



Facilitator Guide for Teachers and Educators

Human Development and Sexual Health: Preventing Pregnancy and STBBIs (Grades 9-12)

Introduction

This module provides educators who teach students in grades 9 to 12 with a lesson on preventing pregnancy and sexually transmitted and/or blood borne infections (STBBIs). The module supports the learning objectives of The Health & Physical Education Ontario Curriculum.

Learning objectives

By the end of this presentation students will be able to better understand:

- Sexual contact
- Preventing STBBIs
- Preventing pregnancy

Purpose

Improving and protecting the health and well-being of school-aged children and youth is a priority for Ontario's public health sector. Childhood is a time when health practices and behaviours are learned, and adolescence is a period when both positive health behaviours and risk behaviours can be adopted. Because curriculum for the school year may be delivered at various times by different educators, this guide allows the educator to deliver self-paced content related to human development and sexual health in the classroom at their convenience. Depending on the level of discussion, student engagement, and the preferences of the educator, the length of this presentation can vary from approximately 30- 60 minutes. Please ensure familiarization of the content prior to teaching to ensure there is sufficient time within classroom hours.



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About this guide

This guide is intended as a supplemental resource for educators who choose to deliver the health modules developed by Ottawa Public Health (OPH). As content is updated annually and/or when new evidence emerges, we encourage educators to frequently check back on the [School Health Online](#) webpage to access the most up-to-date content.

Additional resources

For more information on sexual health, available services and resources please visit the following:

- [School Health Online](#)
- [OPH - Sexual Health](#)
- [The Link Ottawa](#)

Disclaimer

The information provided is not a substitute for professional medical advice. Educators should encourage students to consult their parents or guardians, and/or qualified healthcare professionals for personal guidance related to sexual health. Educators should approach questions about sexual health with sensitivity, respect, and an understanding of the diverse backgrounds and perspectives of their students. When responding to a student question, the response should be adapted to reflect the age and maturity of the student as well as the classroom environment and individual school policies.

Considerations

Becoming informed about a topic prior to discussing it in a classroom setting, will help create a productive and comfortable conversation with youth. This module includes topics that some students may find uncomfortable and/or difficult to understand. Here are some considerations to support the students' learning experience:

- Be sensitive to different backgrounds and experiences.



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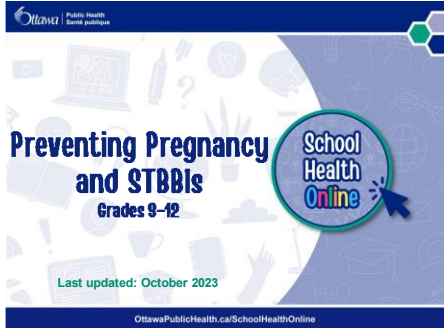
- As much as possible, be aware of experiences in your students' lives that may make certain discussions uncomfortable for them. Consider letting students know ahead of time that the topic will be discussed in class and use proper judgment if accommodations are needed.
- Watch for signs of discomfort.
 - Monitor students' faces and body language.
- Allow ample time for discussion.
 - Allow enough time to introduce the topic, discuss as a group, summarize, and answer questions.
 - Using an anonymous "question box" may encourage students to ask questions they otherwise would not feel comfortable asking in front of the class.

Continued collaboration

Our commitment to improving health outcomes is an ongoing journey*. We encourage you to share feedback and suggestions for improvement on this module, using our feedback form found on our [School Health Online](#) webpage. Together, we can continuously refine our resources to better the evolving needs of our school communities.

**Last updated: October 2023*

Module

<p>Slide 1</p> 	<p>Please use as suggestions only:</p> <p>Prior to beginning this module, it can be helpful to include a statement such as: "I know this can be a sensitive topic and can make people feel uncomfortable." Let your students know that you are not uncomfortable, and that this is such an important topic to start talking about even before youth may have started thinking about sexuality. Reinforce that this is a safe space where students can learn about their bodies and health to be better able to make informed decisions for themselves.</p> <p>Ground rules: Review classroom etiquette or establish ground rules together as a group, prior to this lesson.</p> <p><u>Some examples:</u></p>
<p>Slide 2</p> <p>Before we start...</p> <p>Let's cover some ground rules!</p> <p>*Reminder that support is always available at school. Other community resources will be shared at the end of the module.</p>	<ul style="list-style-type: none"> • Refraining from discussing personal situations or stories; however, students are encouraged to speak to their teacher privately if they would like to discuss a topic further. • Respecting all beliefs and cultural values. <ul style="list-style-type: none"> ○ Cultural sensitivity: People's decisions and behaviours related to sexual relations are influenced by their cultural beliefs, values and practices. It is important to acknowledge our own personal cultural values and beliefs while respecting that others may not share the same ones. • Using inclusive language and proper terminology. • Welcoming all questions. • Listening attentively. • Helping create a safe space for students – an environment of respect and sensitivity. • Keeping classroom discussions confidential.

