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

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

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This Book is For Everyone!
This book is about sexuality, relationships and healthy sexual choices.

Sexuality is part of being human. It’s a normal and healthy part of everyone’s life, whether you’re straight, gay, lesbian or bisexual, or if you are male, female or transgender. Sexuality is about feelings and desires. It’s about finding your own way to juggle feelings that are confusing and scary and exciting—all at the same time. Sexuality includes sexual feelings and the decisions you make about how you act on those feelings.

Healthy sexual choices allow you to:

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

Healthy sexual choices are choices you can feel good about.

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

Toward the back of this book you’ll find a section called Useful Information. It has definitions of words you might not know, drawings of the male and female bodies, places to find more information, and lots more.
What is Sexual Orientation?

Sexual orientation is your feelings of sexual attraction toward others.

Everyone has a sexual orientation. You could be:

- **Gay** or **lesbian**—emotionally and sexually attracted to people of the same gender.
- **Straight**—emotionally and sexually attracted to people of the opposite gender.
- **Bisexual**—emotionally and sexually attracted to both genders.

This book is about healthy relationships and healthy sexual choices and is useful for everyone—lesbian, gay, bisexual, and straight.
Having feelings that make you wonder if you are gay, lesbian, or bisexual can be confusing and scary.

This is because there is still fear and prejudice against people who are gay, lesbian, or bisexual. These prejudices can make it difficult for you to accept these feelings and difficult for you to tell other people about them.

If you think you are gay, lesbian or bisexual:

- **You are not alone!** There are other youth and adults who are gay, lesbian, or bisexual. There are people out there you can talk to, such as staff at the Youth Project 902-429-5429.

- **It’s okay to be yourself.** What you are feeling is natural and normal. Lesbian, gay, and bisexual people have healthy relationships and lead happy, fulfilling lives with family, friends, and community.

- **Only you will know if you are lesbian, gay, or bisexual.** You are who you are and in time you will become more comfortable with your sexual orientation. You don’t have to come out and tell people until you are ready.

- **You don’t have to have sex to tell whether you are lesbian, gay, or bisexual.** Being gay, lesbian or bisexual is about feelings, relationships, and attraction, not just about sex.

*Quotes from Teens*

“It hurts to be judged, teased, hated, excluded.”
**Gender identity** is your personal idea of yourself as male, female, both, neither or somewhere in between.

Most of the time, how you feel inside matches how you look outside. But not always. **You may feel that you are in the wrong body**—that is, you have the body of a girl but you feel like you’re a boy. Or you have the body of a boy, but you feel like you’re a girl. **If you feel this way, you may be transgender.**

When you feel that you are in the wrong body, you may find that puberty is a particularly difficult time. This may be because your body is changing in ways you are not comfortable with.

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**Check it Out!**

What’s the difference between “sex” and “gender”?

**Sex** is about our biology and our bodies—the physical things, like hormones and sex organs, that make us male or female.

**Gender** is about what a society or culture says is masculine or feminine—that is, the way men and women are expected to act and how we fit—or don’t fit—into these expectations. Gender also includes your thoughts and feelings about being male or female.

---

**Quotes from Teens**

“From a very young age I knew I was not in the right body. I didn’t know what that meant until I learned about being transgender. Now I know who I am and I feel better about myself.”
If you think you are transgender:

- **You are not alone!** There are other youth and adults who are transgender. There are people out there you can talk to. The Youth Project provides support and information for transgender youth. 902-429-5429.

- **It’s okay to be yourself.** What you are feeling is natural and normal. Transgender people have healthy relationships and lead happy, fulfilling lives.

- **It can be difficult living in a world that is divided into “boys” and “girls”** when you’re not sure where you fit. You may feel more comfortable:
  - Wearing clothing that matches your gender identity
  - Asking people to call you “he” instead of “she” or vice versa
  - Asking people to call you by a different name
  - Using single-room bathrooms rather than ones labeled “male” or “female”

- **You have options.** As you get older, you have more options. You can talk to a doctor about taking hormones or having surgery. Some transgender people choose to do this and some don’t. It is your decision, but there are people you can talk to.

This book is about healthy relationships and healthy sexual choices and is useful for everyone—male, female and transgender.

**Free Advice!**

It’s okay to be gay, lesbian, bisexual, or transgender, but it is wrong to treat people badly because of their sexual orientation or gender identity.
You **CAN TALK**
to your parents

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

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

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

Talking with someone who has a different point of view is a good way to help you sort out your own thoughts and clarify your choices.
Bringing up these topics isn’t easy.

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

Some good openers are...

“Today in class, we were talking about_______. Some of it was really interesting. Did you know that ...”

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

“I need to talk to you about something that’s important to me.”

“I’m confused about ...”

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

Remember that no matter how uncomfortable they feel, your parents will be very happy that you care what they think and that you want to talk to them.
Sex, Relationships, and Decisions
Sexual activities are the wide range of ways in which people act on their sexual or romantic feelings. Sexual activities include everything from kissing to intercourse. At the right time and with the right person, sexual activities can be wonderful for both partners.

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

**Check it Out!**

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

Sexual activities include:
- Kissing
- Hugging
- Masturbation
- Making out
- Touching, feeling
- Oral sex
- Vaginal intercourse
- Anal intercourse

In this book, the words “sex” or “having sex” mean vaginal intercourse, anal intercourse, or oral sex.
You make choices every day. You choose to get up in the morning. You choose what to wear, who to spend time with, and what to do with your friends.

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

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

You make choices about sexual activities, too. And while lots of things influence your choices—family, friends, movies, videos—when you’re the one who makes the decisions, you’re the one who lives with the results.
Sexual feelings are exciting, and it can be easy to let yourself get carried away. Think ahead about the choices you make.

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

The sexual activities you will feel comfortable with will depend on your beliefs, values, and culture. Thinking carefully before acting on your sexual feelings will help you to make choices you can be proud of.

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

Most teens choose NOT to have sex.

In 2007, a study found that 6 out of 10 teens in Nova Scotia have not had sexual intercourse.

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

Think before you act.
Relationships can be healthy or unhealthy.

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

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

- **You know, like, and respect each other.** You accept each other as you are and don’t try to change each other.
- **You trust each other.** You enjoy your time together and aren’t jealous when you each spend time with other people.
- **You’re there for one another.** You support each other through good times and bad.
- **You feel good when you’re together.** You’re relaxed and comfortable. You can laugh and have fun. You’re not worried about saying or doing the wrong thing.
- **You can talk about anything.** You can discuss your problems and concerns. You even feel comfortable talking about sex. You listen to each other. You’re not afraid to be honest or to say what you really think. You can disagree with each other without getting mad.

Healthy relationships are about a lot more than sex. They’re based on self-respect and self-esteem. Healthy relationships take time—time to get to know, like, and trust one another.
In an **UNHEALTHY RELATIONSHIP** you feel scared, confused, and insecure.

- **Your partner constantly criticizes you and puts you down.** Nothing you do is good enough. He or she makes you feel stupid. There are things you’re afraid to talk about with your partner—for example, your own feelings, sex or birth control.

- **Your partner is jealous and controlling.** She or he doesn’t want you to spend time with your friends or family.

- **You never know where you stand.** Your partner plays mind games—he or she will be nice one minute and ignore you the next. She or he lies to you. Your partner tells you one thing and then does another.

