

CEX?—A HEALTHY SEXUALITY RESOURCE

The information contained in this book is up-to-date as of the date of printing. This information is not a substitute for the advice of a health professional. Always consult a health professional for information on personal health matters.

All of the



used in this book are direct quotes from youth in Nova Scotia.

"Sex?— A Healthy Sexuality Resource" was developed by:

Shirley Campbell, Health Educator,
Office of Health Promotion & the Nova Scotia Department of Health

Janis Wood Catano, Health Education Consultant

Heather Christian, Coordinator, Population Health, Office of Health Promotion & the Nova Scotia Department of Health

Frank Covey, Acting Assistant Director, English Program Services, Nova Scotia Department of Education

Helen Farrell, Public Health Nurse, Pictou County Health Authority, Colchester East Hants Health Authority, and Cumberland Health Authority

Maureen Flick, Public Health Nurse, Capital District Health Authority

Larry Maxwell, Health Educator, Public Health Services, Guysborough Antigonish Strait Health Authority and Cape Breton District Health Authority

Karen McMullin, Public Health Nurse, South Shore Health, South West Health, and Annapolis Valley Health

Writer: Janis Wood Catano, Easy-to-Read Writing

Design/Illustration: Derek Sarty, GaynorSarty Design & Illustration

When referring to this resource, please cite it as follows:

Healthy Sexuality Working Group. Sex?—A Healthy Sexuality Resource. [Halifax]: Nova Scotia Office of Health Promotion, 2004.

ISBN: 0-88871-851-9

© Crown copyright, Province of Nova Scotia, 2004

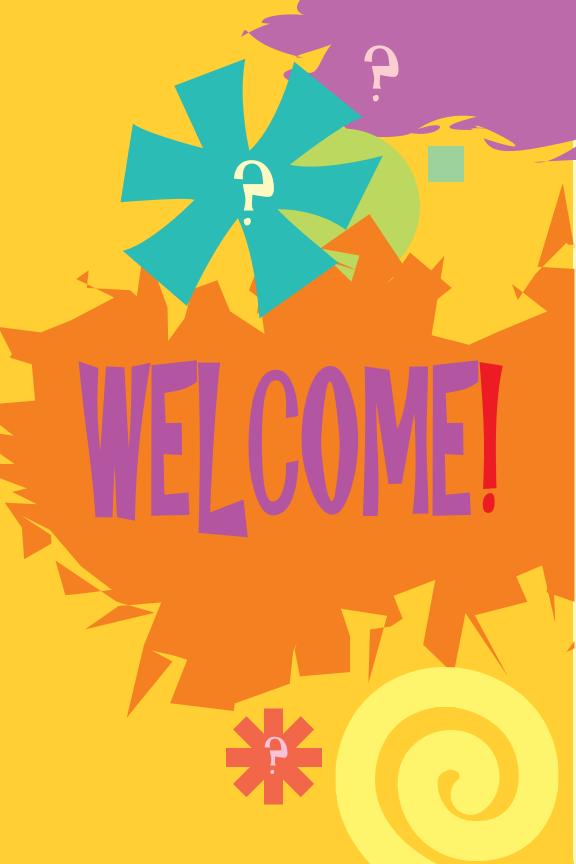


Contents

		V
	ls this book for me?	. 6
56	What is "sex," anyway? Making choices about sexual activities. Weighing the risks. Relationships: Happy together? How healthy is our relationship? How will I know when I'm ready? Confidentiality. No commitment—No worries? Think again! YOU decide 17 Good reasons not to have sex. Clear head, clear thinking	· 12 · 14 · 16 · 18 · 20 · 23 · 24 · 26
Se	Sexual Assault Sexual assault Is a criminal offence What IS consent? What IS NOT consent? Avoiding sexual assault and date rape Date rape drugs	· 36 · 37

Get help if you've been sexually assaulted

Covuol	by Transmitted Infactions (CTIs)
What a Commo How ca When s Avoidir Protect Good a	Ily Transmitted Infections (STIs) are STIs?
Prever	nting Pregnancy
 Help! M Unplan Birth c What k Emerge Birth c Mal Fem Birt Dep Spe Spo Diaj 	regnancy happens 59 My period is late 60 Ined pregnancy affects both partners 61 Ined pregnancy affects both partners 62 Ind of birth control will work for me? 64 Index contraception 68 Index control methods 70 Index condom 72 Inale condom 76 Index control pill (The pill) 78 Index control pill (The pill) 80 Index condom 82 Index condom 83 Index condom 84 Index condom 84 Index condom 86 Index con
One M	ore Thing
Sexualit	y is more than sex91
Words t The fem The ma	Information o know
Thank	s and Index ₁₀₇



IS this book For ME!

This book is about sexuality, relationships and healthy sexual choices.

Sexuality is part of being human. It's a normal and healthy part of everyone's life. Sexuality is about feelings and desires. It's about finding your own way to juggle feelings that are confusing and scary and exciting—all at the same time. Sexuality includes sexual feelings and the decisions you make about how you act on those feelings.

Healthy sexual choices allow you to:

- Respect yourself and others
- Protect yourself from emotional or physical harm like:
 - Pressures to have sex
 - Sexual assault
 - Sexually transmitted infections (STIs)
 - Unintended pregnancies

Healthy sexual choices are choices you can feel good about.

So if you're looking for information to help you sort out your feelings and make healthy choices, then this book is for you.

Toward the back of this book you'll find a section called **Useful Information**. It has definitions of words you might not know, drawings of the male and female bodies, and places to find more information.

you CAN Talk to your Parents

When you have questions or worries about sex or sexual choices, don't overlook your parents as a source of information and help.

No one cares about your health and happiness more than your parents do.

You may not always agree with them, but it's always worth listening. In the end, you have to make your own decisions.

Talking with someone who has a different point of view is a good way to help you sort out your own thoughts and clarify your choices.

Bringing up these topics isn't easy.

Pick a time when your parents are relaxed and you're not likely to be interrupted.

Some good openers are...

"Today in health class, we were talking about_____. Some of it was really interesting. Did you know that ..."

"I've been trying to make up my mind about some things and would like to hear what you think."

"I need to talk to you about something that's important to me."

"I'm confused about ..."

Sometimes parents are uncomfortable talking about sex. If they get upset, tell them that you're just asking questions and that you hope they can give you some good information. It may help to give them a little time to get used to the idea of talking about sex with you.

Remember that no matter how uncomfortable they feel, your parents will be very happy that you care what they think and that you want to talk to them.

There is More than ONE Kind of Sexuality

As sexuality develops, some people discover that they are attracted to people of the same gender. They may be gay or lesbian.

Some people are attracted to both genders. They may be **bisexual**.

People who are attracted to the opposite sex are heterosexual or straight.

Some people feel that they are in the wrong body—that is, a girl feels as if she ought to have been a boy or a boy feels as if he ought to have been a girl. They may be **transgendered**.

These feelings can be confusing and scary because there is still fear and prejudice against people who are gay, lesbian, bisexual, or transgendered. This can make it difficult to have these feelings and difficult to tell other people about them.

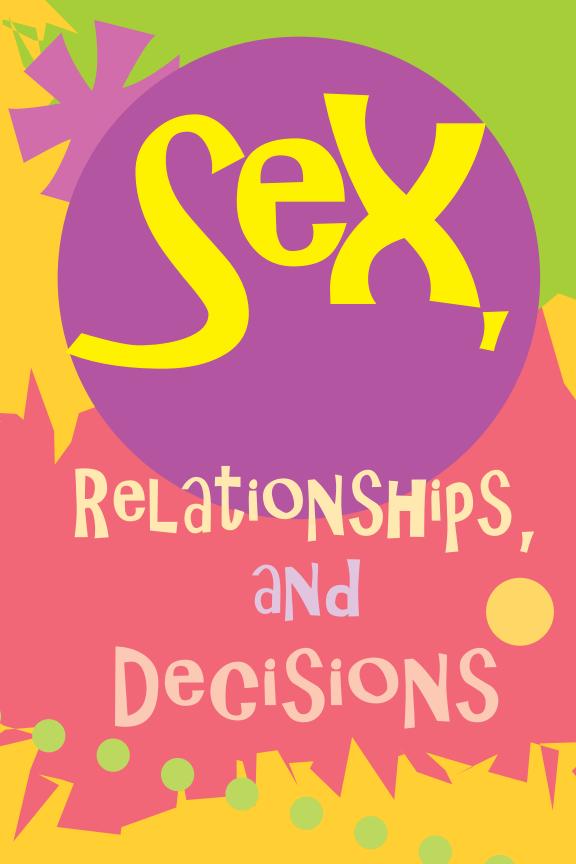
If you think you are gay, lesbian, bisexual, or transgendered:

- You are not alone! There are other youth and adults
 who have felt the same way. There are people out there you
 can talk to.
- It's okay to be yourself. What you are feeling is natural and normal for you. Lesbian, gay, bisexual, and transgendered people can have healthy relationships and lead happy, fulfilling lives with family, friends, and community.
- Only you will know if you are lesbian, gay, bisexual, or transgendered. You are who you are, and in time you will know for sure. You don't have to come out and tell people until you are ready.
- You don't have to have sex to tell whether you are lesbian, gay, bisexual, or transgendered.
 Being gay, lesbian, bisexual, or transgendered is about feelings, relationships, and attraction, not just about sex.

This book is about healthy relationships and healthy sexual choices and is useful for everyone—lesbian, gay, bisexual, transgendered, or straight.



It's okay to be gay, lesbian, bisexual, or transgendered, but it is wrong to treat people badly because of their sexuality.



What is Sex anyway.

In this book, the words "sex" or "having sex" mean vaginal intercourse, anal intercourse, or oral sex.

Sexual activities are the wide range of ways in which people act on their sexual or romantic feelings. Sexual activities include everything from kissing to intercourse. At the right time and with the right person, sexual activities can be wonderful for both partners.

Sex comes with risks as well as pleasures. This book focuses on vaginal intercourse, anal intercourse, and oral sex because these are the sexual activities that put you at the highest risk for STIs (sexually transmitted infections) and pregnancy. It's important to have accurate information so you can make safe and healthy choices about whether, when, and with whom you want to engage in these activities.



Sexual activities are ways to physically express sexual or romantic feelings and to give and receive pleasure.

Sexual activities include:

- Kissing
- Hugging
- Masturbation
- Making out
- · Touching, feeling
- Oral sex
- Vaginal intercourse
- Anal intercourse

Making Choicesabouts extinities Activities

You make choices every day. You choose to get up in the morning. You choose what to wear, who to spend time with, and what to do with your friends.

The people around you, your culture, your religious beliefs, and where you are in your life all influence the choices you make. But in the end, you're the one who chooses what you'll do.

You are the one who is responsible for the results of your choices.

You make choices about sexual activities, too. And while lots of things influence your choices—family, friends, movies, videos—when you're the one who makes the decisions, you're the one who lives with the results.

Sexual feelings are exciting, and it can be easy to let yourself get carried away. Think ahead about the choices you make.

