Joe has seen several therapists both with his parents and alone, and finally feels okay about the situation.

However, Joe has only told a few of his friends the real reason that his parents split up, and has kept it from all of the boys on his hockey team.

Even though Joe is okay with his dad being gay, he and his friends on the hockey team make gay jokes in the locker room all the time. Joe doesn't agree with the jokes, but feels making jokes like that is necessary for him to fit in with the rest of his team. Joe doesn't know how to tell his teammates about his dad, so he doesn't.

One day, after Joe's parents have been split up for a long time, Joe's dad starts dating another man. After Joe has met him several times, Joe's dad announces that he would like to bring his new partner to one of Joe's hockey games.

While Joe has no problem hanging out with his dad and his new boyfriend, he is nervous about bringing them into spaces where his friends might be, especially his friends on the hockey team.

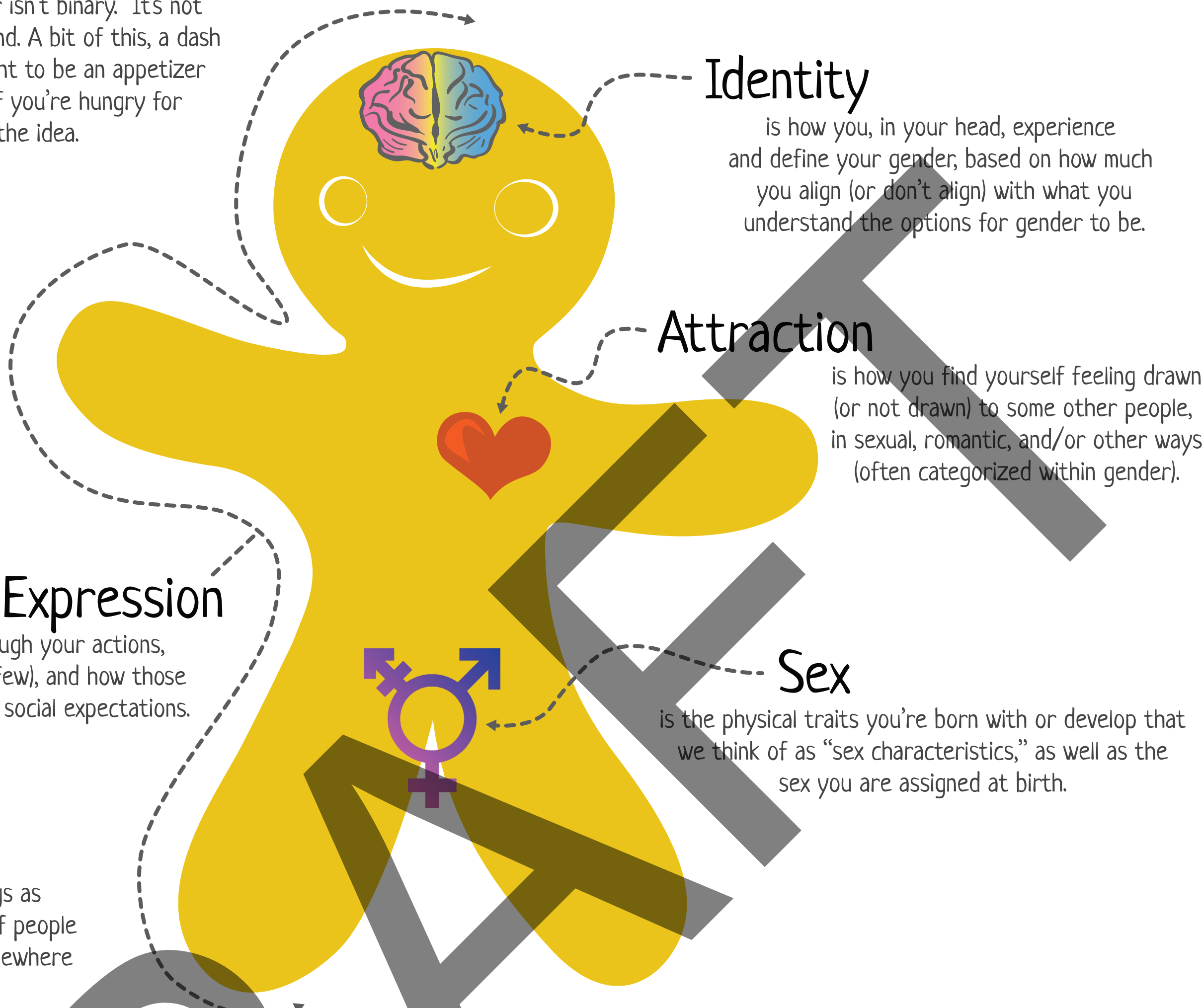
Joe can tell that his dad wants to be a part of his life but doesn't know if his teammates will understand.

What should Joe do?

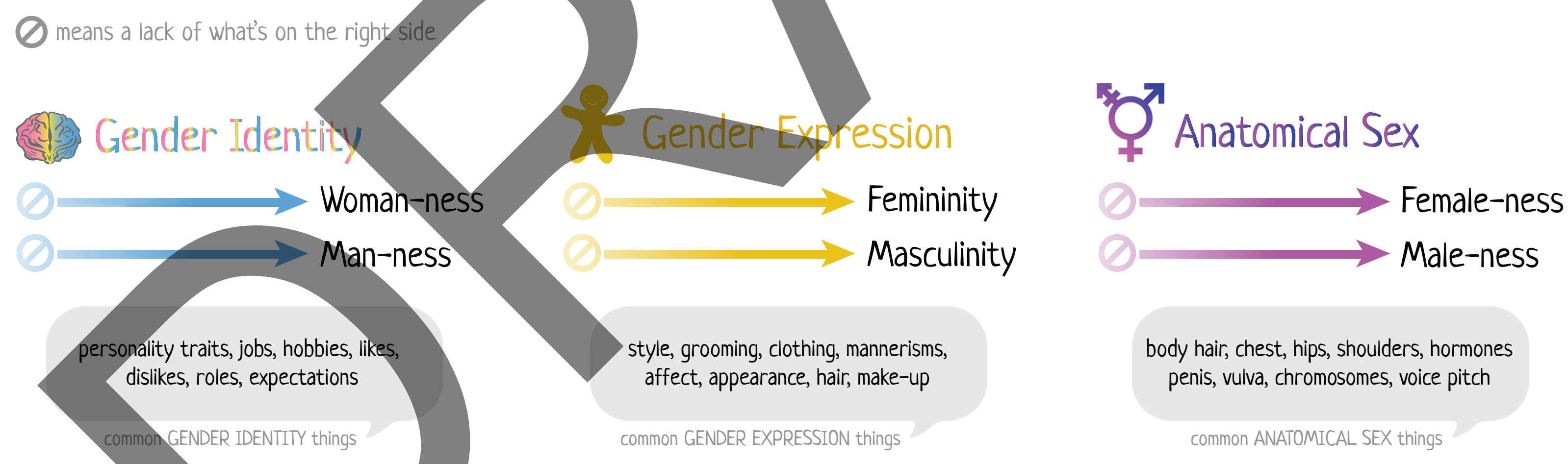
The Genderbread Person

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more after reading it. In fact, that's the idea.

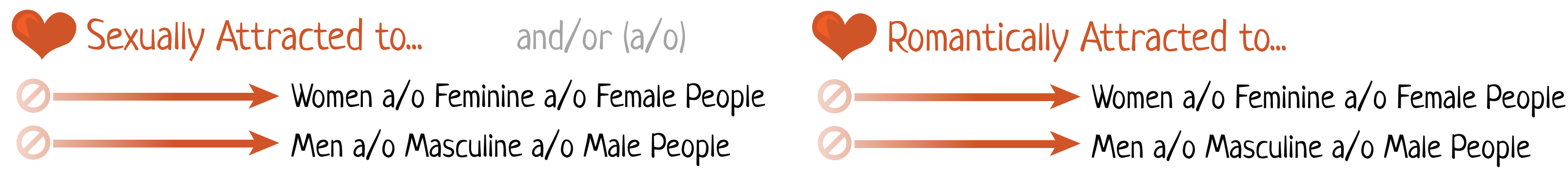


We can think about all these things as existing on continuums, where a lot of people might see themselves as existing somewhere between 0 and 100 on each



Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
☐ Female ☐ Intersex ☐ Male
Typically based solely on external genitalia present at birth (ignoring internal anatomy, biology, and change throughout life), Sex Assigned At Birth (SAAB) is key for distinguishing between the terms "cisgender" (when SAAB aligns with gender identity) and "transgender" (when it doesn't).



GRADE 7

FEMALE & MALE REPRODUCTIVE SYSTEMS

In this lesson, the teacher will direct teach the male and female reproductive systems. Students will label the internal and external parts of the female reproductive system and explain the function and purpose of each part. Students will also label the internal and external parts of the male reproductive system and explain the function and purpose of each part. The teacher will engage students in a discussion about reliable and unreliable sources of sexual health information. The students will create a list of questions about their body for a family doctor

TODAY'S OBJECTIVE

- Describe the male and female reproductive systems.
- Identify sources of information about sexual health

TEACHER NOTES

Inclusive Language

Language is complex, evolving, and powerful. In these lessons, [gender-neutral language](#) is used to be inclusive of all students, including those with diverse gender identities and sexual orientations. This includes the use of 'they' as a singular gender-neutral pronoun. The lesson plans use the terms 'male' and 'female' when referring to biological sex (sex assigned at birth), such as when discussing reproductive anatomy. A person's reproductive system can be male, female or intersex (not clearly defined as either male or female).

People are assigned a sex at birth based on their reproductive anatomy. Sex assigned at birth is independent of gender identity. Gender identity is a person's internal sense of identity as female, male, both or neither, regardless of their biological sex assigned at birth.

For many people, their gender matches the sex they were assigned at birth (cisgender). Others may identify as being transgender or gender diverse if their gender identity does not match the sex they were assigned at birth. A person's gender identity can be girl, woman, boy, man, transgender, gender fluid, gender queer, agender or others. The intention in this material is to use language that reflects these many possibilities.

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by establishing ground rules conducive towards a “safer” space.
 2. Due to the sensitive nature of these topics, remind students to avoid speaking about experiences of their fellow classmates.
 3. Let students suggest rules or limits of their own for the class to be mindful of throughout the discussion.

CREATING A SAFE SPACE

What are some ground rules we can agree upon to make this a safe space to talk about a sensitive topic?

TEACHER NOTES: FEMALE ANATOMY DIAGRAMS

- Estimated Time: 10 minutes
- ELL & SpEd Strategy: Mixed-Ability Partners, Word Bank

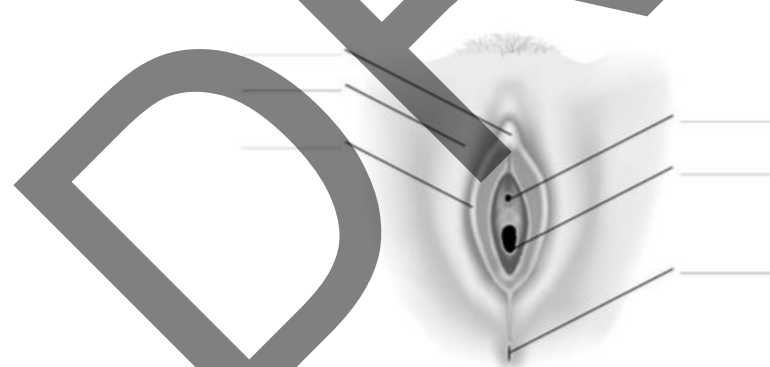
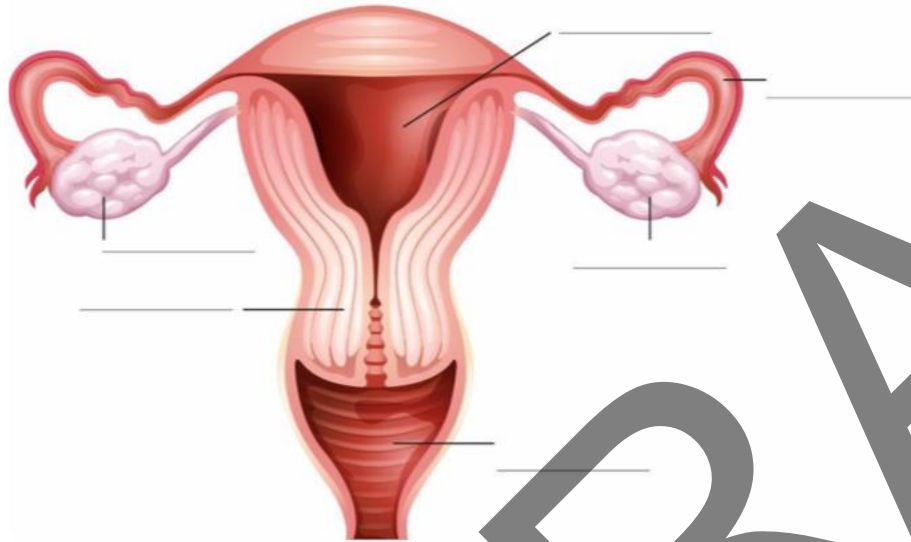
TEACHER NOTES: FEMALE ANATOMY DIAGRAMS (CONT.)

C. Female Anatomy Diagrams

The diagrams of female anatomy help students learn the vocabulary associated with reproduction. Students may need help understanding the difference between the internal and external, or side and anterior views of the reproductive systems. Showing the diagrams that orient the internal organs inside the body help students understand what the diagrams represent.

To help students understand body and genital diversity, note that not everyone's genitals look the same, or like what is shown in diagrams and pictures. Variation in size and shape is normal.

1. Distribute the **Female Reproductive System Diagrams** handout. Explain the relationship between the external and internal views of the reproductive system.
2. Ask the students to fill in as many of the blanks as they can. You may wish to have the students work individually, in pairs, or in their small groups from the previous activity. Emphasize that they will not know all the answers and that is ok.
3. Display the correct answers so all students can assess and correct their diagrams and discuss.
4. Consider asking the students to consider which parts of the female anatomy they think are the same for males and females, or which might have similar functions.



Word Bank

- ☐ Fallopian Tube
- ☐ Cervix
- ☐ Ovary
- ☐ Uterus
- ☐ Clitoris
- ☐ Urethra
- ☐ Anus
- ☐ Vaginal Opening
- ☐ Labia Majora
- ☐ Labia Minora

TEACHER NOTES: MALE ANATOMY DIAGRAMS

- Estimated Time: 10 minutes
- ELL & SpEd Strategy: Mixed-Ability Partners, Word Bank

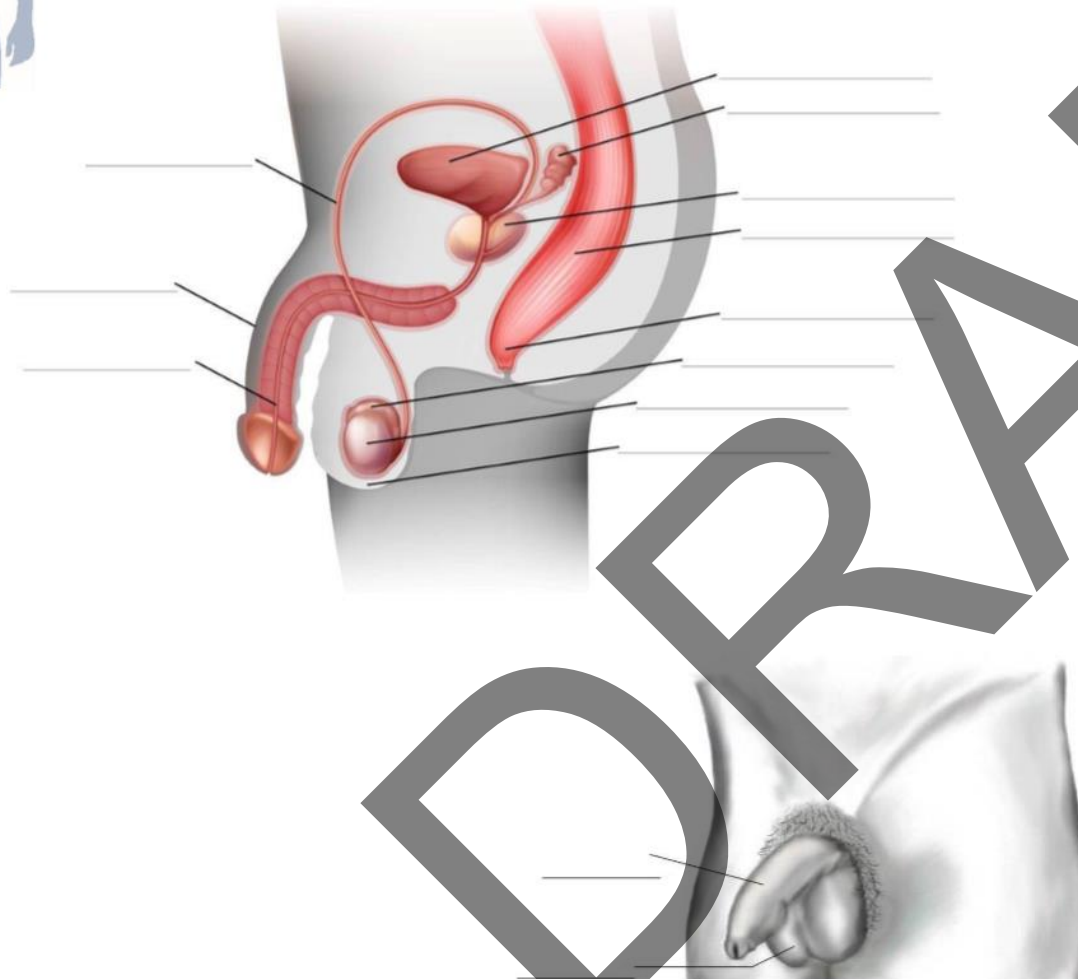
TEACHER NOTES: MALE ANATOMY DIAGRAMS (CONT.)

C. Male Anatomy Diagrams

The diagrams of male anatomy help students learn the vocabulary associated with reproduction. Students may need help understanding the difference between the internal and external, or side and anterior views of the reproductive systems. Showing the diagrams that orient the internal organs inside the body help students understand what the diagrams represent.

To help students understand body and genital diversity, note that not everyone's genitals look the same, or like what is shown in diagrams and pictures. Variation in size and shape is normal.

1. Distribute the **Male Reproductive System Diagrams** handout. Explain the relationship between the external and internal views of the reproductive system.
2. Ask the students to fill in as many of the blanks as they can. You may wish to have the students work individually, in pairs, or in their small groups from the previous activity. Emphasize that they will not know all the answers and that is ok.
3. Display the correct answers so all students can assess and correct their diagrams and discuss.
4. If the class has already completed the Female Reproductive System lesson, ask the students which parts of the female anatomy are the same for males and females, or which have similar functions. If that lesson has not been completed, ask them to predict which parts/functions will be the same.



Word Bank

- ☐ Scrotum
- ☐ Penis
- ☐ Urethra
- ☐ Bladder
- ☐ Prostate Gland
- ☐ Rectum
- ☐ Testicle
- ☐ Vans deferens
- ☐ Anus
- ☐ Seminal Vesicle

TEACHER NOTES: VOCABULARY MATCHING GAME

- Estimated Time: 10 minutes
- ELL & SpEd Strategy: Mixed-Ability Partners
- Combine the male and female vocabulary words into one game and remove the repetitive ones.

TEACHER NOTES: VOCABULARY MATCHING GAME (CONT.)

B. Male Anatomy Vocabulary Matching Game

Students identify the basic components of the male human reproductive system and can describe the basic functions of the various components.

1. Display the **Male Anatomy Definitions** posters around the room.
2. Divide students into teams of 3-4 students.
3. Distribute the **Male Anatomy Vocabulary** cards to each team.
4. Have teams decide which vocabulary word matches each definition. They post their word on the matching poster. Encourage groups to decide each match on their own and not worry if they make a different choice than another group.
5. Review the correct definition-word matches as a class, and move vocabulary words to the correct definitions as needed.

B. Female Anatomy Vocabulary Matching Game

Students identify the basic components of the female human reproductive system, and can describe the basic functions of the various components.

1. Display the **Female Anatomy Definitions** posters around the room.
2. Divide students into teams of 3-4 students.
3. Distribute the **Female Anatomy Vocabulary** cards to each team.
4. Have teams decide which vocabulary word matches each definition, then post their word on the matching poster. Encourage groups to decide each match on their own and not worry if they make a different choice than another group.
5. Review the correct definition-word matches as a class, and move vocabulary words to the correct definitions as needed.

VOCABULARY MATCHING GAME

Urethra

Semen

**Where semen is
produced and stored.**

Testicles



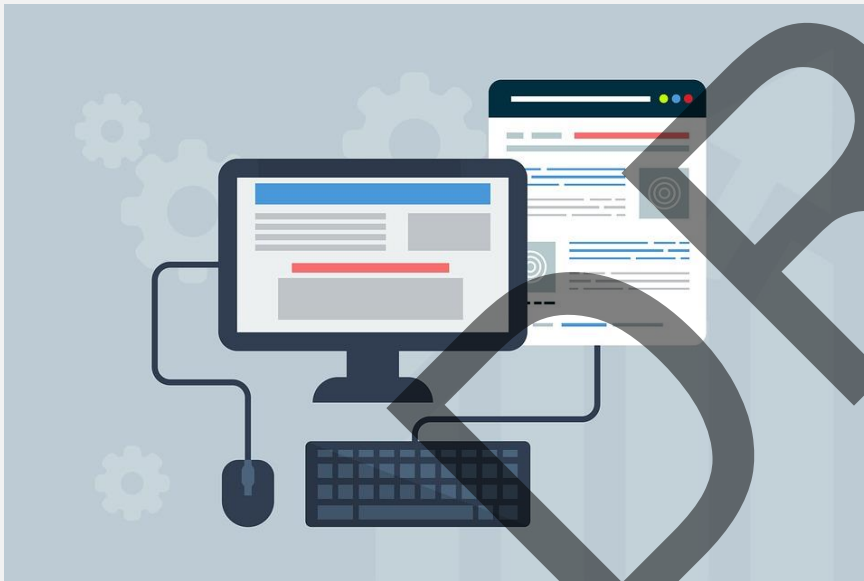
Teacher Notes: Analyzing Health Resources

Estimated Time: 10-15 Minutes

- This section begins with a Turn & Talk. Give students a few minutes to discuss the question “How do you know if what you are reading or hearing is credible and reliable information?”
- Teacher facilitates discussion on how to identify credible sources of information
- Students work in partners to determine if a source is credible

ANALYZING SOURCES OF HEALTH INFORMATION

Health information comes in all shapes and sizes.
The internet has increased our access to all sorts of sources of health information.



Turn & Talk

How do you know if what you are reading or hearing is credible and reliable information?

Reliable Information

With a partner, complete the 'Understanding Reliability' worksheet. Each of you will do your own, but you may discuss each source of information together. When you are finished, find a new partner and compare your responses.

1. Author -- Is there an Author listed?
2. Date -- Is it recent or was it published long ago?
3. Sources -- Is the information supported with citations and sources?
4. Domain -- Is it the information from a .com/.org/.net OR is it .edu?
5. Writing Style -- Is it clear and understandable? Is it free from errors?

<https://uknowit.uwgb.edu/page.php?id=30276>



Questions???

Exit Ticket:

Write down 2-3 questions that you have about your sexual health. These are questions that you can take home to ask a trusted adult or a family doctor.

RESOURCES/SOURCES

- Alberta Health Services/teachingsexualhealth.ca (see folder)

Grade 5

Female Reproductive System



Learner Outcomes

W-5.3 *Identify the basic components of the human reproductive system, and describe the basic functions of the various components; e.g. fertilization, conception*

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, D and G.

If you choose not to do all the activities, use your professional judgement to assess which outcomes you have covered and which may need additional activities.

Classroom Activities & Timing

See also the [Differing Abilities](#) lesson plans on Puberty and Reproduction.

- A. Ground Rules (5-10 minutes)
- B. Female Anatomy Vocabulary Matching Game (15-20 minutes)
- C. Female Anatomy Diagrams (15-20 minutes)
- D. The Journey of an Egg (20-30 minutes)
- E. Class Discussion (5-15 minutes)
- F. Female Reproductive System Kahoot! Quiz (15-20 minutes)
- G. Question Box (5-10 minutes)

Required Materials

POSTERS: Female Anatomy Definitions

CARDS: Female Anatomy Vocabulary

HANDOUT and ANSWER KEY: Female Reproductive System Diagrams

Grade 5 Female Reproductive System

HANDOUT: The Menstrual Cycle

HANDOUT: The Journey of an Egg

[KAHOOT! QUIZ](#) and ANSWER KEY: Female Reproductive System

All the student handouts are also available in the [Grade 5 Workbook](#).

All the diagrams are also available as slides in [Grade 5 Diagrams](#).

Background Information for Teachers

Inclusive Language

Language is complex, evolving, and powerful. In these lessons, [gender-neutral language](#) is used to be inclusive of all students, including those with diverse gender identities and sexual orientations. This includes the use of 'they' as a singular gender-neutral pronoun. The lesson plans use the terms 'male' and 'female' when referring to biological sex (sex assigned at birth), such as when discussing reproductive anatomy. A person's reproductive system can be male, female or intersex (not clearly defined as either male or female).

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The parts of the female reproductive system (anatomy)

External genitals

Vulva

- The vulva includes the labia majora, labia minora, clitoris, and the opening of the vagina.
- The labia majora and the labia minora are the outer and inner folds of skin surrounding the vaginal opening.
- Females have 'three openings': the anus, and the openings to the urethra and vagina. This is often surprising even to females, who think that the urethra and the vagina are the same passageway.

Grade 5 Female Reproductive System

Clitoris

- The female sex organ that becomes larger and firmer during sexual arousal.
- Located above the urethra.

Anus

- The opening at the end of the digestive tract where feces or stool leaves the body.
- It is part of the digestive system, not part of the reproductive system.

Internal reproductive organs

Ovaries

- The female egg-producing glands.
- These glands contain all the eggs (ova) from birth, and start releasing them sometime at the beginning of puberty.

Fallopian Tubes

- These are narrow tubes that connect the ovaries to the uterus.
- The egg travels through one of the tubes after ovulation.
- It is in the fallopian tubes that fertilization may occur.

Uterus

- The place in a female's body where a baby can grow.
- Also called the womb.
- It is very low in the pelvis (nowhere near the stomach).
- It is about the size of a fist.
- It is the uterus that enlarges during pregnancy, not the stomach.
- During the menstrual cycle, the uterus grows a lining of blood that would nourish a growing fetus if fertilization and implantation occur. This lining sheds approximately once a month if fertilization and implantation do not occur.

Cervix

- The bottom of the uterus that opens into the vagina.

Vagina

- The passageway leading from the uterus to the outside of the female body.
- Blood from the uterus passes through the vagina during menstruation.
- The baby passes from the uterus through the vagina during childbirth.
- It is not used for urination. The urethra (the opening just above the vagina) is used for this purpose.
- A thin membrane called the hymen surrounds the vaginal opening. It may not be noticeable.
- Once puberty begins, a female may notice some discharge from the vagina on underwear or toilet paper. It varies from whitish and pasty to

Grade 5 Female Reproductive System

clear and slippery. This means a female's body is starting to mature and periods will be starting. It is normal and keeps the vagina clean and healthy. If the discharge smells bad or the area is itchy, it could be a sign of infection and require medical treatment.

Other organs

Bladder

- The sac that holds the urine produced by the kidney.
- It is not part of the reproductive system, but the urinary system.

Urethra

- The tube through which urine passes from the body.
- It is the opening between the clitoris and the vagina.
- It is part of the urinary system, not the reproductive system.

How the reproductive system functions (physiology)

Eggs

- The eggs are produced in the ovaries. Each ovary contains about 250,000 eggs from birth.
- The egg is a cell which, when fertilized by a sperm cell, can create a baby.
- An egg is released once a month after puberty begins (ovulation). Occasionally two or more eggs are released.
- The egg travels down the fallopian tubes to reach the uterus.
- If the egg is not fertilized in a day or so, it dissolves.

Ovulation

- Once ovaries start producing hormones, messages are sent to the pituitary gland in the brain, which sends a message to the ovaries to release one egg, once a month from one ovary.
- Ovulation usually alternates from one ovary to the other each month.
- Females can experience varying degrees of sensation during ovulation from nothing at all to pain similar to that of menstrual cramps.

Menstruation (Period)

- The uterus must prepare for growth of a baby each month, in case fertilization occurs.
- Hormones from ovaries send a message to the uterus to grow a thick, soft lining of tissue and blood.
- This lining contains nutrients that would be needed to nourish the fertilized egg.
- If the egg is not fertilized in the fallopian tube, the lining is not needed to nourish the baby, so the uterus will shed the lining.
- It takes 2 to 7 days to shed the lining. Five days is the average. This is called menstruation or having a period.

Grade 5 Female Reproductive System

- The average amount of blood lost during a period is about 60-180 ml.
- Once the lining is completely shed, a new lining begins to grow.
- Soon, another egg is released. If fertilization does not occur, the egg dissolves and the lining is shed. This happens over and over again, which is why we call it the menstrual cycle.
- A cycle of 28 days is most common; however it can vary from 24-38 days. For the first year or two, periods can be very irregular.
- Menstruation is a normal part of puberty. It is not dirty or bad.
- Some females experience cramping during menstruation which can be relieved using a hot water bottle, mild to moderate exercise, or over-the-counter pain medication. If cramping is extreme, it may be helpful to see a doctor.
- Menstruation is not a sickness. Participation in regular daily activities such as physical education class, active play and extra-curricular activities like gymnastics or soccer is encouraged.
- Personal hygiene is even more important during menstruation because oil secretions from hair and skin can increase and menstrual blood flow may get dried in pubic hair.
- Sanitary pads, tampons or menstrual cups are used to absorb menstrual fluid. Teachers may want to use the [Puberty Kit](#) to demonstrate these products.
- Females continue having periods until menopause. Most females experience menopause between 40 and 58 years of age. After menopause, females no longer release eggs or have periods and cannot become pregnant.

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. Female Anatomy Vocabulary Matching Game

Students identify the basic components of the female human reproductive system, and can describe the basic functions of the various components.

1. Display the **Female Anatomy Definitions** posters around the room.
2. Divide students into teams of 3-4 students.
3. Distribute the **Female Anatomy Vocabulary** cards to each team.
4. Have teams decide which vocabulary word matches each definition, then post their word on the matching poster. Encourage groups to decide each

Grade 5 Female Reproductive System

match on their own and not worry if they make a different choice than another group.

- Review the correct definition-word matches as a class, and move vocabulary words to the correct definitions as needed.

Answer Key:

Word	Definition
Anus	The opening at the end of the digestive tract where feces leave the body.
Bladder	A sac inside the body that holds urine.
Cervix	The bottom of the uterus that opens into the vagina.
Clitoris	Female sex organ that becomes larger and firmer during sexual arousal.
Fallopian Tubes	Tubes connecting the ovaries to the uterus. The egg travels through here after ovulation.
Hymen	A membrane that surrounds or partially covers the opening to the vagina.
Menstruation (Period)	Monthly shedding of the lining of the uterus.
Ovaries	Female glands that produce and release an egg each month.
Ovulation	Process of releasing an egg from the ovary.
Egg	The female reproductive cell produced in the ovaries.
Vagina	A passage leading from the uterus to the outside of the body.
Vulva	The external female sex organ, includes the labia and clitoris.
Urethra	Urine passes through this tube to the outside of the body.
Uterus	Where a developing baby grows.

C. Female Anatomy Diagrams

To help students understand body and genital diversity, note that not everyone's genitals look the same, or like what is shown in diagrams and pictures. Variation in size and shape is normal.

The diagrams of female anatomy help students learn the vocabulary associated with reproduction. Students may need help understanding the difference between the internal and external, or side and anterior views of the reproductive systems. Showing the diagrams that orient the internal organs inside the body help students understand what the diagrams represent.

1. Distribute the **Female Reproductive System Diagrams** handout. Explain the relationship between the external and internal views of the reproductive system.
2. Ask the students to fill in as many of the blanks as they can. You may wish to have the students work individually, in pairs, or in their small groups from the previous activity. Emphasize that they will not know all the answers and that is ok.
3. Display the correct answers so all students can assess and correct their diagrams and discuss.
4. Consider asking the students to consider which parts of the female anatomy they think are the same for males and females, or which might have similar functions.

D. The Journey of an Egg

This activity builds on the students' understanding on reproductive anatomy and links the anatomy to the physiology of how the reproductive system functions.

