



Facilitator Guide for Teachers and Educators

Human Development and Sexual Health: Sexual Health (Grade 7)

Introduction

This module provides educators who teach students in grade 7 with a lesson on human development and sexual health. The module supports the learning objectives of The Health & Physical Education Ontario Curriculum.

Learning objectives

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

- Genitalia anatomy and the reproductive systems
- Conception
- Sperm production and ejaculation
- Menstrual cycle
- Healthy relationships
- Consent
- Online safety
- Sexually Transmitted and/or Blood Borne Infections (STBBIs)
- STBBI testing
- STBBI and pregnancy prevention methods
- Where to access reliable information and resources



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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. This guide allows educators 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 60 to 90 minutes. Please ensure familiarization of the content prior to teaching to ensure there is sufficient time within classroom hours.

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



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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.
 - 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.

****This Facilitator Guide was last updated in August 2023.***

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Module

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| <p>Slide 1</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 also be shared at the end of the module.</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> <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. |

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- Welcoming all questions.
- Listening attentively.
- Helping create a safe space for students – an environment of respect and sensitivity.
- Keeping classroom discussions confidential.


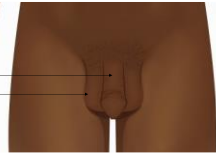
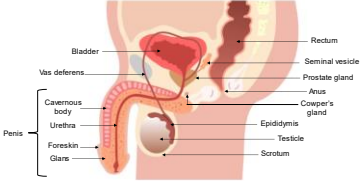
Let students know that support on sensitive topics is always available within the school community and through external partnerships. Supports are reviewed at the end of the presentation.

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>Introduction</p> <ul style="list-style-type: none"> ■ Reproductive systems ■ Conception ■ Healthy relationships ■ Consent ■ Online safety ■ Sexual contact ■ STBBI ■ Abstinence & contraception  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Topics covered in this module include:</p> <ul style="list-style-type: none"> • Reproductive Systems • Conception • Healthy Relationships • Consent • Online Safety • Sexual Contact • STBBI • Abstinence & Contraception |
| <p>Slide 4</p> <p>Assigned male at birth External genitalia</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Describe each part of the body and its role:</p> <p>Testicles: glands that produce and store sperm</p> <p>Penis: external organ used for sexual pleasure and for ejaculation of semen - also used to urinate</p> |
| <p>Slide 5</p> <p>Assigned male at birth Reproductive system</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Description of each part of the body and its role:</p> <p>Bladder: the organ that contains urine</p> <p>Urethra: the tube that carries urine from the bladder to the outside of the body; also carries semen, but not at the same time</p> <p>Penis: external organ used for sexual pleasure and for the ejaculation of semen; also used to urinate</p> <p>Penis glans: rounded head of the penis that is exposed when the penis is circumcised or erect</p> <p>Foreskin: layer of skin that covers the glans (uncircumcised) that can be retracted to expose the glans</p> |

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| | <p>Cavernous body: erectile tissue that forms the body of the penis; swells with blood to create an erection</p> <p>Rectum: last part of the intestines that contains stool before it is removed from the body</p> <p>Anus: sphincter attached to the rectum that passes stool or fecal matter from the body</p> <p>Testicles: glands that produce and store sperm</p> <p>Epididymis: coiled segment where sperm is stored, matures, and is transported from the testes to the vas deferens</p> <p>Vas deferens: tube that carries sperm from the testes to the urethra; sperm becomes mixed with secretions along the way and forms semen</p> <p>Scrotum: pocket of skin that contains the testes, epididymis, and vas deferens</p> <p>Seminal vesicle: provides the semen with clear liquid mucus with a high sugar content</p> <p>Prostate: reproductive gland shaped like a walnut; creates a thick white fluid rich in protein which mixes with semen</p> <p>Cowper's gland: releases fluid that mixes with semen</p> |
| <p>Slide 6</p> <p>Sperm production & ejaculation</p> <ul style="list-style-type: none"> ■ Sperm production begins at the onset of puberty. ■ The first sign that an individual can reproduce is having an erection that produces ejaculation. <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Sperm production</p> <ul style="list-style-type: none"> • Sperm production begins at the onset of puberty (around age 13). • The testicles are responsible for making millions of sperm. • The scrotum is used to protect the testicles by hardening to keep the testicles closer to the body or softening to move them away from the body, so that their temperature is 3°C lower than the rest of the body. This then keeps the testicles at the right temperature for sperm production. • Sperm passes through the epididymis from the testicles and are stored here for about 20 days until they mature. <p>Ejaculation</p> <ul style="list-style-type: none"> • The first sign that an individual can reproduce is having an erection that produces ejaculation. • Ejaculation is a release of sperm and other liquids from inside the male reproductive tract that comes out through the penis. • The process of ejaculation first begins with a male becoming sexually aroused. |