Decide what you feel happy and comfortable doing. If the whole idea of sexual activity makes you feel uncomfortable right now, that's okay. If you feel happy and comfortable holding hands, then that's enough. If you feel happy and comfortable kissing, then that's enough.

Quotes From Teens

"Be yourself.
Don't do
anything you
don't want
to do."

Think before you act.



Most teens choose NOT to have sex.

In 2002, a study found that 7 out of 10 teens in Nova Scotia have not had sexual intercourse. The sexual activities you will feel comfortable with will depend on your beliefs, values, and culture. Thinking carefully before acting on your sexual feelings will help you to make choices you can be proud of.

You matter. The choices you make matter, too. It's your responsibility to decide what's right for you at this time in your life.



WeigHing the RiskS

Some
sexual activities
with a partner
have higher risks
of STIs or
pregnancy.

No Risk

Flirting

Holding hands

Hugging

Physical contact with your clothes on

Low Risk

Skin-to-skin contact like:

Kissing

Stroking

Touching

Fondling

Feeling

Massaging



Sexual activity has emotional risks, too. You risk getting your feelings hurt or your heart broken. You could find that your love life is a hot topic for gossip.

Protecting yourself and your partner from both physical and emotional risks is your responsibility when you become sexually active.

Medium Risk

- Oral sex with a condom or oral dam
- Vaginal intercourse with a condom
- Anal intercourse with a condom and lubricant

High Risk

- Oral sex without a condom or oral dam
- Vaginal intercourse without a condom
- Anal intercourse without a condom
- Sharing sex toys

Relationships: Happy Together?

Relationships can be healthy or unhealthy.

Whether or not you feel happy and comfortable with any kind of sexual activity—from kissing to having sex—depends on whether you feel happy and comfortable with your partner.

In a **HEALTHY RELATIONSHIP**, you feel safe, respected, and cared about.

- You know, like, and respect each other. You accept each other as you are and don't try to change each other.
- You trust each other. You enjoy your time together and aren't jealous when you each spend time with other people.
- You're there for one another. You support each other through good times and bad.

- You feel good when you're together. You're relaxed and comfortable. You can laugh and have fun. You're not worried about saying or doing the wrong thing.
- You can talk about anything. You can discuss your problems and concerns. You even feel comfortable talking about sex. You listen to each other. You're not afraid to be honest or to say what you really think. You can disagree with each other without getting mad.

Healthy relationships are about a lot more than sex. They're based on self-respect and self-esteem. Healthy relationships take time—time to get to know, like, and trust one another.

In an **UNHEALTHY RELATIONSHIP** you feel scared, confused, and insecure.

- Your partner constantly criticizes you and puts you down. Nothing you do is good enough. He or she makes you feel stupid. There are things you're afraid to talk about with your partner—for example, your own feelings, sex or birth control.
- Your partner is jealous and controlling. She or he doesn't want you to spend time with your friends or family.
- You never know where you stand. Your partner plays mind games—he or she will be nice one minute and ignore you the next. She or he lies to you. Your partner tells you one thing and then does another.

- You feel pressured to do things you don't want to do. You're afraid that your partner will get angry or leave you if you don't do everything he or she wants you to do.
- There is a lot of yelling in your relationship. Your partner freaks out when you don't agree with what she or he wants or says. Sometimes you're scared of what he or she might do.

Quotes From Teens

"Don't feel obligated to do something you're not sure you want to do. If you are not comfortable with your partner, you are not comfortable with your relationship. If you are in a relationship where you are on edge all the time, sex won't change it."

How Healthy is our relationship?

NO Is this a relationship between equal partners where neither of us is "the boss"? Are we friends? Do we have fun together? Do we both have other friends and interests so we aren't jealous about time we spend apart? Are we honest with each other? Do we trust one another? Are we comfortable talking about most things, including sex? Do we listen to each other and respect each other's ideas, values, and points of view? Does being in this relationship make me feel good about myself?

If you answered "no" to any of these questions, your relationship could be unhealthy. You might find it helpful to talk with someone you trust about how you feel.

BOTTOM LINE

In a healthy relationship, you feel good about yourself.

How Will Know Peady Pead

When—or whether—you are ready to have sex is a decision only you can make.

Deciding NOT to have sex is a normal and healthy choice.

You need to think about whether having sex is a choice both you and your partner will feel happy and comfortable about.

Ask yourself:

- Why do I want to have sex now? Is this what I want? Or am I doing it to please someone else? Am I doing it because I think I'm the only one who hasn't had sex yet?
- What does sex mean to me? Does it mean the same thing to my partner?
- Can I talk to my partner about sex? Does my partner care what I think?
- Will having sex now make my life better or worse?
- Would I feel embarrassed or ashamed if other people knew I was having sex? Or if they knew I was having sex with this person?
- Do I know how to protect myself and my partner from STIs? from pregnancy?
- If I have sex, how will I feel about it afterwards? How will I feel if we have sex and then break up?

Quotes From Teens

"The truth is, not all teenagers have sex."
"If you're having doubts, don't have sex."

You MAY be ready when:

- You have information about your choices and you understand the risks.
- You've thought about it and you know what sex means to you, what you want, what you don't want, and what's important to you. You're comfortable with the idea of a sexual relationship.
- You can talk to your partner about sex. You and your partner trust each other, listen to each other, and respect each other's beliefs and choices.
- You and your partner are ready, willing, and able to protect yourselves—from STIs and from pregnancy. This means using condoms and birth control.
- You're sure this is the right thing for you to do. You feel good about yourself and about the choices you're making.

Quotes From Teens

"To have safe sex you have to discuss it first with your partner. If you can't talk about it you shouldn't be doing it."

You're NOT READY for sex if:

- Your partner isn't ready.
- You feel pressured.
- You're not sure about it.
- You can't talk about it with your partner.
- You don't have a way to protect yourself from STIs and pregnancy.
- You need to get drunk or stoned to do it.
- Your partner needs to get drunk or stoned to do it.

CAUTION!

There is no "right age" for having sex.

But one important thing to consider when making your decision is that having vaginal sex before age 18 is risky for a girl. This is because the cells of the cervix are still developing and are more easily damaged. This puts girls at higher risk for cervical cancer. To find out more see page 56.

CONFIDENTIALITY

If you're thinking about having sex, it's good to get all your questions answered first.

Talk to someone you trust, feel comfortable with, and who you think will have good information. Talking to friends is great, but they don't always know all the facts.

You can talk to:

- A parent or family member
- A nurse—a public health nurse or a nurse in a school, a clinic, or a youth health centre
- A teacher or guidance counsellor
- An adult you trust
- A doctor

When you go to a doctor or clinic, you can ask them to keep everything you say confidential.

When you ask for confidentiality, it's not ethical for a doctor or nurse to tell anyone—even your parents—why you came, what you wanted, or that you were there at all.

When you see a doctor or nurse, if you want to be sure your talk remains between the two of you just say, "This is confidential, right?"

You have a right to confidentiality.

No commitment: No Worry? Think again!

Sex and images of sexuality are everywhere in movies, in music, in videos.

People see someone who looks good, they have sex, and that's that. Everyone seems to be having a good time, and no one seems to be getting hurt. After a while it starts to seem like it's the thing to do.

Then you chat with someone on the Internet or meet someone at a party and he or she says, "How about hooking up?"

You might think, "Oral sex is safe. It's not like we're actually having sex. I'm flattered that someone wants me, and I'll be more popular if I do it. It's no big deal."

Think again!
It is a big deal!

You can get hurt physically.

Oral sex can give you herpes and other STIs.

Being alone with a stranger can be dangerous,
and having many sexual partners
increases your risk of getting an STI.

You can also get hurt emotionally.

Oral sex—or any sexual activity—with someone who doesn't know you or care about you can leave you feeling sad, bad, hurt, and used.

You matter.

You are the sum of your heart and mind and spirit.

Your sexuality is an important part of that.

You deserve to be liked, respected and loved for more than your willingness to have sex.

If you don't believe that, talk to a counsellor or someone you trust **now**.

Don't wait until after you get hurt.

40Udecide

Whether you are male or female, straight or gay, old or young, no one has the right to pressure you into having sex or into any kind of sexual activity. These decisions are yours to make.

Don't let anyone else make them for you.

- You get to decide how far you're willing to go. Agreeing to kiss or touch does not mean that you have agreed to have sex. You can change your mind and say, "Stop" at any point, even during sex.
- You can say "No" to sex for now. Later on, when you're ready, you can say "Yes."
- Even if you've had sex before, you can still say "No" the next time.

Pressure to have sex can be hard to resist. You don't have to feel guilty about saying "No," and you don't have to explain why. Your self-respect is more important than doing what someone else wants you to do.

BOTTOM LINE

When in doubt, don't.
Slow down, back up,
think it over.

"Not Now"

- "You would if you loved me."

 "There are other ways to show our love."
- "But I love you!"

 "If you loved me, you'd respect my right to say no."
- "Everybody does it."

 "Not everybody. Not me. It's really important to me to wait until I'm ready."
- "I need you. I have to have you."

 "If I can wait, so can you."
- "If you don't, I'll find someone who will!"
 "Okay. I'm just not ready for sex yet."

Quotes From Teens

"It would be better to lose someone who is constantly pressuring you to have sex than to regret doing it."

Good Reasons Not to Have Sex

- Because you're lonely
- Because you're drunk
- Because you're high
- Because someone else wants you to
- Because you think you owe it to someone
- Because you think someone owes it to you
- Because you think everyone else is doing it
- Because you want to fit in or feel popular
- Because you want to prove that you're grown up to yourself, your friends, or your parents



- Because you see people having sex in videos and movies and think you should too
- Because you think that having sex will make the other person love you (It won't. Love may lead to sex, but sex doesn't lead to love.)
- Because you think having a baby will be fun and you'll be able to move away from home
- Because you want to prove you're straight
- Because you're afraid to say "No"
- Because you think having a baby will make your boyfriend or girlfriend stay with you
- Because someone gives you money or gifts, or makes promises
- Because you want to hurt or get back at someone

CLear Head, CLear Thinking

Having sex is something to think about carefully before you do it. And it's a lot better if you do your thinking while you're clear headed and sober.

In 2002, 35% of grade 7 to 12 students in Nova Scotia who had had sex during the previous year said that they had unplanned sexual intercourse while they were drunk or high. Drugs and alcohol can lead to sexual choices you might regret later.

It's a good idea to stay out of situations where you might be forced to make an important decision when you're not thinking clearly and aren't prepared.

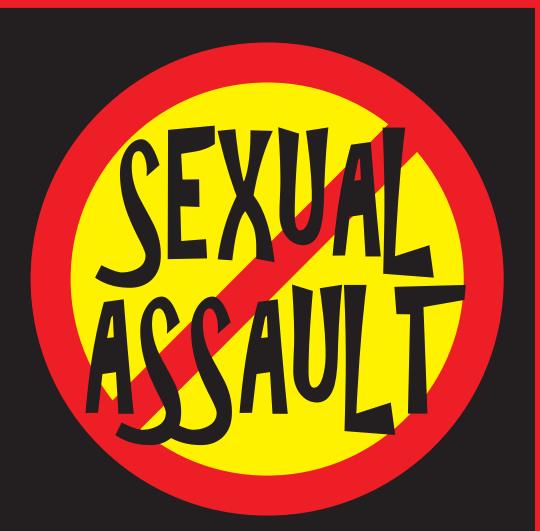


"About two

weeks ago I was out
with my friends and we were
drinking and I drank a little
too much and we met some
guys and I liked one of them
and I was pretty much loaded
at the time and he took
advantage of me and I only
have a faint recollection of
this and I'm scared about
meeting up with him when
I'm sober. He might think
I'm like that normally, and I
am not!!"

