




# SEX?—A Healthy Sexuality Resource

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

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

“Sex?— A Healthy Sexuality Resource” was first developed by the Healthy Sexuality Working Group, 2004.

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

**Design/Illustration:** Derek Sarty, GaynorSarty

2021 content updates by Nova Scotia Health, Public Health, Science and System Performance

2021 design updates by Lisa Allen, AlleyCAD

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

Healthy Sexuality Working Group. **Sex?—A Healthy Sexuality Resource.** (Halifax): Nova Scotia Health, 2023.

ISBN: 0-88871-851-9

© Copyright, Nova Scotia Health, 2004, Revised 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2021, 2023



**A Healthy Sexuality Resource**



# CONTENTS



## This book is for everyone!

● This book is for you!.....	5
● Sex, gender, gender identity and gender expression .....	7
● What is sexual orientation?.....	9
● What does LGBTQQ2S+ stand for? .....	10
● If you have questions about gender identity or sexual orientation...	12
● Who can I talk to? .....	14
● Bringing up these topics isn't easy.....	16
● This is confidential, right? .....	17



## Sex, relationships and decisions

● What is “having sex” anyway? .....	20
● Making choices about sexual activities .....	22
● Relationships: when you're more than friends .....	23
● How will I know when I'm ready?.....	26
● Keeping it casual?.....	29
● You decide! .....	31
● Clear head, clear thinking .....	32



## Sexual assault

● Sexual assault is a criminal offence.....	34
● What is consent? .....	36
● Age and consent .....	37
● Sexual assault/“Date rape” .....	39
● Getting support .....	40
● How to help a friend who has been sexually assaulted.....	41
● Sexting.....	42
● What is sex trafficking? .....	43

## Sexually transmitted infections (STIs)

● What are STIs? .....	46
● Common STIs .....	47
● Weighing the risks .....	51
● Avoiding STIs .....	52
● "Safer" sex .....	54
● How can I tell if I have an STI? .....	57
● When should I get an STI test? .....	59
● Protect yourself in long-term relationships .....	62

## Preventing pregnancy

● How pregnancy happens .....	65
● I think I might be pregnant.....	66
● Unintended pregnancy—you have options .....	67
● Birth control: preventing pregnancy .....	69
● What kind of birth control will work for me? .....	71
● Birth control methods.....	73
External condom.....	75
Internal condom .....	77
Birth control pill/oral contraceptive pill ("the pill") .....	79
Depo-Provera ("the needle").....	81
Spermicide .....	83
Sponge .....	85
Diaphragm and cervical cap.....	87
The patch.....	89
The ring.....	91
Intrauterine contraception (IUC)—IUD and IUS .....	93
Emergency contraceptive pills ("Plan B").....	95

## Useful information

● Words to know .....	97
● Genitalia and gonads .....	104
● Reducing the risk of cervical cancer.....	108
● How to check for testicular cancer.....	110
● Where to go for more information .....	112
● Mental health support.....	119

● Thanks!.....	120
● Index .....	124



**THIS** book  
is **For** everyone!

# THIS BOOK IS FOR YOU!

This book is for everyone!

**This book is about sexuality, relationships, and healthy sexual choices. It is useful for everyone of all genders and sexual orientations.**

**Sexuality is part of being human.** It's a normal and healthy part of everyone's life, no matter who you are. Sexuality is about feelings and desires. It's about finding your own way to juggle feelings that are confusing and complicated and exciting—all at the same time. Sexuality includes sexual feelings and decisions that affect you and others.

Sexuality is more than just sex. Sexuality is part of everyone's personality and everyone's life. It is a basic need and a part of being human. Sexuality includes many things in your daily life that make you a person—your gender, body, mind, spirit and emotions.

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.

## QUOTES FROM TEENS

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

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

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. Your sexuality includes your sex, your gender, your gender identity, gender expression and your sexual orientation. We will start by explaining these words.

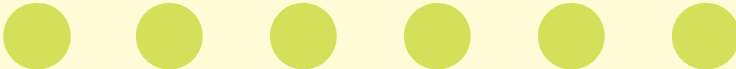
**Healthy sexual choices are choices you can feel good about.**