1. Distribute the **Journey of an Egg** handout.
2. Have students complete the activity by filling in the blanks with the appropriate terms. This activity can be done individually or using a small group technique such as [think-pair-share](#).
3. You may wish to provide resources such as the **Female Reproductive System Diagrams** handout if students do not have them from the previous activity. You can also hand out or display the **Menstrual Cycle** diagram. The diagram shows a cycle of 28 days, which is the average. A normal cycle can be anywhere from 24-38 days long.
4. Correct the handout together.

Answers

1. Uterus
2. Egg

Grade 5 Female Reproductive System

3. Ovary
4. Fallopian Tubes
5. Cervix
6. Vagina
7. Menstruations

E. Class Discussion

Students review their knowledge of the female reproductive system and menstrual cycle, develop resiliency skills around female anatomy issues, and identify support people.

Discuss the following questions as a class:

What are some of the good things about being a female?

- Encourage students to provide appropriate comments.

How does a person know when they will get their first period?

- Menstruation usually begins around the ages of 9 to 15. Every person has their own internal clock that determines when the events of puberty begin.
- Generally, a female can expect her first period about 2 years after breasts first start to develop, and soon after there is some hair under the arms and in the pubic area.
- Vaginal discharge is a sign that menstruation may begin soon.

What are some of the things that might worry a female about menstruation?

- Cramps
- Blood
- Smelling different
- Premenstrual syndrome (PMS)
- Getting their period unexpectedly, not having supplies available

What are some ways to cope with menstruation?

- Use pads, tampons or a cup for menstrual flow.
- Various sizes of pads, tampons and cups are available. Unscented ones are less likely to cause skin irritation.
- Check with an adult before using tampons or a cup for the first time and be sure to read the instructions.
- Tampons need to be changed every 3-4 hours. Cups need to be changed every 6-12 hours. Pads need to be changed before they are soaked through, which will depend on the thickness of the pad and the menstrual flow.
- Wash your hands after handling pads, tampons or cups.
- To relieve cramps, try a hot water bottle or moderate exercise. If severe cramps persist, it may be helpful to see a doctor.

Grade 5 Female Reproductive System

- PMS (premenstrual syndrome) can occur any time in the two weeks before menstruation. It can make a female feel moody, irritable or have tender breasts or bloating. Exercising and avoiding caffeine and salt can help minimize the symptoms of PMS.
- If your period starts at school and you don't have supplies, ask a teacher or the office staff. Once you have started getting your period, keep menstrual supplies in your backpack, desk or locker to be prepared.

What do you think is the most interesting thing about the menstrual cycle?

- Encourage students to provide appropriate comments.

We have studied what happens when an egg is unfertilized. What if a sperm had fertilized the egg while in the fallopian tube?

- If the egg is fertilized, it may implant in the uterine lining (implantation). This could result in a pregnancy.
- Inform students that they will learn more about pregnancy and fetal development in grade 6.

What needs to happen before a female is able to produce a baby?

- A female needs to ovulate and a sperm cell needs to fertilize the egg in order to produce a baby.
- Because a female will ovulate before her first menstrual bleed, it is possible for her to become pregnant even if she has never had a period.

If you have questions about anatomy or physiology, puberty changes or sexuality, who can you ask?

- Parent
- Trusted adult
- Teacher or guidance counsellor
- Nurse or doctor

F. Female Reproductive System Kahoot! Quiz

This quiz can be a great review, wrap-up of the unit, or a fun energizer in between other activities. For more information on using Kahoot!, visit getkahoot.com

1. Open the Kahoot! Quiz: [Grade 5 Female Reproductive System](#)
2. As a class, answer the quiz questions and discuss the answers together. You can play the quiz in individual or team mode.

G. Question Box

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

Grade 5 Female Reproductive System

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 the parts of the female reproductive system using scientific terminology?
- describe the basic functions of the various parts of the female reproductive system?
- describe the menstrual cycle?

Skills:

- participate in class discussion and exhibit appropriate listening and speaking skills?
- discuss coping skills around female puberty issues?
- identify support people?

Attitudes:

- demonstrate awareness and understanding of the changes that occur during puberty?
- demonstrate acceptance that menstruation is a normal part of puberty and maturation?
- recognize that ovulation and menstruation could lead to pregnancy?

**The opening at the
end of the digestive
tract where feces
leaves the body.**



**A sac inside the body
that holds urine.**



**The bottom of the
uterus that opens into
the vagina.**



**Female sex organ that
becomes larger and
firmer during sexual
arousal.**



**Tubes connecting the
ovaries to the uterus. The
egg travels through here
after ovulation.**



**A membrane that
surrounds or partially
covers the opening to
the vagina.**



**Monthly shedding of
the lining of the
uterus.**



**Female glands that
produce and release
an egg each month.**



**Process of releasing
an egg from the ovary.**



**The female
reproductive cell
produced in the
ovaries.**



**A passage leading
from the uterus to the
outside of the body.**



**The external female
sex organ, includes
the labia and the
clitoris.**



**Urine passes through
this tube to the
outside of the body.**



**Where a developing
baby grows.**





Anus

Bladder

Cervix

Clitoris

Egg

Fallopian Tubes



Hymen

Menstruation

Ovaries

Ovulation

Vagina

Vulva



Urethra

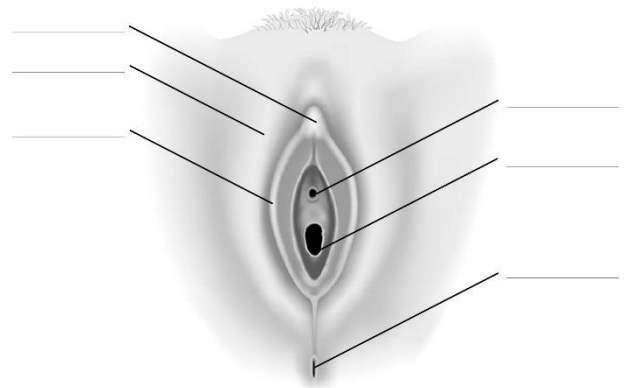
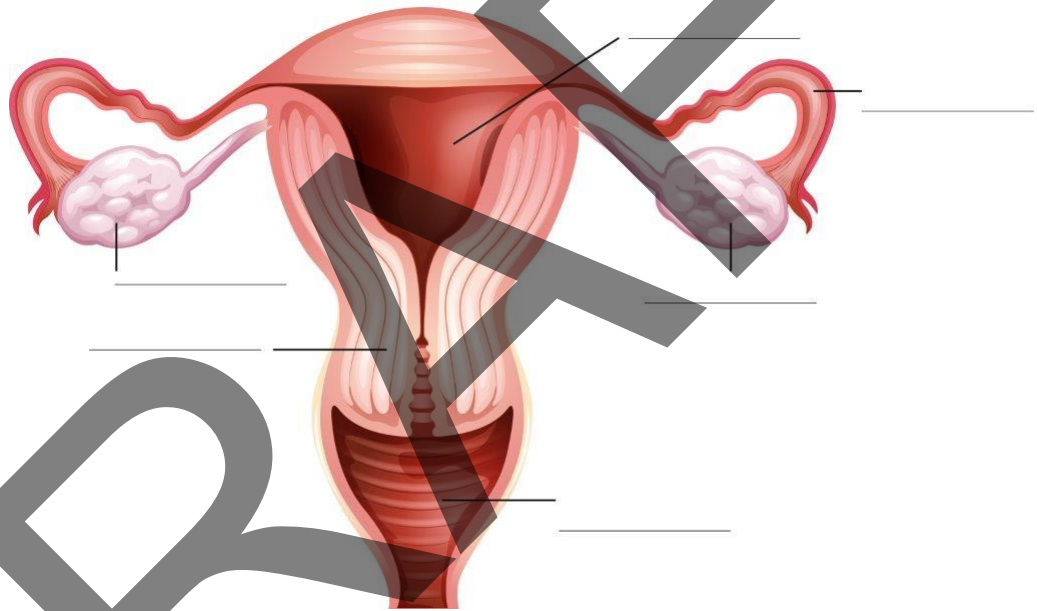
Uterus

DRAFT

Name: _____

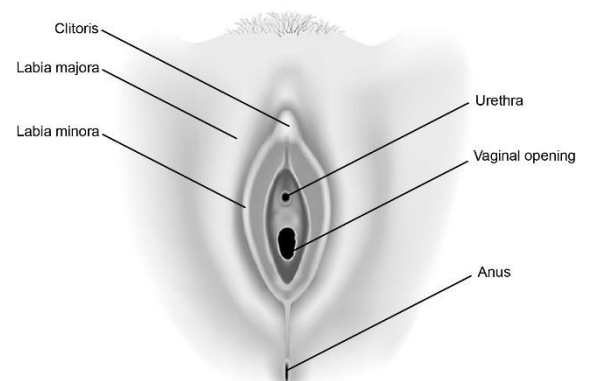
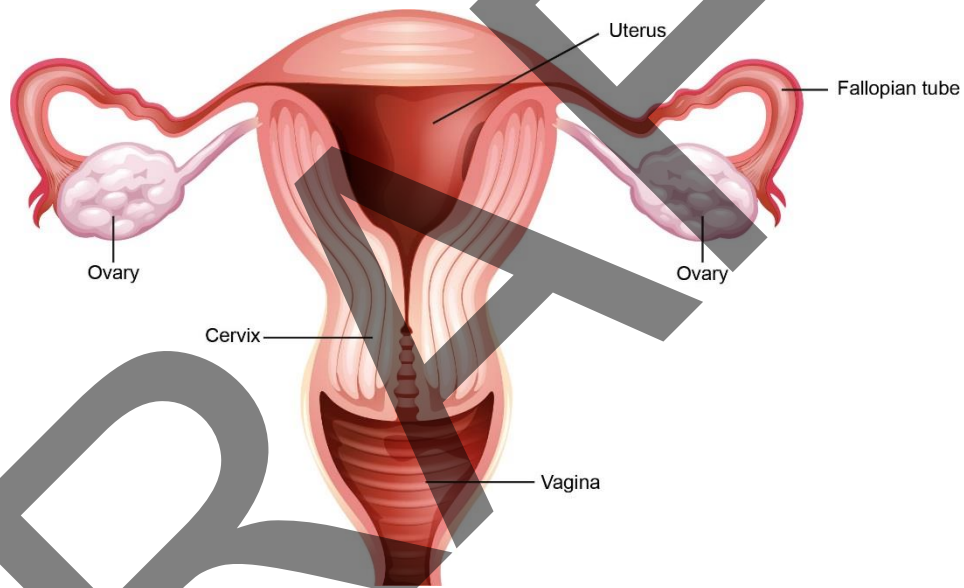
Grade 5 Female Reproductive System

Female Reproductive System

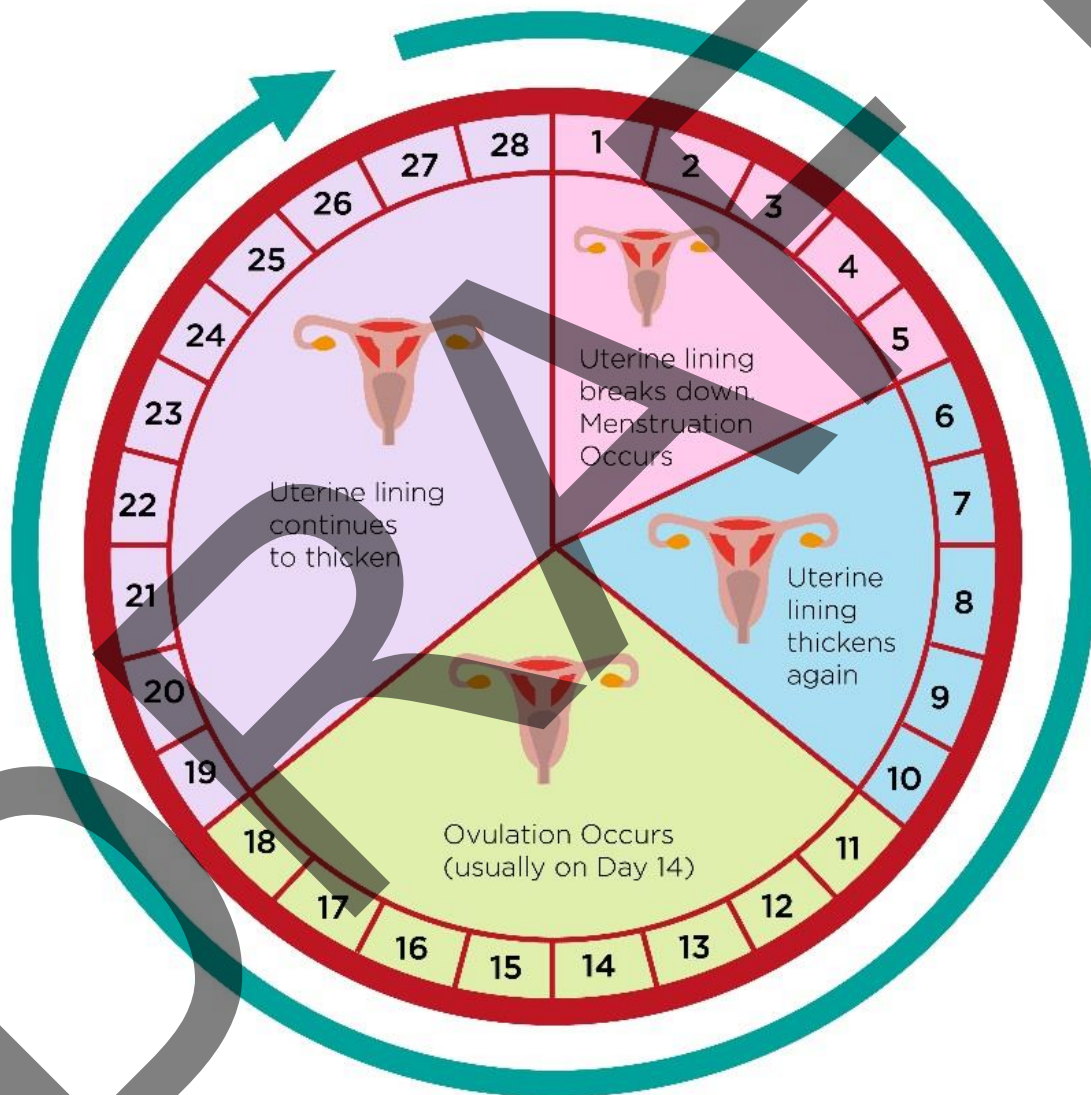


Name: _____

Answer Key



The Menstrual Cycle



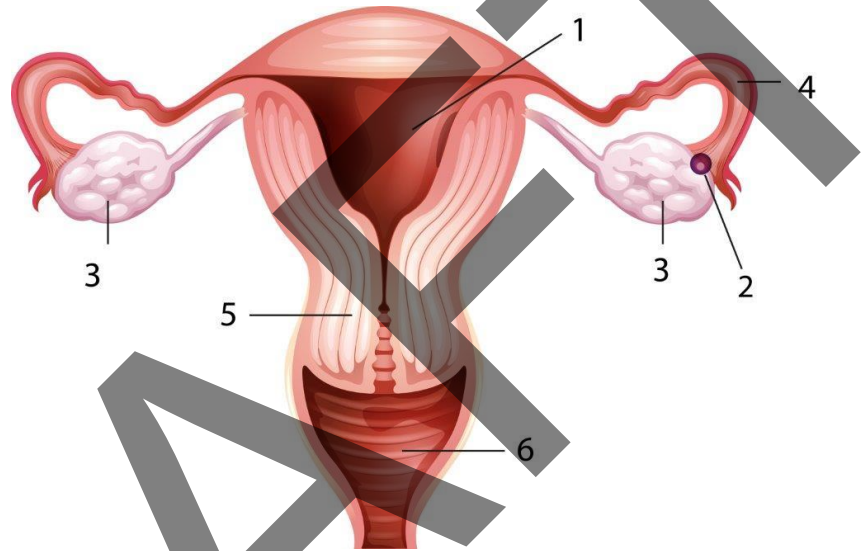
This diagram shows an average menstrual cycle that is 28 days long. Cycles can vary in length from 24-38 days.

The Journey of an Egg

Read the following story and fill in the blanks using the words provided.

Word Bank

cervix
fallopian tubes
menstruation
ovary
egg
uterus
vagina



Once upon a time, there was a female reproductive system. Each month, due to changes in hormones, the

_____ (1) invited a thick, soft lining made up of tissue and blood to grow along its walls. The lining contained nutrients that would be needed to nourish a growing baby if a pregnancy was to occur. Once the lining had grown, it waited for the ovaries to do their job.

The ovaries contained special reproductive cells, each cell called an _____ (2). Each month, one of these cells would reach maturity and be released from the _____ (3).

This month, it was the right ovary that got to release an egg. The left one would have to wait until the next month. The _____ (4), which wait for the ovaries to release an egg, waved their numerous arms. The waving arms grabbed the egg that was just released and gently guided it into one of the tubes. After about a day of travel, the egg began to dissolve. When it had disappeared, the brain sent a message to the lining of the uterus telling it that a fertilized egg wasn't going to arrive, so it could leave the uterus. Slowly, the lining passed through the _____ (5), into the _____ (6), and out of the body.

As soon as the lining was gone, the uterus invited a new lining to start to grow. This time around, it would be the ovary and fallopian tube on the left that would do all the work. Then, the process would start all over again. This process is called _____ (7).

ANSWER KEY: Grade 5 Female Reproductive System

Correct answers are in bold text.

1. The internal parts of the female reproductive system include:

- the vulva, clitoris and anus
- **the uterus, ovaries and fallopian tubes**
- the bladder, urethra and uterus
- the vulva, vagina and ovaries

2. The external parts of the female reproductive system include:

- urethra, vagina, and clitoris
- Fallopian tubes, labia major and labia minor
- **labia minor, labia major and clitoris**
- uterus, urethra and vagina

3. The place where a baby grows is called the:

- stomach
- vagina
- ovaries
- **uterus**

4. The eggs (ova) are produced and stored in the:

- uterus
- fallopian tubes
- **ovaries**
- cervix

5. On average an ovary will release:

- **one egg each month**
- one egg each year
- one egg each time the person has sex
- seven eggs each month

6. Menstruation is:

- the release of an egg from the ovary
- **the shedding of the uterine lining each month**
- only necessary if there is a fertilized egg in the uterus
- **a normal and healthy part of growing up**

7. People who get cramps during menstruation (their period) should:

- avoid all exercise
- **try a hot water bottle to relieve cramps**
- **continue to do their daily activities**
- **try exercising to relieve cramps**

8. An egg travels from the:

- ovary through the uterus into the fallopian tubes
- **ovary through the fallopian tubes into the uterus**
- testes through the vas deferens into the urethra
- ovary through the vagina into the cervix

9. The average length of a menstrual cycle is

- 1 year
- 1 week
- **28 days**
- 7 days

10. The menstrual cycle includes:

- **ovulation, thickening and shedding of the uterine lining**
- ejaculation, fertilization, implantation
- ovulation, fertilization, implantation
- fertilization, thickening and shedding the uterine lining

Grade 5

Male Reproductive System



Learner Outcomes

W-5.3 Identify the basic components of the human reproductive system, and describe the basic functions of the various components; e.g. fertilization, conception

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, D and G.

If you choose not to do all the activities, use your professional judgement to assess which outcomes you have covered and which may need additional activities.

Classroom Activities & Timing

See also the [Differing Abilities](#) lesson plans on *Puberty and Reproduction*.

- A. Ground Rules (5-10 minutes)
- B. Male Anatomy Vocabulary Matching Game (15-20 minutes)
- C. Male Anatomy Diagrams (15-20 minutes)
- D. The Journey of a Sperm (20-30 minutes)
- E. Class Discussion (5-15 minutes)
- F. Male Reproductive System Kahoot! Quiz (15-20 minutes)
- G. Question Box (5-10 minutes)

Required Materials

POSTERS: Male Anatomy Definitions

CARDS: Male Anatomy Vocabulary

HANDOUT and ANSWER KEY: Male Reproductive System Diagrams

HANDOUT: The Journey of a Sperm

Grade 5 Male Reproductive System

HANDOUT: Sperm Production

[KAHOOT! QUIZ](#) and ANSWER KEY: Male Reproductive System

All the student handouts are also available in the [Grade 5 Workbook](#).

All the diagrams are also available as slides in [Grade 5 Diagrams](#).

Background Information for Teachers

Inclusive Language

Language is complex, evolving, and powerful. In these lessons, [gender-neutral language](#) is used to be inclusive of all students, including those with diverse gender identities and sexual orientations. This includes the use of 'they' as a singular gender-neutral pronoun. The lesson plans use the terms 'male' and 'female' when referring to biological sex (sex assigned at birth), such as when discussing reproductive anatomy. A person's reproductive system can be male, female or intersex (not clearly defined as either male or female).

People are assigned a sex at birth based on their reproductive anatomy. Sex assigned at birth is independent of gender identity. Gender identity is a person's internal sense of identity as female, male, both or neither, regardless of their biological sex assigned at birth.

For many people, their gender matches the sex they were assigned at birth (cisgender). Others may identify as being transgender or gender diverse if their gender identity does not match the sex they were assigned at birth. A person's gender identity can be girl, woman, boy, man, transgender, gender fluid, gender queer, agender or others. The intention in this material is to use language that reflects these many possibilities.

The parts of the male reproductive system (anatomy)

External Genitals

Penis

- The male external sex organ.
- Semen and urine are discharged from the penis.
- It is made up of spongy material that fills up with extra blood (becomes erect) when sexually aroused.
- There is no bone in the penis.
- During puberty, the penis grows as does the rest of the body. Size varies from person to person.

Foreskin

- The skin on the end of the penis that retracts during an erection.
- This skin may be partially removed in a procedure called circumcision. Circumcision is a procedure to remove the foreskin from the penis. It is usually done soon after birth by a doctor or

Grade 5 Male Reproductive System

trained religious person. Some males are circumcised and some are not. It doesn't affect the function of the penis.

- If the penis has not been circumcised, it is necessary to clean beneath the foreskin of the penis regularly. It is important not to pull the foreskin back if it is still attached to the head of the penis. The foreskin will detach naturally.

Scrotum

- The sac that holds the testicles.
- The testicles are kept just below body temperature in order to produce healthy sperm. The scrotum pulls the testicles closer to the body if it is cold and lowers away from the body if it is hot.

Testicles

- The male sex glands that produce sperm and testosterone.
- They are held in the scrotum.
- They are on the outside of the body so that they can stay cooler than body temperature for healthy sperm production.
- It is normal for one to hang lower.
- This is a very sensitive area of the body. It is important to protect the testicles during contact sports, etc.

Anus

- The opening at the end of the digestive tract where feces leaves the body.
- It is not part of the reproductive system, but is part of the digestive system.

Internal reproductive organs

Epididymis

- A long coiled tube that connects a testicle to a vas deferens.
- Where sperm matures and is stored.

Vas Deferens

- A narrow tube that carries sperm from the testicles to the urethra.

Seminal Vesicles

- Two small pouches behind the bladder that produce and store seminal fluid.
- This fluid mixes with sperm and other fluid to produce semen.

Prostate Gland

- Enlarges to block urine from leaving the bladder when sperm is ejaculated.
- Produces fluid that is part of semen. The fluid feeds and protects sperm when they are ejaculated.

Grade 5 Male Reproductive System

Urethra

- Urine and semen pass through this tube to the outside of the body.
- Urine and semen cannot come out at the same time. There are two branches to the urethra, one from the bladder and the other from the vas deferens. When the penis is ready to release semen, a valve blocks off the branch to the bladder so urine cannot escape. Similar to the difference between swallowing and breathing. Air goes to the lungs and food goes to the stomach but both pass through the esophagus.

Bladder

- The sac that holds the urine produced by the kidney.
- It is part of the urinary system, not the reproductive system.

How the reproductive system functions (physiology)

Erection

- The brain can send a message to the penis causing it to become larger, longer and firmer. It will stand out from the body.
- Although people may experience erections when they are younger, they seem to occur more often and unexpectedly during puberty.
- Erections are a normal process of growing up.
- They can happen when you least expect them (first thing in the morning, during sleep, vibrations from riding a bicycle, sexual arousal).
- Erections can go away by themselves or after ejaculation.

Sperm

- The male reproductive cell.
- These cells are very small (over 300 million in 5 ml of semen).
- Millions are made every day in the testicles. Sperm that are not released through ejaculation are reabsorbed by the body.
- The sperm travel up the vas deferens and mix with fluid from the seminal vesicle and prostate to form white sticky fluid called semen.

Semen

- The combination of sperm and fluid from the seminal vesicle and prostate that is ejaculated from the penis.

Ejaculation

- Although people may experience erections at an early age, they are not able to ejaculate until their bodies begin producing sperm and semen during puberty.
- First ejaculation normally occurs around the ages 13 to 17.
- The volume of semen ejaculated is usually about 2-5 ml.

Grade 5 Male Reproductive System

- Wet dreams (when a person gets an erection then ejaculates while sleeping) begin during puberty. This is the body's way of adapting to the commencement of sperm and semen production. Some people have wet dreams and others do not. Wet dreams end later in puberty once the body is used to producing sperm and semen.

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. Male Anatomy Vocabulary Matching Game

Students identify the basic components of the male human reproductive system and can describe the basic functions of the various components.

- Display the **Male Anatomy Definitions** posters around the room.
- Divide students into teams of 3-4 students.
- Distribute the **Male Anatomy Vocabulary** cards to each team.
- Have teams decide which vocabulary word matches each definition. They post their word on the matching poster. Encourage groups to decide each match on their own and not worry if they make a different choice than another group.
- Review the correct definition-word matches as a class, and move vocabulary words to the correct definitions as needed.

Answer Key:

Word	Definition
Anus	The opening at the end of the digestive tract where feces leave the body.
Bladder	A sac inside the body that holds urine.
Ejaculation	Release of semen from the penis.
Erection	The penis becomes larger, longer and firmer because of sexual arousal.

Grade 5 Male Reproductive System

Foreskin	The skin of the penis tip.
Penis	The male external sex organ that releases semen and can become erect.
Scrotum	External sac containing the testicles.
Semen	Thick fluid containing sperm.
Seminal Vesicles	Where semen is produced and stored.
Sperm	Male reproductive cell produced in the testicles.
Testicles	Sperm producing glands.
Urethra	Urine and semen pass through this tube to the outside of the body.
Vas Deferens	Narrow tubes that carry sperm from the testicles to the urethra.

C. Male Anatomy Diagrams

The diagrams of male anatomy help students learn the vocabulary associated with reproduction. Students may need help understanding the difference between the internal and external, or side and anterior views of the reproductive systems. Showing the diagrams that orient the internal organs inside the body help students understand what the diagrams represent.

To help students understand body and genital diversity, note that not everyone's genitals look the same, or like what is shown in diagrams and pictures. Variation in size and shape is normal.

1. Distribute the **Male Reproductive System Diagrams** handout. Explain the relationship between the external and internal views of the reproductive system.
2. Ask the students to fill in as many of the blanks as they can. You may wish to have the students work individually, in pairs, or in their small groups from the previous activity. Emphasize that they will not know all the answers and that is ok.
3. Display the correct answers so all students can assess and correct their diagrams and discuss.
4. If the class has already completed the Female Reproductive System lesson, ask the students which parts of the female anatomy are the same for males and females, or which have similar functions. If that lesson has not been completed, ask them to predict which parts/functions will be the same.

D. The Journey of a Sperm

This activity builds on the students' understanding on reproductive anatomy and links the anatomy to the physiology of how the reproductive system functions.

1. Distribute the **Journey of a Sperm** handout.
2. Have students complete the activity by filling in the blanks with the appropriate terms. This activity can be done individually or using a small group technique such as [think-pair-share](#).
3. You may wish to provide resources such as the **Male Reproductive System Diagrams** handout or **Sperm Production** handout if students do not have them from the previous activity.
4. Correct the handout together.

Answers

1. Testicles
2. Scrotum
3. Sperm
4. Penis
5. Vas Deferens
6. Seminal Vesicle
7. Semen
8. Urethra
9. Ejaculation

E. Class Discussion

Students review their knowledge of the male reproductive system, develop resiliency skills around male anatomy issues, and identify support people.

Discuss the following questions as a class and share the responses below if they are not mentioned by the class:

What are some of the good things about being a male?

- Encourage students to provide appropriate comments.

What are some reasons males might get an erection?

- Sexual arousal
- Excitement
- Vibrations
- Nocturnal emission

Grade 5 Male Reproductive System

How do you think a male might feel if they get a nocturnal emission or an unwanted erection?

- Embarrassed
- Shy
- Excited

What are some ways to cope with an unwanted erection?

- Focus on something else until it goes away.
- Sit down.
- Put your hands in your pockets to try to hide it.
- Wear baggy pants if it keeps happening.
- Remember that it is probably more noticeable to you than to anyone else and this is a normal part of growing up.

What are some ways to cope with a wet dream?

- Change your sheets.
- Wash your pajamas or underwear.
- Remember that nocturnal emissions are a normal and healthy part of growing up.

What do you think is most interesting about sperm production?

- Encourage students to provide appropriate comments.

What do males need to produce before they can produce a baby?

- Males need to be producing sperm to be able to produce a baby.

If you still have questions about anatomy or physiology, puberty changes, or sexuality who can you ask?

- Parent or other trusted adult
- Teacher or guidance counsellor
- Nurse or doctor

F. Male Reproductive System Kahoot! Quiz

This quiz can be a great review, wrap-up of the unit, or a fun energizer in between other activities. For more information on using Kahoot!, visit getkahoot.com

1. Open the Kahoot! Quiz: [Grade 5 Male Reproductive System](#)
2. As a class, answer the quiz questions and discuss the answers together. You can play the quiz in individual or team mode.

G. 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 the parts of the male reproductive system using scientific terminology?
- describe the basic functions of the various parts of the male reproductive system?
- explain the process of sperm production?

Skills:

- participate in class discussion and exhibit appropriate listening and speaking skills?
- discuss coping skills around male puberty issues?
- identify support people?

Attitudes:

- demonstrate awareness and understanding of the changes that occur during puberty?
- recognize that sperm production could lead to pregnancy?

