



Healthy Relationships S3

Session 1 Where Do I Stand?

Skills

- clarify attitudes and values
- show respect and tolerance

Outcomes

- establish a group agreement
- allow pupils the opportunity to examine their own beliefs and to accept they may be different from others
- to discuss some of the sources of information about sex and relationships

Materials

Activity Sheet A
Flipchart Paper
Agree/disagree Cards

Activities

Note: It may be necessary to take 2 weeks to complete this session.

- **Diary** – review of S2 diary.
- **Introduction**
Draw up a group agreement.
Ask pupils to think of 2 things that would make them feel safe and comfortable in the group and free to express opinions.
Ask for feedback and write up suggestions on flipchart.
Remember to be positive – include Do's not Don'ts.
Remind of issue of confidentiality.
Have a good copy available for display and as a handout for next session.
Review rights and responsibilities from S2. Students should have 'Bill of Rights' sheet. If not copies should be available from S1 teacher.
- **Activity 1**
Option 1 Place 5 cards around the room
Strongly Agree Agree Don't Know Disagree Strongly Disagree
Issue all pupils with a card and ask them to read it and place themselves next to the card which suits their opinion best.
Ask some of the pupils to share their cards and their opinions.
Then ask pupils to exchange cards and move location if they want. This can be done 2 or 3 times.
Option 2 Issue all pupils with Activity Sheet 1 and ask them to complete it individually.
Feedback – which statements were hardest to decide on and why?
Ask students how they came to form their opinions, who or what influenced them.
- **Activity 2**
Brainstorm the main sources of information about sexual health and relationships eg parents, magazines, playground, TV, religion.
Pick out 5 or 6 of these sources, writing one at the top of the 5 or 6 sheets of flipchart paper.
In small groups pupils take 1 sheet and write down some of the messages they see, hear and learn from the source on their sheet.
Bring groups together and display sheets.

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- **Processing**
Where do young people get most of their information from?
Where do you find the truth?
Where do we find information which we can trust?
- **Evaluation**
Diary - thoughts and feelings? What have you learned?

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Session 1

Activity Sheet A

Where Do I Stand?

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
1 Girls are more mature than boys.					
2. No-one is a virgin when they get married these days.					
3 Girls who carry condoms are slags.					
4 Teenage magazines are the best source of information about relationships.					
5 Using chat rooms on the internet is a good way of starting a relationship.					
6 Schools should not teach any form of sex education.					
7 A very high number of people who have sex for the first time when they are drunk regret it later.					
8 Contraceptives should only be available from your doctor.					
9 HIV/AIDS is a disease only homosexuals can get.					
10 There should be no age of consent for sexual intercourse.					
11 You should wait till you are married to have sex.					
12 Boys are only interested in girls for one thing – sex.					
13 It's OK to have sex on your first date.					
14 Condoms should be given free to all who want them, no matter what age.					
15 People who have AIDS only have themselves to blame.					

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Where Do I Stand? Agree / Disagree Cards

Cut out these cards.

<p>Girls are more mature than boys.</p>	<p>No one is a virgin when they get married these days.</p>
<p>Girls who carry condoms are slags.</p>	<p>Teenage magazines are the best source of information about relationships.</p>
<p>Using chat rooms on the internet is a good way of starting a relationship.</p>	<p>Schools should not teach any form of sex education.</p>
<p>A very high number of people who have sex for the first time when they are drunk regret it later.</p>	<p>Contraceptives should only be available from your doctor.</p>
<p>HIV/AIDS is a disease only homosexuals can get.</p>	<p>There should be no age of consent for sexual intercourse.</p>
<p>You should wait till you are married to have sex.</p>	<p>Boys are only interested in girls for one thing – sex.</p>
<p>It's OK to have sex on your first date.</p>	<p>Condoms should be given free to all who want them, no matter what age</p>
<p>People who have AIDS only have themselves to blame.</p>	



Disagree

Strongly Agree

Agree

**Strongly
Disagree**

**Don't
Know**

Session 2 Decisions, Decisions

Skills

- decision making
- identifying implications of actions
- problem solving

Outcomes

- to consider the consequences of decisions
- to see things from a different point of view

Materials

Activity Sheets A and B

Activities

- **Diary** and review of last session.
- **Introduction**
Explain that when faced with all this information from different sources (session 1) it can be very confusing to make decisions bearing in mind our rights and responsibilities.
- **Activity 1** – Feel, Think, Do
Issue students with scenario sheet and Activity Sheet A and ask them to complete it individually.
The purpose is to encourage pupils to use as much information as possible before making decisions and to see other points of view. Ensure students understand the difference between feelings and thoughts.
Share some of the responses – focus on the last question – What would you do? is this the same as ... what 'should' you do?
- **Activity 2**
Divide class into small groups and issue Activity Sheet B – 1 per group.
Explain that this activity is to highlight the fact that everyone can make their own choices and that these choices will have different outcomes.
You will read out the beginning of a story and they must decide on 3 possible endings.

Scenario

A group of teenage girls are staying at Fiona's house for a sleepover. Fiona's parents will not be back until late. Some boys who the girls know have turned up expecting a party. The evening is going well when about 10.00pm Craig and Lucy ask Fiona if they can go into one of the bedrooms.

Feedback

- ask groups to share the ending they thought was the most likely.
- discuss the outcomes of the different endings – would they be healthy or harmful? What would be the consequences, who would be affected?

Alternative

The BBC Video - 'Turning Points - First Sex' could be shown. The aims of the programme are:

- to ensure students have adequate information.
- to help students recognise that consequences have actions
- to enable pupils to weigh up the cost of early sexual activity

Video lasts 20 mins

- **Processing**
Discuss how hard it is to make decisions.
Discuss what can influence the decisions.
- **Evaluation**
Diary

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Session 2 **Activity Sheet A** **Feel, Think, Do**

1. You have been going out with someone for about 6 months. You both decide you want to have sex together for the first time but your partner doesn't want to use a condom.

What do you feel?

What do you think?

What would you do?

2. You are at a party with a group of friends. Someone you have fancied for ages asks you to leave the party with them and go back to their house as it is empty.