BOTTOM LINE

Don't put yourself in a position where you start off kissing and end up having sex because you're not thinking clearly.



Sexual Assault Is a Criminal Offence

It is sexual assault to force someone into any kind of sexual activity that he or she doesn't want and doesn't consent to.



Read this section carefully!

Many people don't know what sexual assault is. You may be breaking the law without knowing it and that could change your life forever.

Any kind of sexual activity that the other person doesn't consent to is sexual assault. The legal definition of sexual assault includes (among other things):

oral sex, vaginal sex, anal sex, touching, kissing, grabbing, masturbating another person, forcing another person to masturbate you, and masturbating over another person.

CHECKIT If you are sexually assaulted, it is never your fault.

People who have been sexually assaulted often feel embarrassed or ashamed or that it is somehow their fault. It is not. **No one "asks for it."** You are not to blame because of the way you look, the clothes you were wearing, or where you were. You are not to blame because you were drinking or high.

If you are sexually assaulted, the person who assaults you is committing a crime. Crime is the criminal's fault, not yours.



Sexual assault is a crime. Threatening to sexually assault someone is a crime.

Both males and females can be victims of sexual assault, and both males and females can commit sexual assault.

No one has the right to force another person into having sex or any kind of sexual activity—not a partner, not a date, not a friend, not a relative, not a stranger.

Everyone has the right to change his or her mind at any point—even during sex.

If you are afraid that you'll be hurt if you say "No," talk to someone NOW.



Everyone has the right to say "No." No one has the right to hurt you.



Any kind of sexual activity without consent is sexual assault.

SEXUAL

What Is CONSENT?

Consent is voluntary agreement.
This means that two people agree to do certain things of their own free will.

Legal consent means saying "Yes" because you want to say yes. A person who agrees to sexual activity because he or she is pressured, afraid, forced, lied to, or threatened has not legally consented. This is because they have not voluntarily agreed to sexual activity.

The legal age of sexual consent in Nova Scotia is 14.

The exception to this is that a person who is 12 or 13 can consent to sexual activity but only with a person who is less than 2 years older than he or she is. This means, for example, that a 13-year-old can consent to sexual activity with a 15-year-old, but sexual activity between a 13-year-old and a 16-year-old is illegal.



What Is NOT CONSENT?

There are times when consent is **NOT** legally possible.

- A child under age 12 can NEVER give legal consent to sexual activity.
- There can be no legal consent when a person is drunk, drugged, asleep, or passed out.
- There cannot be legal consent when one person is under the age of 18 and the other is in a position of authority or trust—for example, a teacher, neighbour, parent, older sibling, babysitter, relative, or coach. This is because there can be no voluntary consent unless the two people are equal. If one person has power over the other, consent is not legally possible.



Sexual activity without consent is a criminal offence.



Avoiding Sexual Assault and Date Rape

Most sexual assaults are NOT committed by strangers.

When a teen is sexually assaulted, 85% of the time it is by someone he or she knows. It could be a friend, a date, a relative, or someone you've seen around. And most of the time, it doesn't happen in a dark alley. It happens on a date—in a car or at a party or in someone's house. Maybe even in your own house.

To lessen the chances of sexual assault and date rape:

1. Be clear.

Communication is a two-way street. One person has to clearly say what he or she wants and doesn't want. The other person has to listen and respect those limits.

It's your responsibility to be clear about your limits.

You need to be very clear about how far you are willing to go. You have to tell the other person what is okay and what isn't. Say NO when you mean no. Say STOP when you mean stop. If you say nothing, your partner might think everything is okay and you want to go further. Mind reading doesn't work!



NO always means NO. STOP always means STOP. If someone says NO and you do not stop, you are committing a crime.

It's your responsibility to accept and respect your partner's limits. It is also your responsibility to ask your partner if what you are doing is okay. You cannot assume that because your partner doesn't say anything, you can just go ahead. For example, even if your partner says "okay" to kissing and touching, you still need to ask if it's okay to go further. You can say, "Is this okay, too?" If your partner doesn't say "yes," then stop. Silence does not mean consent. Either partner can change their mind at any point, even during sex.

2. Stay alert, aware, and sober.

Drugs and alcohol are often involved in sexual assault. No one can consent to sex while drunk, drugged, or unconscious. If you sexually assault someone while **you** are drunk or high, it is still a crime.

Know where you are, where you're going, and always have a way home. Be sure someone else—your parents or a friend—also knows where you are.

3. Trust your feelings.

If you feel like you're being pressured, you are. Trust your feelings and leave.

As soon as you feel uncomfortable at a party or anywhere else, trust your instincts and leave. Find a friend to leave with you, or call someone to come get you.



Date Rape Drugs

Drugging someone so you can have sex with him or her is sexual assault. It is a crime.

"Date rape" drugs can be put into drinks—any kind of drink, not just alcoholic ones. They are often colourless, odourless, and tasteless. They cause drowsiness, dizziness, confusion, memory loss, and unconsciousness. They leave you vulnerable to sexual assault because you can't resist, escape, or call for help.

Protect yourself!

1. Be careful what you drink.

- Drink only from bottles or cans that you buy or open yourself.
- Keep your drink with you.
- Don't share or exchange drinks.

2. Go to parties with friends.

Arrive together and leave together. Look out for one another. If a friend seems drunk, dizzy, or confused, stay with them. Take them home or get help if they need it.

"The HUGE RISK of getting a guy to buy me a drink never entered my mind — it's easier than you think to end up naked in a hotel room with someone you don't know and no memory of how you got there."



Get Help iF you've been Sexually assaulted

You need to get medical help as soon as possible if you've been sexually assaulted. Early treatment can prevent HIV and pregnancy. Testing within 24 hours can show if there is a date rape drug in your system.

For immediate help and treatment

- Local police or RCMP—call 911
- Hospital emergency departments

For support, advice, or counselling

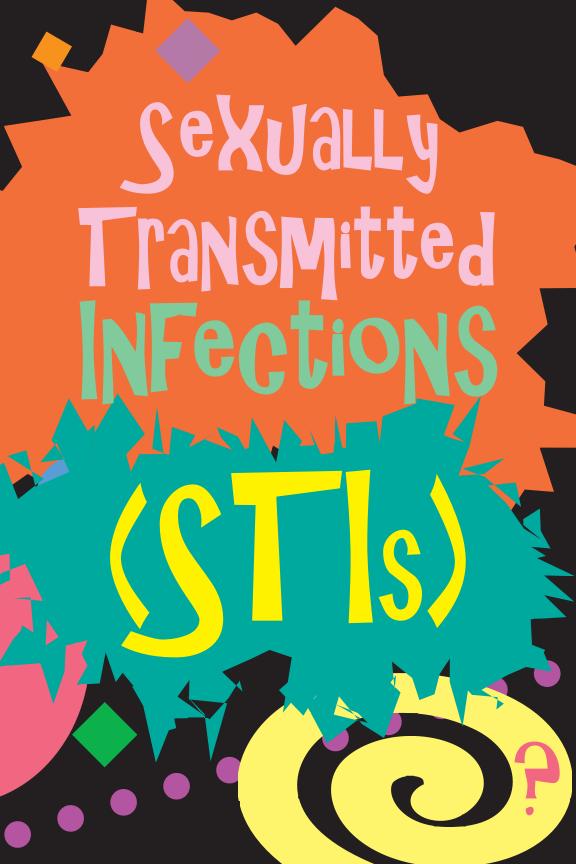
Help Line: 1-800-420-8336
 Help Line HRM: 420-8336

 Talk to a parent, friend, teacher, guidance counsellor, school nurse, or other adult you trust.

How to help a friend who's been sexually assaulted

- Believe her or him.
- Remind your friend over and over that it is not his or her fault.
- Offer emotional support. Be there when your friend needs you.
- Respect your friend's confidence in you. Don't gossip about what happened.
- Help your friend find treatment and counselling including being tested for STIs and pregnancy.
- Be patient. It can take a long time for someone to recover physically and even longer to recover emotionally from sexual assault.

Be there to help, not to judge.



What are STIs?

STIs (sometimes called STDs—sexually transmitted diseases) are infections that are spread through sexual contact. You can also get some of these infections from needles used for tattoos or piercing, or for injecting drugs.

It makes no difference whether you're straight, gay, lesbian, bisexual or transgendered—anyone can get an STI.

Some STIs can be cured if they are found and treated. Others—like herpes—can be treated and controlled, but are never really cured. HIV/AIDS is fatal.

STIs often have no symptoms. You can get an STI and not know it. Years from now you could still pass it on to others.

Abstinence is the best way to avoid getting an STI. Abstinence means choosing not to have any kind of sexual activity that leads to an exchange of body fluids. This includes oral sex, vaginal sex, anal sex, and any activity that involves skin-to-skin contact in the genital area.

Did you know that teens are more likely to get an STI than adults?

In Canada, young people, ages 15-24, have the highest rate of STIs. The rate of STIs is also increasing faster in this age group than in any other.

CHeck it

Outil

COMMON STIS

What is it?

Chlamydia

- Caused by bacteria
- One of the most common STIs

Can cause sterility in men and women

Can cause PID (pelvic inflammatory

disease) in women

How do you get it?

What does it do?

Can it be treated and cured?

 Yes, with prescription antibiotics Both partners must be treated

Unprotected vaginal, oral, or anal sex

Genital Herpes

- Caused by a virus
- causes cold sores around the mouth The same family of viruses also
- Causes painful sores on and around the genitals
- Contact with open sores, usually during sex
- Contact with the skin around the genital area even when there are no sores

Contact with cold sores during oral sex

- There is no cure
- Outbreaks of herpes sores can be treated to make them shorter and less painful

Gonorrhea

- Caused by bacteria
- Sometimes called "the clap,"
- "the drip," or "the dose"

Can cause sterility in men and women

disease) in women

Can cause PID (pelvic inflammatory

- Unprotected vaginal, oral, or anal sex
- Yes, with prescription antibiotics
 - Both partners must be treated

Hepatitis B

- Infection of the liver caused by a virus
- Can cause liver disease or cancer of the liver
- Sharing needles used for drugs, tattoos, or piercings

Unprotected vaginal, oral, or anal sex

- Can't be cured, but sometimes goes away
- ·Can be prevented with a vaccination

What is it?	What does it do?	How do you get it?	Can it be treated and cured?
HIV/AIDS			
•HIV (human immunodeficiency virus) is the virus that causes AIDS (acquired immunodeficiency syndrome)	 Attacks the body's immune system and makes it difficult for the body to fight off illnesses Can kill you 	 Unprotected vaginal, oral, or anal sex Sharing needles used for drugs, tattoos, or piercing 	 There is no cure. AIDS is fatal Several treatments have been developed that may slow the progress of HIV
HPV (Human Papilloma Virus)			
 Caused by a virus One of the most common STI viruses 	 Some types of HPV cause genital warts (growths in, on, or around the genitals or anal area) Other types can cause cancer of the cervix, penis, or anus 	 Skin-to-skin contact with the genital area of an infected person 	• There is no cure for HPV, but in some cases, over time, the virus goes away on its own • Genetal warts can be treated but may come back
Syphilis			
 Caused by a bacteria 	 Over time, can cause damage to the heart, liver, brain, and eyes 	 Unprotected vaginal, oral, or anal sex 	 Yes, with prescription antibiotics Both partners must be treated
Trichomoniasis			
Also called "Trich"Caused by a parasite	 Causes vaginitis in women (an inflamed and itchy vagina) 	 Unprotected vaginal intercourse 	 Yes, with prescription antibiotics Both partners must be treated

Causes irritation and redness to the head

of the penis

HOW CAN I tell if I have an

If you have ever had vaginal, anal, or oral sex, you are at risk for STIs.