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

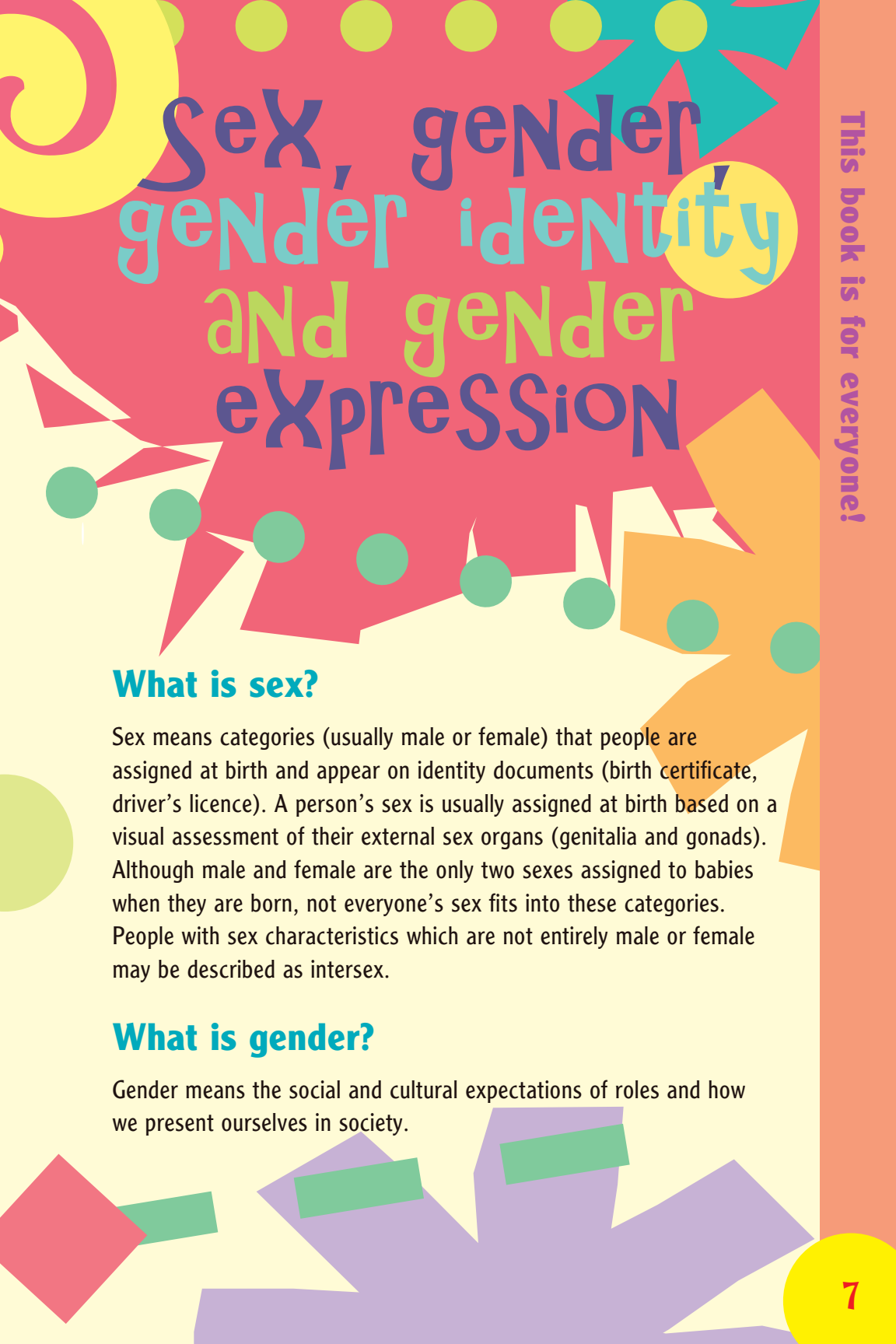
**Check it Out!**

Towards the back of this book you'll find a section called **"Useful information"**. It has definitions of words you might not know, drawings of reproductive body parts, places to find more information, and lots more.

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







# Sex, gender, gender identity and gender expression

This book is for everyone!

## What is sex?

Sex means categories (usually male or female) that people are assigned at birth and appear on identity documents (birth certificate, driver's licence). A person's sex is usually assigned at birth based on a visual assessment of their external sex organs (genitalia and gonads). Although male and female are the only two sexes assigned to babies when they are born, not everyone's sex fits into these categories. People with sex characteristics which are not entirely male or female may be described as intersex.

## What is gender?

Gender means the social and cultural expectations of roles and how we present ourselves in society.

## What is gender identity?

Gender identity is your own deep sense of being male, female, both, or maybe neither. Gender identity is not visible to others.

Your gender identity may be the same as the sex you were assigned at birth—this is called cisgender. A transgender (“trans”) person’s gender identity doesn’t match up with the cultural expectations of the sex they were assigned at birth. People may call themselves trans or may simply identify as their gender (e.g., transwoman or woman). People may also not identify with a gender at all, or at least not in the male/female boxes that our culture tends to focus on. You may have heard people use words like non-binary, gender fluid, or gender non-conforming to describe themselves.

**The only way to know someone’s gender identity is if they tell you.**

## What is gender expression?

A person’s gender is expressed outwardly through their name, pronouns, clothing, haircut, behaviour, voice, or body characteristics.

Gender expression includes using facilities (like washrooms and change rooms) that match up with a person’s gender identity. Society thinks of these cues as male/masculine and female/feminine, although what’s considered masculine and feminine changes over time and within different cultures. For some people, gender expression can be fluid, and can change over time.

# What is Sexual orientation?

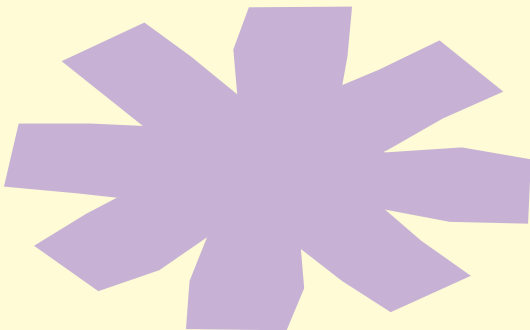
There are lots of reasons you might be attracted to others—their kindness, their sense of humour, shared interests, how their body looks, their intelligence, or their gender, to name a few! Sexual orientation describes your feelings of sexual or romantic attraction towards people, based on their gender.

How you identify your sexual orientation may feel very important in understanding who you are, who you are attracted to, and feeling comfortable when others are attracted to you. Your sexual orientation is different from who you may engage in sexual activities with. For example, you still have a sexual orientation even if you have never kissed anyone. You may be bisexual but be in a heterosexual relationship. Asexual people may have sex. You might identify as a gay male but have been sexually attracted to a female at times. For some people, sexual orientation can be fluid over time and change.

# What does LGBTQQ2S+ Stand For?

LGBTQQ2S+ is an acronym that describes a variety of genders and sexual orientations that are not heterosexual (heterosexual means males attracted to females or females attracted to males) or cisgender (see [page 98](#)). You might sometimes see the symbols\* or + after the acronym, which represents the many more diverse sexual orientations and gender identities that exist but are not included here.

**Remember, you don't need to define yourself using one of these labels (or any label!) if it doesn't feel right for you.**



Here are a few definitions:

- **(LG) Lesbian or Gay:** sexually attracted to the same gender
- **(B) Bisexual:** sexually attracted to both male and female genders
- **(T) Transgender:** an umbrella term for people whose gender identity and/or gender expression differs from what is usually associated with the sex they were assigned at birth
- **(Q) Queer:** used by some people who identify as a sexual orientation other than straight. This word was historically a mean word used to hurt people, so only use it if you feel like it fits for you, or if someone chooses it to describe themselves and is willing to be described by you that way.
- **(Q) Questioning:** used for a person who's exploring or unsure of their sexual orientation or gender identity. They might be actively questioning or might feel like this for a long time—either is okay!
- **(2S) Two-Spirit:** a cultural term used by some Indigenous people to mean a person who has a male and female spirit. This can include concepts of spirituality, sexual orientation and gender identity.

# IF you Have QUESTIONS about gender identity or SEXUAL orientation

For some people, the process of identifying their sexual orientation can be confusing and complicated. There is still a lot of prejudice and stigma against people who do not identify as straight and cisgender. These prejudices can make it difficult for someone to accept who they are or share their sexual orientation or gender identity with others.

## Remember:

- It's okay to be yourself. What you are feeling is natural and normal. Identifying and feeling confident about your gender identity and sexual orientation can help you have healthy relationships and build your own chosen family and community.

- You are not alone! There are other youth and adults who have had similar experiences and who share your gender identity and sexual orientation.
- Only you can identify your gender identity and sexual orientation. You know yourself best. You don't have to identify your gender identity or sexual orientation to others until you know it is safe and you are ready.
- It can be difficult living in a world that is divided into "male" and "female" in general, and especially when you're not sure where you fit. You may feel more comfortable:
  - Wearing clothes that align with your gender identity or that just make you feel good about yourself
  - Asking people to call you by a different name
  - Asking people to call you by your preferred pronoun (e.g., "he", "she" or "they")
  - Using single-room bathrooms
- You have options. You can talk to a health care provider about your gender to consider ways to feel more comfortable in your body.
- The Youth Project is a Nova Scotian organization that provides support and information for youth. You can find them online at [youthproject.ns.ca](http://youthproject.ns.ca)

A graphic with the words "Free Advice!" in a stylized, bold font. The text is white with a red outline, set against a yellow background with a jagged, torn-paper edge. There are some small, faint icons or symbols around the text.