What do you feel?

What do you think?

What would you do?

3. You overhear a group of your friends talking about one of your closest pals. They saw him/her coming out of a GU (Genito-urinary) clinic. You know these clinics help people who have sexually transmitted infections.

What do you feel?

What do you think?

What would you do?

Session 2
Activity Sheet B
Feel, Think, Do

Listen carefully to the situation read by your teacher.

Now think of 3 possible endings to the story.

1.

2.

3.

Session 3

Changing Relationships

Adapted from Pathways to Sexual Health

Skills

- interpersonal skills eg. communication, negotiation, affectiveness
- clarify values and attitudes

Outcomes

- to explore what is important in a relationship
- to consider own views and those of others

Materials

Flipchart paper
Blu-tac
Values cards
Paper

Activities

- **Diary** and review of last session.
- **Introduction**
Explain that we are going to look at how your relationships have changed over the years and examine how to cope with these changes.
- **Activity** – What is important?
Issue each person with a piece of blank paper.
Ask them to write down the 5 most important qualities in a relationship.
Feedback answers – make a list on board/flipchart listing boys and girls responses separately.
Explore reasons for the differences between the sexes.
Compare this exercise with similar exercises in S1 and S2 – have the qualities changed?
Try to draw out discussion on qualities of trust, loyalty, respect, commitment
- **Activity 2** – Values in a relationship
Divide class into small groups. Place 2 pieces of flip chart paper with headings OK and Not OK on wall opposite each other in the classroom.
Issue each person with a card. Give them time to think about their card before discussing it in their group.
After around 10 minutes ask each person to place their card on their chosen sheet of paper – OK or Not OK
Pupils should do this one at a time so everyone can see where each statement is placed.
Statements should be read out as they are being placed. If person feels comfortable they can give a reason for their choice.
Note: Group can discuss/disagree but person with card has final choice.
Feedback
 - was there much disagreement in group?
 - were you influenced by comments of others?
 - what did influence your opinions?
- **Processing**
How difficult was it to decide – what did you consider?
- **Evaluation**
Diary - how did it feel doing this exercise?
what did you learn?

Values in Relationships

Ryan is going out with Jenny. He is also going out with Ruth.

Gail and Simon are engaged. They are both 16. They have decided not to have sex until they are married.

Rick and Kate are going out together. Neither of them want to go any further than kissing and cuddling.

Pat is having sex with a lot of different people. He does not get involved with any of them.

Tom is going out with Karen. His parents don't approve of Karen.

Tricia has had sex with a few different people. She is being called a 'slag'.

Michelle and Gary are going out together. Michelle is pregnant by her previous boyfriend.

Mark and Graham are going out together.

Values in Relationships

Liz is 16. She is going out with Brian who is 25.

Lei Si is not going out with anyone.

Susan is going out with Tom. She fancies one of Tom's friends.

Hayley tells her friends everything about what she and her boyfriend have done sexually.

Lee is having sex with Ali. She does not love Ali.

Rana has stopped seeing her friends now that she is going out with Hassam.

Kim and Pete are going out together. Kim is Catholic, Pete is Protestant.

Sam and Katherine are both 14. They are having sex.

OK

Not OK

Session 4 Being Responsible

Adapted from 'SHARE'

Skills

- problem solving
- recognise implications of actions
- examine attitudes and values
- communication

Outcomes

- to be aware of risks of pregnancy
- to consider consequences of pregnancy

Materials

Louise and Scott story
Activity Sheets A and B
C - Card leaflet

Activities

- **Diary** and review of last session.
- **Introduction**
Explain that having spent time talking about making decisions and discussing what is important in a relationship, we are now going to look specifically at sexual relationships.
- **Activity**
Issue Louise and Scott questions. Read scenario to class stopping at each question to allow pupils to answer. Do **not** read answers at this stage. Each person must decide individually and without discussion whether answer is Yes or No.
Read scenario again, this time check answers – score 1 point for each correct answer.
Explain that those with the lowest score would be at highest risk of getting pregnant.
Those with highest score, least risk as long as they put into practice what they know.

Discuss options available to Louise and Scott - if Louise is pregnant. List on board.
Discuss advantages and disadvantages of each option.
The processing is extremely important in this exercise. Enough time needs to be allocated in order to explore the values and attitudes of the students.
- **Processing**
Do you think Louise and Scott were pleased that they had sex?
What could they have done to avoid this situation?
How difficult is it to say what you want in a relationship?
Why is this?
What effect did alcohol have on what happened?
Emphasise the importance of talking to your partner and resisting pressure if you are not ready. Refer to statistics of behaviour ie. approx 1/3 of teenagers have had sex before their sixteenth birthday therefore two thirds haven't. Ensure students are aware that not everybody is 'doing it'.
- **Evaluation**
Diary
- **Extension**
If time available, issue Feel, Think, Do situation card to each group and ask them to discuss and complete. Feedback responses. Note: statistics can be obtained from websites listed in Appendix E.

Session 4

Teacher's Notes

Louise and Scott

Scott is 16 and Louise is 15. They've been together for a couple of months. Scott's parents were away for the weekend and he had a party. Scott and Louise were both pretty drunk, one thing led to another and they ended up having sex. It wasn't planned and they didn't use any contraception. Louise thought it would be fine because it was her first time and it hadn't lasted very long anyway.

Q1 Could Louise get pregnant?

A1 Yes, it doesn't matter that it hadn't lasted long and it is possible to get pregnant the first time.

Although Louise didn't feel too happy about what happened at the party they decided to have sex again. They both agreed that they didn't need to worry about Louise getting pregnant because she had her period and Scott said they would be OK because he 'would pull out before he came'.

Q2 Are they correct to think Louise can't get pregnant if she has her period?

A2 No, a woman can get pregnant at any point in her menstrual cycle even

Q3 Is Louise safe from pregnancy if Scott pulls out before he comes?

A3 No, there is sperm in the fluid called pre-ejaculate or pre-cum that is released from the penis before a man comes.

Two weeks later they are thinking about having sex again but they don't have any contraception however Louise had heard that it would probably be OK if they did it standing up.