**The opening at the
end of the digestive
tract where feces
leaves the body.**



**A sac inside the body
that holds urine.**



**Release of semen from
the penis.**



**The male sex organ that
releases semen and can
become erect.**



**The penis becomes
larger, longer and
firmer because of
sexual arousal.**



**The skin of the
penis tip.**



**External sac
containing the
testicles.**



**Thick fluid
containing sperm.**



**Where semen is
produced and stored.**



**Male reproductive cell
made in the testicles.**



**Sperm producing
glands.**



**Urine and semen pass
through this tube to
the outside of the
body.**



**Narrow tubes that
carry sperm from the
testicles to the
urethra.**





Anus

Bladder

Ejaculation

Erection

Foreskin

Penis



Scrotum

Semen

Seminal Vesicles

Sperm

Testicles

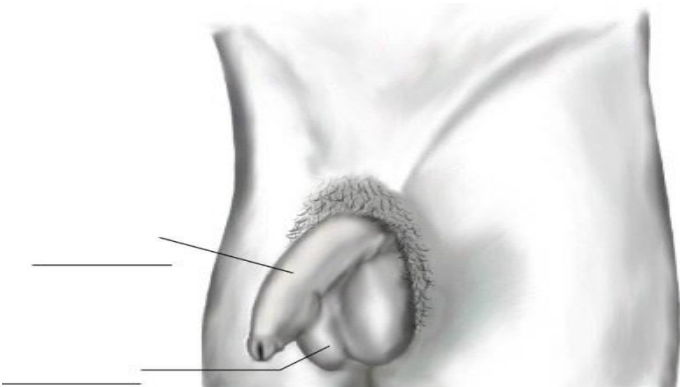
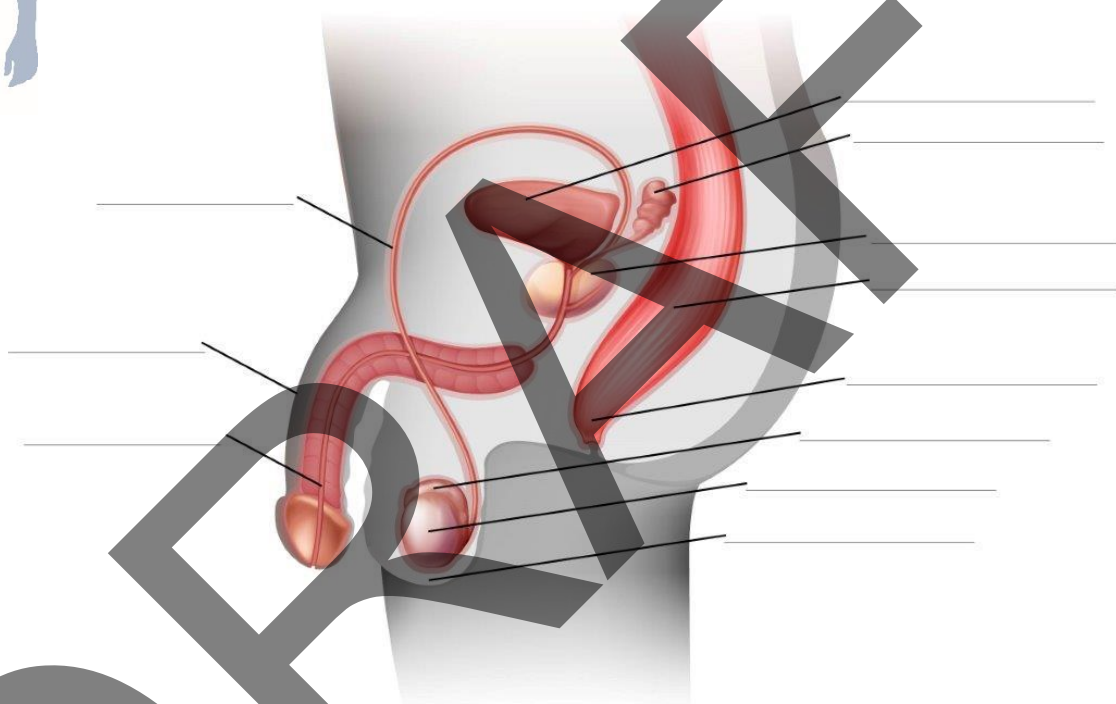
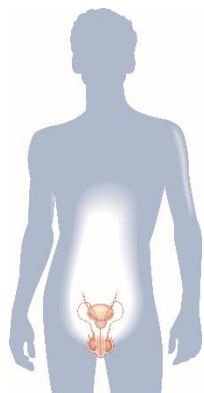
Urethra



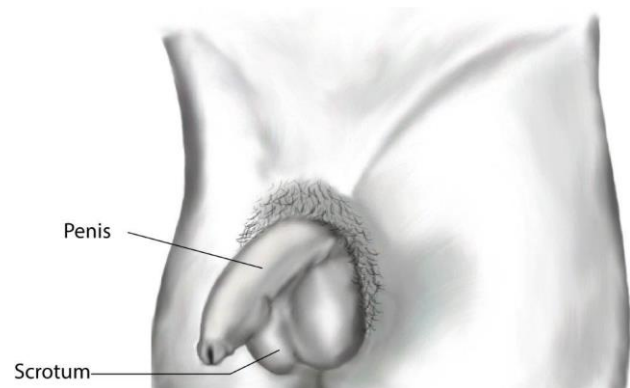
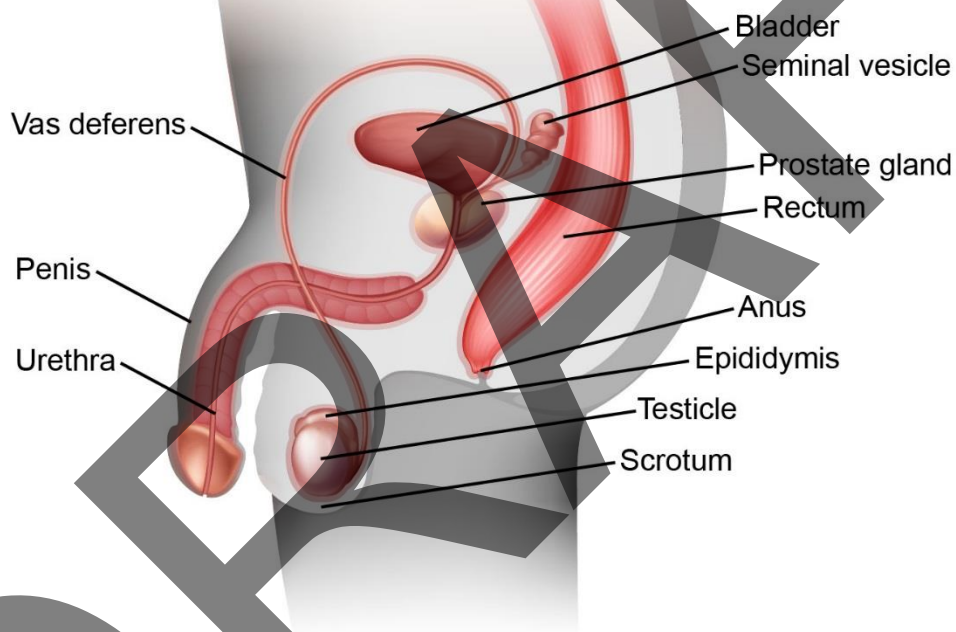
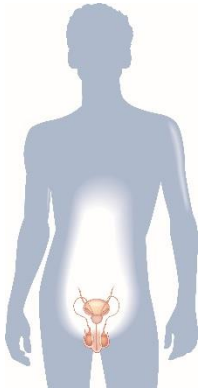
Vas Deferens

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Male Reproductive System



Answer Key

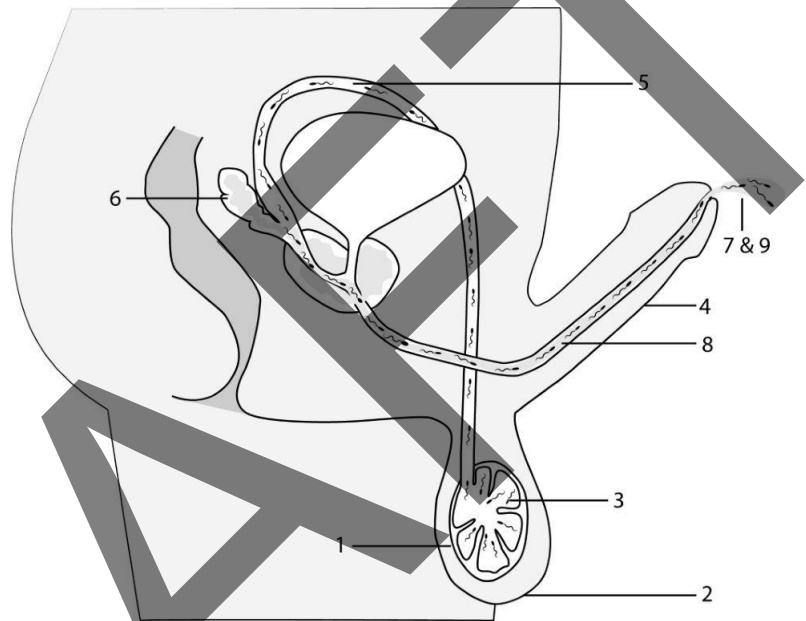


The Journey of a Sperm

Read the following story and fill in the blanks using the words provided.

Word Bank

ejaculation
penis
scrotum
semen
seminal vesicle
sperm
testicles
urethra
vas deferens

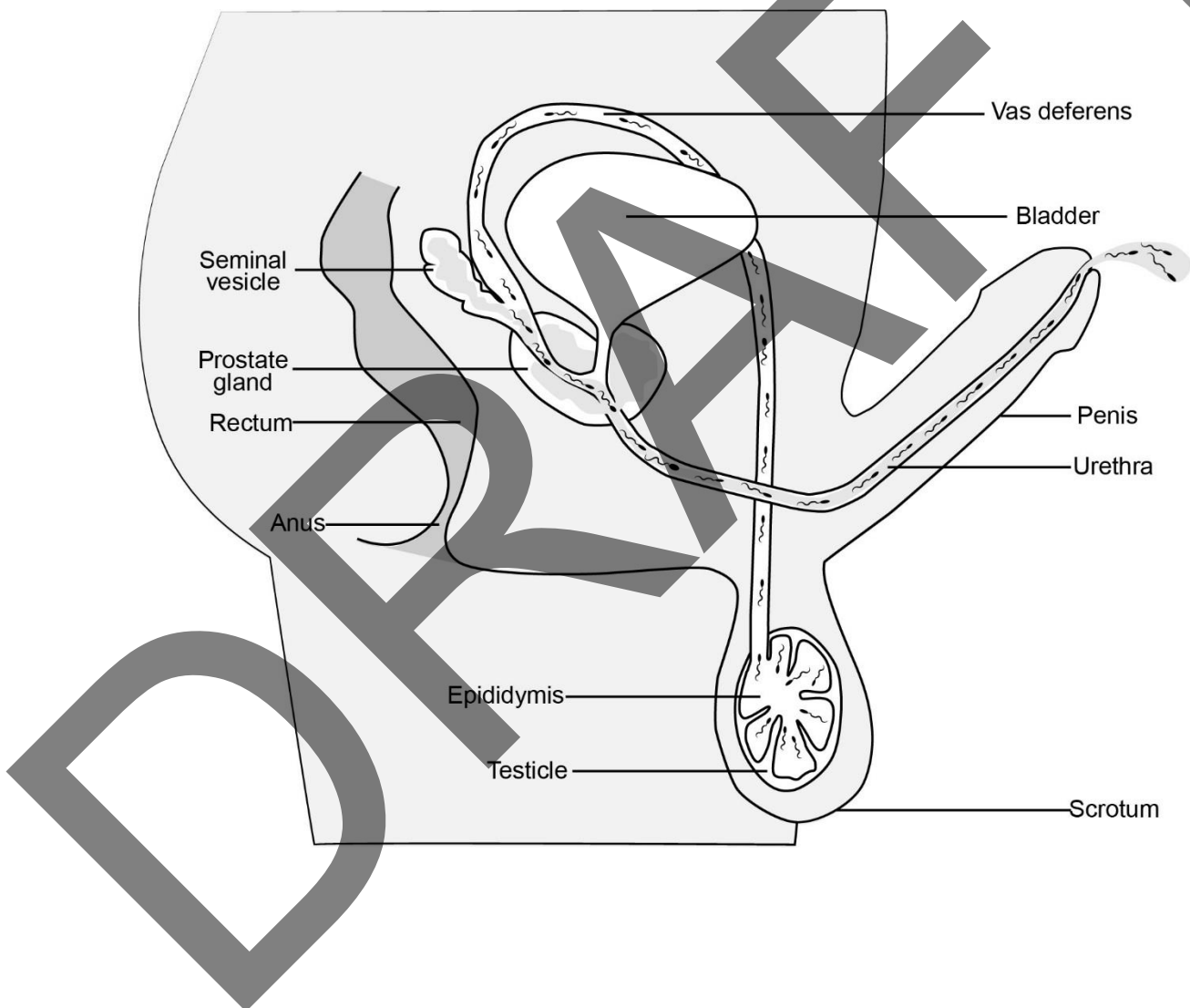


Once upon a time, there was a pair of _____ (1). They were held in a special sac called the _____ (2). This sac could hold the testicles close to the body to keep them warm, or let them hang away from the body to keep them cool. The testicles made special reproductive cells called _____ (3). Once these cells were made, they would wait to be released from the testicles. Sometimes, they would wait so long that they dissolved. Other times, they would be released from the testicles, make a journey through the male reproductive system and leave the male's body.

On the day in question, it just so happened that the sperm got to be released from the body. First, the _____ (4) became larger, longer and firmer until it stuck out from the body. When the penis gets this way it is called an erection. The sperm travelled up the _____ (5). Along the way, it mixed with fluid from the prostate gland, and with seminal fluid, which was made in the _____ (6). Once these fluids mixed, they decided to call themselves _____ (7). Together they travelled from the vas deferens into a tube called the _____ (8).

By this time, the semen was almost at the end of the journey. After travelling through the vas deferens and the urethra, the semen was released from the penis in a process called _____ (9). The erection went away and the penis became smaller and softer.

Sperm Production



ANSWER KEY: Grade 5 Male Reproductive System

Correct answers are in bold text.

1. The internal parts of the male reproductive system include the:

- bladder, kidneys and urethra
- scrotum, penis and testicles
- anus, penis and rectum
- **vas deferens, seminal vesicles and epididymis**

2. The external parts of the male reproductive system include the:

- testicles and scrotum
- urethra and penis
- **penis and scrotum**
- bladder and anus

3. The sac that contains the testicles is called:

- the vas deferens
- **the scrotum**
- the penis
- the testes

4. Release of semen from the penis is called:

- erection
- circumcision
- testiculation
- **ejaculation**

5. The testicles:

- **are held in the scrotum**
- **produce sperm**
- **are a very sensitive area of the body**
- produce semen

6. Semen is:

- the same thing as sperm
- made of urine and sperm
- stored in the vas deferens
- **a thick fluid containing sperm**

7. Sperm are produced in the:

- **testicles**
- seminal vesicles
- urethra
- penis

8. Sperm travel from the:

- prostate gland through the vas deferens and out the rectum
- urethra past the penis and out the bladder
- **testis though the vas deferens and out the urethra**
- seminal vesicle through the vas deferens and out the urethra

9. Sperm that are not released by ejaculation are:

- released when urinating
- **reabsorbed into the body**
- held in the testicles forever
- released with feces

10. Wet dreams (nocturnal emissions):

- **are a normal and healthy part of growing up for males**
- **often begin in puberty**
- only happen when males dream about sex
- happen every night

Understanding Reliability

When searching for information about sexual health, it is important to know if the information is reliable and can be trusted. To determine reliability, consider the questions for each of the following topics:

- **Author** -- Is there an Author listed?
- **Date** -- Is it recent or was it published long ago?
- **Sources** -- Is the information supported with citations and sources?
- **Domain** -- Is it the information from a .com/.org/.net OR is it .edu?
- **Writing Style** -- Is it clear and understandable? Is it free from errors?

Directions: Think about the following sources of information. Check the box to indicate if it is a Reliable, Unreliable, or Unclear source of information about sexual health.

Source of Information	Reliable	Unreliable	Unclear
Your best friend			
WebMD.com			
wikipedia.com			
Uncle Joe			
kidshealth.org			
Facebook.com			
Your family doctor			
A show on TV			

Pick one of the sources above that is reliable or unclear. Explain your reasoning for why that source is reliable or unclear.

Name _____ Date _____

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Name _____ Date _____

Exit Ticket

Write down 2-3 questions that you have about your sexual health. These are questions that you can take home to ask a trusted adult or a family doctor.

1. _____

2. _____

3. _____

Name _____ Date _____

Exit Ticket

Write down 2-3 questions that you have about your sexual health. These are questions that you can take home to ask a trusted adult or a family doctor.

1. _____

2. _____

3. _____

GRADE 7
PUBERTY & ADOLESCENT DEVELOPMENT

TODAY'S OBJECTIVE

- Describe the physical, social, cognitive, emotional changes of adolescence.
- Identify medically accurate sources of information about adolescent development.
- Develop a decision-making model and evaluate outcomes.
- Analyze the influences of self-concept and body image

TEACHER NOTES

Using Gender Inclusive Language

Consider discussing puberty with terms such as “can,” “may,” or “might” to avoid excluding certain students such as those who are intersex, transgender, or gender non-conforming (e.g. “People with a penis may also grow hair on their face” or “Some people with a vagina may also develop breasts”). It may be helpful to explain to students that being a boy, a girl, or in-between is mostly about how someone feels, not their body parts.

When talking about sexual feelings, it also helps to not be specific about the gender that people might be attracted to. This lets you include anyone who could be or become attracted to boys, girls, non-binary genders, or more than one of these. In order to include youth who may grow up to be asexual (someone who does not experience sexual attraction) or aromantic (someone who does not experience romantic attraction or crushes) it’s also good to use “can,” “may,” or “might” when you talk about people developing romantic and/or sexual feelings.

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by establishing ground rules conducive towards a “safer” space.
 2. Due to the sensitive nature of these topics, remind students to avoid speaking about experiences of their fellow classmates.
 3. Let students suggest rules or limits of their own for the class to be mindful of throughout the discussion.

CREATING A SAFE SPACE

What are some ground rules we can agree upon to make this a safe space to talk about a sensitive topic?

TEACHER NOTES: BRAINSTORM

- Estimated Time: 10 minutes
- ELL & SpEd Strategy: Mixed-Ability Partners

1. Start the lesson with a brainstorm activity. Ask the students to break into groups of two or three people. Within their group, have the students come up with a list of things that change during puberty and things that stay the same. This introductory activity can help the teacher gauge what the students already know and dispel any myths they may believe.

GROUP BRAINSTORM

Make a list of things that...

- *Change* during puberty
- *Stay the same* during puberty

TEACHER NOTES: WHAT DOES PUBERTY MEAN?

- Estimated Time: 10 minutes
- ELL & SpEd Strategy: Mixed-Ability Partners

2. Ask the students, “What does puberty mean?” Write some of the responses on the board. Create a definition the class agrees on, or give them one similar to this: “Puberty is when our bodies change to adult bodies.”

WHAT DOES PUBERTY MEAN?

Puberty is when our bodies change into adult bodies.

TEACHER NOTES: WHAT DOES PUBERTY MEAN? (CONT.)

3. Explain that our bodies experience many changes during puberty, both physically and emotionally. Some of the physical changes that students may notice include:
 - Hair growth in places like our legs, armpits, genitals (pubic hair) and for some people, the face
 - More active oil glands, which can lead to oily hair and oily faces (acne)
 - More active sweat glands, which can lead to body odour
 - Growth spurts
 - Growth of the penis, testicles and breasts
 - Wider hips and shoulders
 - Nocturnal emissions (wet dreams)
 - More frequent erections (these are very common when waking up, sometimes called morning wood)
 - Vaginal discharge (clear or whitish liquid that comes out of the vagina)
 - Menstruation

PHYSICAL CHANGES

Growth spurts

Active oil glands

Hair growth

Wider shoulders

Wider hips

Active sweat glands

Menstruation

TEACHER NOTES: WHAT DOES PUBERTY MEAN? (CONT.)

4. Next describe the types of changes that can occur to our emotions, including:

- Mood swings
- May become interested in romantic partnerships or develop crushes
- Might begin to have sexual feelings
- May want more independence and privacy

5. Tell students that these changes are caused by hormonal changes in the body. Everyone has hormones called **testosterone**, **estrogen**, and **progesterone**. Most of the time, but not always, boys will begin to produce more testosterone and girls will begin to produce more estrogen during puberty. These hormonal changes are what cause the other changes we experience.

EMOTIONAL CHANGES

Mood swings

Romantic interests

Sexual feelings

Want independence

Want privacy

HORMONES

- Testosterone
- Estrogen
- Progesterone

Puberty Symptoms Sort



Puberty Worksheet

Date: _____
Name: _____
Class: _____

Fill in the Chart

Decide if each term is relevant to girls, boys, or both. Then place it in the correct column.

pubic hair emotional changes starts ages 12-13 eggs released awkwardness sperm produced breasts develop
genitals enlarge larynx enlarges menstruation deeper voice starts ages 10-11 testes produce testosterone
underarm hair hips widen hormones released facial hair

Girls	Both	Boys

Investigate the symptoms of puberty listed in the box. Then decide if it is a symptom shown in girls, boys, or both.

When you are finished check with a partner and see if you both agree.

TEACHER NOTES: TRUE OR FALSE GAME

- Estimated Time: 10 minutes
- ELL & SpEd Strategy: Mixed-Ability Partners

6. Next, to review the information, play a short True or False game with the class (see True or False Handout).

TRUE OR FALSE

1. If all of my friends have started puberty except me, I'm way behind. **True False**
2. I will start to notice more hair grow in places like my genitals and armpits. **True False**
3. Only boys can have wet dreams. **True False**
4. It is normal to begin to have crushes or romantic feelings during puberty. **True False**
5. Puberty is caused by hormonal changes in the body. **True False**
6. Everyone goes through puberty at the same speed. **True False**

TEACHER NOTES: TRUE OR FALSE GAME (CONT.)

7. Remind the students that puberty is something that almost everyone experiences, so they are not alone. Also remind that students that everyone is different, so everyone will experience puberty differently. Because of these changes, students need to take extra care with bathing and keeping themselves clean.
8. Discuss some strategies that can help the students cope with the changes they experience during puberty. Ask them what they do if they have bruises or muscle aches and connect these to growing pains and menstrual cramps. Offer examples like asking for painkillers, lying down, stretches, and exercise. Ask the students to describe activities they do to calm down or feel happier. Offer examples such as writing in a journal, taking a walk, drawing, talking with a trusted friend or parent, etc...

TEACHER NOTES: MY BODY IMAGE

3. Tell students that the physical and emotional changes that may happen during puberty can make it harder to feel good about your body. Thinking about things that you like about your body, what you can do with your body or things that you like about yourself in general can make you feel better about going through puberty.

Teacher Notes: Influences on body image

1. Before class, collect a selection of highly sexualized advertisements from magazines or printed from the internet. Try to have about one per student. If you can, try to find ads that are directed at teens, not just adults.
4. Explain that the class is going to examine the advertising industry and study the messages about sexuality that this industry sends to kids and teens.
5. Divide the class into groups of 3-5 students.
6. Distribute the handout **Media and Body Image** to each group.
7. Provide the class with the selection of printed advertisements and have each group choose one advertisement to analyze.
8. Give groups time to analyze their advertisement based on the handout.

Body Image

Class discussion:

What are some ways we can combat negative perceptions we have of ourselves?

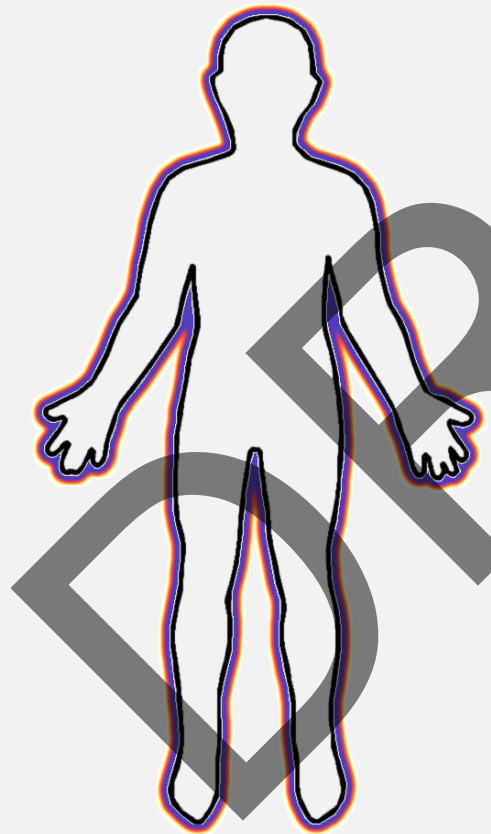
- Be mindful of the media you consume and the messages sent by media about body image.
- Remember that everyone has challenges with their body image at times. Use positive self-talk when you find yourself being critical or judging yourself.

- Treat your body with respect by keeping it strong and healthy.
- Eat well-balanced meals and exercise to feel strong and able, not to change your body's size or shape to fit someone else's ideal.
- Dress in clothes that fit the body you have and make you feel good about yourself.
- Spend time with friends and family who are positive and like you for who you are as a person.
- Write a list of the positive benefits of a body part or feature that you don't like. Focus on what your body can do.
- Write a short message that helps you feel good about yourself. Post it around your house or room, make it your screensaver or wallpaper on a device, or ask a friend to text you the message regularly.
- Be aware of how you talk about bodies with other people. Try to focus on positive attributes that aren't related to physical appearance.

TEACHER NOTES: MY BODY IMAGE (CONT.)

4. Divide students into pairs and give each student a large piece of paper. Have students work in pairs and trace their partner's silhouette on the paper with a marker. If this isn't feasible, use the "My Body Image" printouts instead.
5. Ask students to use markers to draw or write down positive characteristics they have. Tell them these can be both physical and emotional characteristics that they are proud of or that make them feel good. Students can also include things they can do with their bodies that they're proud of. Encourage students to include characteristics related to puberty and growing up that they might be looking forward to, but be sure to let them know that they don't have to include anything that they're uncomfortable with or that feels private.
6. Put up the drawings in a "My Body Image" gallery. Invite students to briefly present why they are special and what they are proud of.
7. Conclude that bodily and emotional changes are a natural part of puberty. These changes are representations of our growth toward becoming adults. Feeling proud about these changes can help us appreciate our bodies, feel confident, and celebrate our uniqueness. It's important to respect and appreciate all body types.

WHAT MAKES YOU SPECIAL?



What my body does for me:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

What I love about my body:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

What's unique about me:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

What I can do to help it stay strong and healthy:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

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YOU ARE NOT ALONE!!!!

There are lots of people who have gone through this before you. Think about the trusted adults in your life that you can talk to about the physical and emotional changes of puberty and adolescence.

TEACHER NOTES: ASK AN ADULT

- Estimated Time: Homework

2) Ask the students to select an adult they know and trust, such as a parent, grandparent or family friend, and have them interview that person about their experiences with puberty (see Ask an Adult! Handout).

NAME _____

DATE _____

Ask an Adult!

Choose an adult you know and trust (for example: a parent, grandparent or family friend) and ask them the following questions about their own experience with puberty.

1. How was your experience with puberty and growing up?

2. What are some things you think I should know about puberty and growing up?

RESOURCES/SOURCES

- All images and activities: ACCM (see folder)
- Image: [Body Outline](#)

Elementary 6: Sexual Growth and Body Image

Lesson 1: Adopting a Positive Attitude toward Body Image

Aim/Rationale

Students will learn about the physical and emotional changes that often happen during puberty and will be encouraged to adopt a positive attitude toward their own body image and diverse body types.

Learning Content

Learning Content in Sexuality Education

- 1) Adopt a positive attitude toward diverse body types
 - a. Identify physical and emotional changes during puberty
 - b. Understand and appreciate diverse body types

Cross-Curricular Competencies

- 1) To use creativity
- 2) To construct identity
- 3) To cooperate with others

Purpose

Children aged 10 to 12 have often started maturing physically. The first signs of development can appear at this age. Children at this age are often curious about their bodily changes and are becoming aware of simultaneous emotional changes. Therefore, an important task for teachers is to equip students with the appropriate knowledge of these changes, including how their body may change, why it changes, and how to adopt a positive attitude toward diverse body types. Doing so is

an important part of building children's self-esteem and helping them maintain a positive body image throughout puberty.

Relevant to:

- Promoting a healthy body image

Lesson

Materials

- Projector and laptop or interactive white board
- A large roll of paper (each student needs a piece of paper large enough to trace themselves on) OR "My Body Image" printouts (1 per student)
- Construction paper or other thick paper (1 per student)
- Markers
- Video Option 1, "The Girl with the World in Her Hair" (3 mins)
 - <https://www.youtube.com/watch?v=EC-v30Ds92E>
- Video Option 2, "Girls Ages 5-18 Talk About What Beauty Means to Them"
 - <https://www.youtube.com/watch?v=j541ShtTSJU>
- A CD player or computer with speakers
- "Adult-Kid Communicator" handouts (1 per student)

Essential Questions

- What does it mean to go through puberty?
- What are the physical and emotional changes that can happen during puberty?
- Why do we need to adopt a positive attitude toward our own body and how we feel about it?
- How can we respect diverse body types?

Using Gender Inclusive Language

Avoid gendering people with certain anatomy or making assumptions about someone's body based on their gender. The assumption that all people with penises are boys, for example, can make trans or intersex students feel excluded. Separating anatomy and gender is a way to make sure that all students feel included.

A way to do this is by referring to anatomy rather than someone's gender. For example, instead of saying, "men grow facial hair", say, "facial hair grows". Another way to avoid gendering body parts is using phrases like, "people with penises" and "bodies that menstruate". Similarly, it's better to use nouns for body functions rather than verbs, for example, by saying "ejaculation can happen during sleep" instead of "boys can ejaculate during sleep".

It is understandable that some students might feel shy when talking about sex organs. Students at this age are sometimes uncomfortable talking about the changes that they are experiencing. However, it is important to use accurate names for sex organs rather than euphemisms. When children are taught using inaccurate language, it is possible for them to misunderstand. Using proper terminology is the first step to teaching about sex accurately and accessibly. It can help them talk about these changes or health issues with doctors. It is also beneficial for the development of children's healthy, positive body image.

Terms

- Puberty
- Body image

Development [60 minutes]

1. Tell students that today they are going to learn about their bodies and discuss how to feel good about them. Start by showing students the movie “The Girl with the World in Her Hair” or “Girls Ages 5-18 Talk About What Beauty Means to Them”.
 - a. “The Girl with the World in Her Hair”: Encourage students to discuss what they think about Jasmine and her attitude toward her hair. Ask questions to stimulate a discussion, for example, why does Jasmine feel she’s got the world in her hair? Is it good that she can laugh about it? Do you have similar experiences or feelings about a part of your own body that you feel comfortable sharing? Invite students to share and talk.
Conclude by saying that Jasmine’s curly hair is just one of her unique characteristics, and it is part of what makes her who she is. Though taking care of her hair can sometimes be a nuisance and other people may have their opinions about it, it’s important that Jasmine feels like she can appreciate and celebrate her curly hair as part of her unique identity. We will also change and become different as we grow up. Tell the students that when someone starts puberty, their body and body image (i.e. how they see and feel about their body) can change a lot. During this time, it is especially important to do things that can help you feel positive and confident about your body.
 - b. “Girls Ages 5-18 Talk About What Beauty Means to Them”: Encourage students to list some well-known people they think are beautiful and discuss how they define beauty. Ask questions to inspire them, for example, does everyone on the list look the same or make you feel the same? Does everyone have the same definition of beauty? Is it good that there are different ideas about beauty? How can we accept and appreciate people’s differences? In the video, Joelle says becoming beautiful is “learning all the lessons of life, and you go from here to there, and you start to blossom.” Do you agree with her?
Conclude that everyone has different types of beauty because everyone is unique. Tell the students that we all have our own specific characteristics, and we are all different. There is nothing wrong with our uniqueness. We will change and become different as we grow up. Tell the students that when someone starts puberty, their body and body image (i.e. how they see and feel about their body) can change a lot. Just as Joelle said, it is also a kind of beauty because you are growing from a kid to an adult, and you are blossoming. During this time, it is especially important to do things that can help you feel positive and confident about your body.
2. Review the changes that can happen during puberty. Ask students to list some of the physical and emotional changes that can happen during puberty and write them on the board. Some examples include:
 - Pubic hair grows.
 - Menstruation begins.
 - People get taller.
 - Body hair grows.
 - Testicles get bigger and start making sperm.

- The voice can change and facial hair begins to grow.
 - People can start developing romantic or sexual feelings for others.
 - People's moods can change. Sometimes people feel emotions more strongly or feel self-conscious or confused.
3. Tell students that the physical and emotional changes that may happen during puberty can make it harder to feel good about your body. Thinking about things that you like about your body, what you can do with your body or things that you like about yourself in general can make you feel better about going through puberty.
 4. Divide students into pairs and give each student a large piece of paper. Have students work in pairs and trace their partner's silhouette on the paper with a marker. If this isn't feasible, use the "My Body Image" printouts instead.
 5. Ask students to use markers to draw or write down positive characteristics they have. Tell them these can be both physical and emotional characteristics that they are proud of or that make them feel good. Students can also include things they can do with their bodies that they're proud of. Encourage students to include characteristics related to puberty and growing up that they might be looking forward to, but be sure to let them know that they don't have to include anything that they're uncomfortable with or that feels private.
 6. Put up the drawings in a "My Body Image" gallery. Invite students to briefly present why they are special and what they are proud of.
 7. Conclude that bodily and emotional changes are a natural part of puberty. These changes are representations of our growth toward becoming adults. Feeling proud about these changes can help us appreciate our bodies, feel confident, and celebrate our uniqueness. It's important to respect and appreciate all body types.

Culmination [20 minutes]

1. Tape a piece of construction paper onto each student's back and give them a marker.
2. Turn music on. Have students mingle and walk around the room until the music stops.
3. When the music stops, have each student write something positive about another student onto their piece of paper (ex. You have a nice smile; you are in great shape; you are funny).
4. Repeat step 2 until students' papers are full.
5. Allow them to take off their paper, read, and enjoy! Encourage them to keep it somewhere they'll remember and take it out if they're feeling low or insecure about their bodies or themselves.

Performance Objectives

By the end of this lesson, students will be able to:

- Become aware of the physical and mental changes that occur during their puberty

- Gain knowledge and accept changes that are or potentially will be taking place in their bodies
- Adopt a positive attitude toward their changing body and diverse body types
- Identify things they like about their bodies and themselves

Assessment Ideas

1. Give each student the “Adult-Kid Communicator” handout as a take-home assignment. Encourage students to complete it as an interview with an adult they feel comfortable talking with. Afterwards, have students share their thoughts and discuss what they could do to teach kids to adopt a positive attitude toward their body when they become adults.



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NAME _____

DATE _____

Ask an Adult!

Choose an adult you know and trust (for example: a parent, grandparent or family friend) and ask them the following questions about their own experience with puberty.

1. How was your experience with puberty and growing up?

2. What are some things you think I should know about puberty and growing up?

Elementary 4: Sexual Growth and Body Image

Lesson 1: Introducing and Understanding Puberty

Aim/Rationale

Students will learn about the physical and emotional changes that occur during puberty as well as healthy strategies to cope with these changes.