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Let students know that support on sensitive topics is always available within the school community and through external partnerships. Supports are reviewed at the end of the presentation.


Inclusive language: Inclusive language is used to include individuals of all genders and sexual orientation. Using inclusive language provides a safe space for students, as well as a respectful, caring and welcoming environment.

It is also important to note and share with students that during the lessons, when the female and male anatomy are discussed, they are discussed from a biological stand-point meaning sex assignment at birth. However, it is important to point out to students that for some people, their assigned sex does not match their gender expression and experience and that is okay. The information outlined in this presentation is intended to educate students on the functions of the human body and provide them with valuable knowledge to make healthy and safe choices in their lives.

Note to educator: When talking about body parts, emphasize physiology instead of gender. Referring to “bodies with a penis and testicles” or “bodies with a vulva and ovaries” is more accurate and inclusive than referring to boys or girls. It may be useful to show diagrams of the external genitals if students do not know the words “vulva” or “penis”. For example, rather than saying “Girls will go through menstruation”, educators could refer to a diagram of the reproductive system and explain that “For those who have ovaries, menstruation usually begins between the ages of 8-18”.

For more information on teaching in a gender inclusive way, refer to the [“Principles of Gender Inclusive Puberty and Health Education”](#).

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<p>Slide 3</p> <p style="text-align: center;">Introduction</p> <ul style="list-style-type: none"> ■ Sexual contact ■ Preventing STBBIs ■ Preventing pregnancy  <p style="font-size: small; margin-top: 10px;">OttawaPublicHealth.ca/SchoolHealthOnline</p>	<p>Topics covered in this module include:</p> <ul style="list-style-type: none"> • Sexual contact • Preventing sexually transmitted and/or blood borne infections • Preventing pregnancy
<p>Slide 4</p> <p style="text-align: center;">Sexual contact</p> <p>Any contact with the vulva, clitoris, vagina, anus, penis or testicles between two or more people.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Skin ↔ genitals • Mouth ↔ genitals (oral sex) • Penetration (vaginal or anal) <p style="font-size: small; margin-top: 10px;">OttawaPublicHealth.ca/SchoolHealthOnline</p>	<p>This slide provides a definition of sexual contact and includes sexual contact examples that can put an individual at risk of obtaining a STBBI. (to be further discussed in the following slides).</p>

Slide 5

Protection against STBBIs

- **Abstinence**
- **Barrier methods**
 - Condoms
 - Dental dams
- **Vaccinations**
 - Hepatitis B
 - HPV



OttawaPublicHealth.ca/SchoolHealthOnline

Abstinence:

- Abstinence is not having vaginal, oral, or anal sex with a partner.
- Someone might decide that they want to be abstinent - that is perfectly alright.
- Complete abstinence is the only way to guarantee that someone won't get pregnant and/or get a STBBI.
- An individual can choose to be abstinent even if they have had a sexual contact before.

Some common reasons individuals choose to be abstinent are:

- Not feeling ready to have sex
- Not feeling safe and secure
- Not prepared or ready to use birth control
- Preventing an unwanted pregnancy
- Avoiding a STBBI
- Staying true to religious, cultural, or personal beliefs
- Focusing on school, work, or life goals
- Wait until they have found the “right” person

Considerations about abstinence:

- Being in a relationship is not necessary in order to be thinking about whether to engage in sex or practice abstinence.
- Acknowledge feelings prior to making decisions about sex and communicate those feelings to the partner.
- Be respectful – a partner may not have made the same decision.
- Remember that sexual contact isn't the only way to be intimate with someone: talking, listening, sharing, holding hands, kissing, and spending time together can build trust and closeness.