Q4 Is this (2 weeks later) a high-risk time for Louise to be having unprotected sex?

A4 Yes, a woman is most fertile around the time of ovulation (when an egg is released). This usually takes place halfway through her monthly cycle. This is not always the same time though; a period can be late or early for lots of reasons e.g. stress.

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Q5 Could Louise be pregnant if they did it standing up?

A5 She could get pregnant in any position.

The next day Louise is chatting to her friend about how things are going with Scott and what they've been up to. Her friend thinks Louise put herself at risk of pregnancy and suggests that she get the morning after pill. Louise isn't sure, but says she can't get it anyway because it's Sunday and everywhere is shut. Her friend offers her some of her pills and says it will work the same. Her friend also says she should think very carefully about what she is doing because she not only could be pregnant but she could have caught an infection.

Q6 Can you only take the morning after pill the day after unprotected sex?

A6 No, its name is misleading and is also called the emergency contraceptive pill. It can be taken up to 72 hours after unprotected sex, but works best the sooner its taken. Women can get it for free at young people clinics, family planning clinics and their GP. It can also be bought from pharmacies but you have to be 16 and it costs about £20.

Q7 Will her friend's contraceptive pill work the same as the morning after pill?

A7 No, it's never a good idea to take other people's pills.

A few weeks later, Louise gets her period. It's a bit lighter than usual but she doesn't worry about that, at least she's not pregnant!

Q8 Does this mean Louise is not pregnant?

A8 No, some people go on having light periods in early pregnancy

Louise and Scott are both relieved she's got her period and agree they need to be more careful. Scott thinks she should go on the pill. Louise is feeling unsure about her relationship with Scott but doesn't know how to tell him.

Q9 Is the pill 100% effective in preventing pregnancy?

A9 Hardly any contraception is 100% effective, it depends on how it's used. If Louise follows instructions, remembers to take it at the right time and seeks advice if she takes antibiotics, is sick or has diarrhoea then she can rely on the pill. The pill does not protect against STIs, so it's a good idea to use a condom or femidom as well.

Louise says the pill makes you fat and, anyway, you need to be 16 to get contraception or the doctor tells your parents.

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Q10 Does the pill always make women gain weight?

A10 No, it is one possible side effect, but affects all women differently. Many women have no side effects

Q11 Do you need to be 16 to get contraception without the doctor telling your parents?

A11 No, a doctor only needs to be satisfied that a person under 16 understands a medicine or procedure for them to consent to it themselves. Doctors are obliged to keep your consultation confidential unless they think you're at risk of being harmed or of harming someone else.

They decide to try condoms. Louise wants Scott to put two on because she's heard it's safer. Scott thinks they're too expensive to use two at a time and he won't be able to feel anything. They have a fight about it and end up not having sex.

Q12 Is it safer to use two condoms at the same time?

A12 No, there is greater risk of them coming off, as they rub together.

Q13 Can you get free condoms in Lanarkshire?

A13 Yes, there is a C Card scheme, which allows you to get a range of free condoms and femidoms from any of 48 centres. You do not need to be 16 to use this scheme. See leaflet for more information.

A couple of months later Louise and Scott are still together but they're not getting on as well as they used to. She's gained weight and feels tired a lot of the time, he says she's moody all the time now. She confides in her friend, who thinks Louise might be pregnant.

Q14 Could she be pregnant?

A14 Yes, these are possible signs of pregnancy. Other indications are sickness, breast tenderness, needing to pee a lot more than usual

Louise and Scott eventually broke up. Louise has noticed that her period is late, but doesn't go to the doctor for a pregnancy test because her cousin works there. She doesn't have enough money to buy a test. Her friend suggests going to the family planning clinic and says it is free.

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Q15 Is it free to get a pregnancy test?

A15 Yes, it's free and confidential. They can also offer advice and counselling about options, if the test is positive.

Q16 Do you think Louise is pregnant?

*This exercise has been adapted from the SHARE pack. (Dixon, 2001)

Session 4 Activity Sheet A Louise and Scott

	Yes	No	Score
1. Could Louise get pregnant?			
2. Are they correct to think Louise can't get pregnant while she has her period?			
3. Is Louise safe from pregnancy if Scott pulls out before he comes?			
4. Is this (2 weeks later) a high -risk time for Louise to have unprotected sex?			
5. Could Louise be pregnant if they had sex standing up?			
6. Can you only take the morning after pill the day after having unprotected sex?			
7. Will her friend's contraceptive pill work the same as the morning after pill?			
8. Does this mean Louise is not pregnant?			
9. Is the pill 100% safe?			
10. Does the pill always make women gain weight?			
11. Do you need to be 16 to get contraception without the doctor telling your parent/carer?			
12. Is it safer to use two condoms at the same time?			
13. Can you get free condoms in Lanarkshire?			
14. Could she be pregnant?			
15. Is it free?			
16. Do you think Louise is pregnant?			

Session 4 **Activity Sheet B** **Louise and Scott** **Feel, Think, Do**

Extension Activities

For each of the following situations say

- how you would feel
- what you would think
- what would you want to happen?

1. Imagine you are Louise. The clinic has just confirmed that you are pregnant.

2. Imagine you are Scott. Louise has just told you she is pregnant.

3. Imagine you are a friend of Louise's and you have just heard that she is pregnant.

4. Imagine you are a friend of Scott's and you have just heard that Louise is pregnant.

5. Imaging you are Louise's mum or dad and she has just told you she is pregnant.

6. Imagine you are Scott's mum or dad and Scott has just told you that Louise is pregnant.

Session 5 Contraception

Skills

- communication
- presentation
- research

Outcomes

- to be aware of different methods of contraception
- to consider their advantages and disadvantages

Materials

Pre-planning with school nurse is required.

Leaflets on contraception (FPA) from Health Promotion library. - 'Is Everybody Doing It?'

Factsheets from GGHB

Flipchart paper

Activity Sheet A

Contraceptive Display Kit

This lesson may be co-delivered by the school nurse.

Activities

Note: There is a lot in this session, flexibility and planning with the school nurse is vital. Two sessions may be necessary.