It's okay to be part of the LGBTQQ2S+ community, but it is wrong (and illegal!) to treat people badly because of their gender identity or sexual orientation.

# WHO can I talk to?

We wish all adults were ready and able to provide you with good guidance and advice about relationships, sex and sexuality, but this isn't always the case. Someone's job, age, or their relationship to you does not automatically make them knowledgeable, trustworthy or safe.

For some people, safe adults are obvious to them: a parent or guardian, an aunt or uncle, a grandparent, an elder, a teacher, a friend of the family, a coach. For others, it might be trickier to find a safe adult to talk to. Trust your gut.

Safe adults in your life could be:

- People over the age of 18 who you know well and see you regularly.
- People who are there to support you and keep you safe. It is not your job as a kid to take care of adults or be responsible for their feelings.
- People who you feel you can talk to about almost anything—when you are excited, scared, happy or sad.
- People who make you feel respected and not judged for your experiences, feelings and the questions you have.
- People who help you feel comfortable setting and maintaining boundaries.
- People who are most concerned about your safety first, even if you feel you have done something wrong.



- People who are there to support and protect you.
- People who are knowledgeable and have accurate information.

Here are a few hints that an adult is **not** safe:

- They ask you to do things that make you feel unsafe.
- They make you feel uncomfortable.
- They ask you uncomfortable questions, or make uncomfortable jokes or comments.
- They try to get kids to solve their problems or to help them feel better. They should be getting other adults to support them with this, not you.
- They ask you to keep secrets about touching, picture taking, videos, or watching sexual acts.
- You would feel embarrassed to tell other people about your relationship with them.

**Remember, there is a difference between liking an adult or thinking they are funny, and feeling safe and comfortable with them.**

## But I trust my friends— isn't that enough?

It's awesome that you have great friends! Friends can be a great support. For some topics, including talking about sex, you want to feel comfortable with the discussion and know you are getting good support and reliable information. An adult can have a perspective about sex and sexuality that your friends may not have.

You can also talk to professionals whose job may include supporting you on these topics, for example, a doctor or nurse, a teacher, a guidance counsellor, or your Youth Health Centre coordinator (in your school or community).

# BRINGING UP THESE TOPICS ISN'T EASY.

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

## **Some good openers are:**

"Today in class, we were talking about sex. 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."

"Can I talk to you about something that's important to me?"

"I'm confused about..."

Everyone can be uncomfortable talking about sex sometimes. Make sure you feel comfortable and safe to have an open and honest talk. A safe adult can help you find extra supports or help you figure out where to get additional information.

# THIS IS CONFIDENTIAL, RIGHT?

When you're looking for someone to talk to, keep in mind that not everyone will keep what you say to themselves. Trust is important when you are talking to someone without a professional responsibility to keep what you say confidential. If you know your friend gossips a lot, they're maybe not the best person to talk to about certain things you want to keep private.

You have a right to confidentiality when you talk to doctors, nurses, and other health professionals. This means that as long as a health professional understands you are mature enough to understand medical advice, they cannot tell anyone what you say or give anyone information about your health. This includes your parents or guardians.

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.

## 2. Reporting abuse

**Everyone**—including parents, coaches, health professionals, teachers, principals, youth workers—is legally required to report abuse. If you are under age 16, any adult 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.

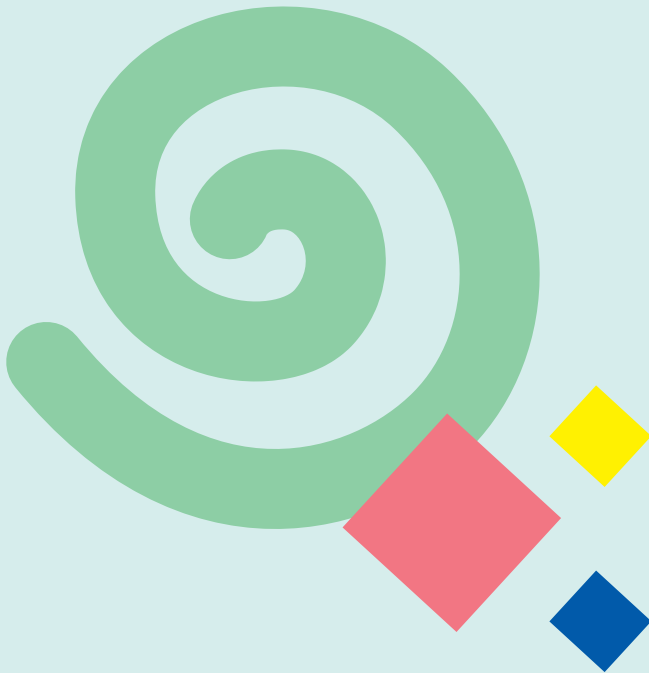
## 3. Reporting danger to yourself or others

Doctors, nurses, 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, die by suicide—or harm others.

If you want to confirm confidentiality before talking to someone, you can ask, “This is confidential, right?”

# sex, relationships and decisions

Sex, relationships and decisions



# What is "Having Sex" anyway?

Sexual activities are the wide range of ways in which people act on their sexual feelings with themselves or other people. Sexual activities include everything from touching to masturbation to flirting to kissing to intercourse. Participating in sexual activities with yourself or with a partner can be wonderful, when you are ready.

Your sexual interests may change over time, and that's okay too.

There is a LOT to think about and learn when it comes to sex. It's important to have accurate information so you can make safe and healthy choices about sex and how you engage in sexual activities.

## Check it Out!

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

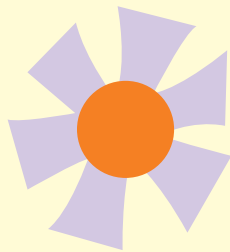
Sexual activities could include:

With yourself:

- exploring your own body (touching, fondling, caressing)
- masturbation

With consent from someone else:

- flirting
- holding hands
- physical contact with your clothes on
- sexting (see [page 42](#))
- kissing
- stroking, touching, fondling, feeling one another
- massaging
- mutual masturbation
- oral sex
- vaginal intercourse
- anal intercourse
- using sex toys together



# Making CHOICES about SEXUAL activities

Sexual feelings can be exciting. This also means it can be easy to get carried away.

Take some time to think through what your boundaries are—your personal space, your body and personal belongings, your feelings, and your time. You get to decide your boundaries for sexual activities. You also have a responsibility to listen to, and to respect, other people’s boundaries and choices, which might be different than yours.

Boundaries can change, from person to person, from situation to situation. What might feel great with one person might feel wrong for another, or what felt normal a week ago might feel weird now. Only you can decide on what boundaries are right for you.

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

You are the only person who gets to decide what happens to your body. If you feel like you are not in charge of your body or that someone is pressuring you to make sexual decisions you are not comfortable with, please consider asking for help from an adult you feel safe with. This kind of behaviour is not okay and it is also illegal.