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	<p>Barrier Methods:</p> <p>Storing properly:</p> <ul style="list-style-type: none">• Avoiding extreme temperatures such as cars, wallets, etc., as they are sensitive to heat (cold, hot)• Keeping away from sharp objects <p>Condoms: Protect against STBIs AND pregnancy.</p> <p>The external condom is a thin sheath that covers the penis.</p> <ul style="list-style-type: none">• It acts as a barrier that prevents contact between bodily fluids (semen or vaginal secretions) and the sexual partners.• Individuals engaging in anal, oral, or vaginal sex can use an external condom.• Most condoms are made of latex; however, there are polyurethane, plastic and lambskin condoms available for those who are sensitive or allergic to latex.• The external condom is 85%-98% effective if used correctly.• The external condom can be used in combination with other methods of birth control. <p>The internal condom is a soft, thin, loose-fitting polyurethane sheath with two flexible rings at each end, which is inserted vaginally or anally.</p> <ul style="list-style-type: none">• The inner ring at the closed end of the condom is used to insert the condom and to keep it in place.• The outer ring at the open-end of the condom stays outside the vagina or anus, and partially covers and protects the lips of the vagina or the edges of anus.• The internal condom is 79 to 95% effective if used correctly.• The internal condom works by preventing semen from entering the vagina or anal canal and prevents the exchange of bodily fluids between both partners.• Individuals engaging in vaginal or anal sex can use an internal condom.
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	<p>An internal and external condom should not be used together: one or the other should be used. If they are used together, there is an increased chance of breaking or tearing the condoms.</p> <p>A dental dam or “oral dam” is a thin, rectangular sheet of latex used during sex (oral-vaginal or oral-anal).</p> <ul style="list-style-type: none">• The “dam” helps prevent STBBIs by preventing the sharing of body fluids.• They should be kept away from direct sunlight in a cool dry place (just like condoms).• Store bought dental dams are available, or they can be made by individuals out of a condom. <p>How to make a dental dam from a condom:</p> <ul style="list-style-type: none">• Cutting off the tip of the condom (closed end)• Cutting off the ring of the condom (opened end)• Cutting down the length of the condom <p>Vaccinations:</p> <ul style="list-style-type: none">• Many students may have already received the Hepatitis B and HPV vaccines during school clinics. <p>These vaccines can help protect against Hepatitis B and HPV (viral infections).</p>
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Slide 6

Putting on an external
condom demonstration



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***If experiencing difficulties playing the video embedded in the presentation, visit https://www.youtube.com/watch?v=fbo9_0lqcFA to access the video online.**

How to properly put on an external condom:

Before sex:

1. Checking the expiry date (prior to sex).
2. Checking the package for tears and holes (should be sealed and not ripped).
3. Opening the condom package with BOTH hands.
4. Putting a drop of water-based lubricant or saliva in the tip of the condom for better sensation (oil-based lubricant can only be used with polyurethane condoms).
5. Placing the rolled condom over the tip of the erect penis.
6. Leaving a space at the tip of the condom for semen collection if the condom does not already have a reservoir at the tip.
7. Pulling back the foreskin with one hand (if uncircumcised).
8. Pinching the air out of the tip.
9. Unrolling the condom over the erect penis, all the way down to the base of the penis.
10. Smoothing out any air bubbles.
11. Applying lubricant outside of condom.
12. Never use more than one condom at a time as you increase the chances of breaking or tearing the condom.

After sex or ejaculation

1. Removing the condom immediately after ejaculation. Holding the condom on the base of the penis while pulling out. Pulling out before the penis softens.
2. Throwing the condom in the trash.
3. Using a new condom for each sexual contact.

Slide 7

Using an internal
condom demonstration



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***If experiencing difficulties playing the video embedded in the presentation, visit <https://www.youtube.com/watch?v=IVtSCQYU0J0&t=2s> to access the video online.**

*This video refers to an internal condom as a vaginal condom. It's important to note that an [internal condom](#) can be used for **vaginal and/or anal intercourse**.*


How to properly put on an internal condom:

1. Finding a comfortable position. Standing with one foot up on a chair, sitting with knees apart, or lying down.
2. Ensuring the inner ring is at the bottom, closed-end of the pouch.
3. If desired, adding a drop of lubricant to the outer part of the vagina, anus and in the anal canal for more comfort when the condom is inserted.
4. Holding the condom with the open end hanging down. While holding the outside of the pouch, squeezing the inner ring with the thumb and middle finger.
5. Placing the index finger between the thumb and middle finger while squeezing the inner ring. With the other hand, spreading the labia (lips) of the vagina or anal edges, and inserting it into the vagina or rectum.
6. Pushing slowly the inner ring and the condom all the way up into the vagina or anus and rectum with the index finger (they can go as deep as they are comfortable). Checking to be sure that the inner ring is up just past the pubic bone for the vaginal site. The outer ring stays outside the body.
7. Before intercourse, making sure the condom is not twisted, and that the outside ring lies against the vulva or anus.
8. Some lubricant may be added to the partner's penis or toy to avoid having the condom slip off.


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	<p>9. During intercourse, side to side movement of the ring is normal, but if it feels as if the ring is slipping into the vagina or anal canal or the penis starts to enter underneath the condom, sexual activity should stop, and the condom should be adjusted or replaced.</p> <p>10. After intercourse, the condom should be removed before standing up. Squeezing and twisting the outer ring will keep the sperm inside the condom. After sex, the condom can be pulled gently and thrown away in a trashcan.</p> <p>Ensuring to use a new condom for each new sexual interaction.</p>
<p>Slide 8</p> <p>Using a dental dam demonstration</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>*If experiencing difficulties playing the video embedded in the presentation, visit https://www.youtube.com/watch?v=O-bRI70cp8E to access the video online.</p> <p>Dental dam instructions:</p> <ul style="list-style-type: none"> • Applying a water-based lubricant to vaginal or anal areas before putting the dam in place. This may increase sensation and prevent friction during oral sex. • Before oral sex, placing the dental dam flat over the vagina or anus, completely covering the area. • Holding the dam in place during oral sex, and not letting it flip over. Some people mark one side with a pen to keep track. • Using each dam only once, then throwing it out, and washing hands. • Ensuring to use a new dam if switching between oral-anal and oral-vaginal sex. • Keeping dental dams away from direct sunlight in a cool dry place (just like condoms).

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<p>Slide 9</p> <p>Preventing pregnancy</p> <ul style="list-style-type: none"> ■ Abstinence ■ Barrier methods <ul style="list-style-type: none"> • Condoms (internal & external) ■ Hormonal methods <ul style="list-style-type: none"> • Birth control pills • Contraceptive patch • Vaginal contraceptive ring • Injectable contraceptive • Etonogestrel implant ■ Intrauterine contraception (IUD) <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>Important to note:</p> <p>There is no specific age to get birth control, and in Ontario, parents' permission is not required. Individuals need to find the method that's best for them - talking to their health care provider is encouraged.</p> <p>Barrier methods:</p> <ul style="list-style-type: none"> • These barrier methods refer to the internal and external condoms as previously discussed. <p>Hormonal methods and intrauterine contraception:</p> <ul style="list-style-type: none"> • For all hormonal contraceptives, there are many considerations involved in choosing the option that works best for each individual. Youth should have a discussion with a healthcare provider. • Hormonal contraceptives do not protect against sexually transmitted and bloodborne infections (STBBIs). Using condoms or dental dams will lower the risk. <p>Please see following slides for images and descriptions of each method.</p>
<p>Slide 10</p> <p>Hormonal contraceptives Oral pill</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>Birth control pills - may be known as "the pill"</p> <p>What it is:</p> <ul style="list-style-type: none"> • Taken by mouth at the same time every day to prevent pregnancy <ul style="list-style-type: none"> • Tip: Schedule taking the pill daily with an activity such as a shower or breakfast and/or setting up a phone reminder • Contains two types of hormones normally found in the body; estrogen and progestin (progestin only pills are also available) • 91% effective with typical use (meaning that it's not always used perfectly, as directed) <p>How it works:</p> <ul style="list-style-type: none"> • Prevents the ovaries from releasing an egg each month (ovulation) - if there is no egg to meet the sperm, pregnancy will not occur