- **Diary** – review of last week's scenario and issues arising
Remind of Ask It Basket
- **Introduction**
Explain that today we are going to investigate different methods of contraception for people who choose to be sexually active.
- **Activity 1**
Split class into small groups and issue each group with a contraceptive leaflet or the name of a contraceptive plus a piece flipchart paper. Each group should make a display poster showing their contraceptive, how it works and its advantages and disadvantages. If the contraceptive display kit is available examples of contraceptives should be shown. They should then present their findings to the rest of the class.
- **Activity 2
Condom use**
Issue Activity Sheet A and in groups students should cut out and place steps in correct order.
A condom demonstration would help to reinforce this exercise. Results should be checked and teachers should ensure that all groups have the steps in the correct order. Clarify any misunderstandings.
- **Processing**
Discuss what pupils have learned. Which contraceptive is best suited to young people? Reasons?
Remember to link this discussion with the rights and responsibilities of the students. Discussions should also be set in the context of stable relationships and the importance of good communication emphasised.

Points to note:
 - that only condoms and femidoms protect against STI's.
 - that the efficacy of the contraceptive is often dependent on following the instructions
NB – Remember to emphasise that none of these contraceptives is 100% safe and that many young people choose not to have sex.
- **Evaluation**
Diary
Ask It Basket

Session 5 **Activity Sheet A** **Condom Steps**

A Put the condom on as soon as the penis is erect and before any genital contact with a partner.

G Put lubricant on the outside of the condom. Make sure it is water based and not oil based (as this will damage the condom)

B Check the expiry date on the wrapper and that there is a kite mark.

H Remove the condom from the penis, making sure that no semen spills out.

C Carefully take the condom out the wrapper. Do not tear with your teeth, as this is likely to damage the condom.

I Wrap the condom in a tissue and put in the bin (don't flush down the toilet)

D Hold the closed end of the condom between your finger and thumb, to get rid of any trapped air. Make sure the condom is not inside out!

J After ejaculation/orgasm, the man holds the base of the condom and withdraws his penis before he completely loses his erection

E Talk about using a condom with your partner.

K Sexual intercourse takes place. If the condom comes off, open a new one and put it on before continuing sex.

F Still holding the closed end, use your other hand to unroll the condom down the entire length of the penis.

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Session 5

Checking out Contraceptives - Fact Sheets (Adapted from GGHB - Sexual Health Curriculum)

What is it?	How it works?	How effective it is?	Good Points	Bad Points	Comments
Combined Pill	Contains two hormones-oestrogen and progestogen - which stop a woman releasing an egg each month(ovulation).	If taken according to instructions it is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year. If it is not taken according to instructions then the chance of pregnancy is higher.	<ul style="list-style-type: none"> Often reduces bleeding, period pain and pre-menstrual tension Protects against cancer of the ovary and womb and some pelvic infections Suitable for healthy non-smokers up to the menopause 	<ul style="list-style-type: none"> Not suitable for all women Rare but serious side effects may include blood clots (thrombosis), breast cancer and cervical Can be temporary minor side effects Not suitable for smokers over 35 	<ul style="list-style-type: none"> Not effective if taken over 12 hours late or after vomiting or severe diarrhoea, when an extra method should also be used Some drugs may stop the pill working, a doctor, nurse or pharmacist can advise Pill users should not smoke
Progestogen-only Pill	The hormone progestogen, taken at the same time each day, causes changes making it difficult for sperm to enter the womb or for the womb to accept a fertilised egg. In some women it prevents ovulation	If taken according to instructions, it is 99% effective. This means that 1 woman in 100 will get pregnant in a year. If not taken according to instructions then the chance of pregnancy is higher	<ul style="list-style-type: none"> Useful for older women who smoke and who cannot use the combined pill Can be used when breastfeeding 	<ul style="list-style-type: none"> May be temporary, minor side effects Periods may be irregular, with some bleeding in between, or be missed May be less effective in women who weigh over 70kg (11 stone) 	<ul style="list-style-type: none"> Not effective if taken over three hours late or after vomiting or severe diarrhoea, when an extra method should also be used Some drugs may stop the pill working – a doctor, nurse or pharmacist can advise
Male Condom	Made of very thin latex (rubber) or polyurethane. It is put over the erect penis and stops sperm from entering the woman's vagina.	If used according to instructions it is 98% effective. This means that 2 women in 100 will get pregnant in a year. If it is not used according to instructions then the chance of pregnancy is higher.	<ul style="list-style-type: none"> Free from family planning clinics and also sold widely May protect both partners from sexually transmitted infections, including HIV Men can take responsibility for contraception 	<ul style="list-style-type: none"> Putting it on can interrupt sex May slip off or split if not used correctly Man needs to withdraw as soon as he has ejaculated and be careful not to spill any semen 	<ul style="list-style-type: none"> Use a new condom each time Must be put on before the penis touches the woman's vagina Use a condom with a BSI kite mark and check the expiry date Oil based products should not be used with latex condoms as they damage them, but can be used with polyurethane condoms

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Session 5

Checking out Contraceptives - Fact Sheets (Adapted from GGHB - Sexual Health Curriculum)