Competencies

Learning Content in Sexuality Education

- 1) Learn how the main changes associated with puberty are part of the process of growing up
- 2) Share your feelings about growing up

Broad Areas of Learning

- 1) Health and well-being
- 2) Citizenship and community life

Purpose

Learning about one's body and appreciating that body is an essential developmental task for children and adolescents. Puberty is a natural stage of development characterized by physical, emotional and social changes that can start young people on a path that can include romantic and sexual attractions, romantic relationships, sex, and having children.

Children at this age level are likely to begin experiencing the physical and emotional changes that occur during puberty and require accurate information that will help them understand the transformations their bodies are experiencing.

Relevant to:

- Promoting egalitarian relationships
- Promoting a healthy body image

Lesson

Materials

1. Worksheets
 - True or False Handout
 - Advice Column Handout
 - Ask an Adult! Handout

Essential Questions

- What is puberty? What does it mean to, “go through puberty?”
- What kinds of changes will my body undergo?
- What are some healthy responses to feelings I may have during puberty?

Using Gender Inclusive Language

Consider discussing puberty with terms such as “can,” “may,” or “might” to avoid excluding certain students such as those who are intersex, transgender, or gender non-conforming (e.g. “People with a penis may also grow hair on their face” or “Some people with a vagina may also develop breasts”). It may be helpful to explain to students that being a boy, a girl, or in-between is mostly about how someone feels, not their body parts.

When talking about sexual feelings, it also helps to not be specific about the gender that people might be attracted to. This lets you include anyone who could be or become attracted to boys, girls, non-binary genders, or more than one of these. In order to include youth who may grow up to be asexual (someone who does not experience sexual attraction) or aromantic (someone who does not experience romantic attraction or crushes) it’s also good to use “can,” “may,” or “might” when you talk about people developing romantic and/or sexual feelings.

Terms

- Puberty
- Hormones (testosterone, estrogen and progesterone)

Development/Teaching Methods [30 min]

1. Start the lesson with a brainstorm activity. Ask the students to break into groups of two or three people. Within their group, have the students come up with a list of things that change during puberty and things that stay the same. This introductory activity can help the teacher gauge what the students already know and dispel any myths they may believe.

2. Ask the students, “What does puberty mean?” Write some of the responses on the board. Create a definition the class agrees on, or give them one similar to this: “Puberty is when our bodies change to adult bodies.”
3. Explain that our bodies experience many changes during puberty, both physically and emotionally. Some of the physical changes that students may notice include:
 - Hair growth in places like our legs, armpits, genitals (pubic hair) and for some people, the face
 - More active oil glands, which can lead to oily hair and oily faces (acne)
 - More active sweat glands, which can lead to body odour
 - Growth spurts
 - Growth of the penis, testicles and breasts
 - Wider hips and shoulders
 - Nocturnal emissions (wet dreams)
 - More frequent erections (these are very common when waking up, sometimes called morning wood)
 - Vaginal discharge (clear or whitish liquid that comes out of the vagina)
 - Menstruation
4. Next describe the types of changes that can occur to our emotions, including:
 - Mood swings
 - May become interested in romantic partnerships or develop crushes
 - Might begin to have sexual feelings
 - May want more independence and privacy
5. Tell students that these changes are caused by hormonal changes in the body. Everyone has hormones called **testosterone**, **estrogen**, and **progesterone**. Most of the time, but not always, boys will begin to produce more testosterone and girls will begin to produce more estrogen during puberty. These hormonal changes are what cause the other changes we experience.
6. Next, to review the information, play a short True or False game with the class (see True or False Handout).
7. Remind the students that puberty is something that almost everyone experiences, so they are not alone. Also remind that students that everyone is different, so everyone will experience puberty differently. Because of these changes, students need to take extra care with bathing and keeping themselves clean.
8. Discuss some strategies that can help the students cope with the changes they experience during puberty. Ask them what they do if they have bruises or muscle aches and connect these to growing pains and menstrual cramps. Offer examples like asking for painkillers, lying down, stretches, and exercise. Ask the students to describe activities they do to calm down or feel happier. Offer examples such as writing in a journal, taking a walk, drawing, talking with a trusted friend or parent, etc...

Culmination [5 min]

To end the lesson, ask the students to brainstorm things they are looking forward to about growing up (e.g. driving a car, having more freedom, staying up later, dating, etc.). Have the students write their responses on the board. Remind the students that experiencing puberty is one of the first steps towards becoming an adult.

Performance Objectives

By the end of this lesson, students will be able to:

- Identify and describe the physical and emotional changes associated with puberty.
- Identify strategies to help manage these changes.

Assessment Ideas

- 1) Have the students pretend that they are an advice columnist and “give advice” to those with questions about puberty (see Advice Column Handout). Ask the students to write short paragraph responses that provide accurate information.
- 2) Ask the students to select an adult they know and trust, such as a parent, grandparent or family friend, and have them interview that person about their experiences with puberty (see Ask an Adult! Handout).



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Name _____ Date _____

Media & Body Image

Look at the advertisement you have received. As a group, use these questions to discuss the ad you are analyzing. You may take notes on this page to share with the class during discussion.

1. What product or service is the ad selling?
2. Who is the target audience for this ad? (Include age range, culture, gender, race, socio-economic level)
3. What can the product or service actually do vs. what does it promise to do?
4. What underlying message or value is being sold by the ad? Is it obvious or subliminal?
5. What do people in the ad look like?
6. What is this ad saying about beauty and body image?
7. Is this a positive or negative message about body image?

What my body does for me:

- ① _____
- ② _____
- ③ _____
- ④ _____
- ⑤ _____

What I love about my body:

- ① _____
- ② _____
- ③ _____
- ④ _____
- ⑤ _____

What's unique
about me:

What I can do to help it
stay strong and healthy:

- ① _____
- ② _____
- ③ _____
- ④ _____
- ⑤ _____

- ③ _____
- ④ _____
- ⑤ _____



Puberty Worksheet

Date: _____

Name: _____

Class: _____

Fill in the Chart

Decide if each term is relevant to girls, boys, or both. Then place it in the correct column.

pubic hair emotional changes starts ages 12-13 eggs released awkwardness sperm produced breasts develop
genitals enlarge larynx enlarges menstruation deeper voice starts ages 10-11 testes produce testosterone
underarm hair hips widen hormones released facial hair

[illegible]

TRUE OR FALSE

1. If all of my friends have started puberty except me, I'm way behind. **True False**

2. I will start to notice more hair grow in places like my genitals and armpits. **True False**

3. Only boys can have wet dreams. **True False**

4. It is normal to begin to have crushes or romantic feelings during puberty. **True False**

5. Puberty is caused by hormonal changes in the body.
True False

6. Everyone goes through puberty at the same speed.
True False

TRUE OR FALSE (ANSWER KEY)

1. If all of my friends have started puberty except me, I'm way behind. (False) Everyone's bodies are different! Different people start puberty at different times, and it's okay to start later.

2. I will start to notice more hair grow in places like my genitals and armpits. (True) Most people experience hair growth in these places during puberty.

3. Only boys can have wet dreams. (False) People of all genders can have sexual feelings or sensations while dreaming.

4. It is normal to begin to have crushes or romantic feelings during puberty. (True) Many people start to develop romantic feelings during puberty, and that is okay!

5. Puberty is caused by hormonal changes in the body. (True) The brain releases hormones during puberty that cause the changes people go through during puberty.

6. Everyone experiences puberty at the same rate. (False) Everyone's body is different, so people will go through changes at a different rate, and some people may not experience them at all.

GRADE 7 PREGNANCY & REPRODUCTION

In this lesson, the teacher will direct teach the concept of human reproduction and pregnancy. Students will define sexual intercourse and the stages of reproduction from fertilization through birth. Students will research and write about the symptoms of pregnancy and practices for a healthy pregnancy. Then, students will complete the “Why Should I Wait” activity, when they will examine the various reasons people consent to sexual activity and reasons why people choose to wait. Finally, the teacher will engage the students in a discussion about abstinence and the benefits of choosing to wait.

TODAY'S OBJECTIVE

- Define sexual intercourse, human reproduction and sexual abstinence.
- Describe symptoms of pregnancy and healthy pregnancy practices.
- Explain health benefits, risks, % effectiveness of abstinence.

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by establishing ground rules conducive towards a “safer” space.
 2. Due to the sensitive nature of these topics, remind students to avoid speaking about experiences of their fellow classmates.
 3. Let students suggest rules or limits of their own for the class to be mindful of throughout the discussion.

CREATING A SAFE SPACE

What are some ground rules we can agree upon to make this a safe space to talk about a sensitive topic?

TEACHER NOTES: WHAT IS SEXUAL INTERCOURSE?

- Estimated Time: 3 minutes
 - I. Define and discuss what is considered sexual intercourse.

SEXUAL INTERCOURSE

The reproductive process in which the penis is inserted into the vagina and through which a new human life may begin.

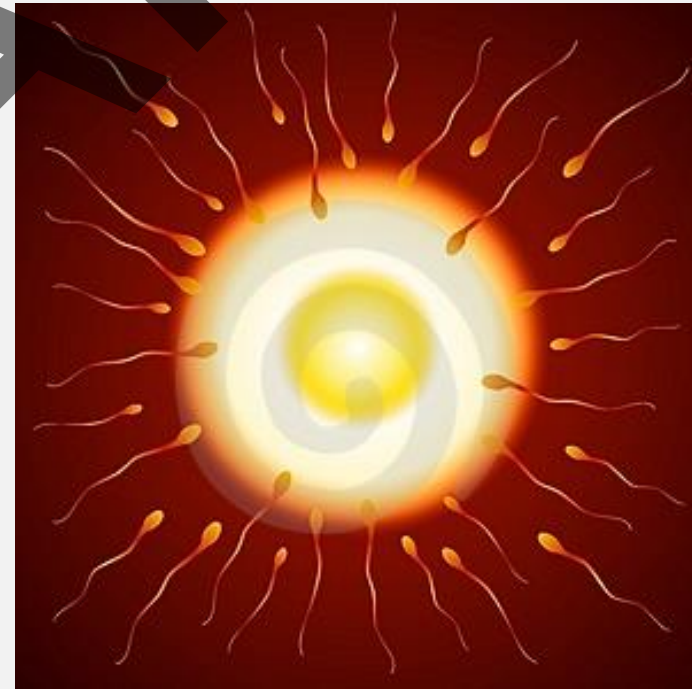
TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 10 minutes
- Activate Prior Knowledge/Engage
 1. Teachers direct teach the stages of reproduction from fertilization to birth.
 2. Students can create Cornell Notes or a concept map with the information.

STAGES OF REPRODUCTION

Fertilization~

Joining of an egg and
a sperm in the
fallopian tube



Embryo:

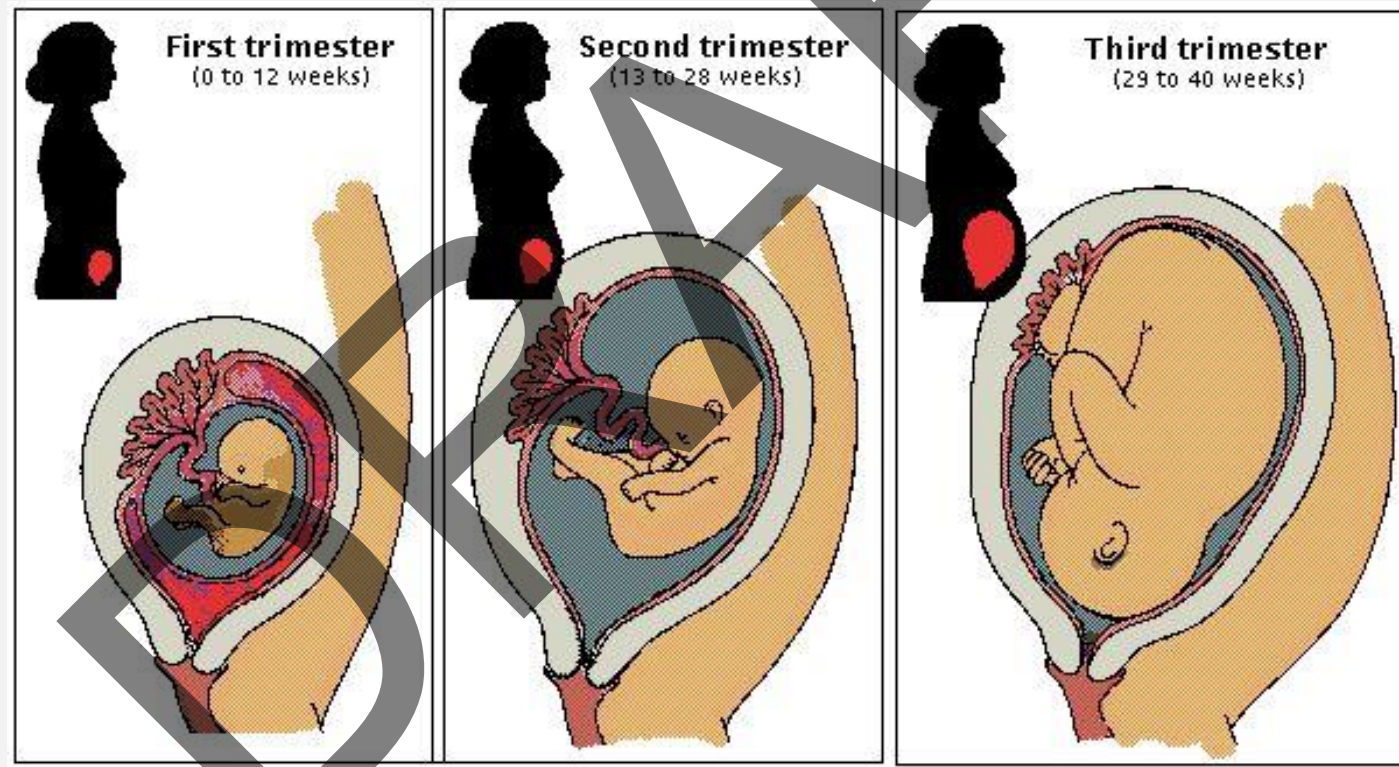
A fertilized egg in the first 2 months



Fetus:

From the 3rd month on the embryo is called a fetus.

BABY DEVELOPMENT





FIRST TRIMESTER

4th Week

- Heart starts beating
- Arm and leg buds appear
- Eyes and brain begin to develop
- Embryo is less than 1/4 of an inch long

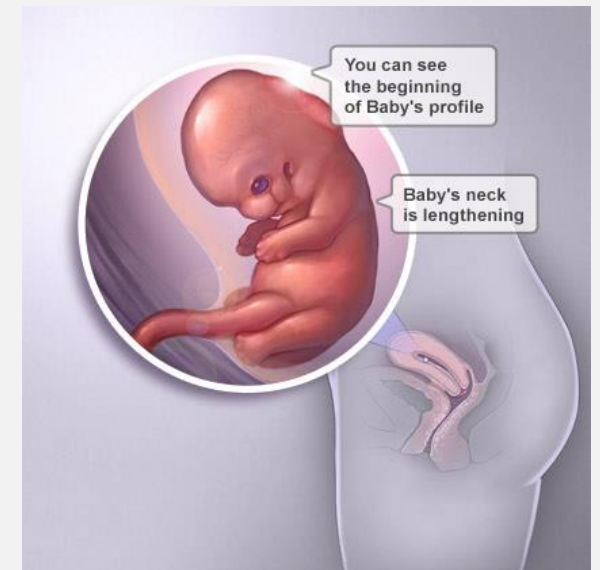
Umbilical Cord

Connects the embryo to the placenta

Start of the 8th week

Developing human is called a fetus

- Brain waves can be detected
- Muscle movements begin
- Bones and muscles are developing
- All major body parts have formed



SECOND TRIMESTER

Months 4-6



- **Organ systems continue to develop**
- **By 4 months – mother can feel the fetus move or “kick”**
- **Reproductive organs can be recognized as distinctly male or female**
- **Fetus can hear and recognize voices**
- **Hair forms on the head**

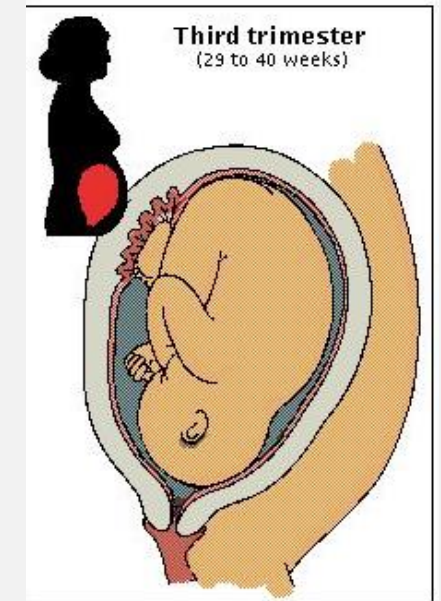


THIRD TRIMESTER

- Time when the fetus gains most of its weight
- Most fetuses are about 20 inches
- Brain develops further
- All other organs are almost complete
- Fetus can grasp with his/her hands
- Fetus's skin becomes smooth – fat deposits underneath the skin
- Nervous system will continue to develop after birth



Months 7-9

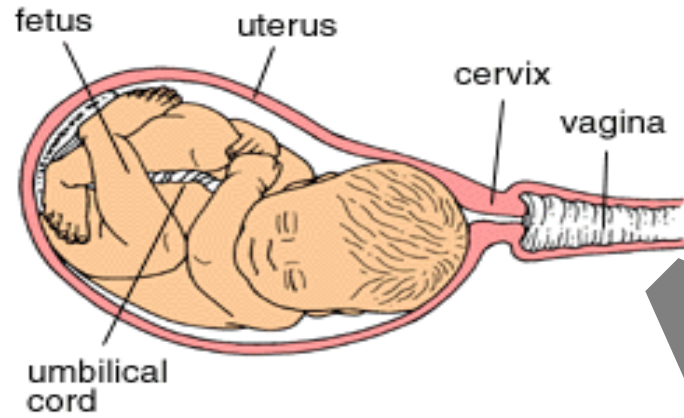


STAGES OF BIRTH

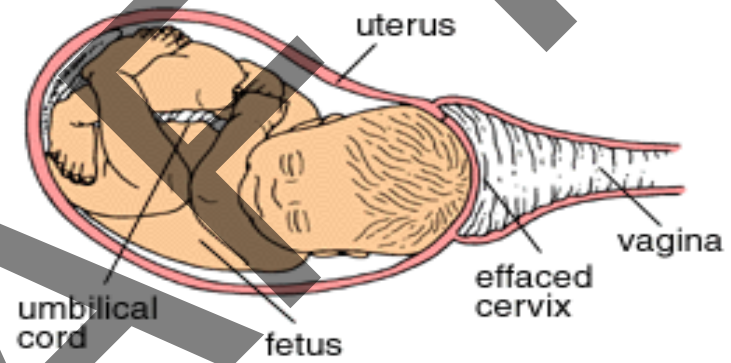
- 1. Labor** – mild contractions pushes the baby against the cervix
- 2. Birth** – Baby pushes through the cervix and into the birth canal.
- 3. After birth** – After the baby is delivered, the placenta separates and is delivered.

Stage 1

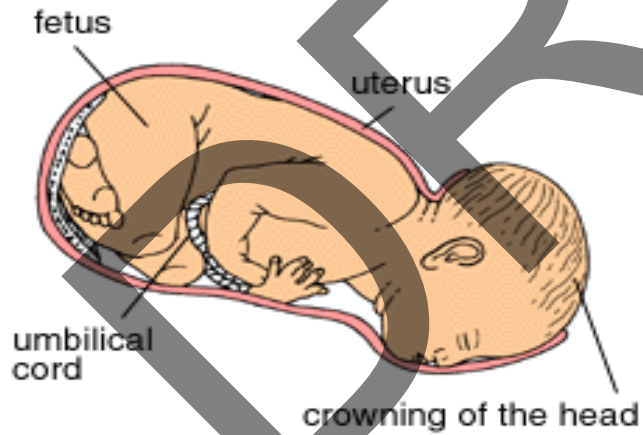
initial (latent) phase



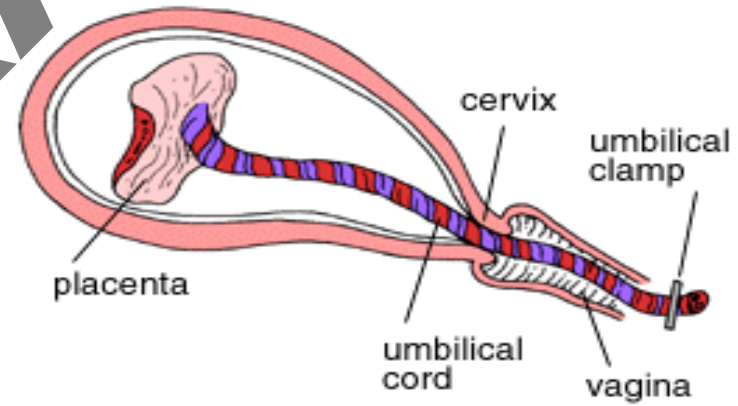
active phase



Stage 2



Stage 3



TEACHER NOTES: SYMPTOMS OF PREGNANCY

- Estimated Time: 5 minutes
 - Activate Prior Knowledge/Engage
1. Students brainstorm symptoms of pregnancy.

WHAT ARE SOME SYMPTOMS OF
PREGNANCY?

DRAFT

TEACHER NOTES: A HEALTHY PREGNANCY

- Estimated Time: 20 minutes
 - ELL & SpEd Strategies: Mixed-Ability Partners
1. Teacher selects specific sections of The Sensible Guide to a Healthy Pregnancy and students jigsaws reading and groups create anchors of support for each section to share with the class in a gallery walk.

JIGSAW & GALLERY WALK

Is there anything I shouldn't eat while I'm pregnant?

Yes. Avoid the following foods which may be contaminated by bacteria:

- ❑ Raw fish, such as sushi, raw oysters, clams and mussels
 - ❑ Raw or undercooked meat, poultry, seafood and hot dogs
 - ❑ Non-dried deli-meats such as bologna, roast beef, ham and turkey breast
 - ❑ Refrigerated pâté, meat spreads and refrigerated smoked seafood
- ❑ All foods made with raw or lightly cooked eggs (for example, homemade Caesar vinaigrette)
- ❑ The following pasteurized and unpasteurized cheeses: soft cheeses such as Brie or Camembert, semi-soft cheeses such as Roquefort or Stilton and blue-veined cheeses
 - ❑ Unpasteurized juices, such as unpasteurized apple cider
 - ❑ Raw sprouts, especially alfalfa sprouts

I often have to eat on the run. What should I grab for a snack?

There are lots of healthy foods you can eat on the run. Try pre-washed vegetables (like baby carrots, cauliflower and broccoli), low-fat cottage cheese, low-fat yogurt, trail mix (raisins, dried fruit, nuts and seeds) and cheese. Don't forget to drink plenty of water!

FOR MORE INFORMATION

For a copy of the Safe Food Handling For Pregnant Women go to www.HealthyCanadians.gc.ca/foodsafety

For additional information on prenatal nutrition go to www.healthcanada.gc.ca/foodguide-pregnancy

For additional information on healthy weight gain during pregnancy go to www.healthcanada.gc.ca/pregnancy-calculator



Fruits and vegetables are a must!

Pregnant women need fruits and vegetables every day. Brightly coloured vegetables and fruit contain more of the kinds of vitamins you and your baby need. Eat at least one dark green and one orange vegetable each day. Make sure your fruits and vegetables are prepared with little or no added fat, sugar and salt, and choose vegetables and fruit more often than juice.

Grain products are important

You need to include grain products as part of your daily diet. This includes foods like bread, rice and pasta. Try to choose grain products that are lower in fat, sugar and salt, and look for the "whole grain" variety.

Have milk and milk alternatives for strong bones

Milk and alternatives are important for your growing baby. Opt for the low-fat variety, which will give you the high quality protein, calcium and vitamin D you need but with less of the fat and calories. Have skim, 1% or 2% milk every day and go for lower fat varieties of yogurt and cheese. Drink fortified soy beverages if you do not drink milk.

Include meat and meat alternatives

Eating meat and alternatives each day will help you and your baby stay healthy. Choose lean (less fatty) meats and meat alternatives—dried peas, beans, tofu and lentils—made with little or no added fat or salt. Fish is also important and should be eaten each week. But choosing which fish to eat, and how much, can be complicated.

TEACHER NOTES: DEFINING ABSTINENCE

- Estimated Time: 5 minutes
 - Activate Prior Knowledge/Engage
1. Define and discuss abstinence.

DEFINE ABSTINENCE.

What does abstinence mean? Define it in your own words.



WHAT IS ABSTINENCE?

A conscious decision not to participate in sexual activity and the skills to support that decision.



**Teen relationships
can focus on
emotional
intimacy, not just
sexual intimacy.**

TEACHER NOTES: ABSTINENCE- BELIEF VS. REALITY

- Estimated Time: 5 minutes
- I. Discuss the benefits of abstinence, Beliefs vs. Reality.

BELIEF VS. REALITY

The Benefits of Abstinence

Beliefs Vs. Reality

“Sexual activity shows that a couple is in love.”

Love can be expressed in many nonsexual ways.

“Sexual activity will make our relationship better.”

Sexual activity creates stress in a teen relationship.

“Sexual activity is a healthy part of being a teen.”

Many teens are physically and emotionally hurt by sexual activity.

“If a person has been sexually active in the past, there is no reason to avoid sexual activity in the future.”

Teen pregnancy and STDs are always good reasons to avoid sexual activity.

TEACHER NOTES: HEALTH BENEFITS OF ABSTINENCE

- Estimated Time: 5 minutes
- I. Discuss the health benefits of abstinence.

HEALTH BENEFITS OF ABSTINENCE

**Waiting until marriage
will decrease the
number of sexual
partners you have in
your lifetime**

**Do not risk
becoming pregnant
or becoming
infected with a
sexually transmitted
disease.**

**Decrease your risk
of becoming
infected with a
sexually
transmitted
disease.**

**The younger you are when you
become sexually active , the more
sexual partners you are likely to have.**

TEACHER NOTES: EMOTIONAL & SOCIAL BENEFITS OF ABSTINENCE

- Estimated Time: 5 minutes
 - I. Discuss the emotional and social benefits of abstinence.

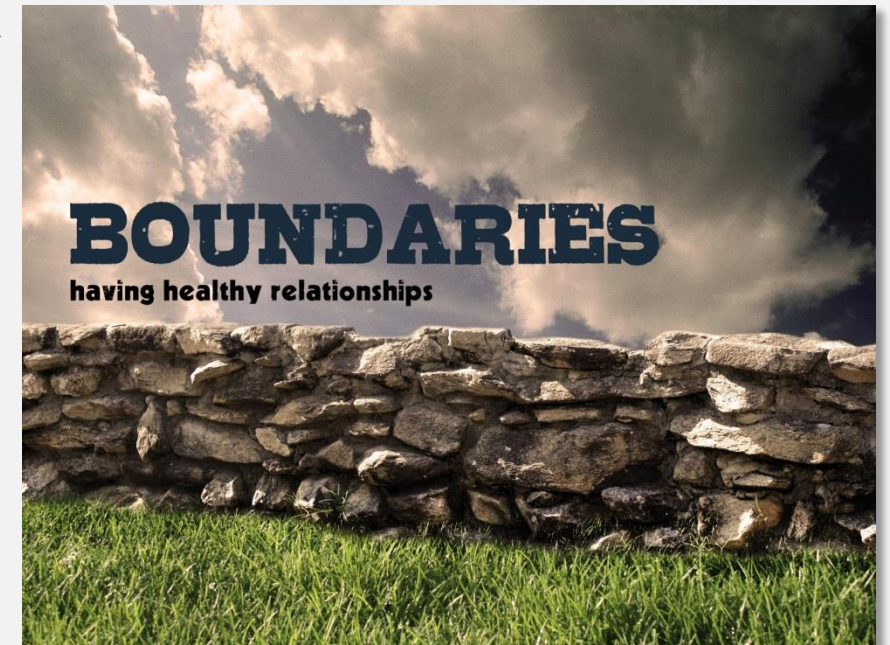
EMOTIONAL AND SOCIAL BENEFITS OF ABSTINENCE

- The freedom to pursue a variety of friendships
- Less complicated relationships
- The ability to focus on interpersonal aspects of relationships
- Better relationships with parents and other trusted adults
- Better reputation among peers
- Avoiding being manipulated or used by others



EMOTIONAL AND SOCIAL BENEFITS OF ABSTINENCE

- **Allowing time to develop the maturity needed to make important decisions**
- **Being free from worry and stress about sexually transmitted diseases and pregnancy**
- **Staying true to your personal values, such as respect, honesty, and morality**



TEACHER NOTES: WHY SHOULD I WAIT?

- Estimated Time: 10 minutes

Write on the board or newsprint 2 categories: “Reasons to Have Sex” and “Reasons to Wait”. As the students offer reasons in either category. Write them in a list under the appropriate category.

Explain that people, including some teenagers, decide to have sex at various times in their lives for many different reasons. There are also many reasons that people choose abstinence—to not have sex.

TEACHER NOTES: WHY SHOULD I WAIT? (CONT.)

Let the class know that deciding whether to have sex is a big decision—one that should be made carefully and for the right reasons. Remind them that having sex is a big decision and teens who have sex must take action to reduce their risk of STDs and unplanned pregnancy.

Tell the class that you want them to weigh the pros and cons of students having sex while they are in their middle or high school years vs. abstinence (waiting). They should think, not just about themselves, but of other students, too. For example, how would they weigh having sex vs. waiting to have sex if it was about their best friend, or a younger sister or brother?

Ask the students to call out reasons for having sex. Write the reasons on the board or newsprint in the “Reasons to Have Sex” column. Now ask the students to call out reasons to wait and not have sex, and write these in the “Reasons to Wait” column. Help the class come up with all the reasons for waiting that are in the Facilitator Resource.

TEACHER NOTES: WHY SHOULD I WAIT? (CONT.)

Now, for each reason in the two columns, ask the students to rate how healthy and how strong each reason is. Go through each reason on both lists, asking the class to raise their hands if they thought the reason was a good one—that is it was a healthy and strong reason.

When the class demonstrates a clear consensus, place a star in front of the reason they consider to be healthy and strong. Place a zero in front of the reason they consider NOT to be healthy and strong. For those where there is a difference of opinion, or where a consensus is not clear, place a question mark in front of that reason. The students' ratings affect their perceptions and their reality, and they should be respected. However, if the facilitator disagrees with the class's assessment of how healthy a reason is, they should let the class know why they disagree. Help the students add up the healthy and strong reasons to assess the overall pros and cons of having sex as a teenager. This exercise should demonstrate why students should consider abstinence to be such a healthy choice.

Leave the lists of reasons on the board or newsprint for future class activities.

TEACHER NOTES: WHY SHOULD I WAIT? (CONT.)

Pros and Cons of Abstinence vs. Having Sex

Reasons to Have Sex

Pressure from partner
Pressure from peers
Embarrassed to be a virgin
Want to be popular
To show love and affection
To feel loved
To keep from feeling lonely
For fun or pleasure
Out of curiosity
To show they are grown up
To have a baby
To feel “cool”

Reasons to Wait

Feel like it is the right thing to do
It is healthier
Not so many risks
Because of my values
Religious beliefs
Don't want to get pregnant*
Don't want to get an STD*
Don't want to get HIV/AIDS*
Want to show I am strong
Want to protect my family and future children

Don't feel ready
Feel embarrassed
Want to focus on school
Want to achieve other goals
Not interested
Want to focus on sports
Don't want to disappoint parents
Want to live up to high expectations
Don't want to hurt their reputation
Afraid it will hurt
Want to wait for their life-long partner
Want to wait until they are an adult
Want to wait until they are married

WHY SHOULD I WAIT?

DRAFT

RESOURCES/SOURCES

- All images and activities not noted below are from existing health and sexuality lessons or created by R. Witt-Malandruccolo.
- [The Sensible Guide to a Healthy Pregnancy](#)

The Sensible Guide to a HEALTHY PREGNANCY



Government
of Canada

Gouvernement
du Canada

Canada

Published by authority of the Minister of Health.

The Sensible Guide to a Healthy Pregnancy is available online at:

Canada.ca/health

Également disponible en français sous le titre : **Le guide pratique d'une grossesse en santé**

This publication can be made available in alternative formats upon request.

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The Healthy Pregnancy Guide

If you are pregnant, or are planning to become pregnant, this guide is for you!

Having a baby can be a wonderful experience, but it can also be a time of uncertainty. Many parents have questions and concerns as they face all the changes that pregnancy brings. With advice coming from everyone, it's tough to know who to listen to. That's why having accurate information is so important! It will help you to make good decisions about how to take care of yourself before, during and after your pregnancy.