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	<ul style="list-style-type: none"> • Changes the lining of the uterus making it difficult for an egg to attach itself • Changes the mucus in the cervix making it harder for sperm to enter the uterus <p>Discussion points:</p> <ul style="list-style-type: none"> • Takes 7 days for the birth control pill to start taking effect and prevent a pregnancy • Recommended to use a back-up method of birth control during this time to prevent a pregnancy, such as condoms or abstinence
<p>Slide 11</p> <p>Hormonal contraceptives Patch</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>Contraceptive patch</p> <p>What it is:</p> <ul style="list-style-type: none"> • Changed weekly and worn on the skin to prevent pregnancy • Contains two types of hormones: estrogen and progestin which are absorbed through the skin • 91% effective with typical use <p>How it works:</p> <ul style="list-style-type: none"> • Prevents the ovaries from releasing an egg each month (ovulation) - if there is no egg to meet the sperm, pregnancy will not occur • Changes the lining of the uterus making it difficult for an egg to attach itself • Changes the mucus in the cervix making it harder for sperm to enter the uterus <p>Discussion points:</p> <ul style="list-style-type: none"> • Takes 7 days for the patch to start taking effect and prevent a pregnancy • Recommend to use a backup method of birth control during this time to prevent a pregnancy, such as condoms or abstinence

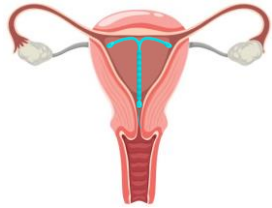
<p>Slide 12</p> <p>Hormonal contraceptives Vaginal ring</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>Vaginal contraceptive ring</p> <p>What it is:</p> <ul style="list-style-type: none"> • Bendy, soft, one size fits all, see-through ring about two inches (5 cm) wide • Inserted in the vagina and changed once a month to prevent pregnancy • Contains two hormones - estrogen and progestin, which are absorbed through the walls of the vagina and then distributed in the blood • Does not require sizing or fitting • 99.7% effective if used correctly <p>How it works:</p> <ul style="list-style-type: none"> • Prevents the ovaries from releasing an egg each month (ovulation) - if there is no egg to meet the sperm, pregnancy will not occur • Changes the lining of the uterus making it difficult for an egg to attach itself • Changes the mucus in the cervix making it harder for sperm to enter the uterus • Releases a steady level of hormones over a 21-day period with a seven-day ring-free period • Only use one per menstrual cycle • Can be left in place during sex and is usually not felt by either partner • Can be used with a condom and tampons
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<p>Slide 13</p> <p>Hormonal contraceptives Injection</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>Injectable contraception</p> <p>What it is:</p> <ul style="list-style-type: none"> • Injection (shot) given once every 12 weeks (four times a year) by a healthcare provider to prevent pregnancy • Contains only one hormone (progestin) • 97 to 99.7% effective if use the right way <p>How it works:</p> <ul style="list-style-type: none"> • Prevents the ovaries from releasing an egg each month (ovulation) • Changes the lining of the uterus making it difficult for an egg to attach itself • Changes the mucus in the cervix making it harder for the sperm to enter the uterus <p>Discussion points:</p> <ul style="list-style-type: none"> • If given within the first 5 days of the period, it is effective within the first 24 hours • If given after the first 5 days of the menstrual cycle, a backup method of birth control should be used for the next two weeks
<p>Slide 14</p> <p>Hormonal contraceptives Implant</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>Etonogestrel implant</p> <p>What it is:</p> <ul style="list-style-type: none"> • Small flexible implant placed under the skin of the upper arm by a healthcare provider • Long-acting birth control option (effective for 3 years but can be removed at any time) <p>How it works:</p> <ul style="list-style-type: none"> • Releases a low steady dose of progesterone hormone to stop an egg from being released by the ovary and prevents sperm from reaching the egg • Thins the lining of the uterus making it difficult for an egg to attach itself <p>Discussion points:</p> <ul style="list-style-type: none"> • Once removed, pregnancy can happen immediately

Slide 15

Intrauterine contraceptive



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Important note:

- Just like hormonal contraceptives, intrauterine contraceptives do **not** protect against sexually transmitted and bloodborne infections (STBBIs). Using condoms or dental dams will lower the risk.

Intrauterine contraceptives – Intrauterine device (IUD)

What they are:

- These methods of birth control are inserted inside the uterus (intra-uterine) by a healthcare provider.
- IUD’s can be hormonal or non-hormonal.
- Non-hormonal IUD is a small t-shaped plastic device with copper wire around it.
- Hormonal IUD contains one hormone called progestin.
- Copper IUD can also be used for emergency contraception if inserted within 7 days of unprotected sex.