What is it?	How it works?	How effective it is?	Good Points	Bad Points	Comments
Female Condom	A soft polyurethane sheath lines the vagina and the area just outside, and stops sperm from entering the vagina.	If used according to instructions it is 95% effective. This means that 5 women in 100 will get pregnant in a year. If it is not used according to instructions then the chance of pregnancy is higher.	<ul style="list-style-type: none"> • Can be put in any time before sex • May protect both partners from sexually transmitted infections, including HIV • Oil based products can be used with female condoms 	<ul style="list-style-type: none"> • Putting it in can interrupt sex • Need to make sure that the man's penis enters the condom and not between the vagina and the condom • May slip • Expensive to buy 	<ul style="list-style-type: none"> • Use a new condom each time and follow the instructions carefully • Female condoms have a CE mark • Sold widely and is free at some family planning clinics
Diaphragm/ Cap with spermicide	A flexible rubber/silicone device used with spermicide, is put into the vagina to cover the cervix and must stay in for at least six hours after sex. Must be specially fitted to make sure it is the right size.	If used according to instructions it is 92% to 96% effective. This means that between 4 and 8 women in 100 will get pregnant in a year. If not used according to instructions then the chance of pregnancy is higher.	<ul style="list-style-type: none"> • Can be put in any time before sex (if more than three hours before, extra spermicide is needed) • May protect against some sexually transmitted infections and cancer of the cervix • Are a variety of types to choose from 	<ul style="list-style-type: none"> • Putting it in can interrupt sex • Extra spermicide is needed if you have sex again • Cystitis can be a problem for some diaphragm users. Changing to a slightly smaller or different type of diaphragm or cap may help 	<ul style="list-style-type: none"> • Fitting should be checked every 12 months and if you gain or lose more than 3kg (7lbs), or have a baby, miscarriage or abortion • Silicone caps may be left in for longer than rubber
Natural Family Planning	Noting the different fertility indicators identifies the fertile and infertile times of the menstrual cycle. This shows when you can have sex without risking pregnancy.	Using several fertility indicators is 98% effective. This means that 2 women in 100 will get pregnant in a year. If it is not used according to instructions then the chance of pregnancy is higher.	<ul style="list-style-type: none"> • No side effects • No hormones are used • Gives a woman a greater awareness of her body • Knowing when the woman is fertile means pregnancy can be planned or avoided 	<ul style="list-style-type: none"> • Need to avoid sex or use a condom or diaphragm at fertile times of the cycle • To be effective, the method needs to be learned from a trained Natural Family Planning Teacher 	<ul style="list-style-type: none"> • There are different natural methods to use • Persona is a small handheld computerised monitor with urine test sticks, which measure hormonal changes. Persona predicts the fertile and infertile times of the menstrual cycle and it is claimed to be 94% effective

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Session 5

Checking out Contraceptives - Fact Sheets (Adapted from GGHB - Sexual Health Curriculum)

What is it?	How it works?	How effective it is?	Good Points	Bad Points	Comments
Contraceptive Injection	An injection releases the hormone progestogen very slowly into the body. This stops a woman from releasing an egg (ovulation) and thickens cervical mucus to prevent sperm meeting an egg.	It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year.	<ul style="list-style-type: none"> An injection lasts for 12 weeks (Depo-provera) or 8 weeks (Noristerat) May protect against cancer of the womb Some protection from pelvic inflammatory disease You don't have to think about contraception for as long as the injection works 	<ul style="list-style-type: none"> Periods often become irregular or stop Regular periods and fertility may take a year or more to return after stopping the injection Some women gain weight Other possible side-effects include headaches, acne, tender breasts, mood swings and bloating 	<ul style="list-style-type: none"> The injection works for either 8 or 12 weeks. It cannot be removed from the body so any side-effects may continue during this time and for some time afterwards
Implant	Small flexible tube(s) are placed under the skin of the inner upper arm. They steadily release a progestogen hormone into the bloodstream to stop ovulation and prevent the sperm and egg meeting.	It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year.	<ul style="list-style-type: none"> Single tube works for three years, others work for up to five years When the implant is taken out a woman's normal level of fertility will return immediately You don't have to think about contraception for as long as the implant works 	<ul style="list-style-type: none"> Periods are often irregular for at least the first year; with some bleeding in between, or may be missed Some women gain weight May be temporary side-effects such as headaches, mood changes and breast tenderness 	Implant is usually put in under a local anaesthetic and no stitches are needed. The area may be tender for a day or two with bruising and some swelling. Most women can feel the implant beneath the skin. Removal is sometimes difficult.
Intrauterine System (IUS)	A small plastic device, which releases the hormone progestogen, if put into the womb. It stops sperm meeting an egg or stops an egg settling in the womb.	It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year.	<ul style="list-style-type: none"> Works as soon as it is put in Works for five years but can be taken out at any time Periods will be much lighter and shorter You don't have to think about contraception for as long as the IUS works 	<ul style="list-style-type: none"> Irregular light bleeding is common for the first three months or so May be temporary side-effects such as breast tenderness and acne 	Women are taught to check the IUS is in place by feeling the threads high in their vagina. It can be useful for women with very heavy periods.

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Session 5

Checking out Contraceptives - Fact Sheets (Adapted from GGHB - Sexual Health Curriculum)

What is it?	How it works?	How effective it is?	Good Points	Bad Points	Comments
Intrauterine Device (IUD)	A soft polyurethane A small plastic and copper device is put into the womb. It stops sperm meeting an egg or may stop an egg settling in the womb.	It is 98% to over 99% effective depending on the type of IUD. This means that less than 1 to 2 women in 100 will get pregnant in a year.	<ul style="list-style-type: none"> • Works as soon as it is put in • Can stay in 3 to 10 years depending on type, but can be taken out at any time • You don't have to think about contraception for as long as the IUD works 	<ul style="list-style-type: none"> • Periods may be heavier or longer and more painful • Unsuitable for women who already have heavy and painful periods • Not suitable for women at risk of getting a sexually transmitted infection 	If fitted after the age of 40 stay in until the menopause. Women are taught to check the IUD is in place by feeling the threads high in their vagina

Session 6

Sexually Transmitted Infections

Skills

- research
- communication
- asking for help and support

Outcomes

- to become aware of the most common STIs
- to learn about their consequences
- to know where to go for help

Materials

Activity Sheets A and B
Leaflets (FPA) - 'Love stings' - available from Health Promotion library
Information sheets – fact sheets
Pre-planning with the school nurse

Activities

- **Diary** and review of contraception
- **Introduction**
Brainstorm Sexually Transmitted Infections – name as many as possible – list on board or flipchart.
Ask pupils what kinds of people may get an STI – explain that anyone can be infected not just promiscuous people.
- **Activity 1** – Quiz
Divide class into small groups and issue quiz sheets. - Activity Sheet A
Give them time to complete and then check answers.
- **Activity 2**
Issue each group with a leaflet and/or information sheet plus blank fact sheet - Activity Sheet B
Each group researches one STI and completes fact sheet.
Groups can present findings or swap leaflets and complete another fact sheet.
- **Activity 3**
Ask pupils where people can go to get help.
Give local information about clinics and explain that the service is confidential.
Discuss why some people may not be happy to go to a GU clinic or tell their partner that they may have an STI.
- **Processing**
What have you learned?
Ensure that pupils know that there are 2 ways to protect themselves from STIs:
 - by not having close sexual contact with others
 - by using a condom or femidom if you do choose to have sexual contact
- **Evaluation**
Diary