- **You feel pressured to do things you don’t want to do.** You’re afraid that your partner will get angry or leave you if you don’t do everything he or she wants you to do.

- **There is a lot of yelling in your relationship.** Your partner freaks out when you don’t agree with what she or he wants or says. Sometimes you’re scared of what he or she might do.

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**Quotes from Teens**

“Don’t feel obligated to do something you’re not sure you want to do. If you are not comfortable with your partner, you are not comfortable with your relationship. If you are in a relationship where you are on edge all the time, sex won’t change it.”
How healthy is our relationship?

Is this a relationship between equal partners where neither of us is “the boss”?

Are we friends?

Do we have fun together?

Do we both have other friends and interests so we aren’t jealous about time we spend apart?

Are we honest with each other?

Do we trust one another?

Are we comfortable talking about most things, including sex?

Do we listen to each other and respect each other’s ideas, values, and points of view?

Does being in this relationship make me feel good about myself?

If you answered “no” to any of these questions, your relationship could be unhealthy. You might find it helpful to talk with someone you trust about how you feel.
In a healthy relationship, you feel good about yourself.
When—or whether—you are ready to have sex is a decision only you can make.

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

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

**Ask yourself:**

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

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

Quotes from Teens:

“The truth is, not all teenagers have sex.”
“If you’re having doubts, don’t have sex.”

“To have safe sex you have to discuss it first with your partner. If you can’t talk about it you shouldn’t be doing it.”
You’re NOT READY for sex if:

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

CAUTION! There is no “right age” for having sex. But one important thing to consider when making your decision is that having vaginal sex at a young age is risky for a girl. This is because the cells of the cervix are still developing and are more easily damaged. This puts girls at higher risk for cervical cancer. To find out more see page 100.

Check it Out! Sexual activity has physical risks—for example, you could become pregnant or get a sexually transmitted infection (STI).

Sexual activity has emotional risks, too. You risk getting your feelings hurt or your heart broken. You could find that your sex life is a hot topic for gossip at school or on the internet.

Protecting yourself and your partner from both physical and emotional risks is your responsibility when you become sexually active.
If you’re thinking about having sex, it’s good to get all your questions answered first.

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

**You can talk to:**

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

When you’re looking for someone to talk to, keep in mind that not everyone will keep what you say confidential.

**Doctors and nurses are required by law to keep anything you tell them confidential.** This means that as long as a doctor or nurse believes that you are mature enough to understand medical advice, then he or she cannot tell anyone what you say or give anyone information about your health. This includes your parents.

**There are a few exceptions to this rule to keep you—and others—safe.** You’ll find details under “Limits to Confidentiality” on pages 106-107.

So, when you see a doctor or nurse, if you want to be sure your talk remains between the two of you just say, “This is confidential, right?”
Sex and images of sexuality are everywhere—in movies, in music, in videos.

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

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

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

Think again! It is a big deal!
You matter.

You are the sum of your heart and mind and spirit. Your sexuality is an important part of that.

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

If you don’t believe that, talk to a counsellor or someone you trust now. Don’t wait until after you get hurt.

You can get hurt physically.

Oral sex can give you herpes and other STIs. Being alone with a stranger can be dangerous, and having many sexual partners increases your risk of getting an STI.

You can also get hurt emotionally.

Oral sex—or any sexual activity—with someone who doesn’t know you or care about you can leave you feeling sad, bad, hurt, and used.
Whether you are male, female, or transgender, straight or gay, old or young, no one has the right to pressure you into having sex or into any kind of sexual activity. These decisions are yours to make. Don’t let anyone else make them for you.

- You get to decide how far you’re willing to go. Agreeing to kiss or touch does not mean that you have agreed to have sex. You can change your mind and say, “Stop” at any point, even during sex.

- You can say “No” to sex for now. Later on, when you’re ready, you can say “Yes.”

- Even if you’ve had sex before, you can still say “No” the next time.

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

**Bottom Line**

When in doubt, don’t. Slow down, back up, think it over.
“You would if you loved me.”
“There are other ways to show our love.”

“But I love you!”
“If you loved me, you’d respect my right to say no.”

“Everybody does it.”
“Not everybody. Not me. It’s really important to me to wait until I’m ready.”

“I need you. I have to have you.”
“If I can wait, so can you.”

“If you don’t, I’ll find someone who will!”
“Okay. I’m just not ready for sex yet.”

“Quotes from Teens”
“It would be better to lose someone who is constantly pressuring you to have sex than to regret doing it.”

Sex, Relationships, and Decisions
17 Good Reasons Not to Have Sex

1. Because you’re lonely
2. Because you’re drunk
3. Because you’re high
4. Because someone else wants you to
5. Because you think you owe it to someone
6. Because you think someone owes it to you
7. Because you think everyone else is doing it
8. Because you want to fit in or feel popular
9. Because you want to prove that you’re grown up—to yourself, your friends, or your parents
Because you think that having sex will make the other person love you (It won’t. Love may lead to sex, but sex doesn’t lead to love.)

Because you think having a baby will be fun and you’ll be able to move away from home

Because you want to prove you’re straight

Because you’re afraid to say “No”

Because you think having a baby will make your boyfriend or girlfriend stay with you

Because someone gives you money or gifts, or makes promises

Because you want to hurt or get back at someone
Clear Head, Clear Thinking

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

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

It’s a good idea to stay out of situations where you might be forced to make an important decision when you’re not thinking clearly and aren’t prepared.
“About two weeks ago I was out with my friends and we were drinking and I drank a little too much and we met some guys and I liked one of them and I was pretty much loaded at the time and he took advantage of me and I only have a faint recollection of this and I’m scared about meeting up with him when I’m sober. He might think I’m like that normally, and I am not!!”

Don’t put yourself in a position where you start off kissing and end up having sex because you’re not thinking clearly.
Sexual Assault Is a Criminal Offence

It is sexual assault to force someone into any kind of sexual activity that he or she doesn’t want and doesn’t consent to.
If you are sexually assaulted, it is never your fault.

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

If you are sexually assaulted, the person who assaults you is committing a crime. Crime is the criminal’s fault, not yours.
Sexual assault is a crime. Threatening to sexually assault someone is a crime.

Anyone can be sexually assaulted—it makes no difference whether you are straight, gay, lesbian or bisexual.

Males, females and transgender people can be victims of sexual assault, and males, females or transgender people can commit sexual assault.

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

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

If you are afraid that you’ll be hurt if you say “No,” talk to someone NOW.

Everyone has the right to say “No.”
No one has the right to hurt you.
Any kind of sexual activity without consent is sexual assault.
Consent is voluntary agreement. This means that two people agree to do certain things of their own free will.

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

The legal age of sexual consent in Canada is 16.

The exceptions to this are:

- A 12- or 13-year-old can consent to sexual activity with a partner who is less than two years older than he or she is. However, there can be no legal consent if the 12- or 13-year-old is dependent on the partner, or if the partner is abusing or taking advantage of the 12- or 13-year-old.

- A 14- or 15-year-old can consent to sexual activity with a partner who is less than five years older than he or she is. However, there can be no legal consent if the 14- or 15-year-old is dependent on the partner, or if the partner is abusing or taking advantage of the 14- or 15-year-old.