You might have an STI if you have any of these symptoms:

- Discharge from your vagina that's new or that looks or smells different
- Bleeding between your periods
- Discharge from your penis
- Burning, itching, or pain when peeing
- Sores, warts, itching, pain, or swelling anywhere in your genital area
- Painless lumps anywhere in your genital area
- Pain or bleeding when you have sex

STIs often have no symptoms at all.

The only way to know for sure if you have an STI is to go to a doctor or a health clinic and have **all** STI tests (including HIV testing).

Most STI tests are simple—a swab or a urine or blood test is done. Some STI tests are costly and are not done routinely.

After you've been tested, if either you or your partner have sex with a new partner—even once—it puts you both at risk for STIs. You both need to be retested.

To be safe, always use a condom or oral dam.



The only way to know if you have an STI is for you and your partner to be tested for all STIs.

STI test?

Once you become sexually active, you need a yearly check-up and STI test even if you haven't had sex for a while.

You also need an STI test:

- If you have sex without using a condom or if the condom breaks
- If you find out that your current or past partner has an STI
- If you find out that your partner is having sex with someone else
- If you or your partner have piercings or tattoos
- If you or your partner have ever injected drugs
- If you are having sex with a new partner
- If you or your partner have any STI symptoms
- If you have been raped or think you might have been

If you find out that you have an STI, the sooner you get treated, the better.

It is important that both you and your partner get treated. If only one partner is treated, you will just keep passing the STI back and forth. If either of you has other partners, you'll pass it on to them, too.

Free Advice!

STIs can spread even when there are no symptoms. You can have an STI and not know it.

Having one STI increases your risk of catching another.

There are places you can find out more about these and other STIs—for example, your school nurse, a public health nurse, your doctor, or Planned Parenthood. Don't be afraid to ask. They expect questions and are there to answer them.

but are worried about someone finding out, you can get anonymous testing. This means that you can get an HIV test without giving your name.

Right now, there is only one anonymous testing clinic in Nova Scotia, at the Planned Parenthood Metro Clinic in Halifax. Just call 455-9656 and make an appointment using only your first name. No one will ask your full name.

The address is listed in the Useful Information section of this book.

BOTTOM LINE

If you have any reason
to think you might have
been exposed to an STI,
you need to get tested.
You need to get tested.
Early treatment can
make a big difference.

AVOIDING SIS

You can get an STI from the body fluids of any person who has a sexually transmitted infection. Body fluids include semen, vaginal secretions, blood, and sometimes saliva.

You can also get some STIs from skin-to-skin contact with an infected person, even when they have no sores or other symptoms. Anyone can have an STI and not know it.

Some sexual activities have higher risks for STIs. You'll find information on high- and low-risk sexual activities on page 14–15.

Safer sex can reduce your risk of getting an STI.

- Use a condom every time you have vaginal or anal sex.
- Use a condom or oral dam every time you have oral sex.
- Stick with low-risk sexual activities where no body fluids are exchanged.

CHeck it Outl

What's an oral dam?

An oral dam is a thin sheet of latex. It covers the vagina or anus during oral sex to block contact with sores, infected areas, or body fluids.

To make an oral dam, unroll a nonlubricated condom, cut off the tip and cut up one side.

Like a condom, an oral dam can be used only once.



You can get STIs from sharing sex toys.

BOTTOM LINE

Not having sex is one way
to avoid STI's. If you have
to avoid STI's. If you have
sex, using a condom or oral
dam every time is the most
important thing you can do
to protect yourself from STIs.



Don't know how to get condoms and oral dams?

In many communities there are places where you can get inexpensive or free condoms and oral dams.

For example:

- Planned Parenthood
- Youth health centres
- Community AIDS prevention groups

You can find out how to contact youth health centres and community AIDS groups from any Public Health Office. You'll find contact information for Planned Parenthood and for Public Health Offices in the "Where to go for more info" section of this book.

Be prepared!

Carry condoms and oral dams with you. If you don't need them, a friend might.

Protect Yourself in Long-Term Relationships

It's important to protect yourself and your partner from STIs even when you are in a long-term relationship and having sex with one person.

People sometimes think that they need condoms or oral dams only when they are in a new relationship or are having sex with more than one partner.

The truth is that, over time, many people have steady relationships with more than one sexual partner. And any one of these partners could have an STI and not know it or not tell you about it.

Protect yourself, your partner, and your future. Use a condom or oral dam every time.



Breaking up and making up can be risky times for STIs. If either of you

have sex with a new partner—even once—it puts you both at risk for STIs. When getting back together, always have STI and HIV tests.

Good answers to excuses For Not using condoms or oral dams

EXCUSE

ANSWer

I don't have one with me.

Too bad. I'll bring some next time, but for now, no condom, no sex.

Don't you trust me?

This isn't about trust. It's about being safe. Either of us could have an STI and not know it. We should both get tested.

But you're on the pill!

The pill prevents pregnancy. Condoms prevent STI. We're going to use both!

EXCUSe

ANSWer

I swear I don't have AIDS!

Nobody knows for sure that they don't have an STI. We could both have one.

I don't like the way they feel.

I feel better when I'm relaxed, and I'm a lot more relaxed when I'm not worried about getting an STI!

C'mon, just this once.

Once is all it takes. It's too risky without protection.

It spoils the mood.

Condoms don't spoil the mood, but getting pregnant or catching an STI sure would!

I'll pull out in time!

That won't protect us from STIs or pregnancy!

No matter what your partner says, you can always just say:

"I'm a person who uses condoms."

Reducing the Risk of Cervical Cancer

Cancer of the cervix is a serious condition that all girls and women need to be aware of. The good news is that a Pap Test can detect changes in the cervix before they become cancer. When detected early, these changes can be treated and cured.

The risk for developing cervical cancer is increased by:

Having the Human Papilloma Virus (HPV)

There are many strains of HPV. Some cause genital warts, others cause changes in the cells of the cervix that may lead to cancer. HPV is passed from person to person through sexual contact.

Having sex before the age of 18

Because the cells in the cervix are not fully developed, they are more vulnerable to damage by HPV, the virus linked to causing cervical cancer. This increases the chances of developing abnormal changes in your cervix.

Having unprotected sex

Having sex without a condom or oral dam increases the risk for all types of sexually transmitted infection, including HPV.

Having more than one sexual partner

The more sexual partners, the greater the risk of contracting STIs, including HPV.

Smoking

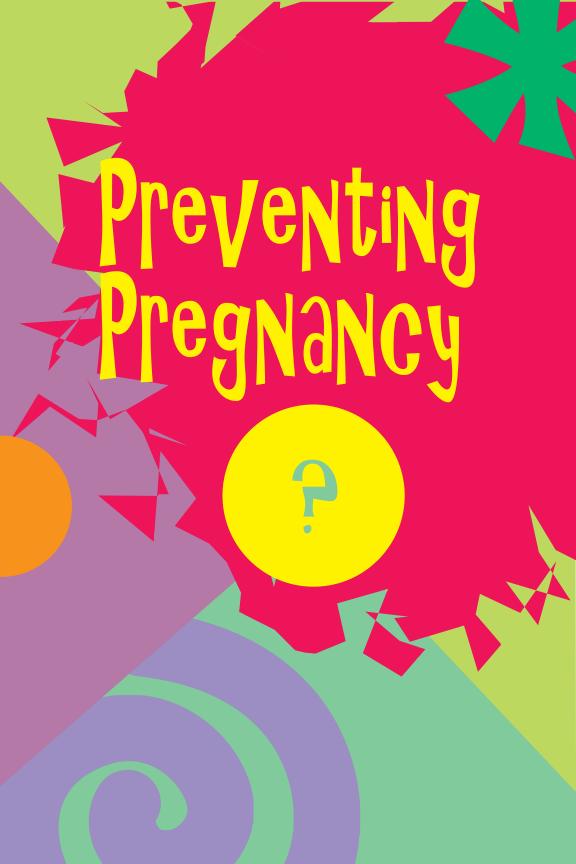
Smoking has been proven to cause lung cancer and is also linked to cancer of the cervix. Chemicals from cigarettes travel in the bloodstream and have shown up in the Pap tests of smokers. These chemicals can trigger abnormal changes in a cervix that is not yet fully developed.

Not having regular Pap Tests

This is the biggest risk factor for developing cervical cancer. If changes aren't detected, abnormal cells may become cancerous and eventually spread to other parts of the body.

BOTTOM LINE

Once a girl starts having
sex, or when she reaches
the age of 18, she needs
a Pap Test once a year to
check for changes in
check for cells before
they become cancerous.





Males produce sperm, more or less constantly. Every time a male ejaculates (or comes), the semen that's released contains about 500 million sperm.

Every month, one of a female's ovaries releases an egg. The egg travels down one of her Fallopian tubes toward her uterus.

An egg and a sperm have to join for pregnancy to occur. This is called fertilization. Usually, the egg and sperm join in one of the Fallopian tubes. If the egg isn't fertilized, it leaves the female's body, and she has her period. If the egg is fertilized, it moves down the Fallopian tube to the uterus.

Pregnancy occurs when the fertilized egg attaches itself to the wall of the uterus.

Quotes From Teens

"Always protect yourself when having sex. Pregnancies can happen anytime."

HELP!

My period is Late. I think I Might be Pregnant!

If you are sexually active and your period is 5–7 days late you might be pregnant and should have a pregnancy test.

You can buy a pregnancy test kit at any drugstore and test your urine at home. A pregnancy test is easy—just follow the directions on the package. Or you can make an appointment with your family doctor or Planned Parenthood for a pregnancy test.

If you are pregnant, you need to see a doctor as soon as possible.

Quotes From Teens

"I always use protection now! I wasn't ready to be a mother."

UNPLANNEd pregnancy affects both partners

If your partner gets pregnant she has to make some difficult decisions—Adoption? Raising the baby? Abortion?