Healthy Relationships S3

Session 6 Activity Sheet A STI Quiz

	True	False	Not Sure
1. Once you have had an STI you cannot get it again.			
2. You should tell your partner if you have an STI.			
3. You can catch an STI from kissing.			
4. One of the most common STIs is chlamydia.			
5. You can catch AIDS by kissing.			
6. If you swim in the same pool as someone with an STI you will become infected.			
7. Some STIs may not have obvious symptoms.			
8. You can catch an STI from a toilet seat.			
9. Condoms do not protect against STIs.			
10. The special clinics that deal with STIs are called GAT clinics.			
11. HIV and AIDS is the same thing.			
12. The most common way of transferring HIV is through heterosexual sex.			

Session 6

STI Quiz Answers

1. **False** You can catch the same infection or a different one.
2. **True** But some people are afraid to or don't believe in sharing this sort of information with a partner.
3. **True** Some viruses and germs can be transmitted through kissing – hepatitis B, gonorrhoea and syphilis if the throat is infected although it is more likely to be through oral sex.
4. **True** Chlamydia is increasing in prevalence. If left infected it can cause infertility.
5. **False** You cannot 'catch' AIDS. It is HIV which is transmitted and not by kissing.
6. **False** STIs are caught by close, intimate bodily contact.
7. **True** Some people are unaware they are infected which is why they should get tested if they have had unprotected sex.
8. **False** This is an old myth.
9. **False** If used correctly condoms and femidoms protect a person from an STI.
10. **False** The clinics are called GUM clinics – Genito Urinary Medicine. They are listed in the phone book and on the website www.lanarkshiresexualhealth.org.
11. **False** HIV stands for Human Immunodeficiency Virus. AIDS stands for Acquired Immune Deficiency Syndrome. A person is said to have AIDS when their immune system has become irreparably damaged.
12. **True** This is true if people are having sex without condoms or femidoms.

Healthy Relationships **S3**

Session 6 STI Facts

STI: Name	
Caused by: Virus or bacteria	
Symptoms	
Effects on health/complications	
Treatment	

Session 6

STI Information Sheet

Chlamydia

Cause

Bacteria

Symptoms

Most males and females do not have symptoms for a long time. If there are any symptoms, some of the warning signs may include: an unusual discharge from the penis or vagina; heavy periods; urinating more often; pain when passing urine; inflammation; painful lower stomach.

Effects on health

If it is not treated, chlamydia can cause serious long-term problems, such as infertility. It is important to get medical advice straight away if you have unprotected sex, even if there are no obvious symptoms.

Treatment

Antibiotics need to be taken for at least a week.

Genital Warts

Cause

A virus

Symptoms

Growth of warts in the genital area, which may take up to a year to appear after infection.

Effects on health

Some types of the wart virus may be linked to changes in cervical cells which can lead to cancer. Although there is no direct link between genital warts and cancer of the cervix, it is important that women over the age of 20 years of age have a regular cervical smear test.

Treatment

Sometimes the warts are treated by freezing them, or an ointment sometimes works.

Gonorrhoea

Cause

Bacteria

Symptoms

It is possible to be infected by gonorrhoea and have no symptoms. Men are far more likely to notice symptoms than women. The symptoms for females can include: unusual discharge from the vagina; heavy periods; painful lower stomach; a burning sensation when passing urine. The symptoms for males can include: a burning sensation when passing urine; yellow or white discharge from the penis; inflammation of the testicles.

Effects on health

There are no serious effects if detected and treated early on. If left untreated, it can cause serious problems, such as infertility in females.

Treatment

Antibiotics can cure gonorrhoea completely.

Genital herpes

Cause

Bacteria

Symptoms

Blisters or sores (small and painful) in the genital area. Some of the other warning signs to look out for include: itchiness; a burning sensation when passing urine; feeling as though you've got flu.

Effects on health

A pregnant woman may infect her baby, although there is very rare.

Treatment

There is treatment to relieve the pain of the blisters. There is also treatment for people who have either had the infection for the first time or who have it frequently.

HIV (human immuno-deficiency virus)

Cause

A virus (which causes AIDS)

Symptoms

Most people with HIV look and feel healthy for a long time (10 years or more). They may not even know that they have the virus, but they can still pass it on to others through semen, blood and vaginal fluids. The majority of HIV-positive people will eventually develop AIDS (acquired immune deficiency syndrome).

Effects on health

Most people with HIV develop AIDS within 8 to 10 years. It damages the body's defence system so that it cannot fight off certain infections.

Treatment

There is no cure for either HIV or AIDS. New drugs and treatments can help to delay the start of AIDS, and allow people to live longer.

Hepatitis B

Cause

A virus

Symptoms

There may be no symptoms, but usually they come in two stages, which start between 1 and 6 months after infection. First stage: feeling very tired; feeling like you have flu (cough and sore throat); painful joints (knees, elbows etc); little or no appetite. Second stage: jaundice for between 2 to 8 weeks – yellowish skin and whites of eyes; darkish brown urine; light coloured faeces; sore stomach; weight loss.

Effects on health

Can cause liver cancer and other liver damage.

Treatment

There is no treatment for hepatitis B. People will be advised to eat plenty of healthy food, and to get plenty of rest. It usually takes several months to recover. People who know they are at risk from catching hepatitis B can be vaccinated.

Session 7 Sexuality

Skills

- communication
- empathy
- respect and tolerance

Outcomes

- to explore the meaning of sexuality
- to explore others perceptions
- to clarify attitudes about sexual orientation

Materials

Flipchart paper
Sexuality model information sheet (for staff use)
'Who am I leaflet' (from Health Promotions library)

Activities

- **Diary** and review of last session

- **Introduction**

Explain that today we are going to explore the meaning of sexuality – put the word on the board/flipchart.