- A 14- or 15-year-old can consent to sexual activity with a partner to whom he or she is married.
Sexual activity without consent is a criminal offence.

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

- A child under age 12 can NEVER give legal consent to sexual activity.
- There can be no legal consent when a person is drunk, drugged, asleep, or passed out.
- There cannot be legal consent when one person is under the age of 18 and the other is in a position of authority or trust—for example, a teacher, neighbour, parent, older sibling, babysitter, relative, or coach. This is because there can be no voluntary consent unless the two people are equal. If one person has power over the other, consent is not legally possible.
- Unmarried people under age 18 cannot legally consent to anal sex.
Most sexual assaults are NOT committed by strangers. When a teen is sexually assaulted, 85% of the time it is by someone he or she knows. It could be a friend, a date, a relative, or someone you’ve seen around. And most of the time, it doesn’t happen in a dark alley. It happens on a date—in a car or at a party or in someone’s house. Maybe even in your own house.

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

Drugs and alcohol are often involved in sexual assault. No one can consent to sex while drunk, drugged, or unconscious. Drugging someone or getting them drunk so you can have sex with her or him is sexual assault. It is a crime.
You need to get medical help as soon as possible if you’ve been sexually assaulted. Early treatment can help prevent HIV and pregnancy. Testing within 24 hours can show if there is a date rape drug in your system.

**For immediate help and treatment**
- Local police or RCMP—call 911
- Hospital emergency departments

**For support, advice, or counselling**
- Kids Help Phone: 1-800-668-6868
  Website: kidshelpphone.ca
- Talk to a parent, friend, teacher, guidance counsellor, school nurse, or other adult you trust.

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

*Be there to help, not to judge.*
Sexually Transmitted Infections (STIs)
STIs (sometimes called STDs—sexually transmitted diseases) are infections that are spread through sexual contact. You can also get some of these infections from needles used for tattoos or piercing, or for injecting drugs.

It makes no difference whether you’re straight, gay, lesbian or bisexual, or if you’re male, female or transgender—anyone can get an STI.

Some STIs can be cured if they are found and treated. Others—like herpes—can be treated and controlled, but are never really cured. There is no cure for HIV/AIDS.

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

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

**Check it Out!**

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

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

### Common STIs

<table>
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<tr>
<th>What is it?</th>
<th>What does it do?</th>
<th>How do you get it?</th>
<th>Can it be treated and cured?</th>
</tr>
</thead>
</table>
| **Chlamydia** | • Caused by bacteria  
• One of the most common STIs  
• Can cause PID (pelvic inflammatory disease) in women  
• Can cause sterility in men and women | • Unprotected vaginal, oral, or anal sex | • Yes, with prescription antibiotics  
• Both partners must be treated |
| **Genital Herpes** | • Caused by a virus  
• The same family of viruses also causes cold sores around the mouth  
• Causes painful sores on and around the genitals  
• Area even when there are no sores | • Contact with open sores, usually during sex  
• Contact with the skin around the genital area to make them shorter and less painful  
• Contact with cold sores during oral sex | • There is no cure for genital herpes.  
• Outbreaks of herpes sores can be treated |
| **Gonorrhea** | • Caused by bacteria  
• Sometimes called “the clap,” “the drip,” or “the dose”  
• Can cause PID (pelvic inflammatory disease) in women  
• Can cause sterility in men and women | • Unprotected vaginal, oral, or anal sex | • Yes, with prescription antibiotics  
• Both partners must be treated |
| **Hepatitis B** | • Infection of the liver caused by a virus  
• Can cause liver disease or cancer of the liver | • Unprotected vaginal, oral, or anal sex  
• Sharing needles used for drugs, tattoos, or piercings | • Can be prevented with a vaccination  
• **Hepatitis B can’t be cured**, but sometimes goes away by itself |
### Sexually Transmitted Infections (STIs)

<table>
<thead>
<tr>
<th>What is it?</th>
<th>What does it do?</th>
<th>How do you get it?</th>
<th>Can it be treated and cured?</th>
</tr>
</thead>
</table>
| HIV/AIDS                                        | • Attacks the body’s immune system and makes it difficult for the body to fight off illnesses  
• Can kill you | • Unprotected vaginal, oral, or anal sex  
• Sharing needles used for drugs, tattoos, or piercing | • There is no cure for HIV/AIDS.  
• Several treatments have been developed that may slow the progress of HIV |
| HPV (Human Papilloma Virus)                     | • Some types of HPV cause genital warts (growths in, on, or around the genitals or anal area)  
• Other types can cause cancer of the cervix, penis, or anus | • Skin-to-skin contact with the genital area of an infected person | • There is no cure for HPV, but in some cases, over time, the virus goes away on its own  
• Genital warts can be treated but may come back  
• Can be prevented with a vaccination |
| Syphilis                                         | • Over time, can cause damage to the heart, liver, brain, and eyes | • Unprotected vaginal, oral, or anal sex | • Yes, with prescription antibiotics  
• Both partners must be treated |
| Trichomoniasis                                  | • Causes vaginitis in women (an inflamed and itchy vagina)  
• Causes irritation and redness to the head of the penis | • Unprotected vaginal intercourse | • Yes, with prescription antibiotics  
• Both partners must be treated |
Sexually Transmitted Infections (STIs)

Weighing the Risks

Some sexual activities have higher risks than others.

You can get an STI through touching and other kinds of skin-to-skin contact because some STIs live in bumps, rashes, or pus on the skin.

You can get an STI through activities like kissing, because some STIs live in saliva.

Sexual activities with a partner that involve the exchange of semen, vaginal fluid and blood put you at greatest risk for getting an STI or giving one to someone else.

You’ll find websites where you can learn more about the risks for STIs on page 108.

No Risk
- Flirting
- Holding Hands
- Hugging
- Physical contact with your clothes on

Some Risk
- Kissing
- Stroking
- Touching
- Fondling
- Feeling
- Massaging
For safer sex...

- Always use a male or female condom or an oral dam during anal, vaginal or oral sex.
- Keep sex toys clean. When sharing sex toys always cover them with a condom. Use a new condom every time you share a sex toy.
- Avoid oral sex if you, or your partner, have cuts or sores in the mouth or the genital area.
- Avoid “High Risk” sex activities.

Safer sex practices make catching or giving an STI less likely, but they do not completely eliminate the risk. Condoms and oral dams are NOT 100% effective. They may break or they may not cover all infected areas.

If you have sex, the best thing you can do to lower your risk of getting—or giving—an STI is to use a male or female condom or an oral dam the right way, every time.

High Risk!

- Oral sex without a condom or oral dam
- Vaginal intercourse without a condom
- Anal intercourse without a condom
- Sharing sex toys without a condom
If you have ever had vaginal, anal, or oral sex, you are at risk for STIs.

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

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

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

Some STI tests are not done routinely, so be sure to ask to have all STI tests. You don’t have to pay for these tests.

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

To be as safe as possible, always use a condom or oral dam. You’ll find information about male and female condoms on pages 70–75. For information about oral dams, see page 51.

CAUTION! Anyone can get an STI. It makes no difference if you are male, female, transgender, straight, gay, lesbian, or bisexual—anyone can get an STI.