**Check it Out!**

Most teens have not engaged in any sexual activity.

A 2018 study found that less than 1 in 4 Canadian grade 9 students have had sexual intercourse.



# RELATIONSHIPS: WHEN YOU'RE MORE THAN FRIENDS

All relationships have their ups and downs.

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, cared about and accepted. Signs of a healthy relationship could be:

- 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 can sometimes feel scared, confused and insecure. Signs of an unhealthy relationship could be:

- Your partner often criticizes you and puts you down. They can sometimes make you feel inferior. There are things you're afraid to talk about with your partner, like your own feelings, sex or birth control.
- Your partner can be jealous and controlling. They don't want you to spend time with your friends or family.
- You don't know where you stand with your partner. Your partner plays mind games—they will be nice one minute and ignore you the next. They lie 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 what they want you to do.
- Your partner dismisses how you feel. When you are upset they tell you that you are overreacting or misunderstood what happened. They do not take responsibility for their actions or how their behaviour affects you.
- You are sometimes afraid of your partner. You may be scared of what they might do, or how they will react to you.

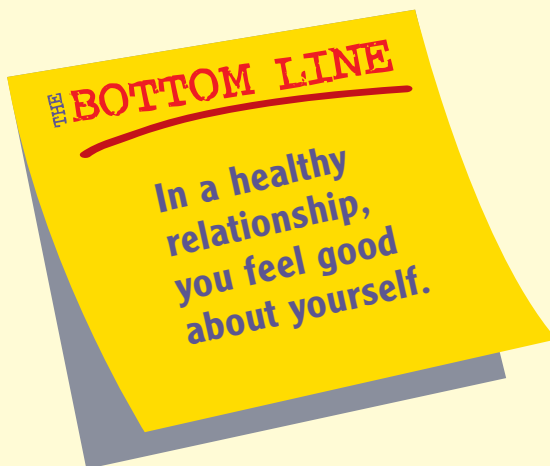
### Quotes From TEENS

“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.”

Things to ask yourself about your 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 may not be healthy. You might find it helpful to talk with someone you trust about how you feel.



# HOW WILL I KNOW WHEN I'M ready?

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

This isn't just a decision you make one time in your life. Any time you engage in sexual activity, at any point in your life, you will need to check in with yourself and your partner to ask whether this is a choice you both feel happy and comfortable with.

Ask yourself:

- Why do I want to have sex?
- 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?
- Do I feel confident I can change my mind at any time?
- Have I thought about it in advance?
- Am I, or is my partner, drunk or high?

## Quotes From TEENS

“The truth is, not all teenagers have sex.”

“If you're having doubts, don't have sex.”

- Am I legally allowed (old enough) to engage in sexual activity with this person? (see [page 37](#))
- Is my relationship healthy?

You're prepared for sexual activity when:

- You have information about your sexual choices and you understand the risks.
- You've thought about what sex means to you, what you want, what you don't want, and what's important to you.
- 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 feel good about yourself and you are happy with the choices you're making.

Being prepared doesn't mean you now **have** to engage in sexual activity. This choice is up to you and your partner, every time throughout your whole life.

You should not engage in sexual activity if:

- You feel pressured.
- You're not sure about it.
- You can't talk about it with your partner.

### Quotes From TEENS

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

- You don't have a way to protect yourself from STIs and pregnancy.
- You or your partner are drunk or stoned.
- You or your partner are not able to give consent (see [page 36](#)).
- You're doing it just because you're lonely.
- You think you owe it to someone.
- You think someone owes it to you.
- You're doing it because you think everyone else is doing it.
- You're doing it because you want to fit in or feel popular.
- You're doing it because you think you have something to prove.
- You're doing it because you see people having sex in videos and movies and you think you should too.
- You're doing it because you think that having sex will make the other person love you.
- You're doing it because you think getting pregnant will help your relationship.
- You're doing it because someone gives you money or gifts, or makes promises in return.
- You're doing it because you want to hurt or get back at someone.

### Check it Out!

Sexual activity has possible physical risks—for example, you or your partner could become pregnant or get a sexually transmitted infection (STI). If you have a cervix, having sex at a young age could put you at higher risk for getting cervical cancer. Sexual activity has possible emotional risks too. You can't control everything that happens after sexual activity. Your feelings could be hurt or your heart might get broken. Other people might gossip about you.

Protecting yourself and your partner from risks is a shared responsibility.

# Keeping it casual?

Having sex may seem like no big deal. Music, movies, and the internet can make it seem like everyone is having casual sex. Unlike movies and TV, the truth is more complicated. A 2012 survey found that 32% of high school students in Nova Scotia have engaged in some form of sexual activity with a partner in the last year. Not as many students in school are having sex as you may think.

Your decisions about sexual activity can be complicated. Questions like “When do I know I’m ready?”, “Is this the right person?” or “What happens after we have sex?” do not often have simple answers. There are risks to engaging in any sexual activity if you have not planned for it or if you don’t feel ready or comfortable to have sex with someone.

## You can get hurt physically

Unprotected sexual activity with someone can put you at risk of getting a sexually transmitted infection (see [page 45](#)), and having more than one sexual partner can increase your risk of getting an STI.

## You can get hurt emotionally

Any sexual activity with someone you don't know well, or who doesn't know you well, can leave you with a lot of negative emotions. Sadness, loneliness, anger, feeling used by someone, or frustration with your decisions can all have an impact on your emotional and mental health.

Whatever you want to call it (friends with benefits, no strings attached, keeping it casual), before you engage in sexual activities without a romantic relationship commitment, consider your values and your boundaries. **Boundaries** are the expectations you have for yourself and other people that shape how your relationship with others works. Your boundaries are very personal—they're about **your** personal space, **your** body, **your** feelings, and **your** time. You get to decide **your** boundaries. You also have a responsibility to listen to, and to respect, other people's boundaries, which might be different than yours.

Communication is important in any sexual relationship. Before you decide to have sex with someone else, think through what feels right and safe for you. You never need to explain to any sexual partner why you do or do not want to participate in sexual activity. However, if you feel safe, talking with a sexual partner about your preferences and desires can help to ensure that you both understand and respect one another's boundaries. Understanding one another's boundaries ensures you both understand the relationship, and reduces the risk of hurt feelings, perceived rejection or anger.

Of course, all of the above is still very true even in a committed relationship!

**You matter. Regardless of your decisions, you deserve to be liked, respected and loved for more than your willingness to have sex.**



# You decide!

No one has the right to pressure you into having sex or into any kind of sexual activity. These decisions are yours to make. If it doesn't feel right for you, it's not. Trust your gut.

- You get to decide how far you are willing to go. Agreeing to kiss or touch does not mean that you have agreed to have intercourse. You can also change your mind at any point, even during intercourse.
- You can say no to sex for now. You can say yes later, if you feel ready.
- Even if you've had sex before, you can say no the next time.