- **Activity 1** – Quiz

Brainstorm – what does 'sexuality' mean?

List responses on board.

If pupils have difficulty with this – discuss the word 'sexual' – draw out that it is about our bodies, relationships, feelings, culture, religion. Refer to model to help discussion.

Tell pupils it is a part of everything we do and who we are, our identity.

Read out the following statements and ask students to say whether they are to do with sexuality or not. You may need to prompt eg eating chocolate (think of TV adverts):

Fancying someone

Eating chocolate

Contraception

Sunbathing

Kissing

Singing

Belonging to a church

Watching a film

Having a ride on a roller coaster

Massage

Celibacy

Dancing

Buying a CD

Driving a car

Watching TV

Marriage

Going with someone of same sex

Going with someone of the opposite sex

Feedback • can students now give a definition of 'sexuality'. Ensure students understand that 'sexuality' isn't just to do with sexual behaviour.

- **Activity 2**

Some people have strong feelings about same sex relationships, others accept it.

It is important to emphasise the need for respect and accept all responses but to challenge homophobia.

Divide class into small groups and issue each group with flipchart paper with one of the following headings at the top - coming out, lesbian, gay, straight, bisexual, transgender.

Students brainstorm words under each of the headings.

After 10mins, display posters on wall.

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- Feedback
- which headings were most difficult to complete?
 - what kind of words have you written?
 - do they respect people?
 - are they insulting or complimentary?
 - how would people feel if you used those words?
 - where could people go for help?

NB – Link this exercise to 'Rights and Responsibilities'

- **Processing**

How did it feel to discuss these issues?

Have you changed your views since start of session – if so, in what way?

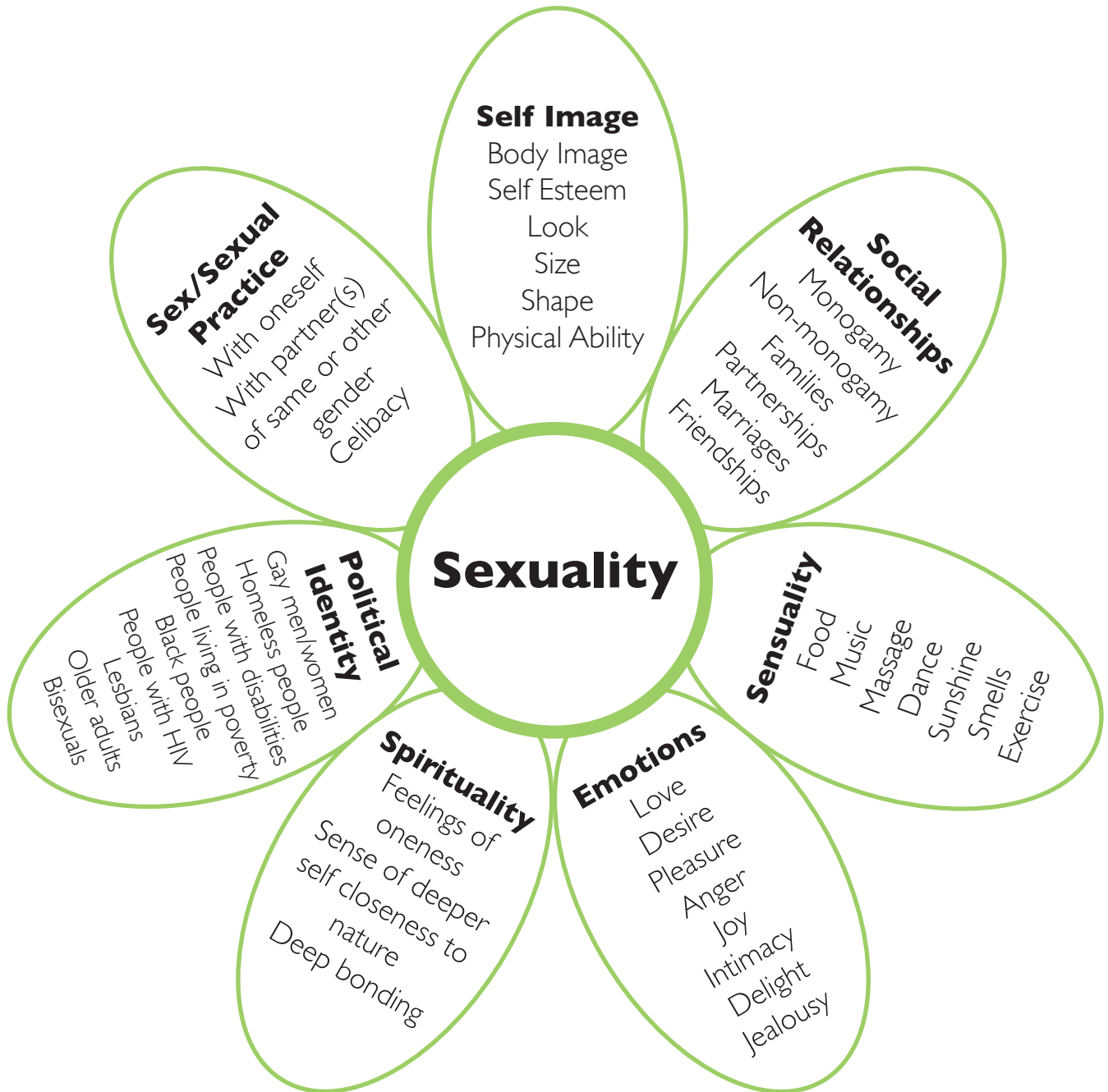
Why might it be harder to be honest about your identity if you thought you were LGB or T

- **Evaluation**

Diary

Session 7

Sexuality Model (for reference)



These all add up to how we define ourselves as sexual beings.

Sexuality = sexual selfhood

Sexuality involves our relationships with ourselves, those around us and the society in which we live - whether we identify as gay, heterosexual, lesbian, bisexual or celibate.