If your partner gets pregnant, you can support her by:

- Listening to her and talking with her about how you feel
- Offering to go with her to appointments—for example, doctor, counsellor, etc.
- Standing by her whatever she decides to do
- Getting more information. Check out the websites and the contact information in the back of this book

Support your partner's decision and find support for yourself.

BITTH CONTROL: Avoiding Pregnancy

It can be surprisingly easy to get pregnant.

For every 100 couples who have sex at least twice a month without using birth control, 85 pregnancies will occur within a year.

Not having sexual intercourse is the only sure way to avoid pregnancy. But birth control is very effective and can greatly reduce your chances of getting pregnant.



Condoms—male and female—are the only methods of birth control that can also help protect you from STIs.

But condoms don't give total protection. They only protect the part of the genital area that they cover. Some STIs—like herpes or the human papilloma virus—can still be spread by skin-to-skin contact with the uncovered parts of the genital area.

BOTTOM LINE

Any method of birth control will work only if you use it the right way and use it every time you have sex.



If a male and female have sex, a pregnancy can happen:

The first time they have sex

True

False

No matter what position they have sex in

True

False

During the woman's period

True

False

 Even if he pulls out of her vagina before he ejaculates

True

False

 Even if he doesn't put his penis inside, but ejaculates near her vagina

True

False

ALL TRUE! The only way to avoid pregnancy is to not have sex or to use a reliable method of birth control every time you have sex.

What Kind of birth control Will Work For Mea

The important thing is to choose a birth control method that you will be comfortable using every time you have sex. The questions in this section can help you make a choice. Think carefully and be honest with yourself when you answer.



In Canada, the birth control methods young people choose most often are the condom and the birth control pill.



Do my partner and I agree about birth control?

Any method of birth control works best when both of you agree about what you'll do. Being able to talk about these issues is part of a healthy relationship.



Is this method safe for me?

Do you have any health problems that would make a particular method risky for you? There are health problems that make it risky for some women to use the birth control pill. Some people are allergic to spermicides or to the latex in condoms.



How effective is it?

Some methods of birth control are more effective than others. For example, spermicide is between 74% and 94% effective in preventing pregnancy. The pill is between 92% and 99.9% effective. Any method is effective only if you use it the right way and use it every time you have sex.





Can I afford it?

Some methods cost more than others. Depo-Provera shots cost about \$30-\$50 every 12 weeks. Male condoms cost between \$8 and \$13 for a box of 12.



Can I get it where I live?

Some methods are available everywhere. You can get condoms and spermicides without a prescription in any drug store.



Is this method easy and convenient for me to use?

A male condom needs to be put on right before sex. A female condom or sponge can be inserted hours ahead of time. Which would be easier and more convenient for you?



Will I feel embarrassed using this method? Will my partner be embarrassed?

Some methods of birth control are used while you're having sex. If this would embarrass you, choose birth control that is always in place or can be inserted in advance.



Does it fit with my culture and religious beliefs?

A method that goes against your cultural or religious beliefs will probably feel "wrong" to you, and you'll be less likely to feel comfortable using it.

Quotes From Teens

"I just want people to be aware of what is out there and what is going on and not feel afraid or ashamed to talk or ashamed to buy the condom or something.

Because I think somebody should feel proud ... if they're going to be sexually active, to take care of themselves and do it the right way."



There are lots of kinds of birth control. It's not always easy to figure out what will work best for you. It can be a big help to talk it over with someone who knows the pros and cons of all the methods, like a nurse, doctor, or counsellor.

BOTTOM LINE

Even if you use another method of birth control, you will still need to use a male or female condom to protect yourself and your partner from STIs.

EMergency Contraception



If you have had sex without using birth control you can still prevent pregnancy by taking ECP—Emergency Contraceptive Pills or Morning After Pills.

Even if you use birth control, accidents can happen—for example, condoms can break, or you or your partner might miss several birth control pills.

- ECP prevent pregnancy. If you are already pregnant, they will not cause a miscarriage or hurt the baby.
- ECP work best if you take them within 3 days (72 hours) after having intercourse without birth control. ECP might still work as long as 5—7 days after intercourse, but the sooner you take them, the more effective they are.
- ECP are available from some clinics, doctors' offices, and emergency rooms.

You do not need your parents' permission to get ECP.

To find out where to get ECP call toll-free:

1-866-373-7732



ECP will not protect you from STIs.

You should still go to a doctor or clinic for an STI test even if you take ECP.

"Don't worry, I'll pull out in time."

Don't believe this line!

"Pulling out" will not prevent either pregnancy or STIs.

- You can get an STI from contact with a penis before ejaculation.
- You can get pregnant from the fluid released from the penis before ejaculation.
- You can get pregnant even if semen is near the vagina and not in it.

So if he says, "I'll pull out," tell him to pull on a condom or no deal!

Birth Control Methods

Ware CongoM

FeMale Condom

Birth Control Pill (The Pill)

Debo-bLoAela (LHe Meeqre)

ZbeLMiCige

Sponge

Diaphragm and Cervical CAP

The Patch

This is a very brief introduction to some common methods of birth control.

How well any method of birth control works depends on how carefully you use it. In this section you'll find two rates to show how well each birth control method prevents pregnancy.

- The first shows how well a method works when you follow the directions exactly and use it every time you have sex.
- The second shows how effective the method is likely to be if you don't follow the directions carefully or don't use it every time. In this case, birth control will not work as well and you will be more likely to get an STI or an unplanned pregnancy.

You can get more information about any method of birth control from a youth health centre, a doctor, Planned Parenthood, your school nurse, or a public health nurse.

You do **not** need your parents' permission, and you do **not** need to be a certain age to visit a doctor or a clinic or to use birth control.

Whatever method of birth control you choose, READ THE DIRECTIONS CAREFULLY! Every brand is a little bit different.

MALE CONDOM

A condom is a thin cover worn over the penis during sex. Condoms prevent pregnancy by blocking sperm from entering the vagina.

Pros











- Condoms made from latex or polyurethane are the only form of birth control that can protect you from STIs.
- Condoms are fairly cheap and easy to get. You can buy condoms at any drugstore or grocery store. Condoms cost about \$8–\$13 for a box of 12.

CONS











Some people are allergic to latex condoms or to the spermicide in some condoms. If you or your partner notice any burning, itching, or swelling after using a condom, you may be allergic. Try using condoms made of polyurethane or condoms with no spermicide.

CAUTION! Condoms have a "best before" date.
Check the expiration date on the package. If the date has expired, the condom is more likely to break or tear.

Condoms don't give total protection. They only protect the part of the genital area that they cover. Some STIs—like herpes or the human papilloma virus—can still be spread by skin-to-skin contact with the uncovered parts of the genital area, even if you can't see any sores or warts.

Do **condoms** work?

Used the right way and used every time: **97% effective**

Not used the right way or not used every time:

86% effective

• Condoms come in different sizes and there are many brands. You may need to try out several different kinds before you find one that fits well and feels good. It's a good idea to practise putting

Free

condoms on before you need to use one for real!

• Lubricants can help make condoms feel more natural and comfortable. Only water-based lubricants—like Astroglide—are safe to use with latex condoms. Oil-based lubricants—like petroleum jelly—will damage the condom very quickly.

• Condoms need to be stored in a cool, dry place. Your wallet is too warm. Your glove compartment isn't a good storage place either—it's sometimes too hot and other times too cold! Store condoms at room temperature. Carry them in a purse, outside pocket, or backpack.

CAUTION!

If possible, use condoms that don't contain nonoxynol-9. N-9 is a spermicide that can irritate the vagina or anus, which can increase the risk of getting an STI.

MALE CONDOM

How to put a condom on

Put the condom on your penis as soon as it gets hard and BEFORE it touches your partner's body.

- 1. Check the expiry date. Open the package carefully.

 Handle the condom gently so you don't puncture or tear it.
- 2. Leave about 1 cm (1/2 inch) of space at the tip of the condom to hold the semen and help keep the condom from breaking. You can put a drop of water-based lubricant in the tip to make it more comfortable.
- 3. Place the condom on the head of the penis. Squeeze the tip of the condom to make sure that no air is trapped and unroll the condom all the way down the shaft.

How to take a condom off

- 1) While your penis is still hard, hold the condom at the base and slowly pull your penis out of your partner's body.
- 2. Move completely away from your partner before taking the condom off your penis.
- **3.** Hold the base of your penis and slide the condom off. Be careful to keep all of the semen inside.
- **4.** Wrap the used condom in a tissue and put it into the garbage. Do not flush it down the toilet.
- 5. Wash your penis with soap and water. If you can't wash, don't have physical contact with your partner after removing the condom.

Use a new condom each time you have intercourse.



Guys— Not ready to be a father?

Of all the methods of preventing pregnancy, using a condom is the only one that **YOU** control.



Male and female condoms can't be used at the same time because they stick together. If you are using a male condom, you don't need a female condom. If you are using a female condom, you don't need a male condom.

FEMALE CONDOM

The female condom is a thin polyurethane pouch with a flexible ring at each end. You put the closed end of the condom into your vagina and the inside ring holds it in place. The ring at the open end of the condom rests on the vulva outside of your vagina.

The female condom stops sperm from entering your vagina.

Pros











- Female condoms are easy to get. You can buy female condoms at any drugstore. You don't need a prescription. A box of three costs about \$13.
- Female condoms are a good choice if you are allergic to the latex in male condoms.
- You can insert a female condom up to 8 hours before you have sex.
- Female condoms reduce your risk of getting STIs as well as male condoms do, and they are less likely to break.

CONS











- When using it, you might need to help guide your partner's penis into the condom to be sure it doesn't slip around the side.
- You might need to put extra lubricant inside the condom or on the penis to make using the female condom more comfortable for both partners.

Do female condoms work?

Used the right way and used every time: 95% effective

Not used the right way or not used every time: 79% effective



- Female condoms can be tricky to put in. Read the package directions and practise until you're sure you know how to put it in. Many women find it helpful to get advice and counselling on how to use the female condom. You can do this through a youth health centre or Planned Parenthood.
- Female condoms are not reusable. Use a new one each time you have intercourse. After you take one out, throw it away.
- Male and female condoms can't be used at the same time because they stick together. If you are using a male condom, you don't need a female condom. If you are using a female condom, you don't need a male condom.

BIRTH CONTROL PILL (THE PILL)

The birth control pill (also known as an oral contraceptive) is a combination of the hormones estrogen and progestin. It prevents pregnancy by stopping your ovaries from releasing eggs.

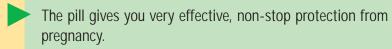
Pros











Taking the pill can make your periods shorter, lighter, less crampy, and more regular.

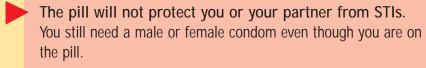
CONS











- Birth control pills work only if you follow the directions exactly. The pill's effectiveness depends on keeping a steady supply of hormones in your body. Anything that upsets the hormone supply can make the pill less effective. This includes missing a pill or taking some kinds of medications.
- Some women have side effects, like headaches, moodiness, nausea, sore breasts, or irregular bleeding. These side effects are usually mild and improve with time.

Do birth control pills work?