In this guide, you will find important facts and questions related to a healthy pregnancy. They include:

Prenatal Nutrition.....	2	Emotional Health.....	24
Folic Acid.....	6	Ten Months of Pregnancy.....	28
Alcohol and Pregnancy.....	9	Resources.....	38
Physical Activity and Pregnancy.....	12	Breastfeeding.....	39
Smoking and Pregnancy.....	16	Immunization.....	40
Oral Health.....	20		

Planning a pregnancy and being pregnant can be exciting times in your life! Using this guide can help make it a healthier experience for you and your baby.



Prenatal Nutrition

Healthy eating plays a very important role in a healthy pregnancy, eat foods from a variety of sources to make sure you get all the vitamins, minerals and nutrients you and your developing baby need. Eating well will also help you feel better, give you more energy and help you gain a healthy amount of weight. It will also contribute to your baby's healthy growth and development.

IMPORTANT FACTS

Know what you need

During your second and third trimesters of pregnancy, you need some additional calories each day to support the growth of your baby. One extra snack is often enough. For example, have an apple or a pear with a small piece of cheese as an afternoon snack. Follow *Canada's Food Guide* to eat the amount and type of food that is right for you and your baby.





Fruits and vegetables are a must!

Pregnant women need fruits and vegetables every day. Brightly coloured vegetables and fruit contain more of the kinds of vitamins you and your baby need. Eat at least one dark green and one orange vegetable each day. Make sure your fruits and vegetables are prepared with little or no added fat, sugar and salt, and choose vegetables and fruit more often than juice.

Grain products are important

You need to include grain products as part of your daily diet. This includes foods like bread, rice and pasta. Try to choose grain products that are lower in fat, sugar and salt, and look for the “whole grain” variety.

Have milk and milk alternatives for strong bones

Milk and alternatives are important for your growing baby. Opt for the low-fat variety, which will give you the high quality protein, calcium and vitamin D you need but with less of the fat and calories. Have skim, 1% or 2% milk every day and go for lower fat varieties of yogurt and cheese. Drink fortified soy beverages if you do not drink milk.

Include meat and meat alternatives

Eating meat and alternatives each day will help you and your baby stay healthy. Choose lean (less fatty) meats and meat alternatives—dried peas, beans, tofu and lentils—made with little or no added fat or salt. Fish is also important and should be eaten each week. But choosing which fish to eat, and how much, can be complicated.

Visit Health Canada's Web site to find out how to choose fish that are low in mercury so that you and your baby can take advantage of the benefits of eating fish while minimizing the risks from mercury.



Next Steps

Aim for three meals a day with healthy snacks in between.

Check out *Canada's Food Guide* to see how many servings of each food group you need each day.

Take a prenatal multivitamin every day. Make sure it has 0.4 mg of folic acid and 16 to 20 mg of iron. A health care provider can help you find the multivitamin that is right for you.

COMMON QUESTIONS ABOUT PRENATAL NUTRITION

How much weight should I gain while I'm pregnant?

It depends on how much you weighed before you got pregnant. The following recommendations are based on your Body Mass Index (BMI) before you became pregnant. BMI is a number based on a comparison of your weight to your height ($\text{BMI} = \text{weight (kg)} / \text{height (m)}^2$).

BMI	Recommended Weight Gain
Below 18.5	12.5 to 18 kg (28 to 40 pounds)
Between 18.5 and 24.9	11.5 to 16 kg (25 to 35 pounds)
Between 25.0 and 29.9	7 to 11.5 kg (15 to 25 pounds)
30 and more	5 to 9 kg (11 to 20 pounds)

If you are pregnant with more than one baby (twins, triplets) you will need to gain more weight. Your health care provider will be able to advise you.

Is there anything I shouldn't eat while I'm pregnant?

Yes. Avoid the following foods which may be contaminated by bacteria:

- ❑ Raw fish, such as sushi, raw oysters, clams and mussels
 - ❑ Raw or undercooked meat, poultry, seafood and hot dogs
 - ❑ Non-dried deli-meats such as bologna, roast beef, ham and turkey breast
 - ❑ Refrigerated pâté, meat spreads and refrigerated smoked seafood
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There are lots of healthy foods you can eat on the run. Try pre-washed vegetables (like baby carrots, cauliflower and broccoli), low-fat cottage cheese, low-fat yogurt, trail mix (raisins, dried fruit, nuts and seeds) and cheese. Don't forget to drink plenty of water!

FOR MORE INFORMATION

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For additional information on healthy weight gain during pregnancy go to www.healthcanada.gc.ca/pregnancy-calculator



Folic Acid

Your baby's brain, skull and spine form during the first few weeks of pregnancy, before you even know you are expecting! In order for them to form properly, you must have enough folic acid.

IMPORTANT FACTS

What is folic acid?

Folic acid is one of the B vitamins important for the healthy growth of your unborn baby. It is essential to the normal development of your baby's spine, brain and skull, especially during the first four weeks of your pregnancy. It is, therefore, important to eat a folate rich diet and to take vitamin supplements with folic acid before you get pregnant to reduce the risk of neural tube defects.



What are neural tube defects?

Neural tube defects (NTDs) are birth defects that occur when the neural tube fails to close properly during the early weeks of pregnancy, resulting in abnormalities of the spine, brain or skull that can result in stillbirth or lifelong disability. Closure of the neural tube happens early in pregnancy, often before a woman knows she is pregnant. Spina bifida is the most common NTD.

Take a folic acid supplement daily

All women who could become pregnant should take a multivitamin containing 0.4 mg of folic acid every day. To help reduce the risk of NTDs, you should start taking the vitamin supplement at least three months before you get pregnant and continue throughout your pregnancy. Talk to your health professional to find the best supplement for you.

Some women are more at risk of having a baby with an NTD

If you or your partner have had a previous NTD-affected pregnancy, or have a personal or family history of NTDs, talk to your health care provider. You may be advised to take a higher dosage of folic acid.

Eat a balanced diet

Taking a daily vitamin supplement does not reduce or replace the need for a healthy, well-balanced diet according to *Canada's Food Guide*. Good or excellent sources of folic acid (called folate when it is naturally occurring in foods) include dark green vegetables (broccoli, spinach, peas and brussel sprouts), corn, dried peas, beans, lentils, and oranges. Grain products fortified with folic acid such as bread and pasta also provide significant amounts of the vitamin.



Next Steps

Start taking a daily multivitamin with 0.4 mg of folic acid ideally before planning a pregnancy. Talk to your health care provider or pharmacist about which multivitamin would be best for you.

Eat more foods that are good sources of folic acid (or folate).

If you are more at risk of having a baby with an NTD, see your health care provider before you plan a pregnancy to discuss your options.

COMMON QUESTIONS ABOUT FOLIC ACID

Can NTDs be detected before birth?

Some NTDs can be detected before birth by prenatal screening tests. If you are pregnant and wish to know more about the prenatal diagnosis of NTDs, talk to your health care provider about prenatal screening tests that can give you more information about your baby.

Is it possible to get too much folic acid?

Do not take more than the daily dose of a vitamin supplement as indicated on the product label. Increasing your daily dose of folic acid without the advice of your health care provider is not recommended. In large doses some substances in multivitamins could actually do more harm than good. This is especially true of vitamin A in some forms.

FOR MORE INFORMATION

For additional information on folic acid and NTDs, visit the Public Health Agency of Canada's Healthy Pregnancy pages at Canada.ca/health

Alcohol and Pregnancy

Alcohol and pregnancy don't mix.

IMPORTANT FACTS

There is no safe amount or safe time to drink alcohol during pregnancy or when planning pregnancy.

If you drink alcohol while you are pregnant, you may be at risk of giving birth to a baby with Fetal Alcohol Spectrum Disorder (FASD). FASD is a diagnostic term that describes a range of disabilities (physical, social, mental/emotional) that may affect people whose birth mothers drank alcohol while they were pregnant.



FASD may include problems with learning and/or behaviour such as; doing math, thinking things through, learning from experience, understanding the consequences of his or her actions and remembering things. It may also affect the development of vision, hearing, kidneys, heart and bones.

No one knows how much is safe for a developing baby. When you drink alcohol during pregnancy, it rapidly reaches your baby through your bloodstream. Alcohol is known to harm the developing cells. The effect of alcohol on the developing baby can vary depending on the health of the pregnant woman and also the amount, pattern and timing of drinking alcohol during pregnancy. Binge drinking (drinking a large amount of alcohol in a short amount of time) is especially bad for the developing baby.

Next Steps

Whether you are trying to get pregnant or are pregnant already, stop drinking alcohol. No alcohol is the best (and the safest!) choice for having a healthy baby.

If you need help to stop drinking, ask your health care provider for advice. Tell your partner, family, friends and community members who can all support you with this decision.



COMMON QUESTIONS ABOUT ALCOHOL AND PREGNANCY

What type of alcohol should I avoid?

Everything! Beer, wine, cocktails, coolers, hard liquors (such as whiskey, gin or vodka), liqueurs or even hard ciders all contain alcohol that can hurt your developing baby. There is no alcohol that is “safe” to drink when you are pregnant.

Are there times during pregnancy when it is okay to have alcohol?

There is no known time during pregnancy when it has been determined that it is safe to drink alcohol.

How much drinking causes FASD?

No one knows for sure how much drinking causes FASD. That means that there is no safe amount of alcohol you can drink while you are pregnant or trying to become pregnant.

Can FASD be cured?

FASD cannot be cured. People live with FASD for their entire life. However, people with FASD can still do very well with helpful supports and services. Some examples include special education, vocational programs, tutors, structured environments and lifelong care. They can find paid work or go to school if given special assistance.

Can biological fathers cause FASD?

No. FASD can only be caused when a birth mother drinks alcohol while she is pregnant. However, it is known that women with partners who drink are more likely to drink themselves during pregnancy. Fathers, partners, family and friends can play a big role by supporting a woman's choice not to drink when they are having a baby.

FOR MORE INFORMATION

For additional information on FASD, visit the Public Health Agency of Canada's Healthy Pregnancy pages at [**Canada.ca/health**](https://Canada.ca/health)



Physical Activity and Pregnancy

There was a time when pregnant women were encouraged to avoid physical activity. Fortunately, attitudes about pregnancy have changed and medical experts now recommend regular physical activity as part of a healthy pregnancy.

IMPORTANT FACTS

Regular physical activity during pregnancy is great. It can:

- improve your mood and self-image
- help ensure appropriate weight gain
- help you relax and reduce stress
- promote better sleep
- increase your muscle tone, strength and endurance



- help build your stamina for labour and delivery
- speed up your recovery after labour and delivery
- help increase your energy levels

Start easy and progress gradually

If you've been inactive, start with mild activities like walking or swimming. Even five minutes a day will help. Gradually increase the time you're active to 30 minutes a session. Before starting a new physical activity program, you should talk to your health care provider.

Don't overdo it!

You should be able to carry on a normal conversation during physical activities. If you're feeling more tired than normal, take it easy and rest for a day.

Keep cool and hydrated

Drink lots of water before, during and after physical activity to avoid overheating and dehydration. You should also refrain from being active outdoors on overly hot or humid days.



Next Steps

Build physical activity into your daily routine. The type of activity you choose is up to you, as long as you feel comfortable doing it and your health care provider says it's okay.

COMMON QUESTIONS ABOUT PHYSICAL ACTIVITY AND PREGNANCY

I've never really been active. Should I start now that I'm pregnant?

Physical activity can make you feel better and be beneficial for both you and your developing baby. The decision to be active during pregnancy may be the first step toward a long-lasting healthy way of life for you and your family. Remember to speak with your health care provider before you begin and start slowly.

I'm already active, but now I'm pregnant. Can I continue to be active?

If you were active regularly before becoming pregnant, continue your program and make changes as you need to. Talk to your health care provider about your current routine to see if and when you may need to make any adjustments. Most importantly, listen to your body as it changes from one month to the next and only do what feels comfortable for you.



Can I lift weights?

Weight training is generally safe as long as the resistance is light to moderate. Using heavier weights could put too much stress on muscles and ligaments. Proper controlled breathing is also very important. After your fourth month of pregnancy, experts suggest modifying exercises that require lying on your back so they are performed on your side, or while you are standing or sitting.

How can I tell if I've overdone it?

If you're really tired and you feel like stopping, then it's time to stop. If you still feel tired, give yourself a break for at least a day. Call your health care provider if you have any of the following symptoms:

- ❑ persistent contractions
- ❑ bleeding from the vagina
- ❑ increasing back pain, pubic pain or pain in the abdomen
- ❑ sudden swelling of the ankles, hands or face
- ❑ dizziness or shortness of breath
- ❑ excessive fatigue
- ❑ difficulty walking
- ❑ changes in usual fetal movement
- ❑ swelling, pain and redness in the calf of one leg

FOR MORE INFORMATION

For additional information on physical activity, visit the Public Health Agency of Canada's Healthy Pregnancy pages at Canada.ca/health

For more information on physical activity and healthy living go to: www.publichealth.gc.ca/paguide

You can also go to the Canadian Society for Exercise Physiology's (CSEP) Web site at www.csep.ca



Smoking and Pregnancy

When you or the people around you smoke, your baby smokes too. A smoke-free environment is best for both you and your developing baby.

IMPORTANT FACTS

When you smoke, your baby gets less oxygen and nutrients

This can cause your baby to grow more slowly and gain less weight in your womb. Babies with a lower-than-average birth weight tend to have more health problems. And the more you smoke, the higher the risk that your baby will have complications during the perinatal period (just before, during and just after birth). This is true for babies exposed to second-hand smoke too.



Cigarette smoking exposes your baby to over 4,000 chemicals found in tobacco smoke

Seventy of these chemicals are associated with cancer.

Exposure to tobacco smoke affects your baby

Smoking during pregnancy contributes to Sudden Infant Death Syndrome (SIDS). The more the mother smokes the higher likelihood of SIDS. It is estimated about one third of SIDS could be prevented if the mother does not smoke.

Smoking during pregnancy can also contribute to learning problems, more ear infections, colds and breathing problems. Being born small can affect your baby's health into adulthood.

Smoking will increase the risks to your own health too

For example, you have a greater chance of not being able to conceive a child, miscarriage, lung cancer and cardio vascular disease.

Second-hand smoke is just as bad

Second-hand smoke contains the same toxic chemicals and carcinogens that smokers inhale. Children regularly exposed to second-hand smoke are more likely to suffer damage to their lungs and to develop breathing problems such as asthma. When you breathe in second-hand smoke, you have a greater risk of developing lung cancer, heart disease, breathing problems and irritation of the eyes, lungs and throat. Infants exposed to second hand smoke also face a greater risk of SIDS.





Next Steps

If you are currently smoking, the best step you can take is to quit! Your baby will get more oxygen and nutrients, which will help increase the baby's birth weight and health. You will lower your blood pressure and heart rate. You can talk to your health care provider about ways to quit while you are pregnant. If you have trouble quitting, ask for help.

Avoid second-hand smoke. Make your home and car smoke-free spaces. Ask your partner, family members and friends not to smoke around you. When you are with people who want to smoke, ask them to smoke outside. Explain to them that you and your baby need smoke-free air.

COMMON QUESTIONS ABOUT SMOKING AND PREGNANCY

I only smoke a few cigarettes a day. Should I still quit?

Yes. All tobacco smoke is bad for both you and your baby. The sooner you quit completely, the better.

Don't some mothers who smoke while they're pregnant still have healthy babies?

Smoking during pregnancy is a gamble that puts your child at risk.

Will I gain extra weight if I quit now?

It is possible that if you stop smoking you may eat more to replace your oral habit. Chewing sugar-free gum might help. If you do gain a few pounds, don't worry. Being physically active and making healthy food choices will help you lose the extra weight after your baby is born. You'll also feel great knowing you gave your baby the best possible start in life.

Is it okay for me to smoke after the baby is born?

The best choice for you and your baby is to stay smoke-free. If you start smoking again, you are putting your baby at risk from the harmful effects of second-hand smoke and your own health at risk from the effects of smoking. By staying smoke-free you're protecting both you and your baby from the harmful effects of tobacco smoke.

What can I do to help me quit?

Some people find that picking a quit day helps. On that day, you throw away your cigarettes, lighters, matches and ashtrays. In anticipation of the quit day, you can reduce the number of cigarettes you smoke per day. Set a limit and stick to it. When you feel the urge to smoke, try chewing gum, eating a piece of fruit, calling a friend or going for a walk. Stop-smoking support groups may also help.

Call the pan-Canadian toll-free quitline to talk to a trained cessation specialist. They can help you develop a plan and answer your questions about quitting. The specialist can also provide a choice of services tailored to your needs, including self-help materials, a referral list of programs in your community and one-on-one counselling over the phone.

For more information, visit **Go Smoke Free** or call the pan-Canadian toll-free quitline number 1-866-366-3667.

FOR MORE INFORMATION

For additional information on smoking and pregnancy, visit the Public Health Agency of Canada's Healthy Pregnancy pages at **Canada.ca/health**

You can also go to Health Canada's Web site **www.gosmokefree.gc.ca**

Other useful sites include:

March of Dimes
www.marchofdimes.com/Pregnancy/alcohol_smoking.html

PREGNETS
www.pregnets.org/mothers/CommonQuestions.aspx

Safe Sleep
www.publichealth.gc.ca/safesleep

Expecting to Quit
www.expectingtoquit.ca/resources

Oral Health

Taking care of your teeth and gums is very important when you are pregnant. Hormonal changes during pregnancy can increase your risk of developing periodontal (gum and bone) disease. Poor oral health may also affect the health of your developing baby. Research suggests that in adults, bacteria from diseased gums may travel through the bloodstream to other parts of the body. That's why it is especially important for women to take good care of their oral health during pregnancy.

IMPORTANT FACTS

Pregnant women with periodontal disease may have a higher risk of delivering a pre-term or low birth weight baby

Babies who are pre-term or have a low birth weight have a higher incidence of developmental complications, asthma, ear infections, birth abnormalities, behavioural difficulties and a higher risk of infant death.





Eating well is important for your oral health

It can also help to build strong teeth and bones in your developing baby. During pregnancy, you need to eat the right kinds of food and in the right amounts—making sure to get enough calcium, vitamins A, C and D, as well as protein and phosphorous. Taking a multivitamin can help.

Regular dental checkups and cleanings by your dental professional are the best ways to detect and prevent periodontal disease

Schedule a checkup in your first trimester to have your teeth cleaned and your oral health assessed. If you require dental work, the best time to schedule it is between the fourth and sixth month of your pregnancy (the second trimester). X-rays of your mouth should only be taken in an emergency.

Morning sickness can cause tooth decay

Stomach acid left on the teeth can damage the surface of your teeth and promote tooth decay. If you vomit, rinse your mouth with water or with a fluoride mouthwash as soon as you can.

COMMON QUESTIONS ABOUT ORAL HEALTH

Will it hurt my teeth if I eat between meals?

No. It's good for pregnant women to eat healthy snacks between meals so they can meet their daily nutritional needs. Just try to avoid soft, sweet and sticky snacks that are high in carbohydrates and sugar. And remember to clean your teeth after snacking to prevent cavities.



Next Steps

Brush your teeth at least twice a day with a soft toothbrush using a fluoride toothpaste. Carefully clean your teeth at the gum line, where gum disease starts. Don't forget to floss!

If you're not sure if you are brushing and flossing correctly, talk to your dental professional. He or she can show you how, so you can care for your teeth and gums properly.

Be sure to continue with routine dental check-ups during and after your pregnancy.

Given the important connection between healthy eating and oral health, follow *Canada's Food Guide*.

Is it safe to have an x-ray while I'm pregnant?

It is a good idea to avoid routine dental x-rays while you're pregnant. In the event of a dental emergency, however, an x-ray may be essential. If this happens, your dental professional will shield your abdomen with a lead apron to protect your baby from exposure to radiation.

Why do my gums keep bleeding?

Hormone changes during pregnancy can affect the gums, making them more sensitive and inflamed in response to bacteria along the gum line. This can lead to red, swollen, tender gums that bleed easily, gums that pull away from the teeth, persistent bad breath, loose or separating teeth leading to a change in the way your teeth fit together. "Pregnancy gingivitis" often appears between the third and ninth month of pregnancy. Gently brushing along the gum line when you brush your teeth can help tender, bleeding gums. Gum problems usually disappear after childbirth. If they continue, contact your dental professional.



I've heard that a woman loses one tooth for every pregnancy. Is this true?

No. The calcium needed to make your baby's teeth comes from what you eat not from your own teeth. If you do not take in enough calcium to meet your baby's needs, your body will provide this mineral from the calcium of your bones. Eating enough dairy products and—if necessary—taking a calcium supplement, will ensure both you and your baby will have enough of this mineral without putting your bones at risk.

FOR MORE INFORMATION

For additional information on oral health, visit the Public Health Agency of Canada's Healthy Pregnancy pages at Canada.ca/health

You can also go to the Canadian Dental Association Web site at www.cda-adc.ca and the Canadian Dental Hygienist Association Web site at www.cdha.ca

For a copy of *Canada's Food Guide* go to www.healthcanada.gc.ca/foodguide





Emotional Health

When you are pregnant, the thoughts and feelings you experience can range from happiness and contentment—“I can’t wait to hold my new baby”, “I’m going to be a great mother”—to worry and stress—“Will I ever lose all this weight?”, “Can I really support a baby on this pay cheque?” It’s normal to experience these types of feelings. Your moods are changing right along with your hormones and your body. That’s why your emotional health is more important than ever!

IMPORTANT FACTS

One in ten women suffers from bouts of depression during pregnancy

Learn the signs and symptoms of depression and contact your health care provider if you feel you may be depressed.



Could I be depressed?

It's possible. Check with your health care provider if you have four or more of these symptoms for at least two weeks or if any of these symptoms particularly concern you:

- ▣ inability to concentrate
- ▣ anxiety
- ▣ extreme irritability
- ▣ frequent mood swings
- ▣ sleep problems
- ▣ extreme fatigue
- ▣ persistent sadness
- ▣ a lack of interest in things you used to care about
- ▣ a sense that nothing is fun or enjoyable anymore
- ▣ a dramatic change in appetite (up or down)

You need your rest

Your body is busy 24 hours a day as your baby develops and it's hard work. If you're tired, don't skip sleep. Put your feet up, take a nap or just slow down. You'll feel better physically and mentally.

Staying active and eating well can help keep your moods in check

Make sure you are eating enough to nourish your baby. Eat regularly—don't skip meals—and make sure you drink plenty of water. You also need physical activity. A walk outside or swimming at the pool can leave you feeling refreshed.

Stay away from stress

If certain people or situations cause you stress, avoid them as much as possible. And don't take on added responsibilities at work or in your community. Having too much to do can be stressful at the best of times. Learn to say “no!”



Next Steps

Take care of yourself by eating well, staying active and finding time to relax and rest when you need it.



Accept offers of help from friends and family.



Share your thoughts and feelings with others. If you are worried, upset, sad or anxious, talking about it can help. Confide in your partner, a trusted friend, family member or health care provider.

COMMON QUESTIONS ABOUT EMOTIONAL HEALTH

I'm fine one minute and in tears the next. Why am I so moody?

Mood swings are a normal part of pregnancy. Pregnancy triggers an outpouring of various hormones. These hormones can change the level of brain chemicals (called neurotransmitters) that, in turn, regulate mood. Some women may be moody throughout their pregnancy, but it's most common around the sixth to tenth week and then again in the third trimester when your body is getting ready for labour and delivery.



Is it safe to have sex?

Unless your health care provider specifically advises you otherwise, sex during pregnancy is safe for both you and your baby. Intercourse can't hurt your baby or cause a miscarriage. You may find you want to have sex more than you did before you became pregnant. On the other hand, wanting sex less is perfectly normal too. Most couples resume an active sex life sometime during the first year of their baby's life.



FOR MORE INFORMATION

For additional information on emotional health, visit the Public Health Agency of Canada's Healthy Pregnancy pages at [**Canada.ca/health**](https://Canada.ca/health)

You can also go to the Mood Disorders Society of Canada Web site at [**www.mooddisorderscanada.ca**](https://www.mooddisorderscanada.ca) and the Canadian Mental Health Association's Web site at [**www.cmha.ca**](https://www.cmha.ca)

Ten Months of Pregnancy*



FIRST MONTH

- ▣ heartbeat begins
- ▣ arm and leg buds appear
- ▣ primitive digestive system develops
- ▣ embryo is 5 mm (1/5th of an inch) long

Feeling Sick: Nausea and Vomiting

Feeling sick? You're not alone! Many women experience nausea and vomiting during their pregnancy. That's because changes in hormones can make you feel sick to your stomach. Certain smells and movements can make the nausea worse. The good news is that the nausea usually disappears after the first trimester.

To help cope with nausea and vomiting, you can:

- ▣ Avoid having an empty stomach.
- ▣ Eat food that appeals to you in frequent small amounts until you are feeling better.
- ▣ Get out of bed slowly and eat soon afterward.
- ▣ Drink fluids between meals and not with meals.
- ▣ Choose cold foods (with less smell) or have someone else do the cooking.
- ▣ Get plenty of fresh air.
- ▣ Try smelling fresh-cut lemons.
- ▣ Avoid smoke, strong odours, alcohol and caffeine.

* Stages of pregnancy information was reprinted with permission from [womenshealthmatters.ca](http://www.womenshealthmatters.ca) © 2000–2006 Women's College Hospital.



SECOND MONTH

- **brain, liver, kidneys, bloodstream and digestive system are developing**
- **limbs develop**
- **embryo has become a fetus: it is about 2.9 cm (1 and 1/8th inches) long and weighs 0.9 g (1/30th of an ounce)**

Calcium and Vitamin D

You need calcium throughout your pregnancy to build strong bones and teeth for your baby. Vitamin D is also needed to absorb and use calcium. Getting enough calcium will help your teeth and bones stay healthy too! Eat foods rich in calcium, such as milk (all types), cheese, yogurt and fortified soy beverages.

Also eat foods that provide vitamin D such as milk, fortified soy beverages, fish and margarine.

Did you know...

your baby's teeth start forming in the womb?



THIRD MONTH

- **facial features are present, the nose and outer ears are formed**
- **movement such as head turning or sucking begins**
- **all internal organs are developing**
- **fetus is about 7.5 cm (3 inches) long and weighs 30 g (1 ounce)**

Caffeine

Too much caffeine isn't good for you or your baby. For women of childbearing age the recommendation is a maximum daily caffeine intake of no more than 300 mg—a little over two eight-ounce (237 ml) cups of coffee. This total should include natural sources of caffeine, including herbs such as guarana and yerba mate.

Start trying to limit how much coffee, strong tea and soft drinks you consume. Water, and milk are good alternatives that will provide you with more of the nutrients your baby needs.

Warning! Some herbal teas, such as chamomile, aren't good to drink when you're pregnant. You'll also want to avoid teas with aloe, coltsfoot, juniper berry, pennyroyal, buckthorn bark, comfrey, labrador tea, sassafras, duck root, lobelia and senna leaves. Other herbal teas, such as citrus peel, linden flower*, ginger, lemon balm, orange peel and rose hip, are generally considered safe if taken in moderation (two to three cups per day).

* not recommended for persons with pre-existing cardiac conditions



FOURTH MONTH

- lanugo or fine body hair develops
- fetus is about 15 cm (6 inches) long and weighs 110 g (4 ounces)

Constipation

Many women get constipated during pregnancy. It happens because food passes through your body more slowly when you are pregnant so you can absorb the extra nutrients you and your baby need. Eating foods high in fibre—like vegetables and fruit, whole grains and cooked or canned beans, peas and lentils—can help. So can drinking more fluids, especially warm or hot fluids. Being physically active is also important. There's nothing like a good walk around the block to move things along!

Warning! If you are pregnant, do not use a laxative to treat constipation without checking with your health care provider first. Laxatives can trigger the onset of labour contractions.



FIFTH MONTH

- **finger and toe nails formed**
- **responds to noise**
- **hair and eyebrows are growing**
- **movements become increasingly vigorous**
- **fetus is about 25 to 30 cm (10 to 12 inches long), half its length at birth and weighs 220 to 450 g (8 ounces to 1 pound)**

Iron

Iron is important for healthy blood. It is also needed for your baby's brain to develop properly. You need to get enough iron so your baby can grow properly and build up a good store of iron for after the birth. Babies without enough iron may have more illnesses and problems learning. To increase your iron intake, eat foods rich in iron such as red meat; eggs and poultry; whole grain and enriched breads and cereals; cooked or canned dried beans; and peas and lentils.

Don't overdo it! If you are taking a vitamin-mineral supplement that contains 16 - 20 mg of iron, you don't need an extra iron supplement unless it's recommended by your health care provider.



SIXTH MONTH

- eyes are open
- a creamy substance called vernix covers the skin
- skin is wrinkled and the fetus appears very thin
- fetus is about 28 to 36 cm (11-14 inches) long and weighs 0.7 kg (1 1/2 pounds)

Low Cost Nutritious Choices

Healthy eating doesn't have to cost a fortune! Choosing basic foods that are not pre-packaged and processed will cost less and will be healthier for you and your baby. Check out these low-cost nutritious choices from the four food groups.

Milk and Alternatives: milk powder; plain milk or yogurt and canned milk.

Vegetables and Fruits: in-season vegetables and fruit, squash, potatoes, turnip, frozen fruit, frozen vegetables, canned fruit packed in juice, low sodium canned vegetables, apples, cabbage, carrots and vegetables from your own garden.

Grain Products: bread, rice, macaroni or spaghetti, barley and rolled oats.

Meat and Alternatives: baked beans, canned or fresh fish, fowl, dried beans, peas and lentils, ground beef and eggs.



SEVENTH MONTH

- fetus weighs about 1.1 kg (2.5 pounds) and is approximately 37 cm (15 inches) in length

Swelling (Edema)

Many women notice some swelling in their feet and ankles in the third trimester. Pregnant women naturally retain more water in their bodies, so this is perfectly normal. Now is not the time to cut back on your fluid intake. Even when you feel bloated, you still need to keep drinking water and other fluids like milk, to stay healthy.

To reduce swelling, put your feet up, avoid crossing your legs, wear loose clothing and get plenty of rest and exercise.



EIGHTH MONTH

- fetus weighs about 2.2 kg (5 pounds) and is 40 to 45 cm (16 to 18 inches) long

Heartburn

Heartburn is common during pregnancy. It's caused by the pressure of the growing baby and hormone changes during pregnancy that allow stomach acid to move up to your throat.

The following suggestions might help:

- Do not lie down after eating.
- When you do lie down, raise your head and shoulders.
- Avoid fried or greasy foods.
- Drink fluids between meals, not with meals.

- Avoid coffee, colas, alcohol and smoking.
- Eat slowly. Take the time to chew well.
- Eat small meals and snacks.

Some women take an antacid medicine to help with heartburn. An antacid reduces the amount of acid in your stomach.

Not all antacids are safe for pregnant women. Check with your doctor or health care provider before you take one.



NINTH MONTH

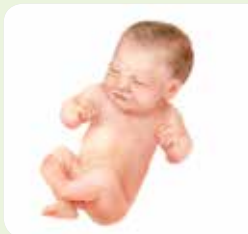
- fetus weighs 3.2 to 3.6 kg (7 or 8 pounds) and may be more than 50 cm (20 inches) long
- skin wrinkles become less pronounced
- eyes open and close
- fetus responds to light

Water and Other Fluids

Your baby is always thirsty so it's important for you to drink plenty of water while you're pregnant. Water carries nutrients to your body and to your growing baby, carries away waste products from your baby and from you, keeps you cool, helps prevent constipation and helps to control swelling. Drink plenty of fluids every day, including water and milk. Drink more in hot weather or when you are active.

Did you know...

water makes up about half of our body weight?



TENTH MONTH

For New Parents

Having a baby can be one of the most exciting times in your life, and, at the same time, one of the most daunting. There are many changes to adjust to and many unknowns to face. With this in mind, it is important to remember that the most precious gift you can give your child is a healthy start in life.

For more information on specific topics in order to reduce the risk of injury and illness and to promote the healthy development of their infants, new parents can visit the Public Health Agency of Canada's Healthy Pregnancy pages at www.healthycanadians.ca/pregnancy

RESOURCES

Healthy Pregnancy
[Canada.ca/health](https://www.canada.ca/health)

Physical Activity
www.publichealth.gc.ca/paguide

A Parent's Guide to Immunization
www.publichealth.gc.ca/immunization

Canada's Food Guide
www.healthcanada.gc.ca/foodguide

Kids' Health and Safety
www.HealthyCanadians.gc.ca/kids

Portal for New Parents
www.servicecanada.gc.ca/eng/lifeevents/baby.shtml

Canada Prenatal Nutrition Program (CPNP)

The Canada Prenatal Nutrition Program (CPNP) is a community-based program that supports pregnant women, new mothers and babies facing challenging life circumstances, such as low income, teen pregnancy, social or geographical isolation or family violence. CPNP programming includes nutrition counselling, prenatal vitamins, food and food coupons, counselling in prenatal health and lifestyle, breastfeeding support, food preparation training, education on infant care and child development and referrals to other agencies and services. For more information or to find if there is a CPNP project near you visit www.Canada.ca.