How they work:

- Hormonal IUD thickens the cervical mucus, making it harder for sperm to enter the uterus, thins the lining of the uterus and impairs implantation in the uterus.
- Copper IUD primarily inhibits sperm from reaching an egg and impairs implantation in the uterus.

Discussion points:

The IUD is prescribed by a healthcare provider and obtained at the pharmacy. It is then brought to the clinic on the day of insertion.

Slide 16

Emergency contraceptives

- Emergency use
 - Not a regular method of birth control
 - To be used after unprotected sexual intercourse to prevent pregnancy
- Two Methods:
 - Oral (“morning after pill”)
 - Copper IUD

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What it is:

- Emergency contraception consists of methods that can be used after unprotected sexual intercourse to prevent pregnancy.
- It is for occasional use; it is not a regular method of birth control.


There are two methods of emergency contraception:

1. **Oral medication** – Also known as the “morning after pill” or “plan b”
 - Will have no effect if someone is already pregnant.
 - Acts primarily on the body’s hormones to stop the release of an egg from an ovary (ovulation); it may prevent the union of egg and sperm (fertilization); if fertilization does occur, it may prevent the fertilized egg from attaching to the womb (implantation).
 - Can be purchased at most pharmacies or at the Sexual Health Centre; some brands are available with a prescription and others without.
 - Can receive further information from a healthcare provider or pharmacist.
 - Taken within 5 days of unprotected intercourse; works best when taken as soon as possible after unprotected sexual contact, preferably within 3 days (72 hours) and has some effectiveness up to five days (120 hours) after unprotected sexual contact.
2. **Copper-IUD**
 - If used for emergency contraception, must be inserted within 7 days of unprotected intercourse.
 - Requires a prescription and a consultation with a health care provider.

*Important to remember:

- Healthcare provider should be consulted, or a home pregnancy test should be performed if menstrual period does not occur within 21 days of using oral emergency contraception.
- Emergency contraceptives do not protect against STBBIs.

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	<ul style="list-style-type: none"> • Should only be used as a backup method of birth control, further contraceptive needs should be discussed with a healthcare provider. • If a pregnancy is suspected or confirmed, emergency contraception should not be used.
<p>Slide 17</p> <p>Resources & services</p> <p>■ Where do you find credible information on sexual health?</p> <ul style="list-style-type: none"> • The Link <ul style="list-style-type: none"> • Ottawa Public Health • Community health clinic • Primary health care provider and other health care professionals • Walk-in clinic • Sexual Health Clinic: 613 -234-4641 • Sexual Health Infoline Ontario: 1 -800-668-2437  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p>	<p>OPH clinics:</p> <ul style="list-style-type: none"> • OPH Sexual Health Clinic: 179 Clarence St., Ottawa – by appointment only. Youth will be prioritized for appointments. • Gay Men's Sexual Health Clinic: 179 Clarence St, Ottawa – by appointment only <ul style="list-style-type: none"> • The clinic provides a wide range of sexual health programs and services for gay, bi, trans-men, and other men who have sex with men in the Ottawa area. <p>Other clinical settings:</p> <ul style="list-style-type: none"> • Students can visit a family physician, nurse practitioner, walk in medical clinic or University or College Health services as they provide STBBI testing, Pap tests and birth control. The Sexual Health Clinic does not provide faster results for STBBI testing than family physicians, nurse practitioners, or other clinics. <p>The Link Ottawa provides an overview on 'What to Expect at the Sexual Health Clinic' prior to a Sexual Health appointment including:</p> <ul style="list-style-type: none"> • How to prepare for the visit • What occurs upon arrival • L'entrevue <p>The testing component and how to receive results</p>

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Slide 18

Questions?

OPH wants you to protect yourself if you are sexually active.

Need more information?



Scan the QR code

Free condoms available!



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References:

The Link Ottawa: <https://www.thelinkottawa.ca>

Ottawa Public Health: <https://www.ottawapublichealth.ca>

Centers for Disease Control and Prevention: <https://www.cdc.gov>

The Society of Obstetricians and Gynaecologists of Canada (SOGC): <https://www.pregnancyinfo.ca>

Planned Parenthood: <https://www.plannedparenthood.org>

Alberta Health Services: <https://teachingsexualhealth.ca/>

UCSF Health: <https://www.ucsfhealth.org/>

Niagara Region: <https://www.niagararegion.ca/health/schools/default.aspx>