The Bottom Line

The only way to know if you have an STI is for you and your partner to be tested for all STIs.
When should I get an STI test?

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

You also need an STI test:

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

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

It is important that both you and your partner get treated. If only one partner is treated, you will just keep passing the STI back and forth. If either of you has other partners, you’ll pass it on to them, too.
STIs can spread even when there are no symptoms. You can have an STI and not know it. Having one STI increases your risk of catching another.

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

Check it Out!

If you think you should be tested for HIV/AIDS but are worried about someone finding out, you can get **anonymous testing**. This means that you can get an HIV test without giving your name.

In Nova Scotia, you can be tested anonymously in several places. Just call and make an appointment using only your first name. No one will ask for your full name. For anonymous HIV testing, call:

- Halifax: 902-455-9696
- Sydney: 902-567-1123
- Antigonish: 1-877-597-9255
- Port Hawkesbury: 1-877-597-9255

**Bottom Line**

If you have any reason to think you might have been exposed to an STI, you need to get tested. Early treatment can make a big difference.
You can get an STI from the body fluids of any person who has a sexually transmitted infection. Body fluids include semen, vaginal secretions, blood, and sometimes saliva.

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

Some sexual activities have higher risks for STIs. You’ll find information on “no risk”, “some risk”, and “high risk” sexual activities on pages 44–45.

Safer sex can reduce your risk of getting an STI.

- Use a condom every time you have vaginal or anal sex.
- Use a condom or oral dam every time you have oral sex.
- Stick with lower-risk sexual activities where no body fluids are exchanged.
What’s an oral dam?

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

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

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

You can get STIs from sharing sex toys.

The Bottom Line

Not having sex is one way to avoid STIs. If you have sex, using a condom or oral dam every time is the most important thing you can do to protect yourself from STIs.
Don’t know how to get condoms and oral dams?

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

For example:

• Sexual Health Centres
• Youth Health Centres
• Community AIDS prevention groups

You can find out how to contact Youth Health Centres and community AIDS groups from any Public Health Services office. You’ll find contact information for Sexual Health Centres and for Public Health Services offices on pages 109–112.

Be prepared!

Carry condoms and oral dams with you. If you don’t need them, a friend might.
It’s important to protect yourself and your partner from STIs even when you are in a long-term relationship and having sex with one person.

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

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

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

**CAUTION!** Breaking up and making up can be risky times for STIs. If either of you have sex with a new partner—even once—it puts you both at risk for STIs. When getting back together, always have STI and HIV tests.
I don’t have one with me.

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

Don’t you trust me?

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

But you’re on the pill!

The pill prevents pregnancy. Condoms prevent STI. We’re going to use both!
<table>
<thead>
<tr>
<th>Excuse</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I swear I don’t have AIDS!</td>
<td>Nobody knows for sure that they don’t have an STI. We could both have one.</td>
</tr>
<tr>
<td>I don’t like the way they feel.</td>
<td>I feel better when I’m relaxed, and I’m a lot more relaxed when I’m not worried about getting an STI!</td>
</tr>
<tr>
<td>C’mon, just this once.</td>
<td>Once is all it takes. It’s too risky without protection.</td>
</tr>
<tr>
<td>It spoils the mood.</td>
<td>Condoms don’t spoil the mood, but getting pregnant or catching an STI sure would!</td>
</tr>
<tr>
<td>I’ll pull out in time!</td>
<td>That won’t protect us from STIs or pregnancy!</td>
</tr>
</tbody>
</table>

No matter what your partner says, you can always just say: “I’m a person who uses condoms.”
Preventing Pregnancy
Males produce sperm, more or less constantly. Every time a male ejaculates (or comes), the semen that’s released contains about 500 million sperm.

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

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

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

Quotes From Teens

“Always protect yourself when having sex. Pregnancies can happen anytime.”
My period is late, I think I might be pregnant!

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

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

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

“I always use protection now! I wasn’t ready to be a mother.”
Unplanned pregnancy affects both partners

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

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

- Listening to her and talking with her about how you feel
- Offering to go with her to appointments—for example, doctor, counsellor, etc.
- Standing by her whatever she decides to do
- Getting more information. Check out the websites and the contact information in the back of this book (pages 108–112).

Support your partner’s decision and find support for yourself.
It can be surprisingly easy to get pregnant.

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

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

**Free Advice!**

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

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

**The Bottom Line**

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

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

- The first time they have sex  
  **True**  

- No matter what position they have sex in  
  **True**

- During the woman’s period  
  **True**

- Even if he pulls out of her vagina before he ejaculates  
  **True**

- Even if he doesn’t put his penis inside, but ejaculates near her vagina  
  **True**

**ALL TRUE!** The only way to avoid pregnancy is to not have sex or to use a reliable method of birth control every time you have sex.
The important thing is to choose a birth control method that you will be comfortable using every time you have sex. The questions in this section can help you make a choice. Think carefully and be honest with yourself when you answer.

- **Do my partner and I agree about birth control?**
  
  Any method of birth control works best when both of you agree about what you’ll do. Being able to talk about these issues is part of a healthy relationship.

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

In Canada, the birth control methods young people choose most often are the **condom** and the **birth control pill**.
How effective is it?

Some methods of birth control are more effective than others. For example, spermicide is between 71% and 82% effective in preventing pregnancy. The pill is between 92% and 99.9% effective. Any method is effective only if you use it the right way and use it every time you have sex.

Can I afford it?

Some methods cost more than others. Depo-Provera shots cost about $40-45 every 12 weeks. Male condoms cost between $8 and $10 for a box of 12.

Can I get it where I live?

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

Is this method easy and convenient for me to use?

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

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

Some methods of birth control are used while you’re having sex. If this would embarrass you, choose birth control that is always in place or can be inserted in advance.
Does it fit with my culture and religious beliefs?

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

Quotes From Teens

“I just want people to be aware of what is out there and what is going on and not feel afraid or ashamed to talk or ashamed to buy the condom or something. Because I think somebody should feel proud...if they’re going to be sexually active, to take care of themselves and do it the right way.”

Free Advice!

There are lots of kinds of birth control. It’s not always easy to figure out what will work best for you. It can be a big help to talk it over with someone who knows the pros and cons of all the methods, like a nurse, doctor, or counsellor.
Even if you use another method of birth control, you will still need to use a male or female condom to protect yourself and your partner from STIs.
If you have had sex without using birth control you can still prevent pregnancy by taking ECP—Emergency Contraceptive Pills or Morning After Pills.

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

**ECP prevent pregnancy.** If you are already pregnant, they will not cause a miscarriage or hurt the baby.

**ECP work best if you take them within 3 days (72 hours)** after having intercourse without birth control. ECP might still work as long as 5—7 days after intercourse, but the sooner you take them, the more effective they are.

---

**You can get ECP from:**

**Drugstores, with or without a prescription.**
Go to the pharmacy section and ask to speak privately with a pharmacist. Say to the pharmacist, “I need ECP.” The pharmacist will ask you a few questions. The pharmacist will also give you some important information to help you use ECP the right way.

At a drugstore, ECP costs between $20 and $40.