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| | <ul style="list-style-type: none"> • The penis becomes hard and rises. The penis also becomes larger and longer. • This is called an erection. (Image on the bottom left) • During ejaculation, the vas deferens carries the sperm to the urethra and the sperm becomes mixed with secretions along the way and forms semen. • Along the sperm's journey to the urethra, the prostate gland produces a white fluid rich in protein to help nourish semen outside of the body. • Sperm also make a pitstop to the seminal vesicle, which lies behind the bladder and produces secretions that make up 60% of semen, and this thick fluid nourishes the sperm. • During ejaculation, the prostate gland enlarges to block urine from leaving the bladder. • There are 300-500 sperm released in an ejaculation. |
| <p>Slide 7</p> <p>Assigned female at birth External genitalia</p> | <p>Describe each part of the body and its role:</p> <p>Vulva: includes the labia minora and labia majora; often mistakenly called the vagina when, in fact, the vagina is the canal that runs from the opening of the vagina to the cervix</p> <p>Clitoris: most sensitive part of the vulva and provides sexual pleasure</p> <p>Labia majora: outer fold of skin that functions to protect the opening of the urethra and the vagina</p> <p>Labia minora: inner fold of skin that functions to protect the opening of the urethra and the vagina</p> <p>Urethral orifice: opening that leads to the urethra and where urine exits the body</p> <p>Vaginal orifice: opening that leads to the vaginal canal; thin membrane called the hymen surrounds the opening of the vagina that varies from person to person and usually erodes over time</p> <p>Anus: sphincter attached to the rectum that passes stool or fecal matter from the body</p> |
| <p>Slide 8</p> | <p>Describe each part of the body and its role:</p> <p>Ovary: reproductive gland the size and shape of an almond that produces eggs and hormones (estrogen and progesterone)</p> <p>Fallopian tube: tubes that carry the egg from the ovary to the uterus, where it can be fertilized by a sperm</p> |

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| <p>Assigned female at birth Reproductive system</p> | <p>Uterus: pear-shaped organ in the lower abdomen; it grows to allow the fetus to develop Cervix: the lower, narrow part of the uterus; it forms a duct that opens into the vagina Vagina: muscular canal that runs from the cervix to the outside of the body; it is used for sexual pleasure or to give birth to a child</p> |
| <p>Slide 9</p> <p>Conception Sperm transport ①</p> | <p>Conception: Pregnancy occurs when a sperm meets with an egg and the fertilized egg implants in the lining of the uterus. The process of the sperm and egg coming together is called fertilization. It only takes one sperm to meet with an egg for pregnancy to happen.</p> <p><u>Sperm transport</u></p> <ul style="list-style-type: none"> • The sperm (semen) leaves the penis and enters the vagina. • If semen gets into the vagina, the sperm cells can swim up through the cervix, and the sperm and uterus work together to move the sperm towards the fallopian tubes. • The sperm has up to six days to join with an egg before it dies. |
| <p>Slide 10</p> <p>Conception Egg transport ②</p> | <p><u>Egg transport</u></p> <ul style="list-style-type: none"> • About halfway through the menstrual cycle, the ovaries release the mature egg from its sac (the corpus luteum) — this is called ovulation. • The egg travels from the ovary down one of the fallopian tubes (towards the uterus) where fertilization may take place if sperm are present. It will wait for a sperm cell for about 24 hours. |
| <p>Slide 11</p> | <p><u>Fertilization</u></p> <ul style="list-style-type: none"> • When a sperm and egg join together, this is called fertilization. |