BREASTFEEDING

Today, most mothers breastfeed their babies. Breast milk is the best food you can offer your baby. For the first six months it is all the food and drink your baby needs for optimal growth and development. Breast milk is specifically designed for your baby and constantly changes to meet your child's needs. It is easy for your baby to digest and can protect against infections and disease—benefits that last a lifetime. Breastfeeding has many benefits for the mother too and nurtures a special relationship between mother and baby.

Breastfeeding is natural but may take time for both you and your baby to learn. Pregnancy is a great time to prepare for breastfeeding once your baby is born. Talk to your health care provider for help. Contact with other breastfeeding mothers can also help build your confidence in breastfeeding.

Enjoy your baby and the special closeness that breastfeeding brings.

FOR MORE INFORMATION

Public Health Agency of Canada

www.publichealth.gc.ca/breastfeeding

IMMUNIZATION

Immunization and your baby's health

Routine childhood vaccination is one of the best ways to protect your baby from common childhood diseases that can cause serious complications and sometimes even death. Provincial/territorial immunization programs protect all our children from diseases such as whooping cough (pertussis), tetanus, polio, measles, mumps, rubella, diphtheria, meningitis, pneumonia, chicken pox (varicella) and Hib disease (haemophilus influenza). For information on routine childhood vaccines visit the Public Health Agency of Canada at www.healthycanadians.gc.ca/publications/healthy-living-vie-saine/parent-guide-vaccination.

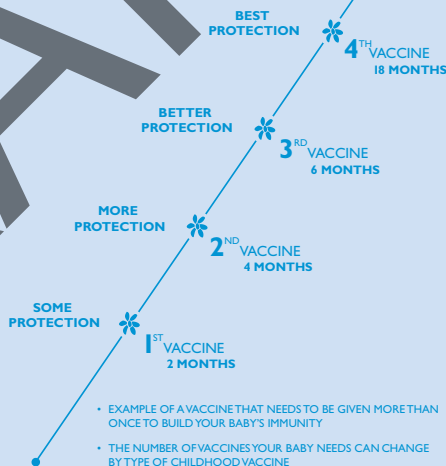
Vaccinate on time for maximum protection

For maximum protection throughout childhood it is important to make sure your child gets all the vaccines at the right time. Some vaccines need to be given more than once to build your baby's immunity; others require revaccination at a later age to boost immunity. Usually, children should get vaccines at 2, 4, 6, 12 and 18 months of age; and again later, between the ages of 4 and 6—before they start school.

Get all the facts

All parents have questions about the benefits and risks of vaccinating their child. If you have questions about immunization programs or about your child's recommended immunization schedule, talk to your local health care provider or public health nurse.

Here's How Your Baby Gets The Best Protection







DRAFT



Canada.ca/health

Activity 5.3

So Why Should I Wait? — 10 minutes

Write on the board or newsprint 2 categories: “Reasons to Have Sex” and “Reasons to Wait”. As the students offer reasons in either category. Write them in a list under the appropriate category.

Explain that people, including some teenagers, decide to have sex at various times in their lives for many different reasons. There are also many reasons that people choose abstinence—to not have sex.

Let the class know that deciding whether to have sex is a big decision—one that should be made carefully and for the right reasons. Remind them that having sex is a big decision and teens who have sex must take action to reduce their risk of STDs and unplanned pregnancy.

Tell the class that you want them to weigh the pros and cons of students having sex while they are in their middle or high school years vs. abstinence (waiting). They should think, not just about themselves, but of other students, too. For example, how would they weigh having sex vs. waiting to have sex if it was about their best friend, or a younger sister or brother?

Ask the students to call out reasons for having sex. Write the reasons on the board or newsprint in the “Reasons to Have Sex” column. Now ask the students to call out reasons to wait and not have sex, and write these in the “Reasons to Wait” column. Help the class come up with all the reasons for waiting that are in the Facilitator Resource.

Now, for each reason in the two columns, ask the students to rate how healthy and how strong each reason is. Go through each reason on both lists, asking the class to raise their hands if they thought the reason was a good one—that is it was a healthy and strong reason.

When the class demonstrates a clear consensus, place a star in front of the reason they consider to be healthy and strong. Place a zero in front of the reason they consider NOT to be healthy and strong. For those where there is a difference of opinion, or where a consensus is not clear, place a question mark in front of that reason. The students’ ratings affect their perceptions and their reality, and they should be respected. However, if the facilitator disagrees with the class’s assessment of how healthy a reason is, they should let the class know why they disagree. Help the students add up the healthy and strong reasons to assess the overall pros and cons of having sex as a teenager. This exercise should demonstrate why students should consider abstinence to be such a healthy choice.

Leave the lists of reasons on the board or newsprint for future class activities.

Facilitator Resource for Activity 5.3: “So Why Should I Wait?” Pros and Cons of Abstinence vs. Having Sex

Reasons to Wait

Feel like it is the right thing to do
 It is healthier
 Not so many risks
 Because of my values
 Religious beliefs
 Don't want to get pregnant*
 Don't want to get an STD*
 Don't want to get HIV/AIDS*
 Want to show I am strong
 Want to protect my family and future children
 Don't feel ready
 Feel embarrassed
 Want to focus on school
 Want to achieve other goals
 Not interested
 Want to focus on sports
 Don't want to disappoint parents
 Want to live up to high expectations
 Don't want to hurt their reputation
 Afraid it will hurt
 Want to wait for their life-long partner
 Want to wait until they are an adult
 Want to wait until they are married

Reasons to Have Sex

Pressure from partner
 Pressure from peers
 Embarrassed to be a virgin
 Want to be popular
 To show love and affection
 To feel loved
 To keep from feeling lonely
 For fun or pleasure
 Out of curiosity
 To show they are grown up
 To have a baby
 To feel “cool”

*The facilitator should point out that abstinence, if used consistently and correctly, is 100% effective in preventing pregnancy, STDs, and sexual transmission of HIV/AIDS

GRADE 7 PREGNANCY PREVENTION

In this lesson, students will explore the various methods used to prevent pregnancy. The teacher will present medically accurate resources about pregnancy prevention and reproductive health care. The students will explain the health benefits, risks, and effectiveness of abstinence and contraception. The students will list the steps for effectively using a male condom and describe the advantages and disadvantages of its use. Finally students will demonstrate and practice using assertive communication to maintain abstinence and use of contraception.

TODAY'S OBJECTIVE

- Define pregnancy prevention.
- Explain health benefits, risks, and % effectiveness of contraception.
- Examine influences and how risk behaviors affect sexual behaviors.
- Communicate effectively to maintain abstinence and use of contraception including condoms.

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by establishing ground rules conducive towards a “safer” space.
 2. Due to the sensitive nature of these topics, remind students to avoid speaking about experiences of their fellow classmates.
 3. Let students suggest rules or limits of their own for the class to be mindful of throughout the discussion.

CREATING A SAFE SPACE

What are some ground rules we can agree upon to make this a safe space to talk about a sensitive topic?

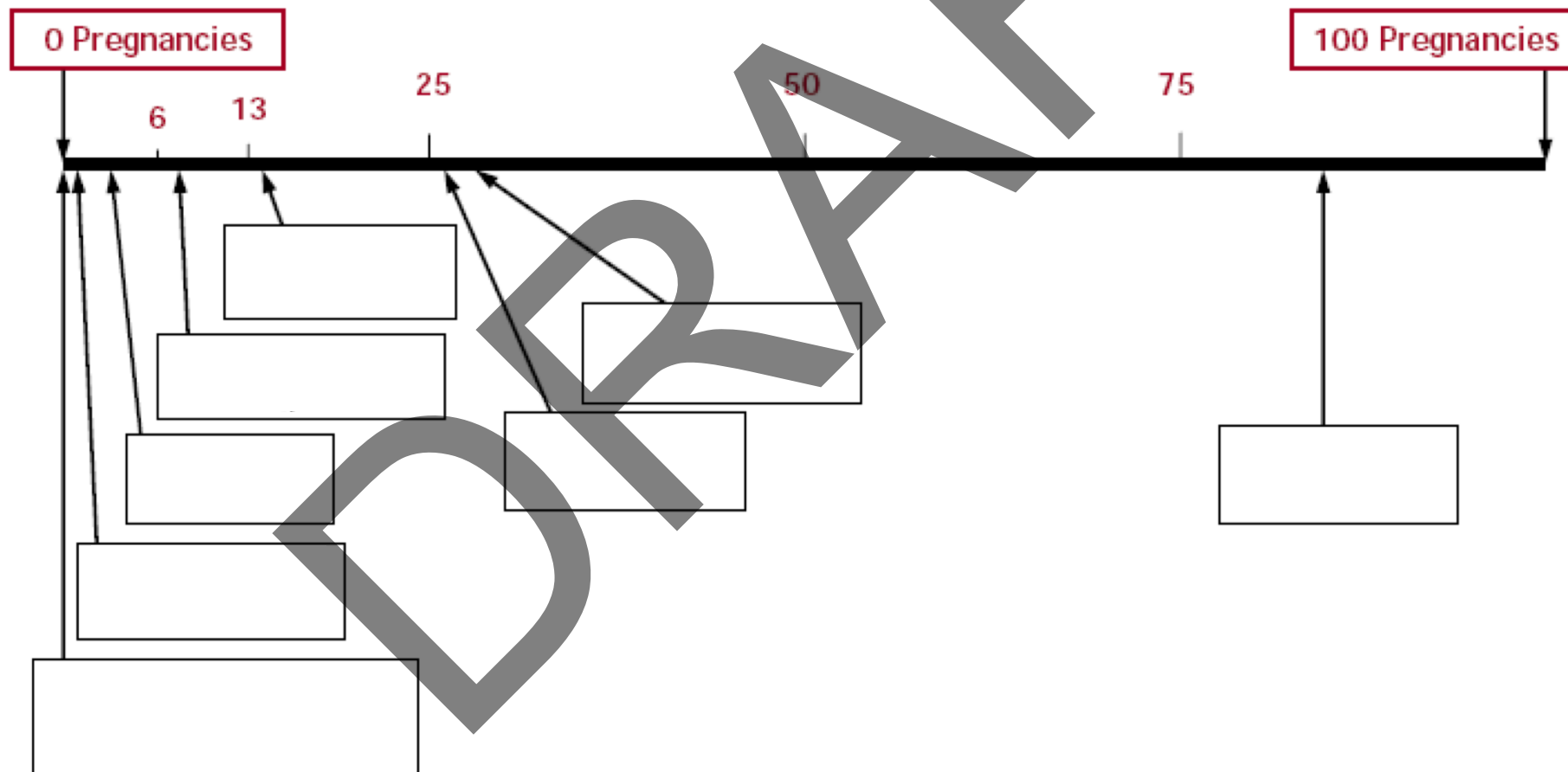
TEACHER NOTES: VARIOUS METHODS OF PREGNANCY PREVENTION

- Estimated Time: 15 minutes
- I. Students should complete the number line as teacher explains information to document risk and effectiveness of the various methods.

Facilitator Resource for Activities 6.4
Protection from Pregnancy

BIG
DECISIONS 

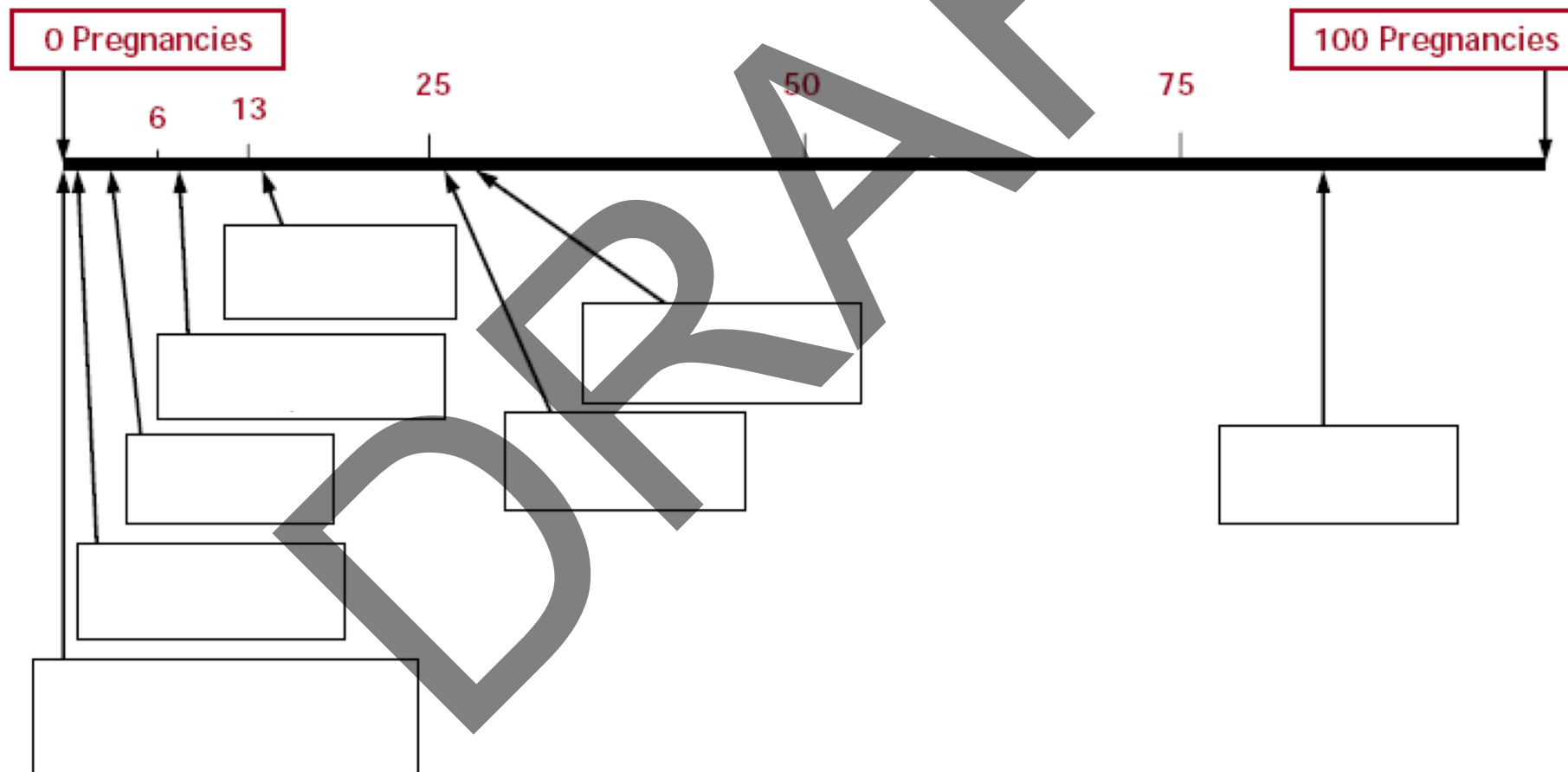
Of 100 couples using this Method, how many will be PREGNANT
by the end of the first year?

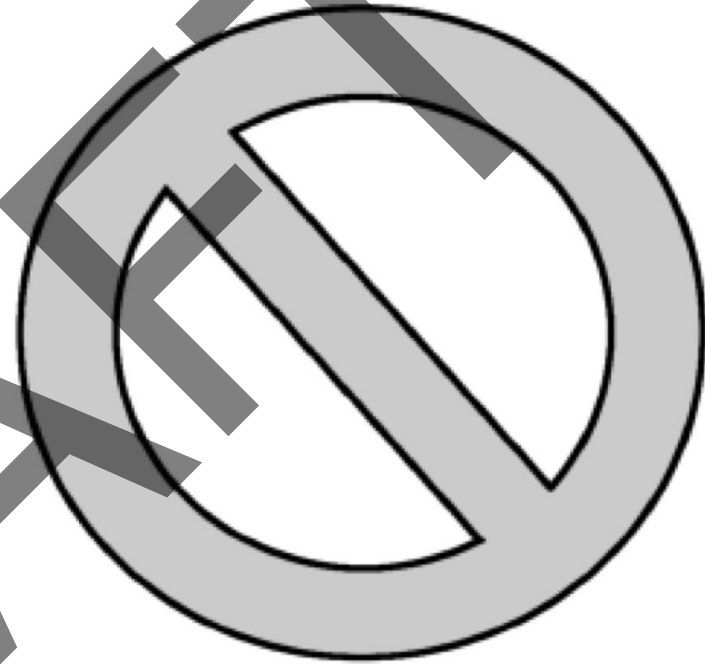


Facilitator Resource for Activities 6.4
Protection from Pregnancy

BIG
DECISIONS 

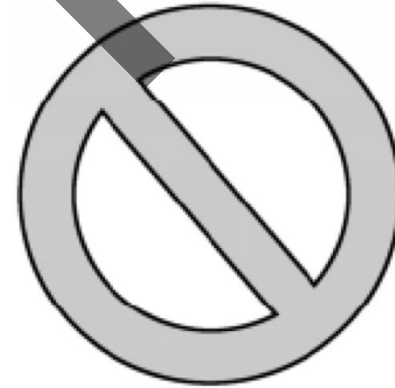
Of 100 couples using this Method, how many will be PREGNANT
by the end of the first year?





ABSTINENCE

ABSTINENCE



What is it?

- Not having sex

How does it work?

- No sperm in vagina

Advantages

- Free
- 100% effective (if used consistently & correctly)

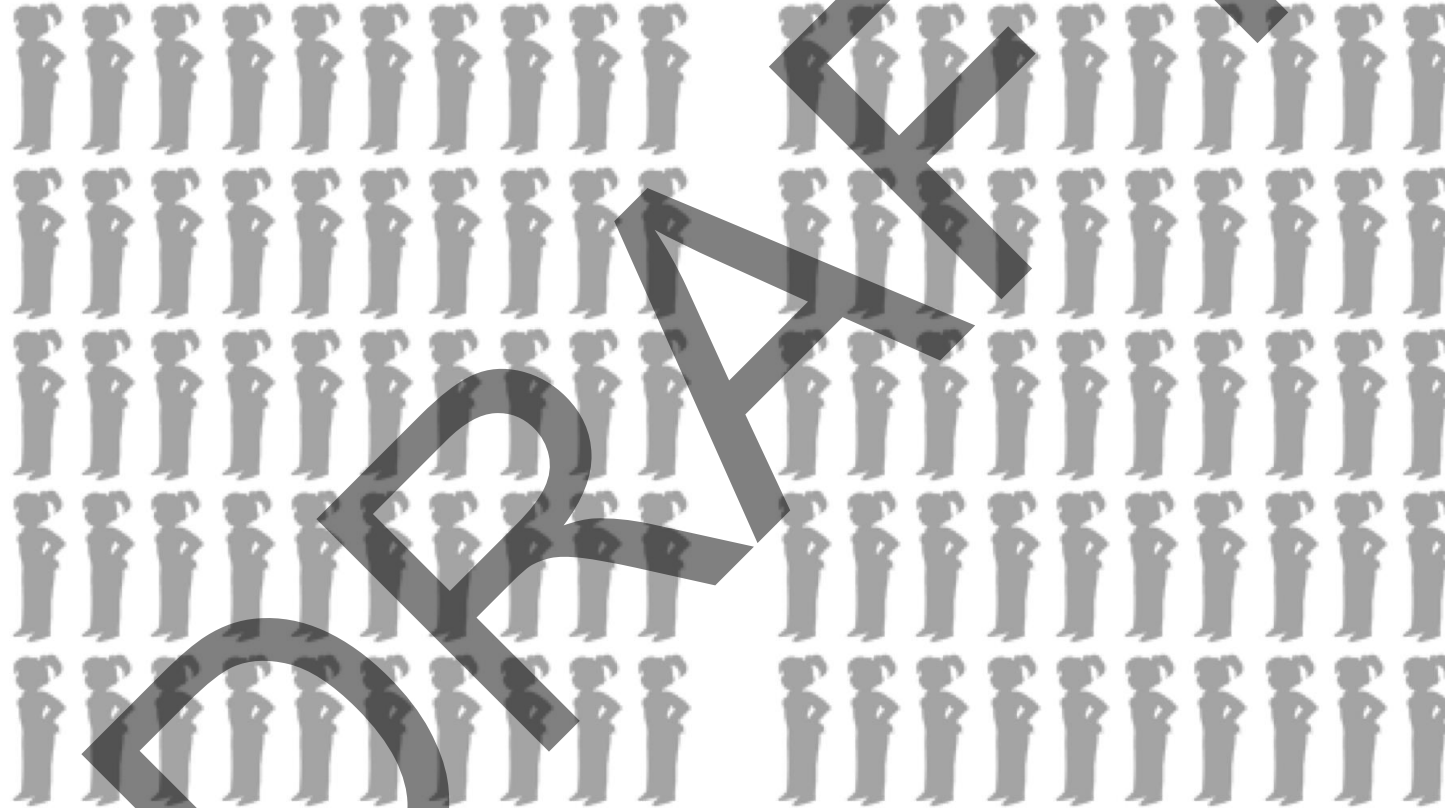
Disadvantages

- Any?



ABSTINENCE

IF used CONSISTENTLY & CORRECTLY



0 of 100 Couples PREGNANT in the First Year



Sex using
NO METHOD
("Wishing & Hoping")

Having Sex using NO METHOD



What is it?

- ➔ You have sex & just hope pregnancy won't happen

How does it work?

- ➔ It doesn't work!

Advantages

- ➔ OK if you are ready to be a parent

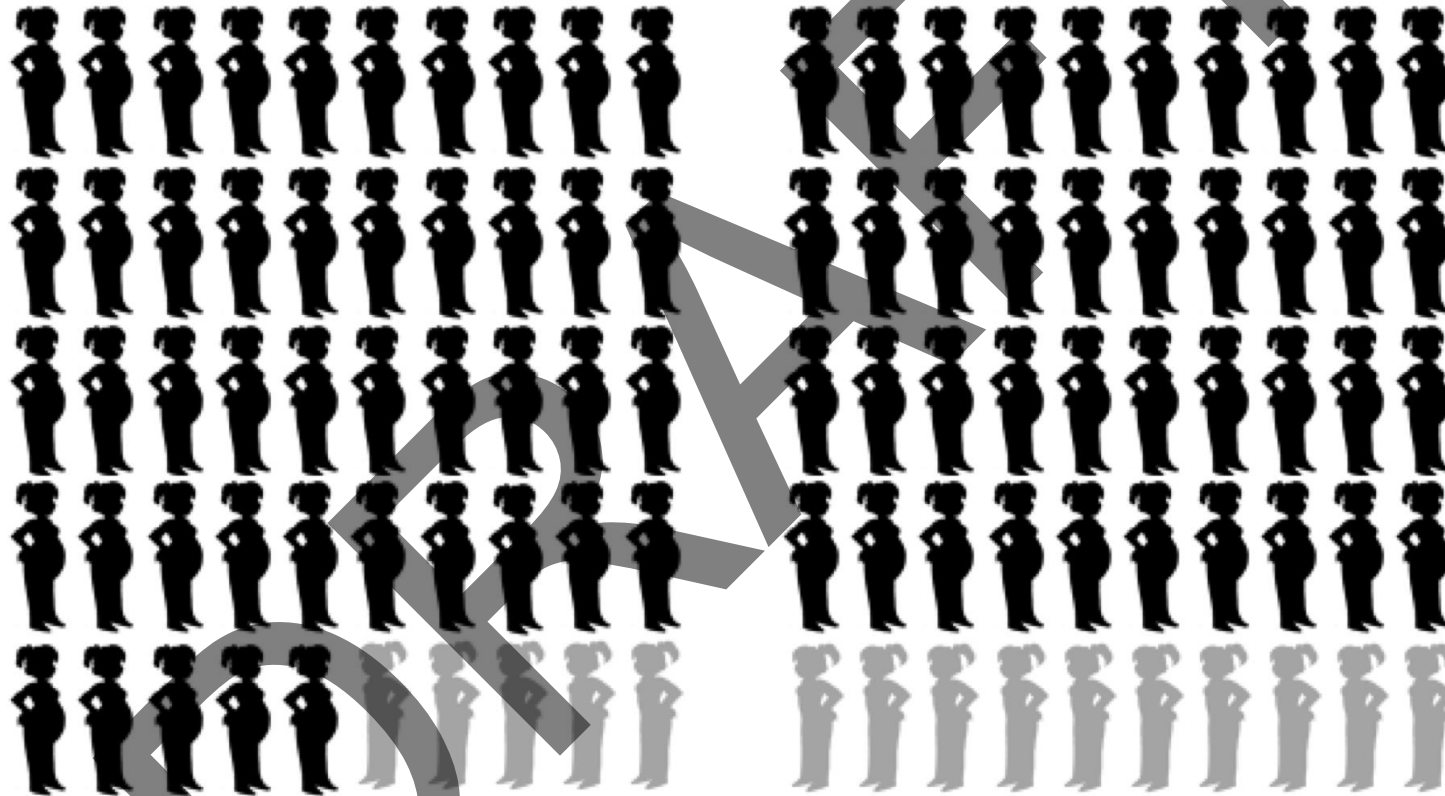
Disadvantages

- ➔ Not being in control
- ➔ Pregnancy is likely before you are ready
- ➔ No protection from STDs

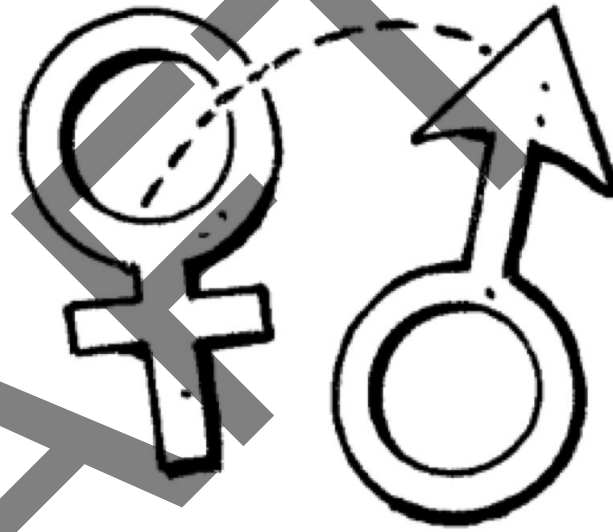
BIG
DECISIONS 

SEX using NO METHOD

"Wishing & Hoping"

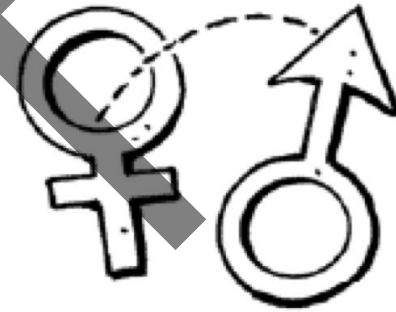


85 of 100 Couples PREGNANT in the First Year



WITHDRAWAL
("Pulling Out")

WITHDRAWAL



What is it?

- ➔ Male pulls out before he "comes"

How does it work?

- ➔ Sperm not placed in vagina

Advantages

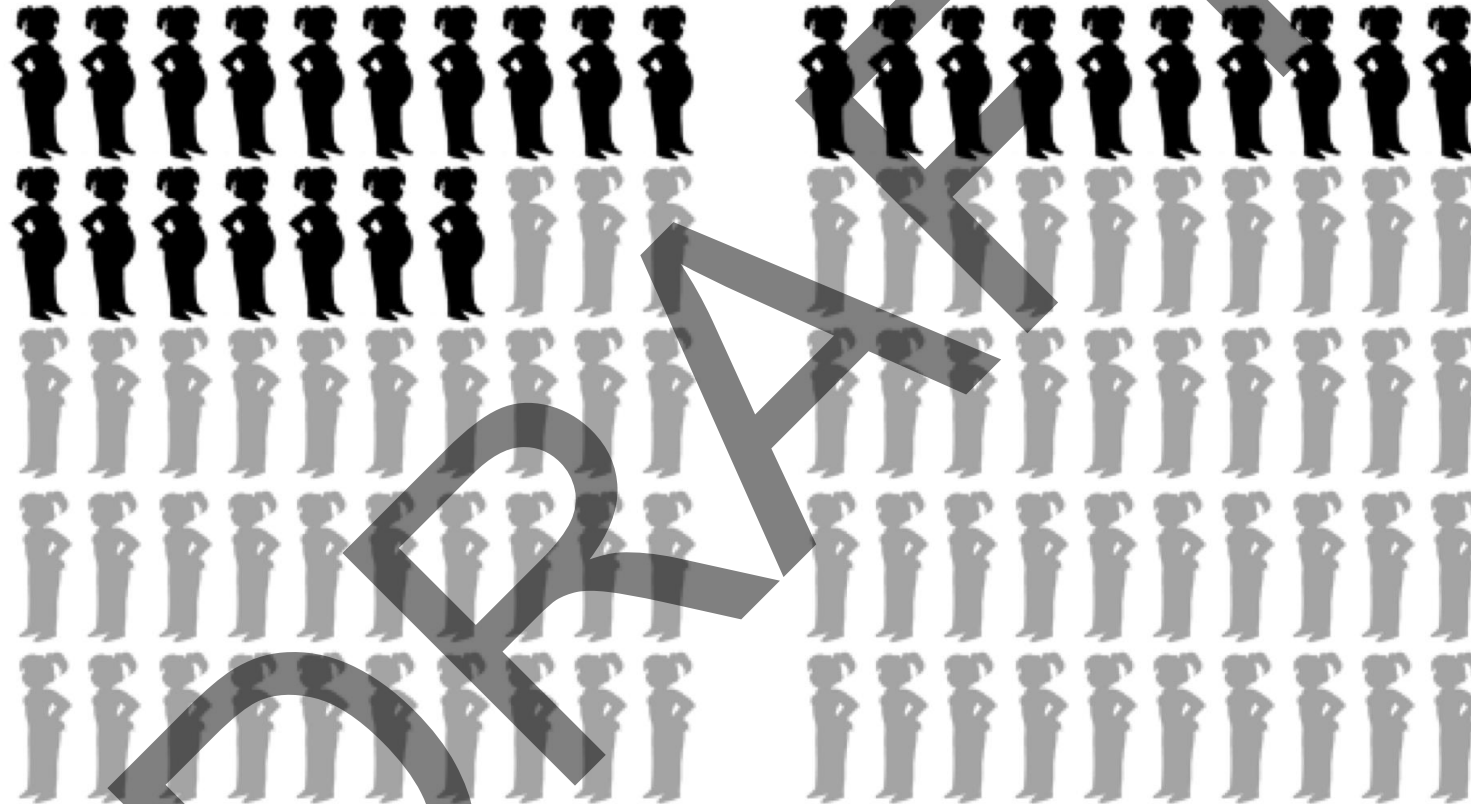
- ➔ Free

Disadvantages

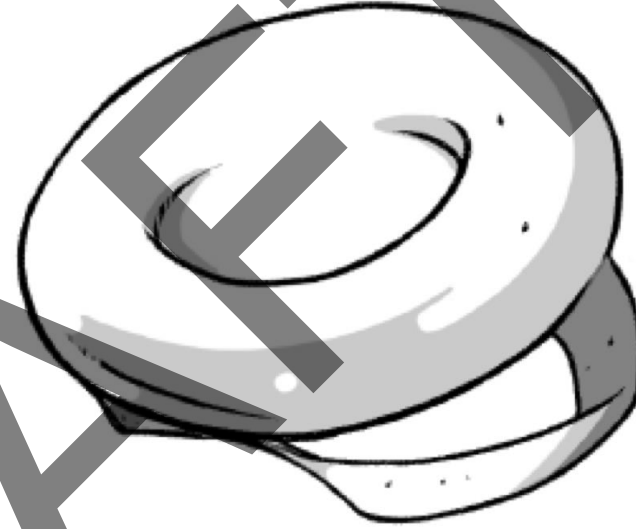
- ➔ Not as effective as other methods
- ➔ Requires lots of male self-control
- ➔ No STD protection



WITHDRAWAL ("Pulling Out")



27 of 100 Couples PREGNANT in the First Year



DRAFT
SPONGE

SPONGE



What is it?

- Soft sponge with spermicide
- Placed in the vagina before having sex
- Stays in at least 6 hours after sex

How does it work?