**Hospital emergency rooms**

**Halifax Sexual Health Centre**
The cost of ECP is $5. Call ahead to find out when they’re open.

**Some Youth Health Centres**
You do not need your parents’ permission to get ECP. 

For more information about ECP call toll-free: 

1-888-270-7444

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**Preventing Pregnancy**

**CAUTION!**

ECP will not protect you from STIs. You should still go to a doctor or clinic for an STI test even if you have taken ECP.

---

“Don’t worry, I’ll pull out in time.”

Don’t believe this line!

“Pulling out” will not prevent either pregnancy or STIs.

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

So if he says, “I’ll pull out,” tell him to pull on a condom or no deal!
Birth Control Methods

Male Condom

Female Condom

Birth Control Pill (The Pill)

Depo-Provera (The Needle)

Spermicide

Sponge

Diaphragm and Cervical CAP

The Patch

The Ring
Preventing Pregnancy

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

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

• The first shows how well a method works when you follow the directions exactly and use it every time you have sex.

• The second shows how effective the method is likely to be if you don’t follow the directions carefully or don’t use it every time. In this case, birth control will not work as well and you will be more likely to get an STI or an unplanned pregnancy.

You can get more information about any method of birth control from a Youth Health Centre, a doctor, a Sexual Health Centre, your school nurse, or a public health nurse.

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

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

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

**PROS**

- Condoms made from latex or polyurethane are the only form of birth control that can protect you from STIs.
- Condoms are fairly cheap and easy to get. You can buy condoms at any drugstore or grocery store. Condoms cost about $8–10 for a box of 12. For inexpensive or free condoms and oral dams, see page 52.

**CONS**

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

**CAUTION!**

Condons have a “best before” date. Check the expiration date on the package. If the date has expired, the condom is more likely to break or tear.

Condons don’t give total protection. They only protect the part of the genital area that they cover. Some STIs—like herpes or the human papilloma virus—can still be spread by skin-to-skin contact with the uncovered parts of the genital area, even if you can’t see any sores or warts.
If possible, use condoms that don’t contain nonoxynol-9. N-9 is a spermicide that can irritate the vagina or anus, which can increase the risk of getting an STI.
Preventing Pregnancy

MALE CONDOM

How to put a condom on

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

1. Check the expiry date. Open the package carefully. Handle the condom gently so you don’t puncture or tear it.

2. Leave about 1 cm (1/2 inch) of space at the tip of the condom to hold the semen and help keep the condom from breaking. You can put a drop of water-based lubricant in the tip to make it more comfortable.

3. Place the condom on the head of the penis. Squeeze the tip of the condom to make sure that no air is trapped and unroll the condom all the way down the shaft.

How to take a condom off

1. While your penis is still hard, hold the condom at the base and slowly pull your penis out of your partner’s body.

2. Move completely away from your partner before taking the condom off your penis.

3. Hold the base of your penis and slide the condom off. Be careful to keep all of the semen inside.

4. Wrap the used condom in a tissue and put it into the garbage. Do not flush it down the toilet.

5. Wash your penis with soap and water. If you can’t wash, don’t have physical contact with your partner after removing the condom.

Use a new condom each time you have intercourse.
Guys—Not ready to be a father?

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

**Free Advice!**

Male and female condoms can’t be used at the same time because they stick together. If you are using a male condom, you don’t need a female condom. If you are using a female condom, you don’t need a male condom.
Female condoms are easy to get. You can buy female condoms at any drugstore. You don’t need a prescription. A box of three costs about $10–15.

Female condoms are a good choice if you are allergic to the latex in male condoms.

You can insert a female condom up to 8 hours before you have sex.

Female condoms reduce your risk of getting STIs as well as male condoms do, and they are less likely to break.

Female condoms can be tricky to put in. Read the package directions and practice until you’re sure you know how to put it in. Many women find it helpful to get advice and counseling on how to use the female condom. You can do this through a Youth Health Centre or a Sexual Health Centre.

FEMALE CONDOM

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

The female condom stops sperm from entering your vagina.

 Pros

- Female condoms are easy to get. You can buy female condoms at any drugstore. You don’t need a prescription. A box of three costs about $10–15.
- Female condoms are a good choice if you are allergic to the latex in male condoms.
- You can insert a female condom up to 8 hours before you have sex.
- Female condoms reduce your risk of getting STIs as well as male condoms do, and they are less likely to break.

 Cons

- Female condoms can be tricky to put in. Read the package directions and practice until you’re sure you know how to put it in. Many women find it helpful to get advice and counseling on how to use the female condom. You can do this through a Youth Health Centre or a Sexual Health Centre.
Do female condoms work?

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

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

---

**Free Advice!**

- **You might need help to guide your partner’s penis into the condom** to be sure it doesn’t slip around the side.

- **You might need extra lubricant** inside the condom or on the penis to make using the female condom more comfortable for both partners.

- **Female condoms are not reusable.** Use a new one each time you have intercourse. After you take one out, throw it away.

- **Male and female condoms can’t be used at the same time** because they stick together. If you are using a male condom, you don’t need a female condom. If you are using a female condom, you don’t need a male condom.
The birth control pill (also known as an oral contraceptive) is a combination of the hormones estrogen and progestin. It prevents pregnancy by stopping your ovaries from releasing eggs.

**Pros**

- The pill gives you very effective, non-stop protection from pregnancy.
- Taking the pill can make your periods shorter, lighter, less crampy, and more regular.

**Cons**

- The pill will not protect you or your partner from STIs. You still need a male or female condom even though you are on the pill.
- Birth control pills work only if you follow the directions exactly. The pill’s effectiveness depends on keeping a steady supply of hormones in your body. Anything that upsets the hormone supply can make the pill less effective. This includes missing a pill or taking some kinds of medications.
- Some women have side effects, like headaches, moodiness, nausea, sore breasts, or irregular bleeding. These side effects are usually mild and improve with time.
Where can I get it and how much does it cost?
With a prescription, you can get birth control pills from any drugstore. You can get a prescription from your doctor or some Youth Health Centres. The pill costs around $18–25 for a month’s supply. It’s a bit cheaper if you buy a 3-month supply. You can also get birth control pills from the Halifax Sexual Health Centre for about $14–20 for a month’s supply.

Help! I forgot my pill!

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

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

If you have had unprotected sex during a time when you have forgotten to take your pills, you may be at risk of getting pregnant. You need to consider emergency contraception. See page 66 for more info on ECP.
Depo-Provera is a hormone injection given once every 12 weeks. You must get another needle every 12 weeks to stay protected.

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

**Pros**

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

**Cons**

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

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

Depo-Provera can affect the health of your bones and make them weak. Talk to your doctor to find out more about this.
HELP! I missed my needle!

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

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

If you’ve had unprotected sex during a time when you have forgotten to get your needle, you may be at risk of getting pregnant. You need to consider emergency contraception. See page 66 for more information on ECP.

Where can I get it and how much does it cost?
You can get Depo-Provera at your doctor’s office or health clinic. Each injection costs about $40–45. The Halifax Sexual Health Centre gives Depo shots for $30.

Does Depo-Provera work?

Used the right way: 99.7% effective

Not used the right way: 97% effective
A spermicide is a chemical that kills sperm. Spermicides come in many forms—foams, creams, films, suppositories, gels, and tablets. Most spermicides are put into the vagina right before sex.

**Pros**

- **Spermicides are fairly cheap and easy to get.** You can get them without a prescription at any drugstore or supermarket. They cost between $11 and $20 per package.