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Session 8 Legal Issues

Adapted from **GGHB - A Sexual Health Curriculum**

Skills

- clarify values and attitudes
- communication

Outcomes

- to know some of the laws relating to sexual relationships
- to understand the purpose of the law

Materials

Flipchart paper
Quiz sheets and answers - Activity Sheets A and B

Activities

- **Diary** and review of last session
- **Introduction**
Explain that today we are going to complete the unit by looking at issues around sex and the law.
- **Activity 1**
Hand out a copy of the quiz to each pupil and ask them to complete it individually.
Now ask them to discuss their answers with a neighbour.
Now check answers with class. Discuss and clarify understanding.
Discuss
 - why do we have laws?
 - do you agree or disagree with them?
- **Activity 2**
Divide class into small groups.
Hand out flipchart paper prepared with the headings below - one to each group and ask each group to discuss their topic and not their thoughts:
 - advantages of age of consent being 16 and
 - disadvantages of age of consent being 16
 - advantages of lowering age of consent and
 - disadvantages of lowering age of consent
 - advantages of raising age of consent and
 - disadvantages of raising age of consent
Feedback
 - display flipcharts and discuss
- **Processing**
What have you learned?
Will the law affect your behaviour?
 - if not, what will? - try to draw out some of the issues discussed in previous sessions eg the importance of stable relationships, values in relationships, communication, pressures etc.
- **Evaluation**
Diary and unit evaluation
- NB. Rights and Responsibilities sheet should be retained for S4.

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Activity Sheet A The Law and Sex Quiz

Go through the sheet deciding whether a sentence is true or false:

	True	False
1. it is illegal for a man to have sexual intercourse with a 15 year old girl	<input type="checkbox"/>	<input type="checkbox"/>
2. you can get married at 16 even if your parents or guardian disagrees	<input type="checkbox"/>	<input type="checkbox"/>
3. abortion is legally available to any woman who wants one	<input type="checkbox"/>	<input type="checkbox"/>
4. abortion cannot legally take place beyond 24 weeks of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
5. if two 17 year old men have a sexual relationship together, they are breaking the law	<input type="checkbox"/>	<input type="checkbox"/>
6. it is illegal for two 17 year old women to have a sexual relationship.	<input type="checkbox"/>	<input type="checkbox"/>
7. it is illegal for a doctor to prescribe the pill to a 14 year old girl	<input type="checkbox"/>	<input type="checkbox"/>
8. it is illegal for a 13 year old boy to go to a chemist and buy condoms	<input type="checkbox"/>	<input type="checkbox"/>
9. if a 15 year old girl goes to a family planning clinic or doctor for contraception the parents have to be told	<input type="checkbox"/>	<input type="checkbox"/>
10. a man can be prosecuted for raping his wife	<input type="checkbox"/>	<input type="checkbox"/>
11. parents can remove their children from sex education classes in school	<input type="checkbox"/>	<input type="checkbox"/>
12. it is illegal for teachers to talk to young people about same sex relationships in class	<input type="checkbox"/>	<input type="checkbox"/>
13. the school nurse must tell a teacher if what you say about sex is illegal or causes concern	<input type="checkbox"/>	<input type="checkbox"/>
14. condoms can be given out from a variety of locations	<input type="checkbox"/>	<input type="checkbox"/>

The Law and Sex Quiz – Answers

1. True

It is an offence for any man who has or attempts to have, unlawful sexual intercourse with a girl under 16 years of age. Sexual Offences (Scotland) Act 1976, Sec 3 & 4. Age of consent is 16 for males and females but only the male is liable for prosecution.

2. True

In Scotland you can get married at the age of 16 (the age of consent) with or without the consent of your parents.

3. False

The 1967 Abortion Act states that to have a legal abortion a woman has to get the consent of two doctors. The doctors have to sign a form stating that continuing the pregnancy would cause greater risk to the woman's physical or mental health than terminating it, or that if the child was born that there is a risk that it would be severely disabled. The ease or difficulty with which women can get an abortion varies greatly in different areas. It depends on the doctor's attitude and the facilities available.

4. True

Abortion cannot legally take place after 24 weeks of pregnancy. The 'upper limit' used to be 28 weeks. It has now moved to 24 weeks. If a woman is considering an abortion she should try to speak to a trained health worker as soon as possible.

5. False

Until recently it was illegal for men to have sex with other men unless it took place in private between two consenting males, aged 18 years or over. However, following an amendment to the Criminal Justice (Scotland) Act, as of January 2001, this age has been reduced to 16 years and over. This brings in an equal age of consent and puts the age limit in line with most other European countries.

6. False

There is no law in relation to lesbian relationships. However, as with question 1, a girl under the age of 16 cannot consent to a sexual act with either a man or a woman. This could be seen as an indecent assault.

7. False

A doctor can prescribe a pill to a girl under 16 years. In this situation the doctor will usually try to persuade the girl to involve her parents, but they are not allowed to tell the parents themselves. Doctors are allowed to prescribe to under 16s without parental consent as long as they believe the young person is mature enough to understand the treatment and can make their own decisions.

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8. False

There are no laws about the age at which condoms can be purchased.

9. False

10. True

This has always been the case in Scotland where a man could be charged under the common law crime of rape. However, in Wales and England, this is a statutory offence and only recently was the legislation amended to make this possible.

11. True

Although where schools fully explain and fully consult with parents regarding sex education, showing the safeguards alongside the guidance that are clearly in place, parents should feel confident about their child's participation in the sex education programme.

12. False

It has never been illegal to discuss same sex relationships.

13. False

Professional codes of practice state that nurses, along with other health professionals, have a duty not to disclose any information about individuals without their consent. The only reason why the passing on of confidential information might have to be considered, would be to protect you or someone else from very serious harm. Nurses would always try to discuss this with your first.

14. True

Although this obviously is dependent on individual ownership/organisational viewpoints from any given location in question.

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Unit Evaluation

Name : _____

Class : _____

1. This unit helped me to think about

a) _____

b) _____

understand

a) _____

b) _____

be able to

a) _____

b) _____

2. The most useful part was

because _____

3. The least useful part was

because _____

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4. The unit could have included

Parent/carer signature _____