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| <p>Conception Fertilization ③</p> <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <ul style="list-style-type: none"> • Fertilization usually takes place in a fallopian tube. • The fertilized egg begins to develop and travels down the fallopian tube and into the uterus. |
| <p>Slide 12</p> <p>Conception Implantation ④</p> <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p><u>Implantation</u></p> <ul style="list-style-type: none"> • If the fertilized egg attaches to the lining of the uterus and begins to develop into an embryo, this process is called implantation, and this is when pregnancy officially begins. • When the fertilized egg implants in the uterus, it releases pregnancy hormones that prevent the lining of the uterus from shedding. This is why individuals do not usually get their period when they are pregnant. • A baby grows and develops in the uterus and will be delivered in most circumstances 9 months from the vagina or by surgery (caesarean section). <p>There are many reasons why some individuals are unable to conceive a baby on their own (infertility, single parents, same sex couples).</p> <p>Assisted human reproduction can help these individuals build their families.</p> <p>What is assisted human reproduction? Assisted human reproduction (AHR) is defined as any procedure that involves the handling of eggs, sperm, or both, outside the human body.</p> <p>Additional ways of conceiving: Some examples using assisted human reproduction include:</p> <ul style="list-style-type: none"> • Artificial insemination: The partner's own semen or donor semen is inserted into the vagina or cervix. • Intrauterine insemination: The sperm is placed into the uterus. |

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| | <ul style="list-style-type: none"> • In vitro fertilization (IVF): An egg is fertilized outside of the body in a lab and is then placed in the uterus. • Ovarian stimulation: Medications are used to induce ovulation in women who are not ovulating. |
| <p>Slide 13</p> <p>Menstrual cycle</p> <p>The diagram illustrates the four stages of the menstrual cycle. 1. Menstruation: The uterus sheds its lining. 2. Follicular stage: The uterus rebuilds its lining. 3. Ovulation: An egg is released from the ovary. 4. Luteal stage: The uterus continues to rebuild its lining. The diagram shows the uterus and ovaries in each stage.</p> | <p>General information on menstruation that can be discussed prior to explaining the menstrual cycle.</p> <ul style="list-style-type: none"> • The medical term for <i>getting periods</i> is menstruation or “menses”. • Having periods is a sign of fertility, meaning someone can get pregnant if they have sex. • Periods usually start between the ages of 8 and 18 and last until menopause. • Period may be irregular for the first few years, as it can take time for the body to adjust. Eventually, it will settle into a schedule and periods will become more regular. It is important to note however, that some individuals will continue to experience irregular periods, and this is normal. If someone has concerns, they should seek advice from a healthcare professional. • Periods generally last between 3-6 days. <p>The menstrual cycle is the body’s way of preparing for pregnancy every month or can bring the menstruation (<i>period</i>) if it is not pregnant.</p> <p>There are four stages to the menstrual cycle:</p> <p><u>1st stage: Menstruation</u> The 1st day of the menstrual cycle starts on the 1st day of the period. The uterus does not need the lining of extra blood and tissue to grow a pregnancy, so it sheds the lining out of the vagina as menstrual blood. The unfertilized egg (Ovum) is also shed (the egg is not visible to the naked eye). The period happens when the egg does not get fertilized by a sperm.</p> <p><u>2nd stage: Follicular</u> The body is getting ready to release an egg.</p> |

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The ovaries hold lots of eggs. In fact, at birth, ovaries have an average of 400,000 immature eggs in them. Only 300 to 500 of these eggs will be released during menstrual cycles during their lifetime. About a week after the period ends, 1 of the eggs matures in the ovaries. When an egg is mature, it means it's ready to be fertilized by a sperm cell. After the period ends, the uterine wall also begins to thicken again due to increasing hormone levels, to prepare for a pregnancy or to get released as menstrual blood. If a person becomes pregnant, this nutrient rich lining provides support to the developing embryo.