**Cons**

- Spermicides must be left in place for at least 6 to 8 hours after you have sex. This means that you should not douche or have a bath for at least 6 to 8 hours after you have sex. (You can wash the outside of your pubic area.)

- If you have sex more than once in a single night, you need to put in more spermicide before each act of intercourse.

- **Spermicides will not protect you from STIs.** Your partner will still need to use a condom.

- **Some people are allergic to spermicides.** If you or your partner notice any itching, swelling, or burning after using a spermicide, go to a doctor or health clinic to get advice on finding another birth control method or another brand of spermicide.
Do spermicides work?

Used the right way and used every time: 82% effective

Not used the right way or not used every time: 71% effective

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

Read the directions carefully!

Free Advice!

If possible, use spermicides that don’t contain nonoxynol-9. N-9 can irritate the vagina, which can increase the risk of getting an STI.
Preventing Pregnancy

Sponge

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

Pros

- You can insert the sponge in advance. The sponge will work for 12 hours and must be left in place for 6 hours after intercourse. This means that you can insert the sponge up to 6 hours before you have sex.

- You can have sex more than once after inserting a sponge, but the sponge must stay in for 6 hours after the last time you have sex.

Cons

- Some people are allergic to the spermicide in the sponge. If you or your partner notice any burning, itching, or swelling after using the sponge, try another method of birth control.

- A sponge can become dislodged during sex. Read the package directions carefully so you’ll know how to put it in correctly and how to check to be sure it stays in place.

- A sponge will not protect you from STIs. Your partner should still use a condom.
Does the sponge work?

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

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

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

You can get the sponge at any drugstore. You don’t need a prescription. The cost is about $9 for three or four sponges.

Sponges are not reusable!
After you take one out, throw it away.
The diaphragm and the cervical cap are soft latex barriers that block sperm from entering the cervix. Both are always used with spermicidal jelly. You insert the diaphragm or the cervical cap into the vagina before sex.

**Pros**

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

**Cons**

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

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

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

Do cervical caps work?

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

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

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

You’ll need to go to a doctor or clinic where you’ll be fitted for a diaphragm or cervical cap and given a prescription. With the prescription, you can get a diaphragm or a cervical cap at any drugstore. The diaphragm and cervical cap each cost between $55 and $60. You will also need to buy spermicidal jelly to use with the diaphragm or cervical cap.

Free Advice!

You’ll need to practise a few times to learn how to properly insert a diaphragm or a cervical cap. You won’t feel either one of them when it is inserted correctly.
The patch provides excellent, continuous protection from unintended pregnancy. You don’t have to remember to take a pill every day. You only need to think about birth control once a week.

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

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

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

**Pros**

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

**Cons**

- The patch does not protect you from STIs. You will still need to use a male or female condom.
- You may have side effects, including headaches, menstrual cramps, nausea, or breast tenderness.
Where can I get it and how much does it cost?

With a prescription, you can get the patch at any drugstore. You can get a prescription from your doctor or some Youth Health Centres. The Patch costs about $24-28 a month. You can get the patch at the Halifax Sexual Health Centre for about $14 for a 1-month’s supply.

Does the patch work?

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

Not used the right way or not used every time: **92% effective**
The ring is a soft, flexible plastic ring that you insert into your vagina. Once you insert it, the walls of your vagina hold it in place and you don’t feel it, even during sex.

You insert the ring once a month and leave it in place for 3 weeks. At the end of three weeks, you remove the ring. Your period usually starts within a few days. Exactly 7 days after you remove the ring, you insert a new one, even if you are still having your period.

The ring prevents pregnancy in the same way as the birth control pill and the patch. It releases the hormones estrogen and progestin. These are absorbed into your body and stop your ovaries from releasing an egg.

**Pros**

- The ring provides excellent, non-stop protection from pregnancy.
- You only have to insert the ring once a month. You don’t have to remember to take a pill every day or change a patch every week.
- The hormones in the ring may make your periods more regular and less crampy.

**Cons**

- The ring does not protect you from STIs. You will still need to use a male or female condom.
- You may have side effects like headaches, nausea, breast tenderness, or vaginal discharge, discomfort or irritation.
Does the ring work?

Used the right way: 98%-99% effective
Not used the right way: 92% effective

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

With a prescription, you can get the ring at any drugstore. You can get a prescription from your doctor or some Youth Health Centres. The Ring costs about $23-26 for a 1-month supply. It’s a bit cheaper if you buy a 3-month supply.

You will need to read the directions carefully or talk to a doctor or nurse about:

- When to start using the ring
- How to insert and remove it
- What to do if you forget to take it out on time
- What to do if you forget to insert a new one on time
- What to do if it comes out accidentally
1 More Thing
Sexuality is part of everyone’s personality and everyone’s life. It is a basic need and a part of being human. Sexuality includes everything in your daily life that makes you a sexual person—your gender, body, mind, spirit, and emotions.

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

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

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

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

“People need to know that it’s okay to talk about these things.”

“Sex is a lot more complicated than some people might think.”
USEFUL
INFORMATION
Abstinence: Choosing not to have any kind of sexual activity that leads to an exchange of body fluids. This includes oral sex, vaginal sex, anal sex, and any activity that involves skin-to-skin contact in the genital area.

AIDS: AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus called HIV. AIDS occurs when HIV seriously damages the body’s immune system. This allows diseases and infections—such as cancers and pneumonia—to develop. There are medications to help treat HIV and AIDS, but there is no cure.

Anal sex: Stimulating the anus for sexual pleasure. This can be done with hands, mouth, penis or sex toys. Anal intercourse is when a penis or sex toy is inserted into the anus.

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

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

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

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

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

Coming out (as in “coming out of the closet”): The process of acknowledging and being open about being gay, lesbian, bisexual or transgender. For example, “I just came out to my parents.” The first person you come out to is yourself. Coming out to others can be a life-long process.
**Cum:** A slang word that is used to describe the semen released when males ejaculate.

**Dependent:** There are many ways that someone can be dependent on another person. One example of a dependent is a person who relies on another person for aid or support, such as for food, shelter, money.

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

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

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

**Gay:** A male who is emotionally and sexually attracted to people of the same sex. “Gay” can also refer to or include lesbians.

**Gender:** Your thoughts and feelings about being male or female. Gender can also be about the kinds of behaviour a society or culture defines as masculine or feminine.

**Gender identity:** Your inner feeling that you are male, female, both, neither or somewhere in between.

**HIV:** HIV (Human Immunodeficiency Virus) attacks and weakens the immune system of the human body. This makes it hard for the body to fight off diseases and infections. HIV can lead to AIDS (Acquired Immune Deficiency Syndrome).

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

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

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

**Masturbation:** Touching, rubbing or squeezing your genital area, penis, clitoris, vaginal opening, vulva, breast, or anus for sexual pleasure. Masturbation can feel good whether or not it leads to orgasm. It can be a safe and healthy way to learn about your body and your sexuality.

**Mutual masturbation:** Partners masturbate each other—touch each other for sexual pleasure—by touching, rubbing or squeezing each other’s genital area, penis, clitoris or other parts of the body. Mutual masturbation can also mean one or both partners masturbating while their partner watches.