- Kills sperm, blocks sperm from the uterus

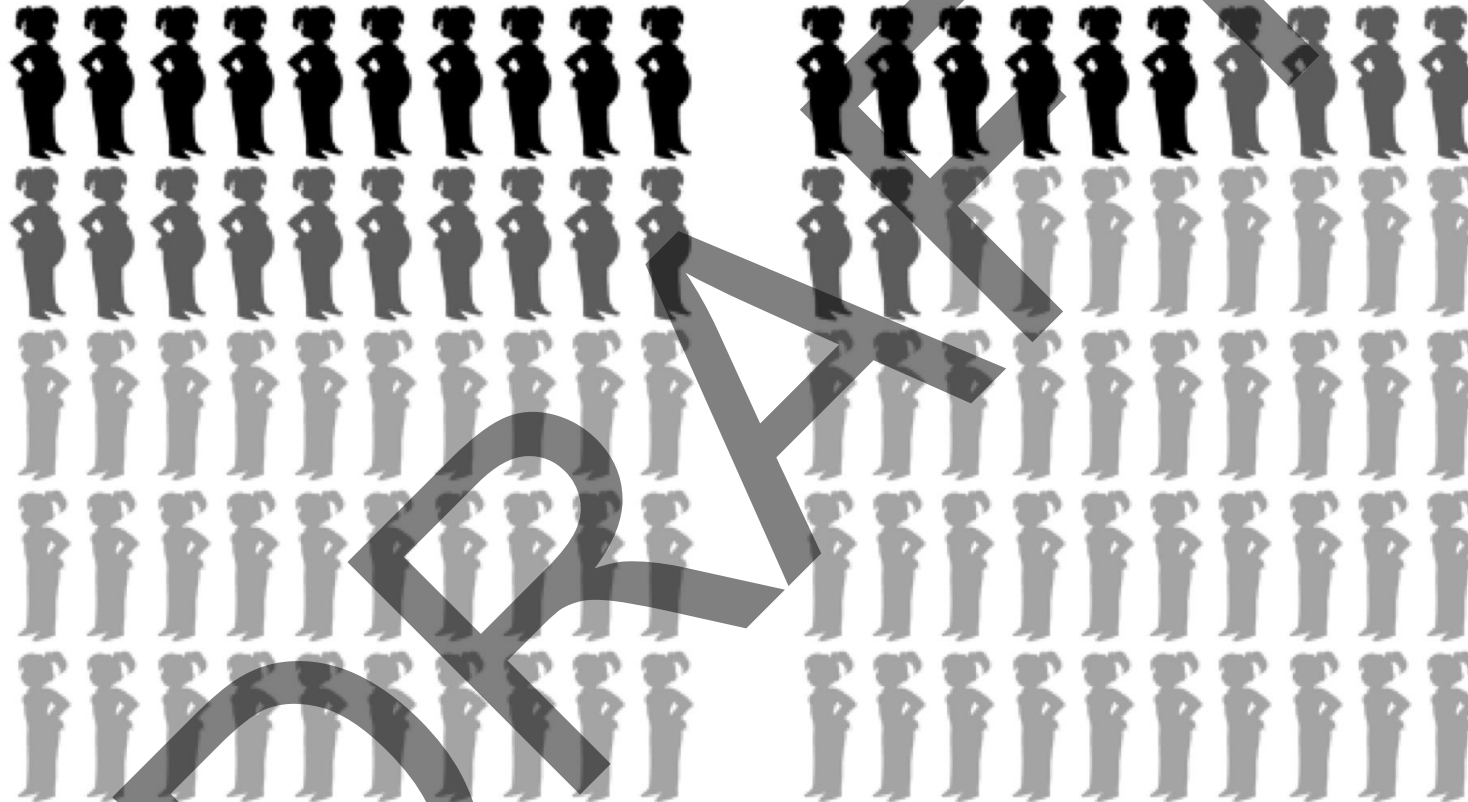
Advantages

- No prescription needed

Disadvantages

- Not as effective as other methods
- Less effective for females who have had children
- No STD protection

SPONGE



16 to 32 of 100 Couples PREGNANT in the First Year

BIG
DECISIONS  NS



CONDOMS

CONDOMS



What is it?

- ➞ Latex sheath
- ➞ Covers the penis during partner contact

How does it work?

- ➞ Barrier: sperm are not placed in vagina

Advantages

- ➞ Reduces risk of HIV and other STDs
- ➞ No prescription needed

Disadvantages

- ➞ May slip or break (1 to 3 times in 100)
- ➞ Must be used correctly, EVERY time!

CONDOMS:

Other Things to Know



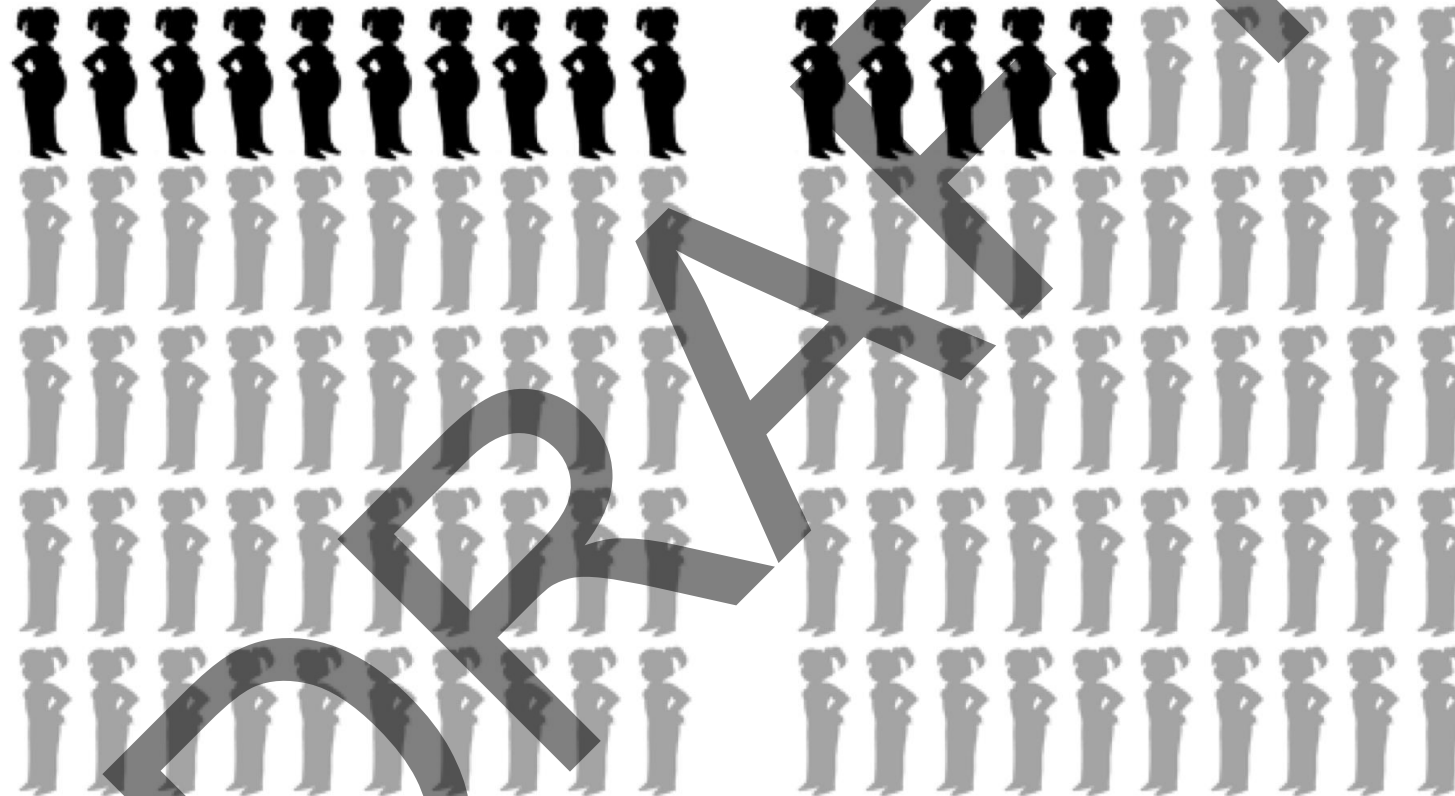
What Kind?

- ➔ LATEX (rubber) are most effective
- ➔ "Skin" condoms do NOT prevent STDs
- ➔ Polyurethane condoms can be used by those allergic to latex

The Female Condom

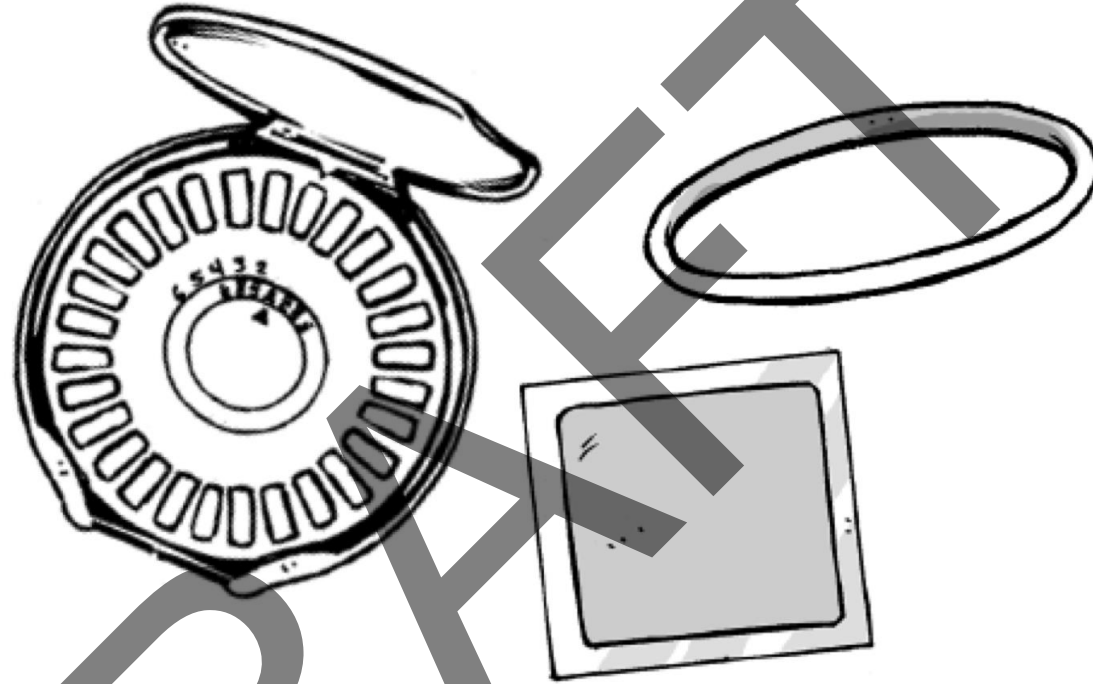
- ➔ Made of polyurethane
- ➔ Worn in the vagina
- ➔ More expensive, not quite as effective

CONDOM



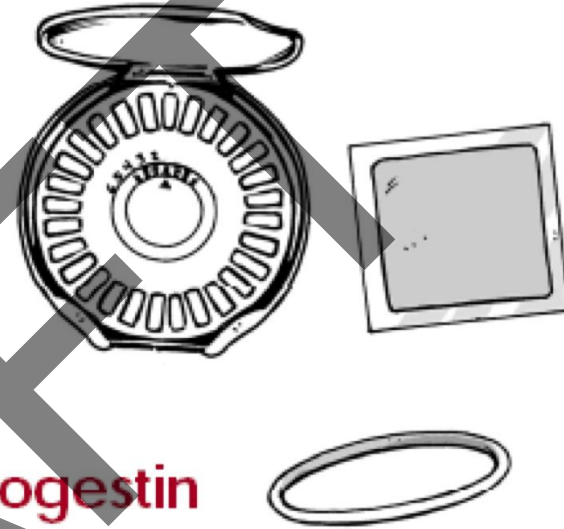
15 of 100 Couples PREGNANT in the First Year

BIG
DECISIONS



PILL, PATCH,
RING

PILLS, PATCHES, and RINGS



What is it?

- 2 hormones: estrogen and progestin
- PILL swallowed once a day
- PATCH worn on skin for 1 week
- RING worn in vagina for 3 weeks

How does it work?

- Hormones in bloodstream "turn off" the ovaries
- Egg is not released from ovary

PILLS, PATCHES, RINGS

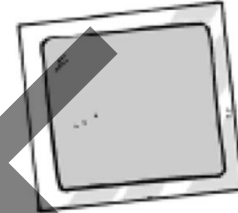
Other Things to Know

Advantages

- ➔ Very effective
- ➔ Serious side effects are rare
- ➔ Reduce the risk of 2 cancers, anemia
- ➔ Helps cramps, acne

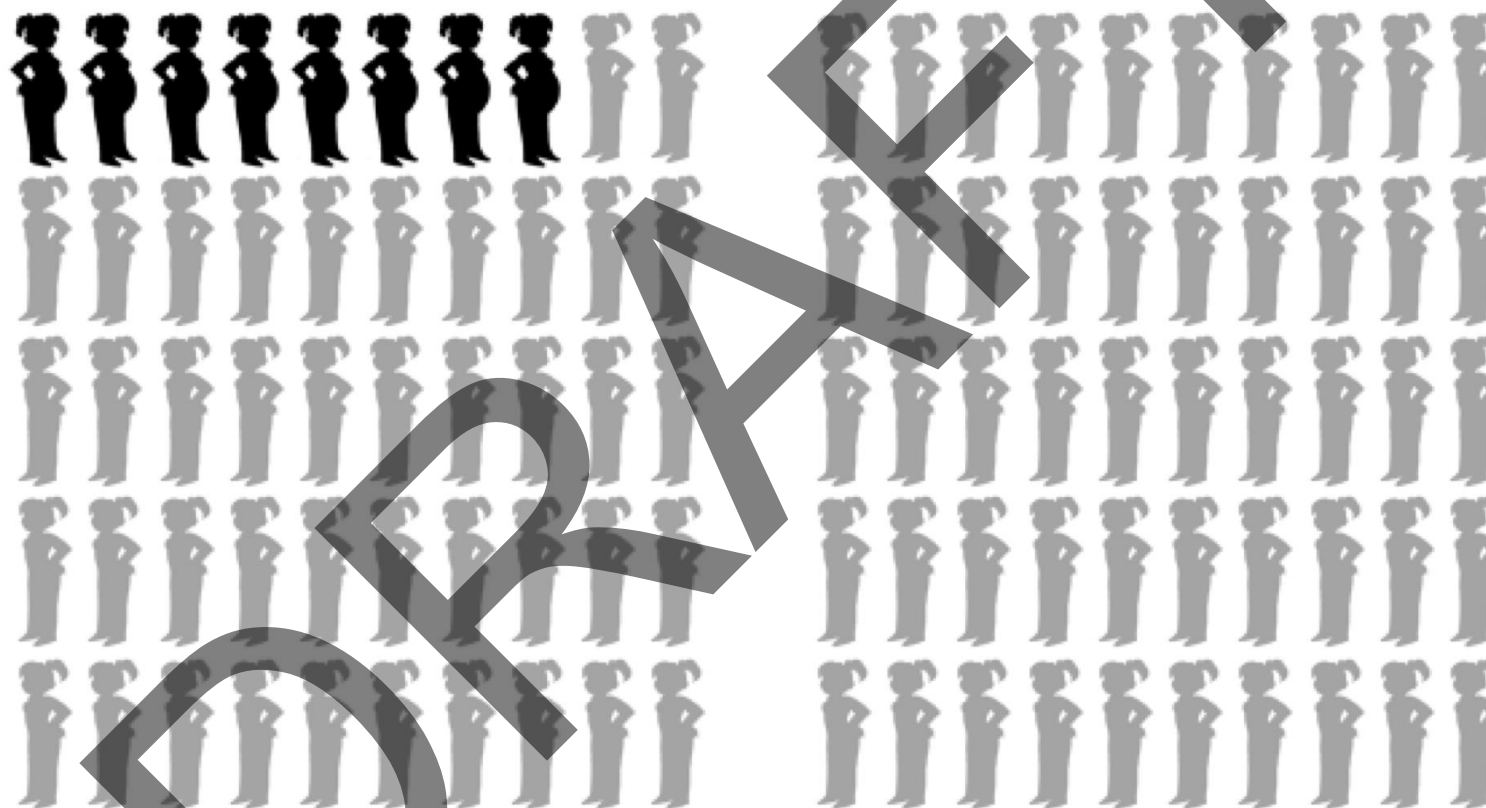
Disadvantages

- ➔ No protection from STDs
- ➔ Prescription needed
- ➔ Some females have side effects
 - ➔ Usually NOT weight gain



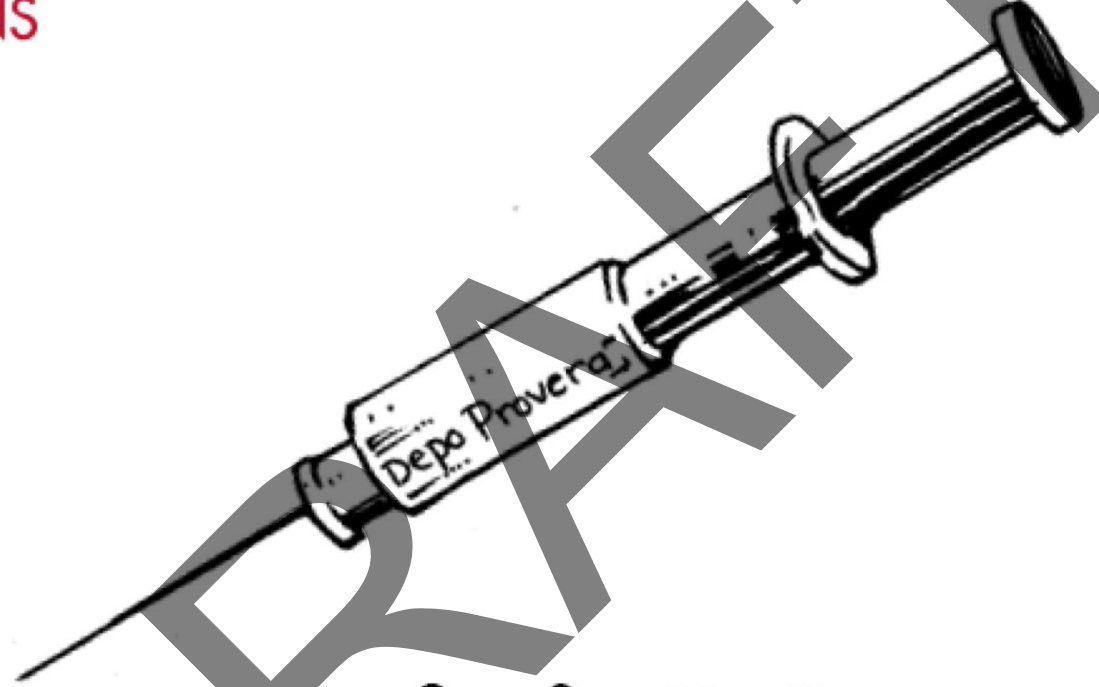


PILL, PATCH,
or RING



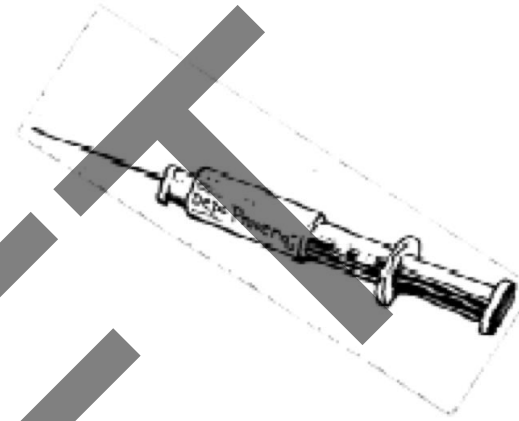
8 of 100 Couples PREGNANT in the First Year

BIG
DECISIONS  NS



SHOT

SHOT



What is it?

- ➔ Injection given every 3 months
- ➔ A large dose of progestin hormone

How does it work?

- ➔ Hormone in the bloodstream "turns off" the ovaries
- ➔ Egg is not released from ovary

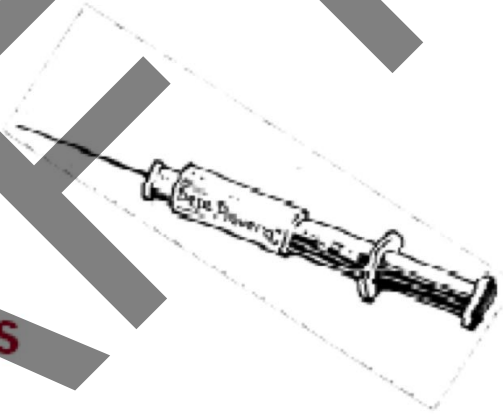
SHOT: Other Things to Know

Advantages

- ➞ Very effective
- ➞ One shot lasts 3 months

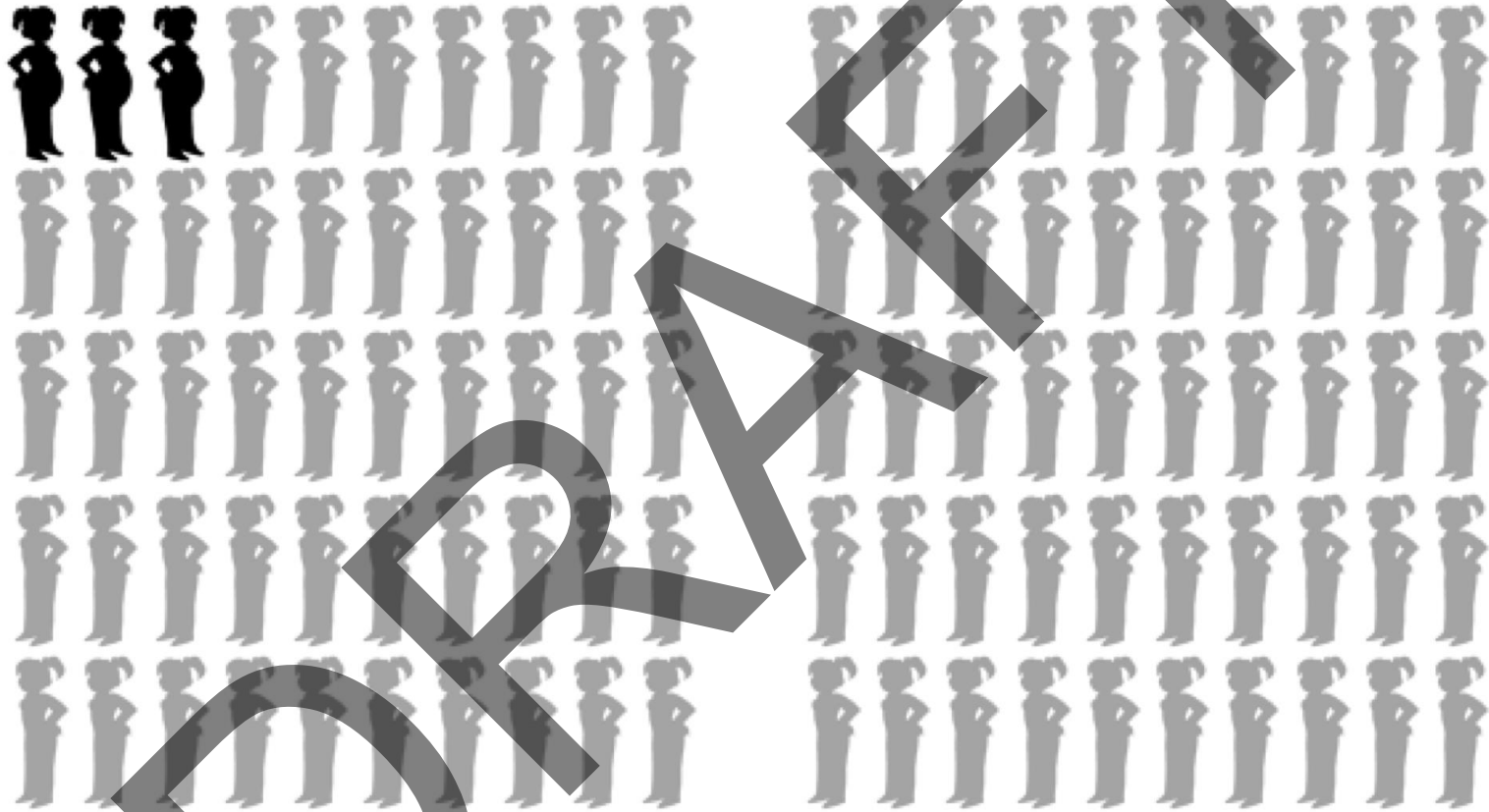
Disadvantages

- ➞ No protection from STDs
- ➞ Prescription needed
- ➞ Some females have side effects
 - ➞ Irregular bleeding, weight gain





SHOT



3 of 100 Couples PREGNANT in the First Year

DRAFT

IMPLANT

IMPLANT



What is it?

- ➔ Flexible plastic rod (matchstick size)
- ➔ Placed under the skin of the female's arm
- ➔ Releases progestin hormone over 3 years
 - ➔ Can be removed earlier, if desired

How does it work?

- ➔ Hormone in the bloodstream stops the ovary from releasing an egg

IMPLANT



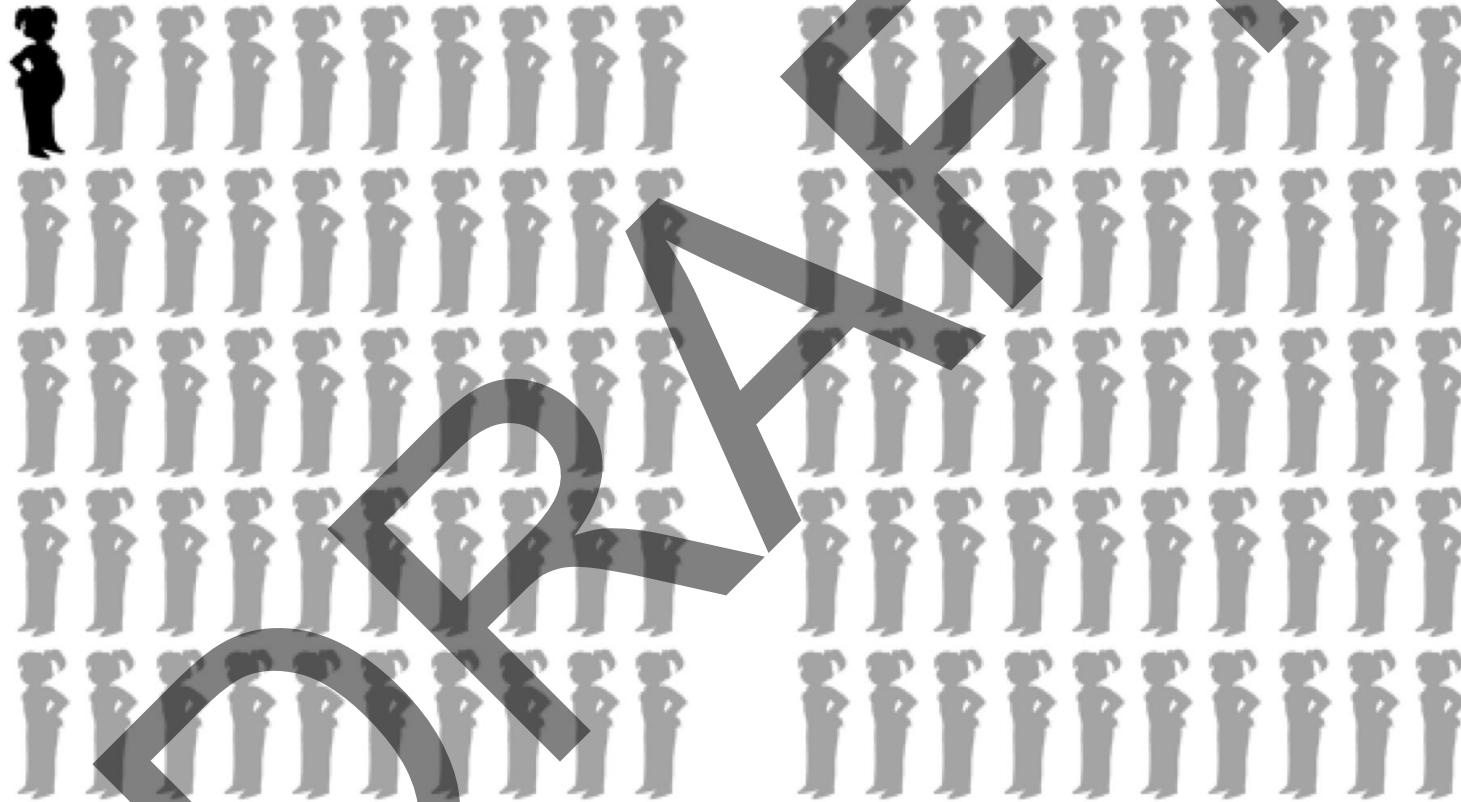
Advantages

- ➔ Extremely effective

Disadvantages

- ➔ Requires a prescription and minor surgery
- ➔ No STD protection
- ➔ Irregular bleeding is common

IMPLANT



0 or 1 of 100 Couples PREGNANT in the First Year



INTRAUTERINE DEVICE (IUD)

IUD

What is it?

- ➔ Plastic "T" with copper or progestin
- ➔ Placed in the uterus by a medical provider

How does it work?