3rd stage: Ovulation

About halfway through the menstrual cycle, the hormones tell one of the ovaries to release the mature egg from its sac (the corpus luteum) — this is called ovulation. As the mature egg is released from the ovary, the egg travels from the ovary down one of the fallopian tubes (towards the uterus) where fertilization may take place, if sperm are present. It will wait for a sperm cell for about 24 hours. Sperm can remain in the fallopian tubes for several days, therefore pregnancy is most likely from sex that happens in the 5 days leading up to ovulation and the day of. If the egg is not fertilized, it disintegrates after about 24 hours. Ovulation generally occurs on day 14 of the menstrual cycle, but ovulation is influenced by many factors, and has been known to occur any time during the cycle, even during the menstrual period. Lining of the uterus continues to get thicker.

Stage 4: Luteal Stage

The empty sac (Corpus Luteum) left in the ovary begins to produce the hormones, estrogen and progesterone, as the uterus continues to thicken and get ready for the fertilized egg. When a fertilized egg reaches the uterus, high levels of estrogen and progesterone signal the uterine lining to allow it to implant on the wall of the uterus. If pregnancy does not happen (because the mature egg does not get fertilized by a sperm cell), the corpus luteum breaks down which causes estrogen

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| | <p>and progesterone levels to drop. This signals the uterine lining to break down, and therefore we return to stage one and a new menstrual cycle begins.</p> <p>The cycle repeats itself monthly, or every 21-35 days.</p> |
| <p>Slide 14</p> <p>Healthy relationships</p> <ul style="list-style-type: none"> ■ Relationships can be one of the best, and most difficult parts of life. ■ Often, these relationships can make you experience feelings you have never felt before. ■ Be selective when getting involved with someone. Make sure they have the same qualities that you admire in your friends and family.  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Relationships can be one of the best, and most difficult parts of life. Be selective when getting involved with someone. Make sure they have the same qualities that you admire in your family and friends.</p> <p>Relationships are about:</p> <p>Friendship: Be a friend and respect each other and learn.</p> <p>Patience and tolerance: Both partners need to recognize that no one is perfect, and everyone makes mistakes. Without the effort and compromise of both partners, the relationship cannot work.</p> <p>Understanding and support: A partner can challenge you, stand beside you when you need them, and catch you when you fall- yet gives you space to grow as a person.</p> <p>Trust and intimacy: Being able to count on each other and that the other person will be there for you.</p> <p>Being real: Let your partner get to know the "real you." In a healthy relationship, you need to accept the other person, flaws and all. Don't go into a relationship trying to change the other person.</p> <p>Communication: This is how we show our respect, trust, and honesty. It requires listening to and sharing thoughts and feelings.</p> <p>Safety: Both people feel physically and emotionally safe with each other. You're comfortable to set boundaries and say no without fear.</p> <p>Honesty: You can be yourself. You don't hide things from your partner, your parents, or your friends. You may have things that are private, but not secretive.</p> <p>Acceptance: You feel accepted by your partner for who you are, and you accept yourself when you are with your partner. You also accept your partner's boundaries, decisions, and values.</p> <p>Respect: Your decisions, values, beliefs, and boundaries are respected, and you offer that in return.</p> <p>Enjoyment: You enjoy spending time together, but also know how to balance other things in your life. You also feel okay to have your own space.</p> |



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| | <p>An engaging, secure, and loving relationship can be an ongoing source of support and happiness. However, if the relationship isn't supportive, it can be a tremendous drain.</p> <p>What are some relationship red flags?</p> <p>Ask yourself the following questions. Does your partner...</p> <ul style="list-style-type: none"> • Get jealous often? Remember, love is not jealous! • Frequently check your cell phone, email, or other social media accounts? • Makes you feel guilty if you do things with your friends or your family? • Refuse to practice safe sex? • Use disrespectful language when talking about you or others? • Do mean things to animals? • Start fights or threaten to start fights with you or others? • Blame you when they are angry? • Pressure you to use drugs or alcohol? • Have big mood swings that make it hard to know what to expect when you're together? • Accuse you of things you didn't do? • Embarrass you or put you down in front of your friends or in public? • Pressure you to have sex or do things that you don't want to do? • Pinch, hit, slap, push, grab, or inflict any type of physical abuse? <p>If you experience any of these "red flags" in your relationship, it's time to step away, get help, and get out of the relationship. It won't be easy but, you are worth it!</p> |
| Slide 15 | |