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

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

**Pap Test:** A test to check for changes in the cells of a woman’s cervix that could be an early sign of cancer. Within 3 years of starting to have sex, or when a girl reaches the age of 21, she needs to start having regular Pap Tests to check for changes in cervical cells before they become cancerous.
Pelvic Inflammatory Disease (PID): An infection of a woman’s inner sexual and reproductive organs. PID can be very painful and lead to infertility.

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

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

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

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

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

Sexual orientation: Your feelings of sexual attraction toward others. Your sexual orientation could be gay or lesbian (attraction to the same gender); straight (attraction to the opposite gender); or bisexual (attraction to both genders).

Sterility: Being unable to reproduce. This is also called infertility. For females this means being unable to get pregnant. For males this means that the sperm they reproduce is not able to fertilize a female’s egg.

Sterilization: Sterilization is a surgical procedure that makes a female unable to get pregnant. For males, it means that the sperm they reproduce is not able to fertilize a female’s egg. For males, sterilization surgery is called a vasectomy. For females, it’s called a tubal ligation (getting your tubes tied).

Straight: A person who is emotionally and sexually attracted to people of the opposite gender.

Transgender: People who feel that their gender identity conflicts with their sexual anatomy—that is a girl who feels like she ought to have been a boy or a boy who feels like he ought to have been a girl. People who are transgender often choose to live the role of the opposite gender.
**Unprotected sex:** Sexual activity without using some form of birth control to prevent pregnancy and/or without using protection from STIs—like a male or female condom or oral dam.

**Vaginal sex, sexual intercourse:** Sexual activity during which the penis enters the vagina.
The Female Body
1. **Anus:** The opening from which stool leaves the body during a bowel movement (BM).

2. **Bladder:** The organ that holds urine.

3. **Cervix:** The lower part of the uterus that extends into the vagina.

4. **Clitoris:** A sensitive, pea-sized organ that is right above the urethra. The clitoris gets a bit bigger and more sensitive when it’s touched or when a girl has sexual thoughts or feelings. The clitoris plays an important part in sexual arousal and orgasm.

5. **Fallopian tubes:** Thin tubes that extend out on both sides of the uterus. The Fallopian tubes carry the eggs from the ovaries to the uterus. They are about 10 cm long.

6. **Labia:** The two folds of skin that cover the clitoris and the openings of the vagina and the urethra.

7. **Ovaries:** The two glands, one on each side of the uterus, that produce eggs. The ovaries also produce the hormones estrogen and progesterone.

8. **Urethra:** The tube through which urine leaves the body. The opening of the urethra is right below the clitoris.

9. **Uterus:** The muscular organ (also called the womb) in which a fertilized egg implants and a baby grows. When not pregnant, the uterus is about the size and shape of a pear (about 7.5 cm long).

10. **Vagina:** The passage that goes from the uterus to the outside of the body. The vagina is about 9 cm long.

11. **Vulva:** A woman’s pubic area. The vulva includes the sexual and reproductive organs on the outside of the body—the clitoris, labia, and vaginal opening.
Cancer of the cervix is a serious condition that all girls and women need to be aware of. The good news is that a Pap Test can detect changes in the cervix before they become cancer. When detected early, these changes can be treated and cured.

The risk for developing cervical cancer is increased by:

- **Having the Human Papilloma Virus (HPV)**
  
  There are many strains of HPV. Some cause genital warts, others cause changes in the cells of the cervix that may lead to cancer. HPV is passed from person to person through sexual contact. You can now get a vaccination to help protect you from four strains of HPV, including the two that cause 70% of cervical cancer. If you didn’t get this vaccine in school, talk to a doctor.

- **Having sex at a young age**
  
  Because the cells in the cervix are not fully developed, they are more vulnerable to damage by HPV, the virus linked to causing cervical cancer. This increases the chances of developing abnormal changes in your cervix.
- **Having unprotected sex**
  Having sex without a condom or oral dam increases the risk for all types of sexually transmitted infection, including HPV.

- **Having more than one sexual partner**
  The more sexual partners, the greater the risk of contracting STIs, including HPV.

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

- **Not having regular Pap Tests**
  This is the biggest risk factor for developing cervical cancer. If changes aren’t detected, abnormal cells may become cancerous and eventually spread to other parts of the body.

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**CAUTION!**

Pap test is not the same as an STI test. Even if you have regular Pap tests, you still need STI tests if you are sexually active. You’ll find more information about the STI test on page 48.

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**THE BOTTOM LINE**

Within 3 years of starting to have sex, or when a girl reaches the age of 21, she needs to start having regular Pap Tests to check for changes in cervical cells before they become cancerous.
The Male Body

Useful Information

1. Testes
2. Scrotum
3. Penis
4. Prostate
5. Epididymis
6. Vas deferens
7. Urethra
8. Bladder
9. Urethra
10. Rectum
11. Spermatic cord
1. **Anus**: The opening from which stool leaves the body during a bowel movement (BM).

2. **Bladder**: The organ that holds urine.

3. **Epididymis**: A coiled tube that is attached to the back of the testicles and connects with the vas deferens. Sperm are produced in the testicles, mature in the epididymis, and then move through the vas deferens to the prostate gland.

4. **Foreskin**: The fold of skin covering the end of the penis.

5. **Penis**: The male sexual organ. Both semen and urine leave the body through the penis (but never at the same time!)

6. **Prostate gland**: A gland that adds fluid to sperm to make semen.

7. **Scrotum**: The sack of loose skin just behind the penis. The scrotum holds the testicles.

8. **Seminal vesicles**: Two small organs—one on each side of the prostate gland—that, with the prostate gland, add fluid to sperm to make semen.

9. **Testicles**: Two oval glands that hang inside the scrotum. (Testicles are usually a bit lopsided, with one hanging a little lower than the other.) The testicles produce sperm and the hormone testosterone.

10. **Urethra**: The tube that carries both urine and semen through the penis and out of the body.

11. **Vas deferens**: The tubes that carry sperm from the testicles to the prostate gland.
Testicular cancer—cancer of the testicles—is the most common kind of cancer in young men between the ages of 15 and 35. It is fairly rare—about 1 in 300 young men will develop testicular cancer at some point in their life.

**Signs of testicular cancer**

The first sign of testicular cancer is usually a hard, painless lump on the testicle. Other signs may include:

- Change in the size, shape, feel, or tenderness of the scrotum or testicles
- Pain in the testicles or scrotum
- A feeling of heaviness or a dull ache in the scrotum or lower abdomen
- Soreness or change in the size of the chest around the pectoral muscle

Having one of these signs doesn’t mean you have testicular cancer. It does mean that you should see a doctor to have it checked out.

Most of the time, testicular cancer can be found and treated before it has a chance to spread.
Testicular Self Examination (TSE)

The best time to do a TSE is right after a shower or bath when your scrotum is warm and relaxed.

- **Stand in front of a mirror and look for any swelling or change in the size and shape of your testicles.**

- **Feel for any lumps or bumps.** One at a time, roll each testicle between your thumb and fingers. (It’s normal for one testicle to be bigger than the other or for one to hang lower than the other.) The testicle should feel smooth. Feel for any lumps or bumps. These lumps and bumps could be very small—the size of a pea or grain of rice. On the back of each testicle, you’ll feel the epididymis (the tube that carries the sperm). It feels soft, rope-like, and a bit tender. This is normal.