Used the right way: 99.9% effective

Not used the right way: **92%-94% effective**

Where can I get it and how much does it cost? With a prescription, you can get birth control pills from any drugstore. They cost around \$25–\$35 for a month's supply. You can also get birth control pills from the Planned Parenthood Metro Clinic (Halifax) for about \$10 for a month's supply.

Help!! I forgot my pill!

Read the directions that come with your pills. That will tell you what to do to get back on track. You could also call a pharmacist or your doctor for information.

In the meantime: Don't have sex OR be sure to use a backup method of birth control anytime you have vaginal sex for at least 7 days after you miss a pill.

If you have had unprotected sex during a time when you have forgotten to take your pills, you may be at risk of getting pregnant. You need to consider emergency contraception. See page 68 for more info on ECP.

DEPO-PROVERA (The Needle)

Depo-Provera is a hormone injection given once every 12 weeks. You must get another needle every 12 weeks to stay protected.

Depo-Provera stops the ovaries from releasing an egg each month.

Pros











- One injection will give you continuous, extremely effective birth control for 12 weeks.
- You don't have to think about birth control between needles.

CONS











- Depo-Provera does not protect you from STIs. You'll still need to use a male or female condom.
- You might have side effects like depression or weight gain or loss.

Irregular bleeding is common in the first few months of using Depo-Provera. After 1 year of use, about half of all women will stop having periods. Your periods will gradually start again when you stop using Depo-Provera.

Does **Depo-Provera** work?

Used the right way: **99.7% effective**

Not used the right way: **97% effective**

Where can I get it and how much does it cost?
You can get Depo-Provera at your doctor's office or health clinic.
Each injection costs about \$30–\$50. The Planned Parenthood
Metro Clinic (Halifax) gives Depo shots for \$30.

HELP! I missed my needle!

If you are late for your injection, your protection against pregnancy is decreased. Use a back-up method of birth control until you get your shot.

If you are more than 2 weeks late for your injection, and are sexually active, you may have to have a pregnancy test before your next needle.

If you've had unprotected sex during a time when you have forgotten to get your needle, you may be at risk of getting pregnant. You need to consider emergency contraception. See page 68 for more information on ECP.

SPERMICIDE

A spermicide is a chemical that kills sperm.

Spermicides come in many forms—foams, creams, films, suppositories, gels, and tablets. Most spermicides are put into the vagina right before sex.

Pros











Spermicides are fairly cheap and easy to get. You can get them without a prescription at any drugstore or supermarket. They cost between \$9 and \$15 per package.

CONS











- Spermicides must be left in place for at least 6 to 8 hours after you have sex. This means that you should not douche or have a bath for at least 6 to 8 hours after you have sex. (You can wash the outside of your pubic area.)
- If you have sex more than once in a single night, you need to put in more spermicide before each act of intercourse.
- Spermicides will not protect you from STIs. Your partner will still need to use a condom.
- Some people are allergic to spermicides. If you or your partner notice any itching, swelling, or burning after using a spermicide, go to a doctor or health clinic to get advice on finding another birth control method or another brand of spermicide.

Do spermicides work?

Used the right way and used every time: 94% effective

Not used the right way or not used every time: 74% effective



There are many kinds of spermicide on the market. Every brand is a little different.

Read the directions carefully!



If possible, use spermicides that don't contain nonoxynol-9.

N-9 can irritate the vagina, which can increase the risk of getting an STI.

SPONGE

The sponge is made of soft polyurethane foam. It is about 5 cm (2 inches) across and contains spermicide. You insert the sponge into the vagina before sex. The sponge blocks the sperm, and the spermicide kills them.

Pros











- You can insert the sponge in advance. The sponge will work for 12 hours and must be left in place for 6 hours after intercourse. This means that you can insert the sponge up to 6 hours before you have sex.
- You can have sex more than once after inserting a sponge, but the sponge must stay in for 6 hours after the last time you have sex.

CONS











- Some people are allergic to the spermicide in the sponge. If you or your partner notice any burning, itching, or swelling after using the sponge, try another method of birth control.
- A sponge can become dislodged during sex. Read the package directions carefully so you'll know how to put it in correctly and how to check to be sure it stays in place.
- A sponge will not protect you from STIs. Your partner should still use a condom.

Does the **sponge** work?

Used the right way and used every time: 89%-91% effective

Not used the right way or not used every time:
84%-87%
effective

Where can I get it and how much does it cost?

You can get the sponge at any drugstore.
You don't need a prescription.
The cost is about \$10-\$15 for three or four sponges.



Sponges are not reusable!

After you take one out,
throw it away.

DIAPHRAGM & CERVICAL CAP

The diaphragm and the cervical cap are soft latex barriers that block sperm from entering the cervix. Both are always used with spermicidal jelly. You insert the diaphragm or the cervical cap into the vagina before sex.

Pros











- You can insert a diaphragm or cervical cap as long as 6 hours before you have sex. Both must be left in place for 6 to 8 hours after having sex.
- Both the diaphragm and the cervical cap are affordable and reusable.

CONS











- A diaphragm or cervical cap will not protect you from STIs. Your partner should still use a condom.
- Some people are allergic to spermicides. See a doctor if you or your partner notice any itching, swelling, or burning

Do diaphragms work?

Used the right way and used every time: **94% effective**

Not used the right way or not used every time:

80% effective

Do cervical caps work?

Used the right way and used every time: 91% effective

Not used the right way or not used every time: 80% effective

Where can I get it and how much does it cost?

You'll need to go to a doctor or clinic where you'll be fitted for a diaphragm or cervical cap and given a prescription. With the prescription, you can get a diaphragm or a cervical cap at any drugstore. The diaphragm costs about \$45–\$65. The cervical cap costs about \$75. You will also need to buy spermicidal jelly to use with the diaphragm or cervical cap.



You'll need to practise a few times to learn how to properly insert a diaphragm or a cervical cap. You won't feel either one of them when it is inserted correctly.

THE PATCH

The patch is about the size of a matchbook and sticks to your skin. You can attach it to your abdomen, buttocks, upper arm, or anywhere on the front or back of your torso, except for your breasts. It will not wash off or come off while swimming.

You put on a new patch each week for three weeks and then use no patch for the fourth week. Each patch is left in place for one week.

The patch prevents pregnancy in the same way the pill does. It contains estrogen and progestin that are absorbed through the skin. This stops the ovaries from releasing an egg.

Pros











- The patch provides excellent, continuous protection from unintended pregnancy.
- You don't have to remember to take a pill every day. You only need to think about birth control once a week.

CONS











- The patch does not protect you from STIs. You will still need to use a male or female condom.
- You may have side effects, including headaches, menstrual cramps, nausea, or breast tenderness.

Does the **patch** work?

Used the right way and used every time: 99.3% effective

Not used the right way or not used every time:

98% effective

Where can I get it and how much does it cost?

With a prescription, you can get the patch at any drugstore. It costs about \$35 to \$40 a month. You can get the patch at the Planned Parenthood Metro Clinic (Halifax) for about \$20 for a months supply.



Sexuality IS More Than Just Sex

Sexuality is part of everyone's personality and everyone's life. It is a basic need and a part of being human. Sexuality includes everything in your daily life that makes you a sexual person—your gender, body, mind, spirit, and emotions.

Sexuality is about more than what you do. It's about who you are and how you feel about yourself and your relationships with other people.

Sexuality is about what feels right to you. It's not about living up to someone else's ideal or image. Your differences make you unique. They make you special.

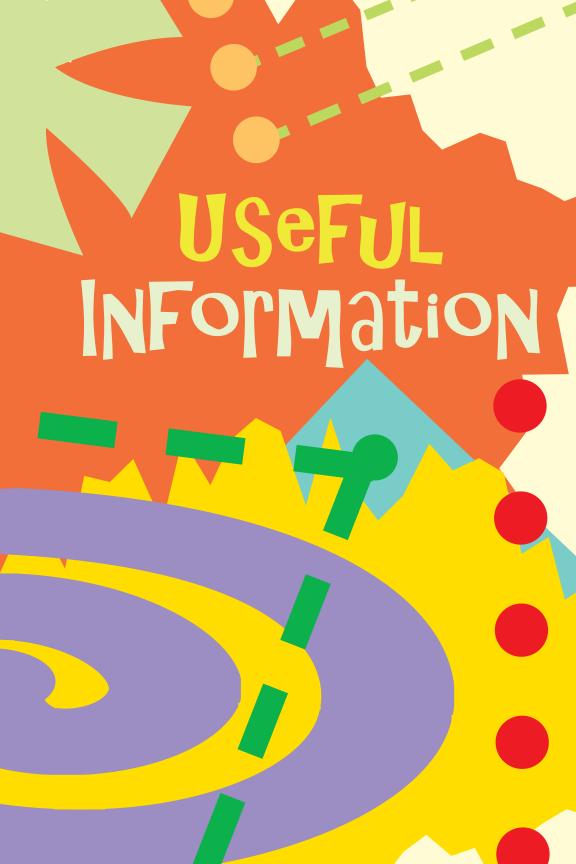
Your sexuality develops over time and will change as you grow and have new experiences. So what feels right to you will change, too.

You matter. Take care of yourself, think about what is right for you, and enjoy your developing sexuality.

Quotes From Teens

"People need to know that it's okay to talk about these things."

"Sex is a lot more complicated than some people might think."



Words to Know

Abstinence: Choosing not to have any kind of sexual activity that leads to an exchange of body fluids. This includes oral sex, vaginal sex, anal sex, and any activity that involves skin-to-skin contact in the genital area.

AIDS: Stands for acquired immune deficiency syndrome, an incurable sexually transmitted infection that is fatal.

Anal sex, anal intercourse: A form of sexual intercourse in which one person's penis enters another person's anus. Unprotected anal intercourse is the sexual activity with the highest risk for sexually transmitted infections.

Bisexual: A person who is emotionally and sexually attracted to both men and women. Bisexuals are not always equally attracted to each gender.

Cervical mucus: Clear, sticky fluid that is produced naturally by the cervix.

Circumcision: The surgical removal of the foreskin—the loose skin covering the tip of the penis.

Criminal offence: An offence under the Criminal Code of Canada.

Come: A slang word for both male and female orgasm.

Cum: A slang word that is used to describe the semen released when males ejaculate.

Discharge: Any fluid, mucus or other substance that is released from your body. A discharge from the vagina or penis can be a symptom of a sexually transmitted infection.

Ejaculation: What happens when a male has an orgasm. Semen, the milky liquid that contains the sperm, is released from the penis.

Erection: What happens when a male is sexually aroused. An erection occurs when blood rushes into the penis and it becomes erect—larger and harder.

Gay: A slang word for homosexual men. "Gay" can also refer to or include lesbians.

Heterosexual: A person who is emotionally and sexually attracted to people of the opposite sex.

Homosexual: A person who is emotionally and sexually attracted to people of the same sex.

HIV: Stands for human immunodeficiency virus, the virus that causes AIDS.

Hymen: A thin membrane that covers the opening of the vagina. For most girls, this is broken or stretched during normal physical activity, long before they have sexual intercourse. However, if it isn't already stretched or broken, it may be torn during first intercourse and may bleed a little.