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| <p>Decision making</p> <ul style="list-style-type: none"> Several factors may influence the decision to have sex: <ul style="list-style-type: none"> Personal or family values Personal or cultural beliefs Risks involved Personal experiences Experiences of family or friends Each person must decide what is best for them and what they are most comfortable with. | |
| <p>Slide 16</p> <p>Consent</p> <p>Definition: Active process of willingly, enthusiastically and freely agreeing to engage in sexual activity on an ongoing basis without manipulation or threats.</p> | <p>Definition of consent: According to the Government of Canada's Department of Justice, consent is legally defined as the voluntary agreement of a person to engage in sexual activity. Taking this definition one step further, consent is defined as the active process of willingly, enthusiastically and freely agreeing to engage in sexual activity on an ongoing basis without manipulation or threats.</p> <ul style="list-style-type: none"> Sexual contact needs to be fully consensual, and everyone needs to accept and respect each other's boundaries. Consent can always be withdrawn during the sexual relation. <ul style="list-style-type: none"> Example: It is possible for someone to consent to sexual contact and then become uncomfortable and choose not to continue. At this point, the sexual relation must stop. Consent is a one-time only agreement. <ul style="list-style-type: none"> Example: Just because someone agreed to engaging in sexual activity on Saturday, does not mean they have already given their consent to sex next Tuesday. Consent is not automatic and being in a committed relationship doesn't give anyone the right to not seek consent. In some situations, full, informed, and free consent cannot be given. People who are under the influence (drugs, alcohol), asleep, unable to understand what they are saying yes to, or under severe pressure are not able to freely and willingly consent to participating in a sexual activity. <p>Communication:</p> <ul style="list-style-type: none"> Even if someone finds talking about sexual health uncomfortable and awkward, it's important to be up front about what they think is important when it comes to sex. Consent must be communicated verbally. |

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| <p>Slide 17</p> <p style="text-align: center;">Consent</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=raxPKkIDF2k to access the video online.</p> <p>Legal specifications:</p> <p>The legal age of sexual consent in Canada is 16 years of age. If someone is under 16, there is a close age exception which is:</p> <ul style="list-style-type: none"> • Individuals who are under 12 years of age cannot consent to sex. • If they are 12 or 13, their partner must be less than 2 years older than them. <ul style="list-style-type: none"> • Example: Someone who is 12 years old can consent with someone who is 12 or 13 years old. • If they are 14 or 15, their partner must be less than 5 years older than them. <ul style="list-style-type: none"> • Example: Someone who is 14 years old can consent with someone who is 14, 15, 16, 17, or 18 years old. • Even if the person is 16 or 17, they cannot give consent to a person holding a position of trust, authority or dependency. It is illegal. <ul style="list-style-type: none"> • Example: a coach, a teacher, a supervisor, etc. |
| <p>Slide 18</p> <p style="text-align: center;">Online safety</p> <ul style="list-style-type: none"> ■ Only use social media with individuals that you know and trust. ■ Do not accept friend requests from people who you have no connection to. ■ Never share personal information online. ■ Never share naked pictures online.  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Smartphones, tablets, and computers are part of our daily life. The arrival of online dating and certain technology applications has opened the door to online predators. These individuals and organizations lure teens and young adults through the internet into compromising situations.</p> <p>Discussion for class:</p> <p><u>Don't:</u></p> <ul style="list-style-type: none"> • Don't give out your real name, address, birthdate, and location to anyone who you have met on the internet. That person may not be who they say they are. • Don't accept friend requests from people who you have no connection to. • Don't engage in sending any inappropriate pictures online. Remember that what is posted online can be traced, shared, and spread everywhere. |