- ➔ Prevents fertilization of the egg by sperm

Advantages

- ➔ Extremely effective
- ➔ Works for 5 or 10 years

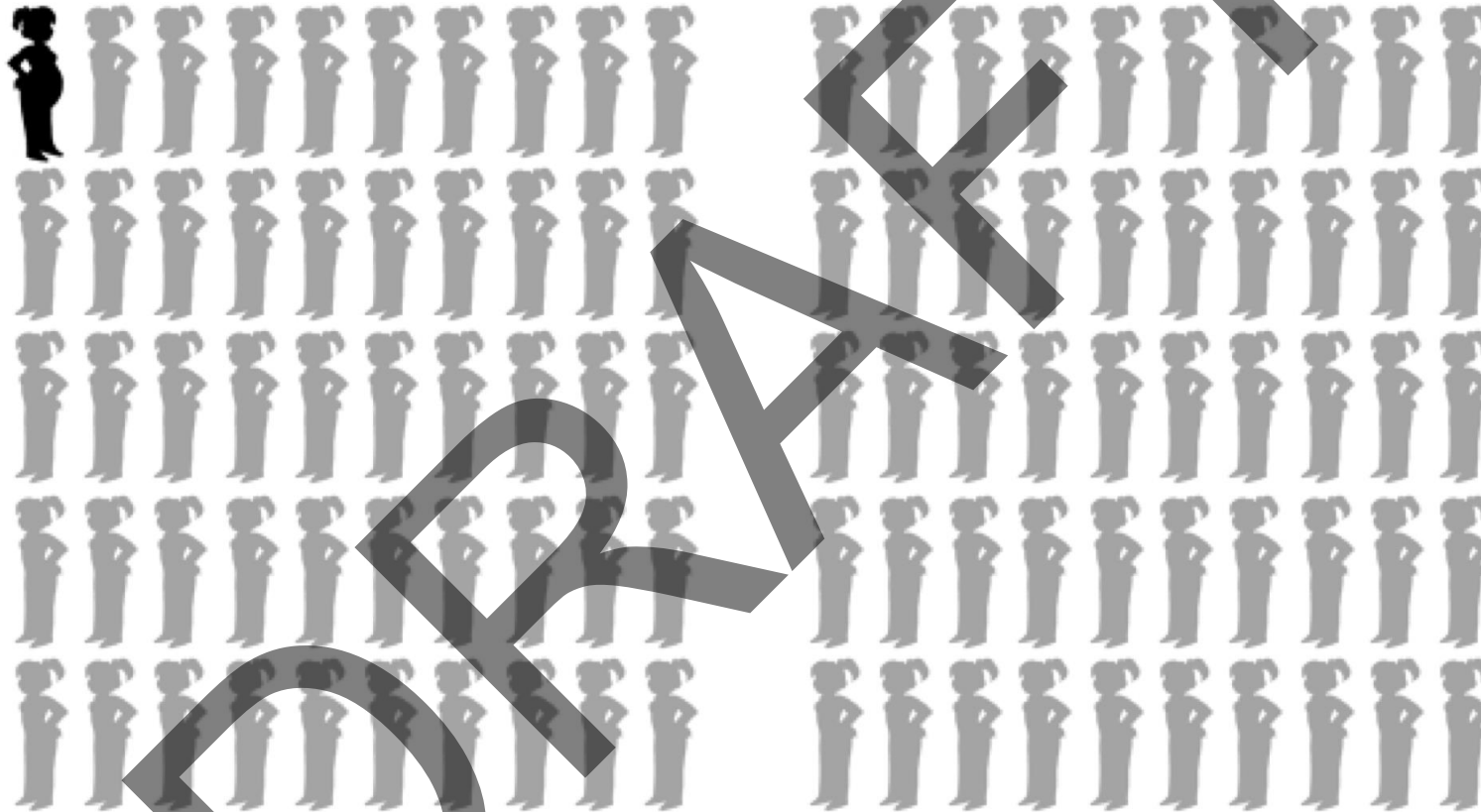
Disadvantages

- ➔ Requires an office procedure
- ➔ No STD protection



BIG
DECISIONS 

INTRAUTERINE DEVICE (IUD)

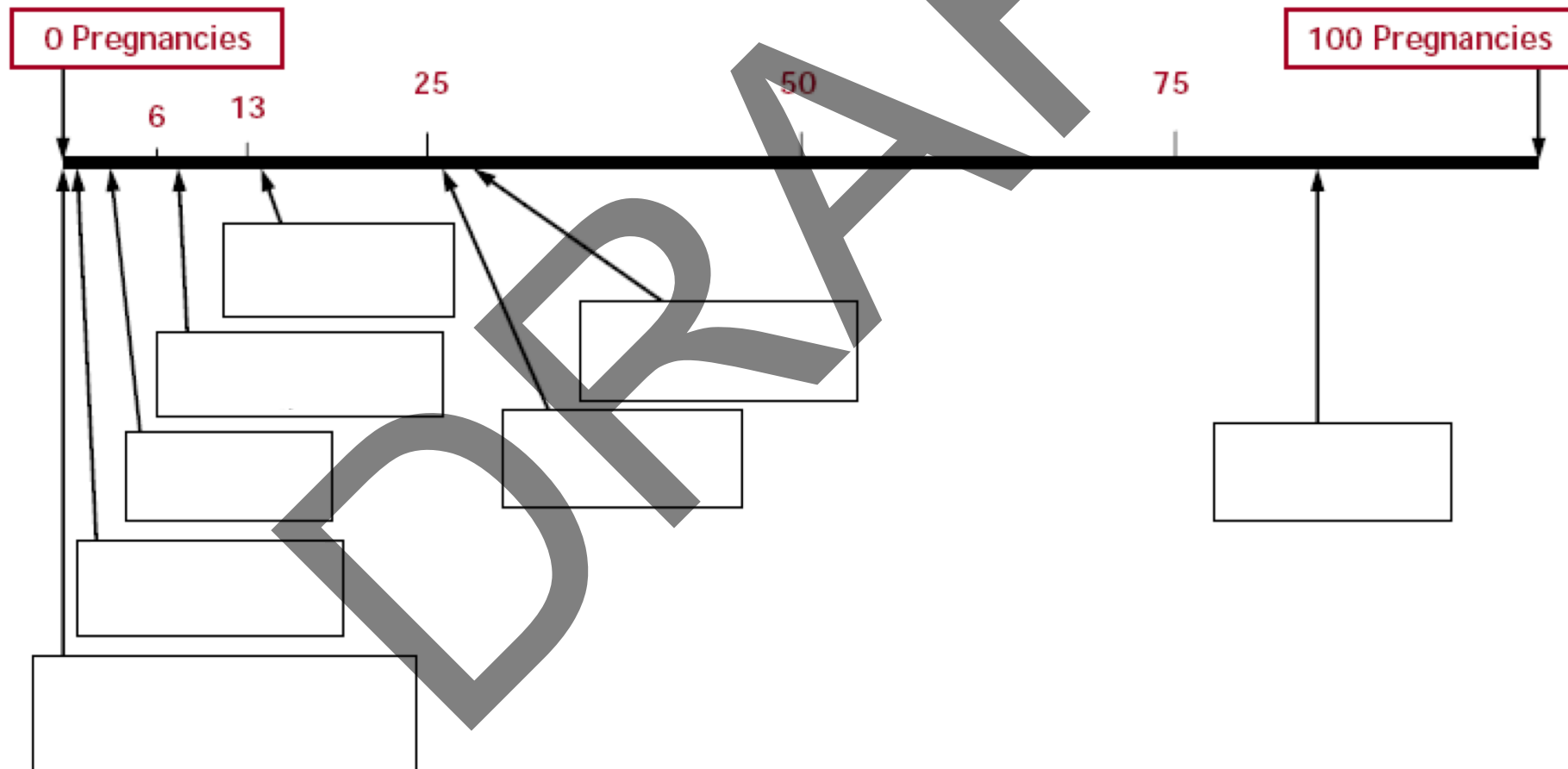


0 or 1 of 100 Couples PREGNANT in the First Year

Facilitator Resource for Activities 6.4
Protection from Pregnancy

BIG
DECISIONS 

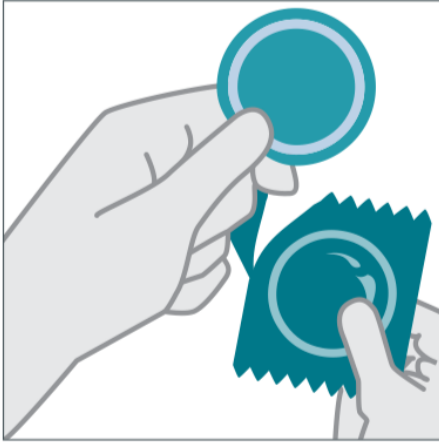
Of 100 couples using this Method, how many will be PREGNANT
by the end of the first year?



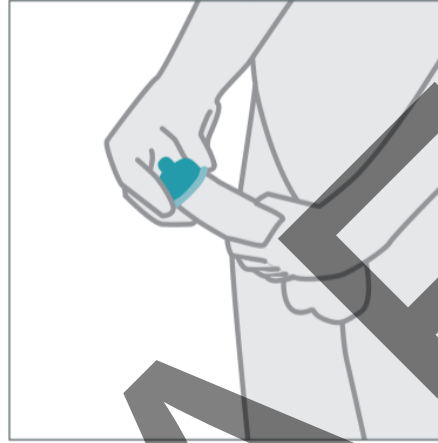
TEACHER NOTES: HOW TO USE A CONDOM

- Estimated Time: 10 minutes
1. No demonstration or hands-on activity should be completed for this activity.
 2. Provide class sets of cut out cards to allow students to determine the proper sequence. Then, reveal the correct order.

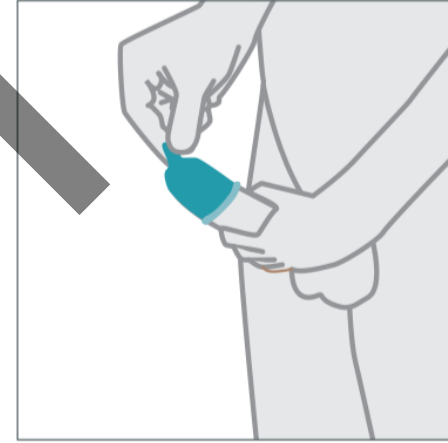
— How To Put On and Take Off a Male Condom —



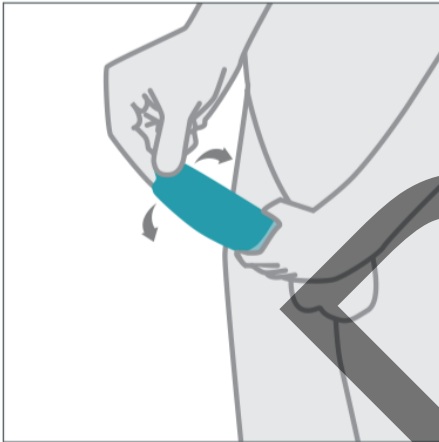
Carefully open and remove condom from wrapper.



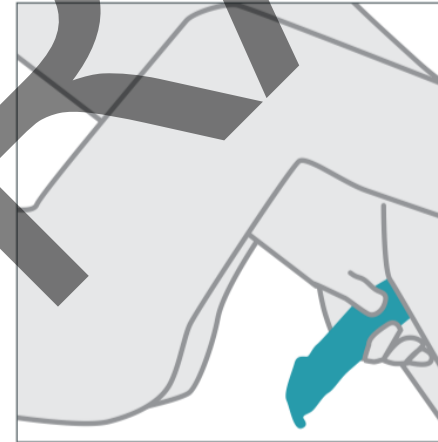
Place condom on the head of the erect, hard penis. If uncircumcised, pull back the foreskin first.



Pinch air out of the tip of the condom.



Unroll condom all the way down the penis.



After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place.



Carefully remove the condom and throw it in the trash.

The Right Way To Use A Male Condom

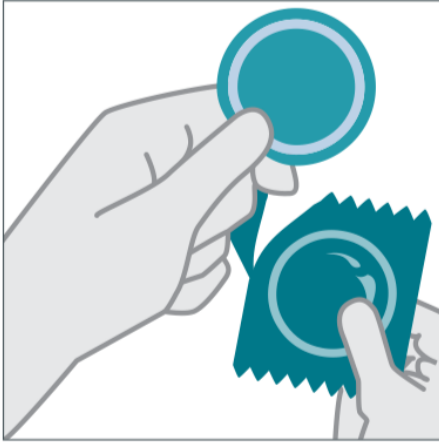
Condom Dos and Don'ts

- **DO** use a condom every time you have sex.
- **DO** put on a condom before having sex.
- **DO** read the package and check the expiration date.
- **DO** make sure there are no tears or defects.
- **DO** store condoms in a cool, dry place.
- **DO** use latex or polyurethane condoms.
- **DO** use water-based or silicone-based lubricant to prevent breakage.
- **DON'T** store condoms in your wallet as heat and friction can damage them.
- **DON'T** use nonoxynol-9 (a spermicide), as this can cause irritation.
- **DON'T** use oil-based products like baby oil, lotion, petroleum jelly, or cooking oil because they will cause the condom to break.
- **DON'T** use more than one condom at a time.
- **DON'T** reuse a condom.

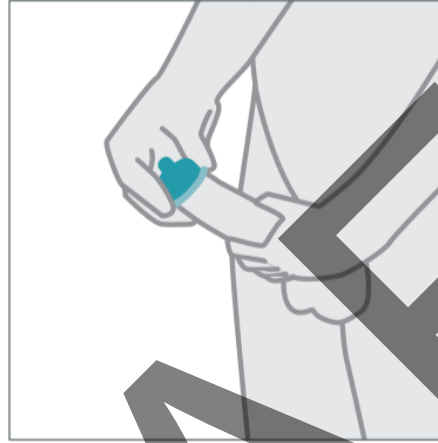
TIMELINE

— How To Put On and Take Off a Male Condom —

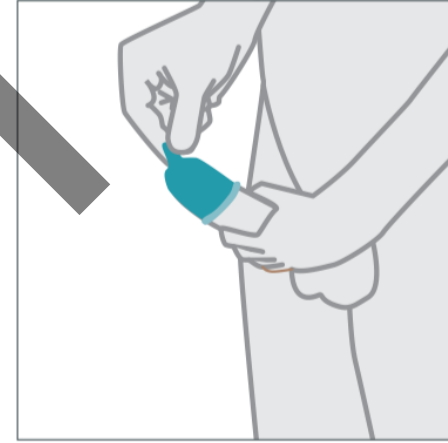
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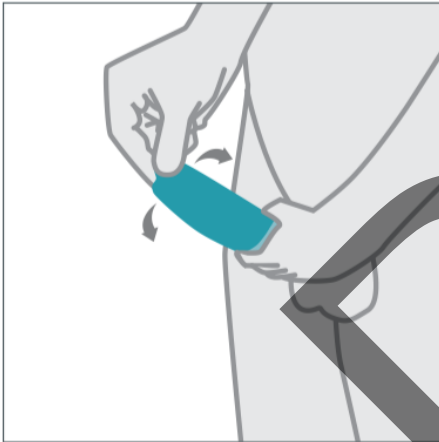
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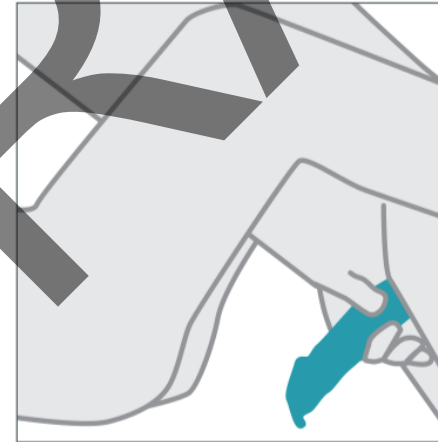
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Unroll condom all the way down the penis.



After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place.



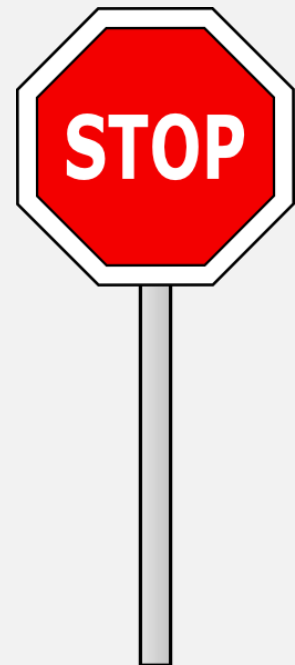
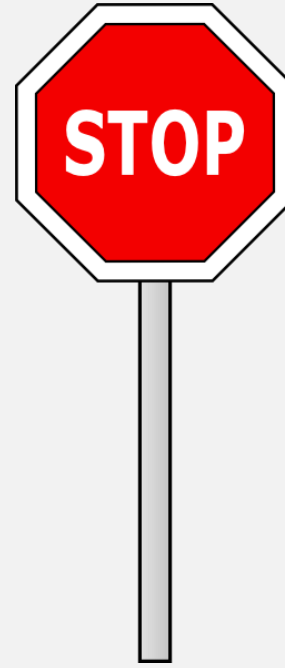
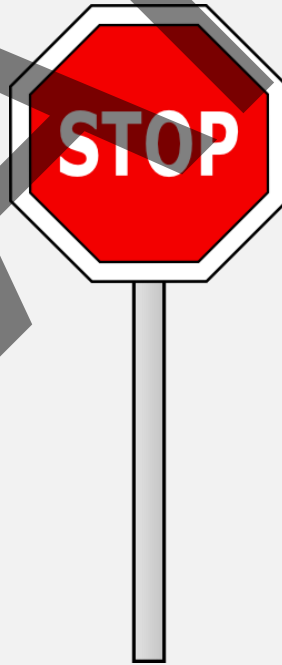
Carefully remove the condom and throw it in the trash.

TEACHER NOTES: DISCUSSING REFUSAL SKILLS

- Estimated Time: 10 minutes
- I. Discuss how to refuse unwanted behaviors.

THINK – PAIR – SHARE

**List three ways that
you can maintain
your decision to be
abstinent.**



REFUSAL SKILLS



Refusal skills are strategies to avoid doing things that you feel pressured to do.

**Don't be Afraid
to say NO...**

If you don't stand up for
yourself who will?

VERBAL REFUSAL

- Clearly identify the problem.
- State your thoughts and feelings.
- Say what you would like to happen instead.
- Explain the results if the change in plans is made.
- Explain the results if the change in plans is not made.





NON-VERBAL REFUSAL

- Match what you say with your body language.
- If your date keeps pressuring you, stop dating that person.

**WHAT TYPE OF BODY LANGUAGE
WOULD SEND
THE MESSAGE “NO”?**

Think – Pair – Share

RESOURCES/SOURCES

- All images and activities not noted below are from existing health and sexuality lessons or created by R.Witt-Malandruccolo.
- [How to use a male condom.](#)
- Image: [Stop Sign](#)
- Image: [No Symbol](#)
- Image: [Speaking Into Ear](#)
- Image: [Man with Arms Folded](#)

This document contains sexually graphic images and may not be suitable for some audiences.

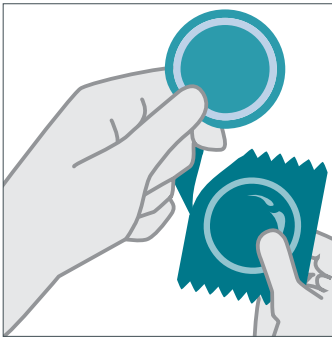


The Right Way To Use A Male Condom

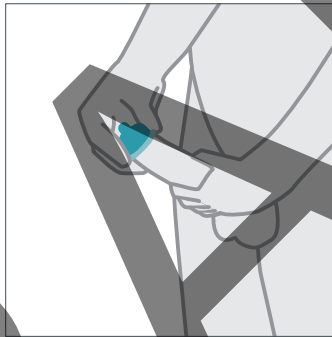
Condom Dos and Don'ts

- **DO** use a condom every time you have sex.
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- **DO** read the package and check the expiration date.
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- **DO** store condoms in a cool, dry place.
- **DO** use latex or polyurethane condoms.
- **DO** use water-based or silicone-based lubricant to prevent breakage.
- **DON'T** store condoms in your wallet as heat and friction can damage them.
- **DON'T** use nonoxynol-9 (a spermicide), as this can cause irritation.
- **DON'T** use oil-based products like baby oil, lotion, petroleum jelly, or cooking oil because they will cause the condom to break.
- **DON'T** use more than one condom at a time.
- **DON'T** reuse a condom.

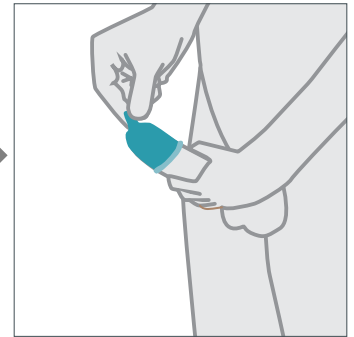
How To Put On and Take Off a Male Condom



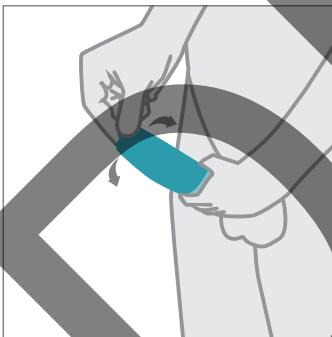
Carefully open and remove condom from wrapper.



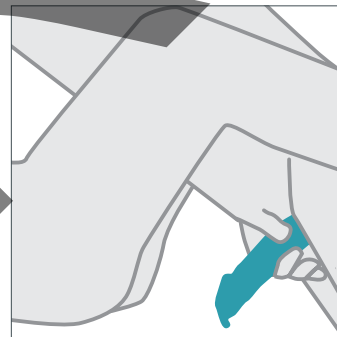
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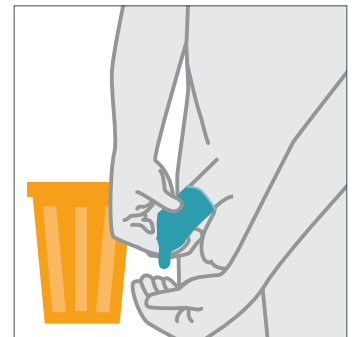
Pinch air out of the tip of the condom.



Unroll condom all the way down the penis.



After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place.



Carefully remove the condom and throw it in the trash.

For more information please visit
www.cdc.gov/condomeffectiveness



GRADE 7

SEXUALLY TRANSMITTED DISEASES & HIV

In this lesson, the teacher will present medically accurate information about STDs, STIs, HIV and AIDS. The students will list known facts about various types of STDs such as how they are spread, risk factors for acquiring an STD, and current medical treatments for STDs. The students will identify risky sexual behaviors that contribute to the transmission of STDs, including the impact of alcohol consumption and drug use on the ability to make safe sexual decisions. Finally, students will examine facts and myths about STDs and describe how abstinence is the only strategy that is 100% effective in preventing STDs and STIs.

TODAY'S OBJECTIVE

- Define STDs, HIV, transmission, prevention, and risky behaviors.
- Analyze the impact of risk behaviors.
- Communicate and develop a plan to reduce the risk of STDs and HIV.

TEACHER NOTES: CREATING A SAFE SPACE

- Estimated Time: 5 minutes
- Activate Prior Knowledge/Engage
 1. Begin lesson by establishing ground rules conducive towards a “safer” space.
 2. Due to the sensitive nature of these topics, remind students to avoid speaking about experiences of their fellow classmates.
 3. Let students suggest rules or limits of their own for the class to be mindful of throughout the discussion.

CREATING A SAFE SPACE

What are some ground rules we can agree upon to make this a safe space to talk about a sensitive topic?

TEACHER NOTES: COMMON MISCONCEPTIONS ABOUT STIs

- Estimated Time: 5 minutes
- ELL & SpEd Strategy: Sentence Stem
 1. Students complete the sentence to share out common misconceptions about STIs.

THINK – WRITE – SHARE

I think some common misconceptions about
STD/STIs are...

THINK – PAIR – SHARE

What is an STD/STI and HIV?

**Infections that are spread by sexual
contact.**

FACTS ABOUT STIs

- **Many STIs show few or no symptoms in the early stages of infection.**
- **Some STIs, but not all, can be cured by antibiotics.**
- **STIs can be serious risks to your health.**

ELIMINATING THE RISK

- **Abstinence is 100% effective at preventing infection.**

TEACHER NOTES: FACTS ABOUT STDs

- Estimated Time: 15 minutes
 - ELL & SpEd Strategy: Fill-in-the-Blank Concept Maps, Mixed-Ability Partners
1. Students complete the missing components in each concept map as teacher reviews each slide.
 2. Teacher provides students with cut out class set of cards to match "Which STD Am I" with the appropriate STD concept map.

What Kind of Bug?

Bacteria

Curable?

Yes

How Common?

,
especially
Chlamydia

Chlamydia & Gonorrhea

Effects on Baby?

Eye Infection
Pneumonia

Symptoms in Males?

- Drip (discharge) from penis
-
- Many have NO SYMPTOMS

Symptoms in Females?

-
- Pain in lower abdomen
- Many have NO SYMPTOMS

What Can it Lead To?

-
- Hard to get pregnant

What Kind of Bug?

Parasite

Curable?

Yes

How Common?

Effects on Baby?

Born too soon
(premature)

Trichomonas

Symptoms in Males?

Symptoms in Females?

- Drip (discharge) from vagina
-
- May have NO SYMPTOMS

What Can it Lead To?

Irritation
to get HIV, if exposed

What Kind of Bug?

Bacteria

Curable?

Yes

How Common?

Less Common
(but still important)

Effects on Baby?

Birth Defects;
Death

Syphilis

Symptoms in Males?

-
- Rash
- May have NO SYMPTOMS

Symptoms in Females?

- Sores
-
- May have NO SYMPTOMS

What Can it Lead To?

- Brain, Heart Disease
-
- Easier to get HIV, if exposed

What Kind of Bug?

Virus

Curable?

No
(but Treatable)

How Common?

Less Common
(but very
important)

Effects on Baby?

HIV

(Human Immunodeficiency
Virus)

Symptoms in Males?

Symptoms in Females?

Most have NO SYMPTOMS

What Can it Lead To?

-
- Death

What Kind of Bug?

Virus

Curable?

(but Treatable)

How Common?

Effects on Baby?

Birth Defects;
Death

Herpes

Symptoms in Males?

-
- Many have NO SYMPTOMS

Symptoms in Females?

- Blisters, raw areas
- Many have NO SYMPTOMS

What Can it Lead To?

- in outbreaks

What Kind of Bug?

Virus

Curable?

(but Treatable)

How Common?

Effects on Baby?

Rarely, baby can
get throat warts

HPV

(Human Papillomavirus)

Symptoms in Males?

- Warts, bumps
- Many have NO SYMPTOMS

Symptoms in Females?

-
- Many have NO SYMPTOMS

What Can it Lead To?

- Some kinds of HPV can lead to
 (of the cervix)

WHICH STI AM I?

Any person can have me and not know it,
because often they have NO SYMPTOMS

I cause blisters or sores in the genital area

If I am not treated, I might make it hard to get pregnant (or get
someone pregnant) later on

TEACHER NOTES: BRAINSTORM – INFLUENCES OF SEXUAL DECISION-MAKING

- Estimated Time: 15 minutes
1. Ask students in groups of 3-4 to brainstorm situations that might make it difficult to maintain a decision to be abstinent.
 2. Share out to class and list on board.
 3. Ask students to share out reasons why these influences would make it difficult to to maintain abstinence.

WHAT ARE SOME SITUATIONS THAT WOULD MAKE IT DIFFICULT TO MAINTAIN ABSTINENCE?



GROUP SHARE OUT: INFLUENCES OF SEXUAL DECISION-MAKING

How might these situations make
it difficult to be abstinent?

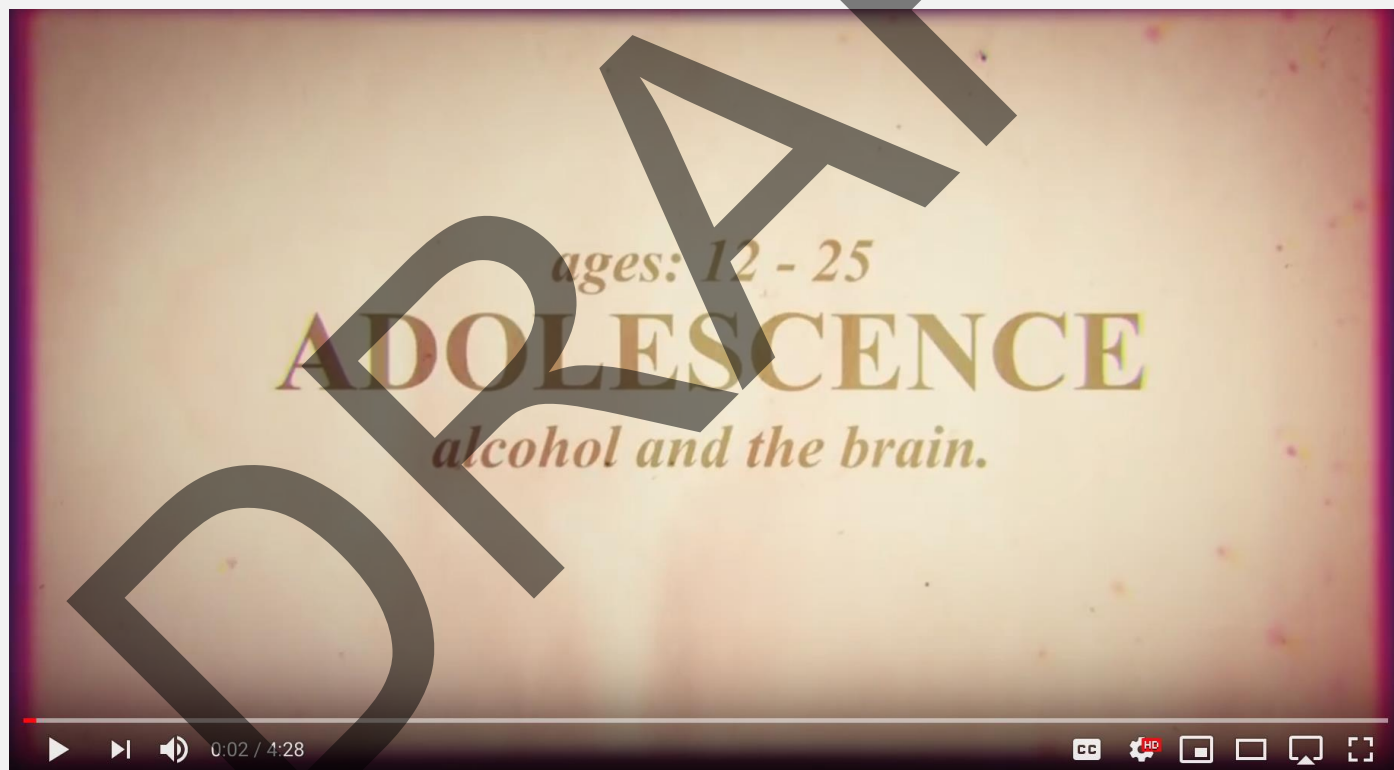
GROUP SHARE OUT: INFLUENCES OF SEXUAL DECISION-MAKING

What could you do to prevent these situations?

TEACHER NOTES: VIDEO- UNDER CONSTRUCTION: ALCOHOL & THE TEENAGE BRAIN

- Estimated Time: 5 minutes
 - [Under Construction: Alcohol & the Teenage Brain](#)
1. Show the video.
 2. Create a list with students about alcohol's affect on the brain.
 3. Ask students how this affect could influence decision-making.

VIDEO



TURN & TALK

What are some ways alcohol and drugs negatively affect the brain?

SHARE OUT

What are some ways alcohol and drugs negatively affect the brain?

SHARE OUT

How do alcohol and drugs
influence decision-making?

TEACHER NOTES: DEVELOP A PLAN

- Estimated Time: 5 minutes
- ELL & SpEd Strategy: Provide Sentence Starter
 1. Students write a plan to eliminate or reduce the risk for STIs.

REFLECTION/QUICK WRITE:
WHAT CAN YOU DO TO ELIMINATE YOUR
RISK OF AN STI?

DRAFT

RESOURCES/SOURCES

- All images and activities not noted below: existing health & sexuality lessons & Alberta Health Services/teachingsexualhealth.ca (see folder)
- Video: https://www.youtube.com/watch?v=g2gVzVIBc_g

STUDENT HANDOUT for ACTIVITIES 4.2 and 4.3:
CHLAMYDIA and GONORRHEA

What Kind of Bug?

Bacteria

Curable?

Yes

How Common?

VERY Common,
especially
Chlamydia

Effects on Baby?

Eye Infection
Pneumonia

Symptoms in Males?

- Drip (discharge) from penis
- Hurts to pee
- Many have NO SYMPTOMS

Symptoms in Females?

- Drip (discharge) from vagina
- Pain in lower abdomen
- Many have NO SYMPTOMS

What Can it Lead To?

- Painful Infection
- Hard to get pregnant

Chlamydia & Gonorrhea

STUDENT HANDOUT for ACTIVITIES 4.2 and 4.3:
TRICHOMONAS

What Kind of Bug?

Parasite

Curable?

Yes

How Common?

VERY Common

Effects on Baby?

Born too soon
(premature)

Trichomonas

Symptoms in Males?

Usually NO SYMPTOMS

Symptoms in Females?

- Drip (discharge) from vagina
- Itching, Odor
- May have NO SYMPTOMS

What Can it Lead To?

Irritation makes it EASIER
to get HIV, if exposed

STUDENT HANDOUT for ACTIVITIES 4.2 and 4.3:
SYPHILIS

What Kind of Bug?

Bacteria

Curable?

Yes

How Common?

Less Common
(but still important)

Effects on Baby?

Birth Defects;
Death

Symptoms in Males?

- Sores
- Rash
- May have NO SYMPTOMS

Symptoms in Females?

- Sores
- Rash
- May have NO SYMPTOMS

What Can it Lead To?

- Brain, Heart Disease
- Death
- Easier to get HIV, if exposed

Syphilis

STUDENT HANDOUT for ACTIVITIES 4.2 and 4.3:
HIV Infection and AIDS

What Kind of Bug?

Virus

Curable?

No
(but Treatable)

How Common?

Less Common
(but very
important)

Effects on Baby?

Baby can be
infected

HIV (Human Immunodeficiency Virus)

Symptoms in Males?

Most have NO SYMPTOMS

Symptoms in Females?

Most have NO SYMPTOMS

What Can it Lead To?

- AIDS: Body can't fight infection
- Death

STUDENT HANDOUT for ACTIVITIES 4.2 and 4.3:
Genital Herpes

What Kind of Bug?

Virus

Curable?

No
(but Treatable)

How Common?

VERY Common

Effects on Baby?

Birth Defects;
Death

Herpes

Symptoms in Males?

- Blisters, raw areas
- Many have NO SYMPTOMS

Symptoms in Females?

- Blisters, raw areas
- Many have NO SYMPTOMS

What Can it Lead To?

- Pain and blisters can come back in outbreaks

STUDENT HANDOUT for ACTIVITIES 4.2 and 4.3:
HPV (Human Papillomavirus)

What Kind of Bug?

Virus

Curable?

No
(but Treatable)

How Common?

VERY Common

Effects on Baby?

Rarely, baby can
get throat warts

HPV

(Human Papillomavirus)

Symptoms in Males?

- Warts, bumps
- Many have NO SYMPTOMS

Symptoms in Females?

- Warts, bumps
- Many have NO SYMPTOMS

What Can it Lead To?

- Some kinds of HPV can lead to cancer (of the cervix)

“Which STD Am I?” Statements for Activity 4.3

*Each statement describes one, some, or none
of the Sexually Transmitted Diseases in this Lesson*

Any person can have me and not know it, because often they have NO SYMPTOMS
I can be cured with antibiotics
I cause a discharge from the penis or vagina
Some types of me cause warts, and some types can lead to cancer
I cause blisters or sores in the genital area
I can affect a baby, if it is born to a mother that has me
I am very common among young people who have had sex
I kill the cells that protect the body from infection
I can infect people through oral or anal sex
If I am not treated, I might make it hard to get pregnant (or get someone pregnant) later on