Your partner gets to set their own boundaries and limits based on what they feel is right for them. Your partner can also change their mind and adjust their boundaries or limits. It is your responsibility to respect your partner's boundaries and limits. It is not okay to pressure them.

If someone pressured you or forced you to do sexual things you are not or were not comfortable with, it is not your fault. If you would like help or support, there are trained professionals you can talk to. For more information, see <http://breakthesilencens.ca/>

Five ways to say "no":

- There are other ways to show our love.
- Respect my right to say no.
- Not everybody does it. Not me. It's worth it to wait until we are both ready.
- If I can wait, so can you.
- I'm 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."

# Clear Head, Clear Thinking

Having sex is something to think about carefully before you do it, while you're clear headed and sober.

In 2012, 32% 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 that can cause harm.

## Did you know?

Someone who is drunk or high can't legally consent to sexual activity. Engaging in sexual activity with them is a crime—sexual assault.

# Sexual assault

Sexual assault

# Sexual assault is a criminal offence.

It is sexual assault to force someone into any kind of sexual activity that they do not 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.

## Read this section carefully!

Many people don't know what sexual assault is. You may be breaking the law without knowing it.

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

- oral sex
- vaginal intercourse
- anal intercourse
- touching
- kissing
- grabbing
- masturbating another person
- forcing another person to masturbate you
- masturbating in view of another person

**Any kind of sexual activity  
without consent is  
sexual assault.**

# What is CONSENT?

Consent is voluntary agreement.

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

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

A person cannot consent to someone who has a lot more power than them. For example, a youth can't consent to an adult whose care they are under.

Consent is enthusiastic and ongoing, which means that even if you said yes at the beginning, you can change your mind.

There can be no legal consent when a person is drunk, drugged, asleep or passed out.

# Age and consent

Here are some facts about age and giving consent:

- Someone under the age of 12 is unable to give sexual consent under any circumstance.
- Someone 12 or 13 years old can consent to sexual activity with someone who is less than two years older than them.
  - For example: A 13-year-old can consent to sexual activity with someone who is no older than 15 years of age.
- Someone 14 or 15 years old can consent to sexual activity with someone who is less than five years older than them.
  - For example: A 15-year-old can consent to sexual activity with someone who is not older than 20 years of age.
- The legal age of consent is 16 years. That means that if both people are the age of 16 or older and have equal power, you can both legally consent to sexual activity.
  - If one person is 16 or 17 and the other person is in a position of authority or trust over them—for example, a teacher, parent, older sibling, babysitter, relative or coach—they are not considered to have equal power and the 16- or 17-year-old cannot legally consent. This is because there can be no voluntary consent unless two people are equal. If one person has power over the other, consent is not legally possible.

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

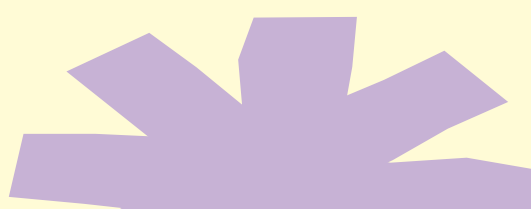
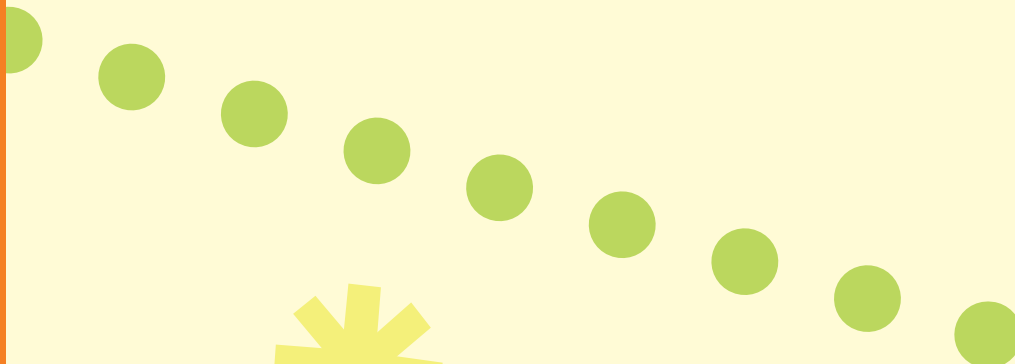
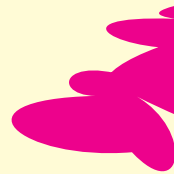
Sexual assault can happen to anyone, no matter their sexual orientation or gender identity.

No one has the right to force another person into 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 their mind at any point—even during sex.

If you are afraid that you will be hurt if you say “no”, do what you need to do to stay safe in the situation, and then talk to someone who can help.

**Everyone has the right to say “no”,  
and no one has the right to hurt you.**





# Sexual assault/ "Date rape"

**NO always means NO. STOP always means STOP.** If someone says NO and you do not stop, or that person has not given consent, you are committing a crime.

Most sexual assaults are NOT committed by strangers.

When a teen is sexually assaulted, 85% of the time it is by someone they know. 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 can happen on a date—in a car or at a party or in someone's 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. Freezing up does not mean consent. Either partner can change their mind at any point, even during sexual activity.

Drugs and alcohol are often involved in sexual assault. No one can consent to sexual activities while drunk, drugged or unconscious. Drugging someone or getting them drunk so you can have sex with them is sexual assault. It is a crime.

# Getting Support

A sexual assault is a very traumatic experience for anyone who has experienced it. When someone is sexually assaulted they may react to the traumatic experience in many different ways. They may feel sad, scared, numb or angry. The most important thing to remember is there is no “right” or “wrong” way to react to a sexual assault. If you have been sexually assaulted you will have a lot of thoughts and emotions to try to sort through. It is very important that you find someone you can trust who can help you understand what has happened and decide what to do next.

If you are a victim/survivor of sexual assault, it is not your fault. You can find a lot of support if you reach out for help. There are many ways to heal from a sexual assault. People can find healing through support from friends, family, Elders, traditional ceremonies, spiritual and/or religious communities, and community activism.

You may also want to get help through one of the support services available in Nova Scotia. For example:

- Sexual Assault Nurse Examiner/SANE program (see [page 117](#))
- Sexual assault centres (you don’t need to live in the same area as the centre to access their services—see [page 118](#))
- Kids Help Phone (1-800-668-6868)
- Police (911)

Contact information is available in the back of this booklet. You can also find more information at [breakthesilencens.ca](http://breakthesilencens.ca)<sup>1</sup>

---

1 This information was adapted from Break the Silence NS.

# How to help a friend who has been sexually assaulted

- Believe them. Do not ask for details or for them to “prove” what happened.
- Tell your friend that it is not their fault (you can tell them this over and over again).
- Offer emotional support. Be there when your friend needs you.
- Tell your friend how they are feeling is normal.
- Respect your friend’s confidence in you. Don’t gossip about what happened.
- Help your friend find services and support.
- 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.**

# Sexting

With smart phones and other forms of technology, it has become very easy to share information and images with one another, but sharing intimate pics and messages without consent (see [page 36](#)) is illegal. If the images are of someone under the age of 18 those images are considered child pornography and sharing those images is considered distribution of child pornography and is a very serious legal offence. In 2018, Nova Scotia passed laws to protect victims of cyberbullying and unwanted sharing of intimate images including non-consensual sharing of intimate images.