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| | <p><u>Do:</u></p> <ul style="list-style-type: none"> • Do report any offensive, bullying, or threatening online correspondence to your parents or another person you can trust. • Do keep private information private. • Do keep your passwords private and in a safe place that only you know about. • Do "be real," always be true to who you are and don't pretend to be someone you're not. |
| <p>Slide 19</p> <p>Sexual contact</p> <ul style="list-style-type: none"> ■ Any contact with the vulva, clitoris, vagina, anus, penis or testicles between two or more people. <p>Examples:</p> <ul style="list-style-type: none"> • Skin ↔ genitals • Mouth ↔ genitals (oral sex) • Penetration (vaginal or anal) <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></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> |
| <p>Slide 20</p> <p>Sexually Transmitted and/or Blood Borne Infections (STBBI)</p>  <p>A STBBI is an infection that can pass from one person to another through the blood and other bodily fluids during sexual contact.</p> <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Sexually Transmitted and/or Blood Borne Infections (STBBIs) can pass from one person to another through the blood and other bodily fluids during sexual contact. Students may be familiar with the term, "STI" Sexually Transmitted Infection, which was the former term. This was changed as some of the same infections can spread through contact with contaminated blood, not just through sexual contact.</p> <p>Discussion for class:</p> <ul style="list-style-type: none"> • STBBIs are contagious and can be transmitted through sexual contact or through non-sexual contact. • Just because someone has had an STBBI before doesn't mean they won't get one again. • People can be re-infected before their treatment is complete, or if their partners are untreated. • An infected mother can pass an STBBI to her baby during a vaginal birth. <p>Testing options will be discussed in later slides.</p> |


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| <p>Slide 21</p> <p style="text-align: center;">STBBI: Bacterial vs. Viral</p> <hr/> <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>There are two different types of STBBIs – Bacterial and Viral.</p> <p>What are bacterial infections? Bacterial STBBIs are caused by bacteria passed from person-to-person during sexual activity.</p> <p>Bacterial infections can be cured using medications. Let's look at a non-STBBI example to aid with learning: Strep throat</p> <ul style="list-style-type: none"> • Treatment: Antibiotics <p>What are viral infections? Viral STBBIs are caused by viruses being passed from person to person during sexual activity or through contact with contaminated blood.</p> <p>Viruses can be treated and managed but there isn't always a cure. Let's look at a non-STBBI example to aid with learning: Having a cold</p> <ul style="list-style-type: none"> • Can be treated and managed: Rest, liquids, medication such as anti-virals if needed (no antibiotics as antibiotics only treat bacterial infections). Reoccurring outbreaks can be experienced. • Vaccinations against viruses are available and can prevent some viral infections. Vaccinations that students may be familiar with will be discussed in the upcoming slides. <p>Suggested activity: Before moving on to the next slide, ask students to name any STBBI they think they might know.</p> |
| <p>Slide 22</p> | <p>Reminder for students: There are other infections that are not considered an STBBI. If they are ever unsure or if they have questions, they should contact their health care provider. If something does not feel, look, and smell right talk to your health care provider as you know what is normal and abnormal for your own body and be sure to advocate for yourself.</p> |