Hysterectomy: Surgical removal of the uterus.

Lesbian: A female who is emotionally and sexually attracted to other women.

Lubricant: A thick liquid or gel that is used inside or outside male and female condoms and oral dams to make sex more comfortable and enjoyable for both partners. It's important to use only water-based lubricants—like Astroglide or K-Y Jelly—because oil-based lubricants can very quickly break down the latex used in condoms.

Masturbation: Touching, rubbing or squeezing the genital area, penis, or clitoris for sexual pleasure. Masturbation can be done alone or with a partner. Mutual masturbation is when two people masturbate each other.

Oral sex: A form of sexual activity where the mouth and tongue stimulate the genital or anal area.

Orgasm: An intense sensation that happens at the peak of sexual arousal for both males and females. This is sometimes called "climax." Males and females don't usually reach orgasm together during intercourse. Males usually ejaculate during orgasm. Some females also release a fluid during orgasm.

Pap Test: A test to check for changes in the cells of a woman's cervix that could be an early sign of cancer. Once you start having sex, or when you reach the age of 18, you must have a Pap Test once a year. From then on, you must have a Pap Test every year even if you are no longer having sex.

Pelvic Inflammatory Disease (PID): An infection of a woman's inner reproductive organs. PID can be very painful and lead to infertility.

Respect: Valuing people for who they are, and treating them fairly and equally.

Self-esteem: A feeling of pride, confidence, and satisfaction in yourself—the feeling that you are worthy of respect.

Self-respect: Valuing yourself as a person and as an individual and feeling proud of who you are and what you do.

Semen: A milky liquid containing sperm that is released through the urethra during ejaculation.

Sex toys: Things, like vibrators and dildos, that people might buy in a store and use during sex—with themselves or others.

Sterility: Being unable to reproduce. This is also called infertility. For women this means being unable to get pregnant. For men it means being unable to father a child.

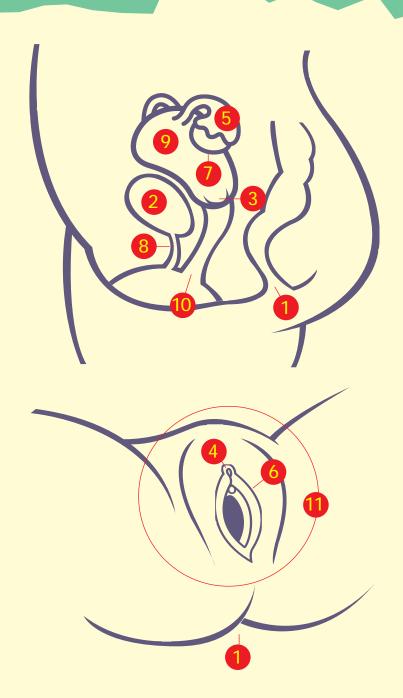
Sterilization: Sterilization is a surgical procedure that makes a woman unable to get pregnant or a man unable to father a child. For males, sterilization surgery is called a vasectomy. For females, it's called a tubal ligation (getting your tubes tied).

Transgendered: People who feel that their gender identity conflicts with their sexual anatomy—that is a girl who feels like she ought to have been a boy or a boy who feels like he ought to have been a girl. People who are transgendered often choose to live the role of the opposite gender. Some have surgery to alter their physical bodies to match the gender they feel.

Unprotected sex: Sexual activity without using some form of birth control to prevent pregnancy and/or without using protection from STIs—like a male or female condom.

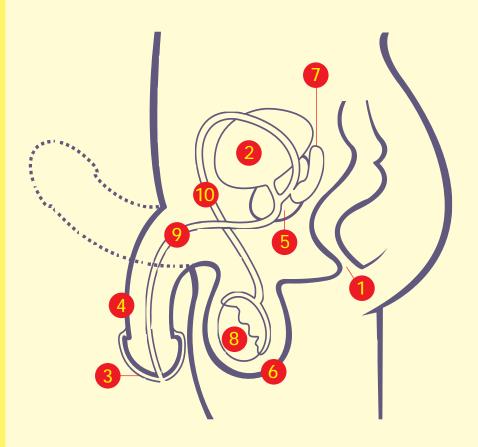
Vaginal sex, sexual intercourse: Sexual activity during which the penis enters the vagina.

The FeMale Body



- Anus: The opening from which stool leaves the body during a bowel movement (BM).
- 2 Bladder: The organ that holds urine.
- 3 Cervix: The lower part of the uterus that extends into the vagina.
- 4 Clitoris: A sensitive, pea-sized organ that is right above the urethra. The clitoris gets a bit bigger and more sensitive when it's touched or when a girl has sexual thoughts or feelings. The clitoris plays an important part in sexual arousal and orgasm.
- 5 Fallopian tubes: Thin tubes that extend out on both sides of the uterus. The Fallopian tubes carry the eggs from the ovaries to the uterus. They are about 10 cm long.
- 6 Labia: The two folds of skin that cover the clitoris and the openings of the vagina and the urethra.
- **Ovaries:** The two glands, one on each side of the uterus, that produce eggs. The ovaries also produce the hormones estrogen and progesterone.
- 8 Urethra: The tube through which urine leaves the body. The opening of the urethra is right below the clitoris.
- Uterus: The muscular organ (also called the womb) in which a fertilized egg implants and a baby grows. When not pregnant, the uterus is about the size and shape of a pear (about 7.5 cm long).
- Vagina: The passage that goes from the uterus to the outside of the body. The vagina is about 9 cm long.
- Vulva: A woman's pubic area. The vulva includes the reproductive organs on the outside of the body—the clitoris, labia, and vaginal opening.

The Male Body



- Anus: The opening from which stool leaves the body during a bowel movement (BM).
- 2 Bladder: The organ that holds urine.
- 3 Foreskin: The fold of skin covering the end of the penis.
- 4 Penis: The male sexual organ. Both semen and urine leave the body through the penis (but never at the same time!)
- 5 Prostate gland: A gland that adds fluid to sperm to make semen.
- 6 Scrotum: The sack of loose skin just behind the penis. The scrotum holds the testicles.
- 7 Seminal vesicles: Two small organs—one on each side of the prostate gland—that, with the prostate gland, add fluid to sperm to make semen.
- 8 Testicles: Two oval glands that hang inside the scrotum.

 (Testicles are usually a bit lopsided, with one hanging a little lower than the other.) The testicles produce sperm and the hormone testosterone.
- 9 Urethra: The tube that carries both urine and semen through the penis and out of the body.
- Vas deferens: The tubes that carry sperm from the testicles to the prostate gland.

Where to Go For More INFo

Websites

There are hundreds of websites where you can get information about sexuality, relationships, birth control and STIs. Here are few good places to start.

www.gov.ns.ca/OHP

Nova Scotia Office of Health Promotion

www.sieccan.org

The Sex Information and Education Council of Canada

www.canadian-health-network.ca

Canadian Health Network

www.sexualityandu.ca

Society of Obstetricians and Gynecologists of Canada Youth Site

www.gov.ns.ca/health/PublicHealth

Nova Scotia Department of Health

Local Public Health Services Offices

You can get more information about healthy sexuality by contacting one of these offices and asking to speak with a public health nurse.

Amherst

18 South Albion Street Phone: 667-3319 or 1-800-767-3319

Annapolis Royal

Annapolis Community
Health Centre
St. George Street
Phone: 532-2381

Antigonish

23 Bay Street Phone: 863-2743

Arichat

1 Bay Street Phone: 226-2944

Baddeck

30 Old Margaree Road Phone: 295-2178

Barrington Passage

Causeway Shopping Plaza Phone: 637-2430

Berwick

Western Kings Memorial Health Centre Orchard Street Phone: 538-8782

Bridgewater

Suite 109, 215 Dominion Street Phone: 543-0850

FIIONE. 545-0050

Eastern Memorial Hospital

Phone: 366-2925

Chester

Canso

Phone: 275-3581 (voice mail only)

Cheticamp

15102 Cabot Trail Phone: 224-2410

Digby

Digby General Hospital 67 Warwick Street Phone: 245-2557

Glace Bay

633 Main Street Phone: 842-4050

Guysborough

Guysborough Hospital Phone: 533-3502

Youth Health Centre 27 Green Street (Chedabucto Place)

Phone: 533-2250

Halifax Regional Municipality

201 Brownlow Ave., Burnside

Phone: 481-5800

Head of Jeddore

Forest Hills Shopping Centre

Phone: 889-2143

Inverness

Inverness Consolidated Hospital

Phone: 258-1920

Liverpool

175 School Street Phone: 354-5738

Lunenburg

14 High Street Phone: 634-8730

Meteghan

Center Clare Health Centre

Phone: 645-2325

Middle Musquodoboit

492 Archibald Brook Road

Phone: 384-2370

Middleton

462 Main Street Phone: 825-3385

Neil's Harbour

Buchanan Memorial Community Health Centre

Phone: 336-2295

New Germany

#5246, Highway 10 Phone: 644-2710

New Glasgow

825 East River Road Phone: 752-5151

New Waterford

New Waterford Hospital Phone: 862-2204

Port Hawkesbury

708 Reeves Street Phone: 625-1693

St Peter's

Phone: 1-888-272-0096

(Voice mail only)

Sheet Harbour

Eastern Shore Memorial Hospital Phone: 885-2470

Shelburne

Roseway Hospital Phone: 875-2623

Sherbrooke

St. Mary's Hospital Phone: 522-2212

Shubenacadie

5 Mill Village Road Phone: 758-2050

Sydney

235 Townsend Street Phone: 563-2400

Sydney Mines

7 Fraser Avenue Phone: 736-6245

Truro

201 Willow Street Phone: 893-5820

Windsor

Windsor Mall 264 Belmont Road Phone: 798-2264

Wolfville

23 Earnscliffe Avenue Phone: 542-6310

Yarmouth

60 Vancouver Street Phone: 742-7141

Local Planned Parenthood Contacts

You can also get more information about sexuality and birth control by contacting the Planned Parenthood office closest to you.

Cumberland County Family Planning—Amherst

12 La Planche Street Phone: (902) 667-7500

Website: www.cumberlandcounty.ppfc.info

Planned Parenthood Cape Breton—Sydney

150 Bentick Street

Phone: (902) 539-5158

Website: www.capebreton.ppfc.info

Planned Parenthood Lunenburg County—Bridgewater

12 Dominion Street

Phone: (902) 543-1315

Website: www.lunenburgcounty.ppfc.info

Planned Parenthood Metro Clinic—Halifax

201-6009 Quinpool Road Phone: (902) 455-9656 Website: www.pphalifax.ca

Planned Parenthood Pictou County—New Glasgow

36 Riverside Street

Phone: (902) 755-4647

Website: www.pictoucounty.ppfc.info

Planned Parenthood Sheet Harbour

17 Behie Road

Phone: (902) 885-2789

Website: www.sheetharbour.ppfc.info



This booklet is the product of the advice, insight, experience, and support of many people. The Office of Health Promotion wishes to acknowledge and thank the following individuals for their commitment, energy, and dedication to providing youth in Nova Scotia with the information they need to make healthy sexual choices.