You should never send naked or intimate images of yourself to someone else and if you receive intimate images from someone else you should never share those images with anyone else. If you are being cyberbullied or think intimate images of yourself have been shared, it is important to talk to a trusted adult for help and direction.

For more information about the law, check out <https://novascotia.ca/cyberscan/>

If you need help removing a sexual picture/video from the internet, go to <https://needhelpnow.ca/app/en/>

# What is sex trafficking?

Sex trafficking (also known as commercial sexual exploitation) happens when there's any sexual activity involving a child under the age of 18 that includes an exchange of money or something that has monetary value, like drugs. The exchange of money or other things can be with the child themselves or with another person or other people (like a pimp or boyfriend).

## Here are some facts about sex trafficking:

- You never have to do anything sexually that you don't want to do, EVER!
- It is not ok, and it is actually illegal, for anyone to pay you or give you gifts for any sexual act.
- Nova Scotia has the highest rates of sex trafficking in the country (yeah, it happens here!).

## So, who can this happen to?

- It can happen to anyone. It doesn't matter what your gender, race, sexuality, class, size or appearance is.
- Exploiters might approach you as a friend, a boyfriend/girlfriend, or online, like on social media.

## What does sex trafficking look like?

- Exploiters find ways to get close to you, gain your trust, do nice things for you and could even buy you expensive gifts for no reason. If they seem too good to be true, you are probably right.
- After getting close to you, they might start to be more controlling or demanding, not let you talk to your friends, might pressure you to drink, do drugs, or vape, or might even pressure you to send intimate photos (nudes) or do sexual things with them.
- They might try to guilt you into doing these things, and more, saying you “owe them” now.

## What can I do?

- Avoid meeting strangers online or in person and sharing private information (like your age, location, or private photos) with them, even if you think they are your friend, or boyfriend/girlfriend.
- **When something doesn't feel right, tell a safe adult.** That could be a parent/guardian, teacher, school counsellor, Schools Plus staff or an NSTAY (Nova Scotia Transition and Advocacy for Youth) worker at YWCA Halifax.

Remember that **it's never your fault** if these people target you, your friends, your siblings or your classmates!

### Contact information/resources for sex trafficking:

- Reach out to your school counsellor or Schools Plus staff
- Reach out to the NSTAY team: call/text 782-414-7657
- Visit <https://www.ywcahalifax.com/programs/nstay/> and <https://www.ywcahalifax.com/advocacy/sexual-exploitation-trafficking/tess/>

# Sexually transmitted infections (STIs)

# What are STIs?

STIs (sometimes also called STDs—sexually transmitted diseases, or STBBIs—sexually transmitted and blood-borne infections) are infections that are spread through sexual contact. Sexual contact can include penetrative sex (oral, vaginal or anal sex) or any sexual activity that involves touching, rubbing genitals or other infected areas. You can also get some of these infections from needles used for tattooing or piercing, or for injecting drugs.

People who are sexually active can be at risk of getting an STI if they are not practicing safer sex. Safer sex includes using condoms or oral dams (called barrier methods) every time you engage in sexual activity.

Some STIs can be cured if they are found and treated. Others can be treated and controlled, but are never really cured.

STIs do not always have symptoms you can feel. You could become infected with an STI and, without knowing it, pass it on to others.

Abstinence is the most effective 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 with someone else. This includes oral sex, vaginal sex, anal sex and any activity that involves skin-to-skin contact in the genital area.



# COMMON STIS!

<b>What is it?</b>	<b>How would I get it?</b>	<b>How do I know if I have it?</b>
<b>Gonorrhea</b> A bacterial infection.	It is spread through unprotected oral, vaginal or anal sex with an infected partner. You can get gonorrhea through sexual contact even if there is no penetration or ejaculation.	Many people with gonorrhea have no symptoms. Symptoms typically appear 2 to 7 days after initial exposure. Symptoms can include pain, swelling or discharge from your genitals.
<b>Can I be tested?</b> Tests can be done by a health care provider from a urine sample or a swab from the infected area.		<b>What is the treatment?</b> Gonorrhea can be treated and cured with antibiotics. The treatment usually includes pills (often just one pill) and a single muscular injection.
<b>Chlamydia</b> A bacterial infection. It is especially common in people under 20 years of age.	Chlamydia is extremely contagious and spreads from person to person through intimate sexual contact including unprotected oral, vaginal or anal sex with an infected partner.	Chlamydia infections can cause symptoms. However, most people have no symptoms at all. Symptoms include burning or pain when you pee, and discharge or pain in the genital area.
<b>Can I be tested?</b> Tests can be done by a health care provider from a urine sample or a swab from the infected area.		<b>What is the treatment?</b> Chlamydia can be treated with antibiotics taken as a single dose or several doses over the course of one week if the infection is uncomplicated.
<b>Syphilis</b> A bacterial infection.	Syphilis can be spread through unprotected oral, vaginal or anal sex by coming in direct contact with bacteria contained in the syphilitic sores or rashes.	Syphilis occurs in stages and each stage has unique symptoms. Early stage (primary) syphilis symptoms can include a small painless sore called a chancre. If left untreated, syphilis can lead to damage to your heart, brain, eyes and eventually death.
<b>Can I be tested?</b> Syphilis is usually diagnosed with a blood test.		<b>What is the treatment?</b> Syphilis can be treated with antibiotics.

1 Thanks to Halifax Sexual Health Centre for providing this information ([www.hshc.ca](http://www.hshc.ca))

## What is it?

### Genital herpes

A virus called Herpes simplex virus (HSV).

## How would I get it?

The herpes virus is most often transmitted between partners during unprotected oral, vaginal or anal sex with an infected partner.

There are two types of HSV. HSV-1 usually causes oral infection such as cold sores, while HSV-2 mainly causes genital infection.

## How do I know if I have it?

Many people may not know they are infected with HSV, or have genital herpes, as they may not have any symptoms. People with no symptoms can still pass on the virus.

The symptoms of genital herpes can vary widely, including blisters or multiple sores in the genital area. Other symptoms can include flu-like symptoms, tenderness in the genital area and pain while peeing.

## Can I be tested?

Herpes is tested by swabbing an active lesion for cells and/or fluid. Tests are most effective when the swab is collected as soon as possible after the sore appears.