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| <table border="1"> <thead> <tr> <th>Bacterial</th> <th>Viral</th> </tr> </thead> <tbody> <tr> <td>Chlamydia*</td> <td>Herpes</td> </tr> <tr> <td>Gonorrhoea*</td> <td>Hepatitis B* & C*</td> </tr> <tr> <td>Syphilis*</td> <td>Human Papilloma Virus (HPV)</td> </tr> <tr> <td><i>Bacterial infections can be treated with antibiotics</i></td> <td>Human Immunodeficiency Virus (HIV)*</td> </tr> </tbody> </table> <p style="text-align: right;">* reportable STBIs</p> | Bacterial | Viral | Chlamydia* | Herpes | Gonorrhoea* | Hepatitis B* & C* | Syphilis* | Human Papilloma Virus (HPV) | <i>Bacterial infections can be treated with antibiotics</i> | Human Immunodeficiency Virus (HIV)* | <p>Important: STBIs can lead to long term complications if left untreated. This applies to both viral and bacterial infections.</p> <p>Infections marked with an * are reportable STBIs. These STBIs, when diagnosed, require health providers to report these results to the local public health officials.</p> |
|---|--|-------|------------|--------|-------------|-------------------|-----------|-----------------------------|---|-------------------------------------|---|
| Bacterial | Viral | | | | | | | | | | |
| Chlamydia* | Herpes | | | | | | | | | | |
| Gonorrhoea* | Hepatitis B* & C* | | | | | | | | | | |
| Syphilis* | Human Papilloma Virus (HPV) | | | | | | | | | | |
| <i>Bacterial infections can be treated with antibiotics</i> | Human Immunodeficiency Virus (HIV)* | | | | | | | | | | |
| <p>Slide 23</p> <p>STBI Signs & Symptoms</p> <p>Many STBIs have no symptoms. This is why it is so important to always get tested!</p> | <p>Many STBIs have no symptoms and those that present symptoms may vary among individuals. People may not always know if they have an STBI. This highlights the importance of always getting tested and making sure their partner does too.</p> <p>Untreated infections may cause permanent damage to the fallopian tubes, uterus, and surrounding tissues, which can lead to infertility.</p> | | | | | | | | | | |
| <p>Slide 24</p> <p>STBI – Testing</p> <ul style="list-style-type: none"> ■ When to get tested ■ Types of testing ■ Where to get tested | <p>Testing should be considered:</p> <ul style="list-style-type: none"> • Prior to being sexually active with a new partner • During regular check up appointments • When experiencing symptoms such as pain during sex, sores, bleeding after sex, abnormal discharge, or mid-cycle bleeding <p>Remember: Partners may not always disclose STBIs or know that they have one. Testing and communication are important for protection.</p> <p>Testing:</p> <ul style="list-style-type: none"> • Types of testing; blood test, urine sample, swab of the cervix, vagina, throat or rectum <ul style="list-style-type: none"> • No age requirement | | | | | | | | | | |

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| | <ul style="list-style-type: none"> • Tip: A student can take a picture of their health card to keep in their phone in case they forget their card or do not keep it with them. • Completely confidential <p>Where to get tested:</p> <ul style="list-style-type: none"> • Primary care provider • Walk-in clinics • University or College Health Services • Ottawa Public Health Sexual Health Clinic (see below) <p>Clinics:</p> <ul style="list-style-type: none"> • Main clinic: 179 Clarence St., Ottawa – by appointment only • Gay Men's Sexual Health Clinic: 179 Clarence St., Ottawa – by appointment only <ul style="list-style-type: none"> ○ Provides a wide range of sexual health programs and services for gay, bisexual, trans-men, and other men who have sex with men in the Ottawa area |
| <p>Slide 25</p> <p>Protection against STBBIs</p> <ul style="list-style-type: none"> ■ Abstinence ■ Barrier methods <ul style="list-style-type: none"> • Condoms • Dental dams ■ Vaccinations <ul style="list-style-type: none"> • Hepatitis B • HPV  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Abstinence:</p> <ul style="list-style-type: none"> • 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. <p>Some common reasons individuals choose to be abstinent are:</p> <ul style="list-style-type: none"> • Not feeling ready to have sex • Not feeling safe and secure • Not prepared or ready to use birth control • Preventing an unwanted pregnancy |


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| | <ul style="list-style-type: none"> • 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 <p>Considerations about abstinence:</p> <ul style="list-style-type: none"> • 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. <p>Barrier Methods: 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 STBBIs AND pregnancy. 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. |
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| | <ul style="list-style-type: none">• 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. <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> <ol style="list-style-type: none">1. Cutting off the tip of the condom (closed end)2. Cutting off the ring of the condom (opened end)3. 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. |
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| <p>Slide 26</p> <p>Putting on an external condom demonstration</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <ul style="list-style-type: none"> • These vaccines can help protect against Hepatitis B and HPV (viral infections). <p>*If experiencing difficulties playing the video embedded in the presentation, visit https://www.youtube.com/watch?v=fbo9_0lqcFA to access the video online.</p> <p>How to properly put on an external condom:</p> <p>Before sex:</p> <ol style="list-style-type: none"> 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. <p>After sex or ejaculation</p> <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> • Using a new condom for each sexual contact. |
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Slide 27