Healthy Sexuality Working Group

- Core Working Group Members
- Shirley Campbell (Chair), Health Educator,
 Office of Health Promotion & the Nova Scotia Department of Health
- Janis Wood Catano, Health Education Consultant
- **Heather Christian**, Coordinator, Population Health, Office of Health Promotion & the Nova Scotia Department of Health
- Frank Covey, Acting Assistant Director, English Program Services, Nova Scotia Department of Education
- Helen Farrell, Public Health Nurse, Pictou County Health Authority,
 Colchester East Hants Health Authority, and Cumberland Health Authority
- Maureen Flick, Public Health Nurse, Capital District Health Authority
- Larry Maxwell, Health Educator, Public Health Services, Guysborough Antigonish Strait Health Authority, Cape Breton District Health Authority
- Karen McMullin, Public Health Nurse, South Shore Health, South West Health, and Annapolis Valley Health

Contributing Members

- Rick Tully, Health and Physical Education Consultant, Nova Scotia Department of Education
- Planned Parenthood Metro Clinic (Halifax)
- Youth Representatives
- Gerry Brosky, M.D., CCFP, Dalhousie Family Medicine

The Office of Health Promotion would like to acknowledge, with thanks, the work of the many people who contributed to the early stages of the development of this resource.

Focus Group Participants

The most valuable contributors to this book were the more than 500 students from the following schools, universities, and health centres who (with the support of their school administration) identified the key messages and provided expert review of the content and design of this book.

- Amherst Regional High School
- Canso Academy
- Dalhousie University
- Dartmouth High School
- Ellenvale Junior High School
- Flexible Learning and Education Centres
- Forest Heights Community School
- Hantsport School
- Inverness Education Centre
- J. L. Ilsley Teen Health Centre
- Malcolm Munroe Junior High School
- Memorial High School
- Metro Planned Parenthood
- Prince Andrew High School
- Ridgecliff Middle School
- Saint Mary's University
- St. Michael Junior High School
- Sir Robert Borden Junior High School
- South Queens Junior High School
- Thorburn Consolidated School
- Truro Junior High School
- West Kings High School
- Yarmouth Junior High School

Youth Contributors

A special thanks to the many youth who informally shared their opinions, ideas and insights as we moved through the process of developing the many drafts of this resource.

Reviewers

The Office of Health Promotion would like to thank the many organizations and individuals who generously contributed their time and expertise in reviewing drafts of this book. A special thanks to:

Amanda Black, M.D., FRCSC, Society of Obstetricians and Gynaecologists of Canada

E. Sandra Byers, Ph.D., Chair, Department of Psychology, UNB Donald Langille, M.D., MHSc, Associate Professor, Community

Health and Epidemology, Dalhousie University

Alexander McKay, Ph.D., Research Coordinator, The Sex Information and Education Council of Canada (SIECCAN)

All of the "Quotes from Teens" are direct quotes from youth in Nova Scotia. They were taken from one of these sources:

- Students participating in the focus groups that tested this booklet.
- So Many Bricks in the Wall: Developing Understanding from Young Women's Experiences with Sexual Health Services and Education in Amherst, Nova Scotia. D. Langille, J. Graham & E. Marshall. Maritime Centre of Excellence for Women's Health, June 1999.
- Just Loosen Up and Start Talking: Advice from Nova Scotian Youth for Improving their Sexual Health. M. Agnes. Planned Parenthood Nova Scotia & the Nova Scotia Department of Health, 1996.
- The Association between Substance Use, Unplanned Sexual Intercourse and other Sexual Behaviours among Adolescent Students. C. Poulin & L. Graham, Addiction (2001) 96, 607–621.

NdeX

abstinence	43, 62, 93
age and contraception	71
and legal consent	36-37
and risk of cervical cancer	56
AIDS (Acquired Immunodeficiency Syndrome)	43, 45, 93
see also STIs	
alcohol and drugs	22, 28, 30, 39
and consent to sexual activity	37
and date rape	39
and sexual assault	33, 37, 39-40
and unplanned sex	30
allergy	to latex 64, 72, 76
to spermicide	64, 72, 82, 84, 86
anal sex/anal intercourse	11, 33, 93
risk of STI	15, 43, 44-45, 50
anatomy female	98-99
male	100-101
anus	99, 101
assault, sexual	32-41
and consent	35-37
date rape	38-40
definition	32-33
drinking and drugs	37
getting help after	41
protection against	40
birth control	64-66, 72-89
abstinence	62
and protection from STIs	62
emergency contraception	68
cost	65, 72, 76, 79,
	81, 82, 85, 87, 89

effectiveness	65, 73, 77, 78, 79,
	81, 83, 85, 87, 89
methods of	72-89
permission for	71
side effects of	64, 78, 80, 88
where to get it	52, 65, 72, 76, 79,
	81, 82, 85, 87, 89
birth control pill	78-79
bisexual	8-9, 43, 93
bladder	99, 101
bleeding	46, 81
body fluids, and STIs	43, 50
body piercing, and STIs	43
breaking up and making up	53
cancer, anus	45
cancer, cervical	45
and sex under age 18	56
and smoking	57
reducing risk of	56-57
cancer, penis	45
cervical cancer	see cancer, cervical
cervical cap	86-87
cervical mucus	93
cervix	99
cancer of	see cancer
chlamydia	44
choices, making	5
about sexual activity	12, 20-21, 26, 30
about birth control	64-66
things to think about	20-21
unplanned pregnancy	61
circumcision	93
clap	44
clitoris	94, 99
come	59, 93

commitment	24
see also relationships	
condom, male	50, 51, 53, 62,
	72-75
and STIs	62
dealing with excuses for not using	54-55
how to use	74
lubricants and	73
storing	73
where to get	52, 65, 72
condom, female	62, 75, 76-77
confidentiality	23
consent, legal and sexual assault	35-37, 39
legal age	36-37
contraception	see birth control
contraceptive patch	88-89
criminal offence	93
	see assault
cultural beliefs	66
cum	93
date rape	see assault
date rape drugs	40
decisions	see choices
Depo-Provera	80-81
diaphragm	86-87
discharge	46, 93
dose	44
drip	44
drugs	see alcohol and
ů	drugs
ECP	68, 79, 81
where to get it	68
egg	59
ejaculation	59, 63, 93
emergency contraception (ECP)	68, 79, 81
where to get it	68

emotions and feelings	
about sexuality	5, 8-9, 11, 13, 25
in a healthy relationship	16, 18, 61
in an unhealthy relationship	17, 25
and sexual assault	33, 39, 41
erection	59, 74, 94
excuses for not using a condom	54-55
Fallopian tubes	59, 99
female condom	see condom,
	female
feelings	see emotions
fertilization	59
foreskin	101
gay	8-9, 43, 94
genital herpes	see herpes
genital warts	45
gonorrhea	44
help, getting	6, 41, 61, 68,
1.3	102-106
Hepatitis B	44
herpes	25, 43, 44, 62, 72
heterosexual, definition of	94
HIV	43, 45, 94
homosexual	8-9, 43, 94
hormone injection	see Depo-Provera
HPV (human papilloma virus)	45, 56, 62, 72
hymen	94
hysterectomy	94
infertility	44-45, 95
information, sources of	6, 23, 49, 61, 66,
	71, 102, 103-107
confidentiality	23
intercourse	11, 33, 93, 96
risks of STIs, pregnancy	15, 44-45, 50
see also sexual activity	
kissing	11, 14

labia	99
lesbian	8-9, 43, 94
lubricants	73, 74, 76, 94
making up, breaking up	53
masturbation	11, 94
morning after pill	68
needle, the	80-81
needles, and STIs	43, 45
nonoxynol-9	73, 83
oral contraceptive	see birth control pill
oral dam	50, 51, 53
dealing with excuses for not using	54-55
where to get	51, 52
oral sex	11, 24, 44-45, 95
risk of STI	15, 25, 50
see also sexual activity	
orgasm	95
ovaries	59, 99
Pap Test	56, 95
parents, talking with	6-7, 23, 41
patch, contraceptive	88-89
penis	59, 74, 94, 101
period	59, 60, 78, 80
PID (pelvic inflammatory disease)	44, 95
pill, birth control	78-79
pregnancy	59, 63, 69
avoiding	62, 72-89
tests	60
unplanned	61
pressure	5, 17, 22, 26, 27,
	54-55
and sexual assault	36, 39
prostate gland	101
protection against date rape	40
against pregnancy	22, 62, 72-89
against STIs	21-22, 48, 50, 53,
	57 72 80

readiness to have sex	20-22
reasons not to have sex	28-29
relationships and birth control	64
and STIs	48, 53
and unplanned pregnancy	61
healthy	16, 18, 64
long-term	53
unhealthy	17, 18
see also pressure	
religious beliefs	66
respect	5, 16, 41, 95
risks	14-15, 53
emotional	15, 25
physical	11, 25
reducing	56-57
see also pregnancy, STIs	
safer sex	50
see pressure, protection, relationships	
saying no	26, 27, 34, 38
scrotum	101
self-esteem	16, 95
self-respect	16, 95
semen	50, 59, 93, 95
seminal vesicles	101
sex definition of	11
safer	50
sex toys and STIs	15, 51
sexual activity and sexual assault	33
defined	11
high-risk and low-risk	14-15
legal consent to	35-37
making choices about	12, 20-21, 26, 30
readiness for	20-22
risk of STI or pregnancy	15, 43, 48, 53
safer	50
unplanned	30

unprotected	44, 48, 53, 57,
	68-69, 79, 96
sexual assault	see assault
sexual intercourse	see intercourse
sexuality	5, 8, 91
healthy choices	see choices
image in media	24
sexually transmitted infections/diseases	see STIs
smoking, and cervical cancer	57
sperm	59
spermicide	82-83, 84, 86
allergy to	64, 72, 82, 84, 86
nonoxynol-9 in	73, 83
where to get it	65
sponge	84-85
STDs (sexually transmitted diseases)	see STIs
sterility	44-45, 96
sterilization	96
STIs (sexually transmitted infections)	11, 43-57
and birth control	72-89
chart	44-45
protection against	22, 48, 50, 53, 57,
	62, 72-89
symptoms	43, 46-47, 49
treatment	44-45
when to be tested	48
straight	8, 43
symptoms	see STIs
syphilis	45
tattoos, and STIs	43
testicles	101
tests	anonymous 49
Pap	56, 95
pregnancy	60
STI	47
transgendered	8-9, 43, 96

treatment for STIs	43, 44-45
trichomoniasis (trich)	45
tubal ligation (getting your tubes tied)	96
unprotected sex	96
and emergency contraception	68-69, 79, 81
and STIs	48, 57
urethra	99, 101
uterus	59, 99
vaccination	44
vagina	99
vaginal intercourse/vaginal sex	11, 33, 96
risk of STI	15, 44-45, 50
	15, 44-45, 50
risk of pregnancy	15
see also sexual activity	FO
vaginal secretions	50
vaginitis	45
vas deferens	101
vasectomy	96
virus	see HIV, HPV
vulva	99
websites	102
withdrawal	55, 63, 69