## What is the treatment?

The infection can be managed with antiviral medication. It is best to start antiviral medication as soon as possible after the initial outbreak begins.

There is no cure for genital herpes.

### HPV (Human papillomavirus)/ Genital warts

Human papillomavirus (HPV) can be spread through oral, vaginal or anal sex with an infected partner, or through intimate contact such as genital rubbing or sharing sex toys.

It is the most common STI in Canada. There are over 100 types of HPV—some are low-risk infections while other forms are more serious and can lead to genital warts or cancer.

If you are infected with the types of HPV that cause genital warts, you may not develop symptoms. It is also possible that you could carry the virus for many years before developing symptoms.

Symptoms of an active infection could include external warts in the genital areas, which can appear as soft, painless, fleshy, cauliflower-like growths. Sometimes warts can be internal to the body and not easily seen. There may also be itchiness, bleeding or discomfort during intercourse or pooping.

## Can I be tested?

Genital warts are diagnosed by visual inspection by a health care provider. Sometimes a biopsy might be taken if the diagnosis is not clear.

## What is the treatment?

There is no cure for HPV once someone is infected.

Genital warts can be treated by a healthcare professional using freezing or laser, or by self-applied medication.

## What is it?

### **HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome)**

HIV is a virus that attacks the body's immune system, which weakens the body's ability to fight off other infections and illnesses. HIV develops into AIDS when the immune system can no longer defend the body from infections, diseases and/or cancers.

## How would I get it?

HIV is passed on through oral, vaginal or anal sex with an infected person. It can also be spread through exposure to infected blood or blood products, such as sharing equipment for injection drug use or tattooing.

## How do I know if I have it?

### **Immunodeficiency Syndrome**

Some infected individuals may develop mild flu-like symptoms 2 to 4 weeks after exposure. These symptoms may last a few weeks and then disappear.

Most people who are infected with HIV will not develop symptoms until years after exposure. These symptoms could include weight loss, frequent fevers or sweats, swollen glands and fatigue.

## Can I be tested?

There is a blood test available that can tell you if you are infected with HIV. This test measures HIV antibodies, not the actual virus. It's recommended that a person wait 14 weeks after potential exposure to get a blood test because it can take this long for the antibodies to develop.

In Nova Scotia it is possible to get an anonymous HIV test – see [page 60](#).

### **Hepatitis B (Hep B)**

A viral infection that affects the liver. It can be found in blood and body fluids.

Hepatitis B is passed on through oral, vaginal or anal sex with an infected person. It can also be spread through exposure to infected blood or blood products, such as sharing equipment for injection drug use or tattooing.

## What is the treatment?

HIV cannot be cured, but it can be managed so that the virus grows more slowly and doesn't damage the immune system as quickly. There are now many drugs to treat HIV and help someone who is HIV-positive to maintain their health.

50% of people infected with Hep B have no signs or symptoms. If someone does develop symptoms they can include tiredness, nausea and vomiting, or rash.

## Can I be tested?

Hep B is tested through a blood test from a health care provider.

## What is the treatment?

Most individuals (90%) infected with Hep B will naturally produce antibodies to fight the disease (i.e., they are cured of the virus without receiving treatment).

However, some individuals will develop chronic hepatitis B, meaning they will carry the virus and can pass it on to others for the rest of their lives. People with the chronic form of this infection may benefit from treatment with interferon or an anti-viral medication.

<p><b>What is it?</b></p> <p><b>Trichomoniasis (“Trich”)</b></p> <p>A parasitic infection.</p> <p>Trichomoniasis is spread through unprotected sexual activity, including mutual masturbation and sharing sex toys.</p>	<p><b>How would I get it?</b></p> <p>Many people infected with “Trich” do not have any signs or symptoms. Symptoms for people with vaginas can include pain, itch and discharge. People with penises typically do not have symptoms but symptoms could include irritation or burning when they pee or ejaculate (come).</p>
<p><b>Can I be tested?</b></p> <p>In Nova Scotia, people with vaginas can get a swab test to confirm whether or not they have trichomoniasis. However, the lab does not currently process specimens from people with penises because the infection is rare.</p>	<p><b>What is the treatment?</b></p> <p>Trichomoniasis can be treated through antibiotics. The individual who is infected, as well as their sexual partners, should be treated.</p>
<p><b>Scabies</b></p> <p>Scabies are parasitic mites that burrow below the surface of the skin.</p> <p>Scabies are typically passed through intimate sexual contact as well as non-sexual contact. Scabies can live for three days on clothing, towels, and bedding, so these items may be a source of transmission.</p>	<p>The most common symptom is severe itching, especially at nighttime. An individual who is infected may also develop a reddish rash on fingers, wrists, armpits, waist, nipples, and penis.</p>
<p><b>Can I be tested?</b></p> <p>A health care professional can usually diagnose scabies from a visual inspection. They may also send a skin sample to the lab for confirmation of infection.</p>	<p><b>What is the treatment?</b></p> <p>Scabies can be treated through special creams or lotions found at the pharmacy, usually without a prescription. It is also very important that a person infected with scabies properly cleans anything that might have mites or nits on it, such as clothes, bedding and towels.</p>
<p><b>Pubic lice (“Crabs”)</b></p> <p>Pubic lice are tiny crab-like insects that live in pubic hair or other coarse body hair. They can also be found in other body areas that have hair.</p>	<p>Severe and constant itching in pubic area, skin irritation and redness. This usually develops within 5 days of infection.</p>
<p><b>Can I be tested?</b></p> <p>A health care professional can usually diagnose pubic lice from a visual inspection. They may also send a skin sample to the lab for confirmation of infection.</p>	<p><b>What is the treatment?</b></p> <p>Pubic lice infection can be treated through special creams or lotions found at the pharmacy, usually without a prescription. It is also very important that a person infected with pubic lice properly cleans anything that might have mites or nits on it, such as clothes, bedding and towels.</p>

# Weighing the risks

All sexual activities come with potential risks—emotional, physical, social and legal—which are very important to consider. This section specifically describes the physical risks of STI transmission.

Some sexual activities are higher risk 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 that involve the exchange of semen, vaginal fluid or blood put you at greatest risk for getting an STI or giving one to someone else.

# Avoiding STIs

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 below.

## No risk for STI transmission:

By yourself:

- exploring your own body (touching, fondling, caressing)
- masturbation by yourself

With consent from someone else:

- flirting
- holding hands
- hugging
- physical contact with your clothes on
- sexting (see [page 42](#))

## Some risk for STI transmission:

- kissing
- stroking
- touching
- fondling
- feeling
- massaging
- mutual masturbation
- oral-vaginal sex with a condom or oral dam
- oral-penile sex with a condom or oral dam
- oral-anal sex with a condom or oral dam
- vaginal intercourse with a condom
- anal intercourse with a condom
- sharing sex toys with a condom

## High risk for STI transmission:

- oral sex without a condom or oral dam
- oral-anal sex without a condom or oral dam
- vaginal intercourse without a condom
- anal intercourse without a condom
- sharing sex toys without a condom

# "Safer" Sex

Safer sex refers to sexual activities that do not involve the exchange of bodily fluids (semen, vaginal secretions, saliva or blood). Safer sexual activities do not put anyone at risk of contracting an STI or becoming pregnant. When you use some form of protection (condoms, oral dams) during low- or high-risk sexual activities, you reduce your risk of pregnancy or STIs, but using protection does not eliminate risk completely. That's why we say "safer" and not "safe" sex.