Internal condom
demonstration



OttawaPublicHealth.ca/SchoolHealthOnline


***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.
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.


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| | <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>11. Ensuring to use a new condom for each new sexual interaction.</p> |
| <p>Slide 28</p> <p>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</p> <p>A dental or “oral dam” is a thin, rectangular sheet of latex used during sex (oral-vaginal or oral-anal). The “dam” helps prevent STBBIs.</p> <p>Store bought dental dams are available, or it can made by individuals out of a condom. Here's how:</p> <ol style="list-style-type: none"> 1. Cutting off the tip of the condom (closed end) 2. Cutting off the ring of the condom (opened end) 3. Cutting down the length of the condom <p>This will create a latex rectangle like a store-bought dental dam.</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. <p>Keeping dental dams away from direct sunlight in a cool dry place (just like condoms).</p> |
| <p>Slide 29</p> | <p>Important to note:</p> <p>There is no specific age to get birth control, and in Ontario, parents' permission is not required.</p> |



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| <p>Preventing pregnancy</p> <ul style="list-style-type: none"> ■ 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>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. • Please see following slides for images and descriptions of each method. |
| <p>Slide 30</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 • 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 |


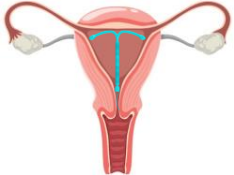
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| | <p>Discussion points:</p> <ul style="list-style-type: none"> • Takes 7 days for the birth control pill to start taking effect and prevent a pregnancy 3. Recommended to use a back-up method of birth control during this time to prevent a pregnancy, such as condoms or abstinence |
| <p>Slide 31</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 progesterin 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 32</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 progesterin, which are absorbed through the walls of the vagina and then distributed in the blood • Does not require sizing or fitting |

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| <p>Hormonal contraceptives Vaginal ring</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <ul style="list-style-type: none"> • 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 <p>Can be used with a condom and tampons</p> |
| <p>Slide 33</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 34</p> | <p>Etonogestrel implant</p> |


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| <p>Hormonal contraceptives Implant</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></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 |
| <p>Slide 35</p> <p>Intrauterine contraceptive</p>  <p><small>OttawaPublicHealth.ca/SchoolHealthOnline</small></p> | <p>Important note:</p> <ul style="list-style-type: none"> • 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. <p>Intrauterine contraceptives – Intrauterine device (IUD)</p> <p>What they are:</p> <ul style="list-style-type: none"> • 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. <p>How they work:</p> |

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| | <ul style="list-style-type: none"> • 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. <p>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.</p> |
| <p>Slide 36</p> <p>Emergency contraceptives</p> <ul style="list-style-type: none"> ■ Emergency use <ul style="list-style-type: none"> • Not a regular method of birth control • To be used after unprotected sexual intercourse to prevent pregnancy ■ 2 Methods: <ul style="list-style-type: none"> • Oral ("morning after pill") • Copper IUD | <p>What it is:</p> <ul style="list-style-type: none"> • 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. <p>There are two methods of emergency contraception:</p> <ol style="list-style-type: none"> 1. Oral medication – Also known as the “morning after pill” or “plan b” <ul style="list-style-type: none"> • 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 |

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| | <ul style="list-style-type: none"> • 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. <p>*Important to remember:</p> <ul style="list-style-type: none"> • 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. • 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 37</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 • Gay Men's Sexual Health Clinic: 179 Clarence St, Ottawa – by appointment only. • 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 • the interview of the visit and assessment |

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| <p>Slide 38</p> | <ul style="list-style-type: none"> • the testing component and how to receive results |
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References:

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

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

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