- **If you feel pain, see any changes in the size or shape of your testicles, or feel any lumps or bumps, talk to a doctor right away.**

The good news is that if it’s found early, testicular cancer can be treated and cured.

The best way to find testicular cancer early is to examine your testicles once a month. Testicular Self Examination (TSE) is free, easy, doesn’t hurt, and could save your life.
Limits to Confidentiality

You have a right to confidentiality when you talk to doctors, nurses, and other professionals. However, there are three exceptions.

**1. Reporting certain STIs**

Doctors and nurses are required by law to report to Public Health Services if you test positive for certain STIs—for example, chlamydia and gonorrhea. They do this to keep these infections from spreading. If you test positive for a reportable STI, your doctor or a public health nurse will ask you for the names of anyone you’ve had sex with. They do this because if you have an STI, your sexual partners need to be told that they have been exposed so they can be tested. The public health nurse will notify them without mentioning your name or giving any information about you. If you prefer, you can tell your partners yourself.
Reporting abuse

Many professionals—for example, doctors, nurses, dentists, social workers, counsellors, teachers, principals, youth workers—are legally required to report abuse. If you are under age 16, these professionals must report to authorities if they believe that:

- You have been, or are being, abused. They must report sexual, physical, emotional, and verbal abuse.
- You are being neglected
- You are witnessing others being abused

Reporting danger to yourself or others

Doctors and other professionals are required by law to report to authorities if they think there is a clear and immediate danger that you might harm yourself—for example, commit suicide—or harm others.
Where to Go for More Info

Websites

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

- novascotia.ca/dhw
  Nova Scotia Department of Health and Wellness

- sieccan.org
  The Sex Information and Education Council of Canada

- sexualityandu.ca
  Society of Obstetricians and Gynecologists of Canada
  Youth Site

- youthproject.ns.ca
  The Youth Project

- sexualhealthandrights.ca
  Action Canada for Sexual Health & Rights

- teenhealthsource.com
  Planned Parenthood of Toronto
Local Public Health Services Offices

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

**Amherst**
18 South Albion Street
Phone: 902-667-3319 or 1-800-767-3319

**Annapolis Royal**
Annapolis Community Health Centre
821 St. George Street
Phone: 902-532-0490

**Antigonish**
23 Bay Street, Suite 2N
Phone: 902-867-4500
ext 4800

**Baddeck**
Victoria Co. Memorial Hospital
30 Old Margaree Road
Phone: 902-295-2178

**Barrington Passage**
3695 Highway 3
Phone: 902-637-2430

**Berwick**
Western Kings Memorial Health Centre
121 Orchard Street
Phone: 902-538-3700

**Bridgewater**
Suite 200, 215 Dominion Street
Phone: 902-543-0850

**Canso**
Eastern Memorial Hospital
1746 Union Street
Phone: 902-366-2925

**Chester**
109 Duke Street
Phone: 902-275-3581

**Cheticamp**
Sacred Heart Community Health Centre
15102 Cabot Trail
Phone: 902-224-2410
Digby
Digby General Hospital
75 Warwick Street, 3rd Floor
Phone: 902-245-2557

Elmsdale
15 Commerce Court, Suite 150
Phone: 902-883-3500

Glace Bay
Senator’s Place
633 Main Street
Ground Floor
Phone: 902-842-4050

Guysborough
Guysborough Hospital
10506 Highway 16
Phone: 902-533-3502
Youth Health Centre
27 Green Street
(Chedabucto Place)
Phone: 902-533-2250

Halifax
7 Mellor Avenue, Unit 5
Burnside
Phone: 902-481-5800

Inverness
Inverness Consolidated Memorial Hospital
39 James Street
Phone: 902-258-1920

Liverpool
Queen’s General Hospital
175 School Street
Phone: 902-354-5737

Lunenburg
250 Green Street
Phone: 902-634-4014

Meteghan Centre
Clare Health Centre
8559 Highway 1
Phone: 902-645-2325

Middle Musquodoboit
Musquodoboit Valley Memorial Hospital
492 Archibald Brook Road
Phone: 902-384-2370

Middleton
Soldier’s Memorial Hospital
462 Main Street
Phone: 902-825-3385

Musquodoboit Harbour
7907 Highway 7
Phone: 902-889-2143

Neil’s Harbour
Buchanan Memorial Community Health Centre
Phone: 902-336-2295
New Germany
New Germany and Area Medical Centre
100 Varner Road
Phone: 902-644-2710

New Glasgow
690 East River Road
Phone: 902-752-5151

New Waterford
New Waterford Consolidated Hospital
716 King Street
Phone: 902-862-2204

Port Hawkesbury
708 Reeves Street, Unit 3
Phone: 902-625-1693

Sheet Harbour
Eastern Shore Memorial Hospital
22637 Highway 7
Phone: 902-885-2470

Shelburne
Roseway Hospital
1606 Lake Road
Phone: 902-875-2623

Sydney
235 Townsend Street, 2nd Floor
Phone: 902-563-2400

Sydney Mines
7 Fraser Avenue
Phone: 902-736-6245

Truro
Colchester East Hants Health Centre
600 Abenaki Road
Level 1/Wing B
Phone: 902-893-5820

Windsor
Hants Community Hospital
89 Payzant Drive
Phone: 902-798-2264

Wolfville
Eastern Kings Memorial Community Health Centre
23 Earnscliffe Avenue
Phone: 902-542-6310

Yarmouth
Yarmouth Regional Hospital
60 Vancouver Street
4th Floor, Building B
Phone: 902-742-7141
You can also get more information about sexuality and birth control by contacting the Sexual Health Centre closest to you.

- **Sexual Health Centre for Cumberland County—Amherst**
  11 Elmwood Drive
  Phone: 902-667-7500
  Website: amherstsexualhealth.ca

- **Cape Breton Centre for Sexual Health—Sydney**
  150 Bentinck Street
  Phone: 902-539-5158

- **Sexual Health Centre Lunenburg County—Bridgewater**
  48 Empire Street
  Phone: 902-527-2868
  Website: sexualhealthlunenburg.com

- **Halifax Sexual Health Centre**
  201-6009 Quinpool Road
  Phone: 902-455-9656
  Website: hshc.ca

- **Pictou County Centre for Sexual Health—Stellarton**
  279 Foord Street
  Phone: 902-695-3366

- **Sheet Harbour Sexual Health Centre**
  22637 Highway 7
  Phone: 902-885-3693
  Website: sexualhealthsheetharbour.com
This book is the product of the advice, insight, experience, and support of many people. The Nova Scotia Department of Health and Wellness wishes to acknowledge and thank the following individuals for their commitment, energy, and dedication to providing youth in Nova Scotia with the information they need to make healthy sexual choices.

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- Halifax Sexual Health Centre
- Youth Representatives
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- Malcolm Munroe Junior High School
- Memorial High School
- Halifax Sexual Health Centre
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- Saint Mary’s University
- St. Michael Junior High School
- Sir Robert Borden Junior High School
- South Queens Junior High School
- Thorburn Consolidated School
- Truro Junior High School
- West Kings High School
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Reviewers

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Quotes from Teens

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

- Students participating in the focus groups that tested this book.
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The End!