Safer sex can reduce your risk of getting an STI. Here are some ways to practice safer sex:

- Stick with lower-risk sexual activities where no body fluids are exchanged (see [page 52](#)).
- Avoid oral sex if you, or your partner, have cuts or sores in the mouth or the genital area.
- Always use an external or internal condom or an oral dam during oral, vaginal or anal 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.

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 areas of the body that might be infected with an STI.



If you are engaging in sexual activities that involve exchanging any body fluids, the best thing you can do to lower your risk of getting—or giving—an STI is to use an external or internal condom or an oral dam the right way, every time.

## How to use an external condom

### How to put it on

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

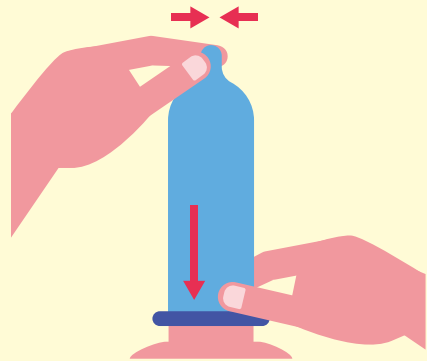
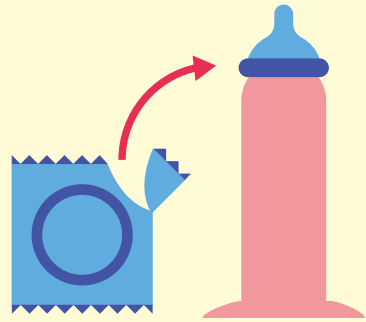
1. Check the expiry date on the condom. Do not use expired condoms because they may break during sex. Open the package carefully. Handle the condom gently so you don't puncture or tear it.

2. Leave about 1 centimetre (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.

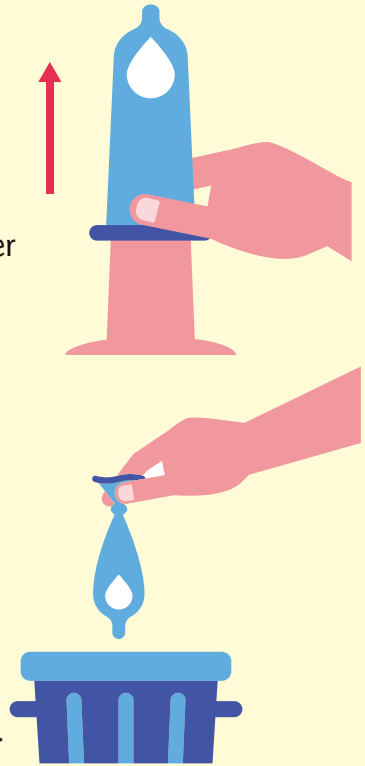
Make sure the condom has the rim on the outside (like a little hat) to allow it to unravel. Squeeze the tip of the condom to make sure that no air is trapped, and unroll the condom all the way down the shaft.

4. If you realize the condom is not on the penis correctly, throw it away and use a new one.



## How to take it 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. Both you and your partner should clean your genital areas with soap and water as soon as you can after having sex.



**Use a new condom each time you engage in sexual activity.**

## What is 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.

You can get oral dams at some pharmacies and also at some service providers. 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.

# How can I tell if I have an STI?

If you have ever engaged in sexual activity with any risk of exchange of body fluids (see “Some risk for STI transmission” or “High risk for STI transmission” activities on [page 53](#)), you are at risk of contracting an STI. STIs often have no symptoms at all. The only way to know for sure if you have an STI is to see a health care provider and have all STI tests done.

You should see a health care provider if you have any of these symptoms:

- discharge from your vagina or penis that is new or that looks or smells different
- bleeding between your periods
- burning, itching or pain when peeing
- sores, warts, itching, pain or swelling anywhere in your genital area
- pain or bleeding when you have intercourse

Some STI tests are not done routinely, so be sure to ask to be tested for all STIs. You do not have to pay for these tests. Note that a Pap test is something completely different (see [page 101](#)) and does not test you for STIs.

After you've been tested, if either you or your partner engage in any sexual activity with a risk of body fluid exchange with a new partner—even once—it puts you both at risk for STIs. You will both need to be retested.

To be as safe as possible, always use a condom or oral dam. You'll find information about external and internal condoms on [pages 75 and 77](#). For information on oral dams, see [page 56](#).



**CAUTION!**

STIs do not discriminate.  
Anyone can get an STI.



**THE BOTTOM LINE**

The only way  
to know if you  
have an STI is  
to be tested.

# 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 engaged in sexual activities for a while.

You may also need an STI test:

- If you have oral, vaginal or anal sex without using a condom, or if the condom breaks during sex.
- If you find out that your current or past partner has an STI.
- If you find out that your partner is engaging in sexual activity with someone else.
- If you or your partner have new piercings or tattoos.
- If you or your partner have ever injected drugs.
- If you are engaging in sexual activities with someone new.
- If you or your partner have any STI symptoms (see [pages 47 to 50](#)).
- If you have been sexually assaulted or think you might have been assaulted.

The sooner you get tested and treated for an STI, the better.

If you do have an STI and have sex before the STI treatment is complete, you can infect others with the STI.

**Free Advice!**

STIs can spread even when there are no symptoms. You can have an STI and not know it. Having one STI increases your risk of catching another.

There are places you can find out more about these and other STIs—for example, a health care provider or websites like [sexandu.ca](http://sexandu.ca) and [hshc.ca](http://hshc.ca).

**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 two locations. 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 (Halifax Sexual Health Centre): 902-455-9696
- Sydney (Ally Centre of Cape Breton): 902-567-1123

**THE 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.

**Free  
Advice!**

### **Where can I get condoms and oral dams?**

You can buy condoms and oral dams at pharmacies, gas stations, grocery stores and convenience stores. 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
- Some schools

You'll find contact information for sexual health centres and for other community organizations on [pages 114 to 118](#).

Make condoms your friend! For more information on how to use condoms, see [page 55](#).

# Protect yourself in Long-term relationships

It's important to protect yourself and your partner from STIs even when you are in a committed long-term relationship and you are engaging in sexual activities with only one person.

People sometimes think that they only need to use condoms or oral dams when they are in a new relationship or are engaging in sexual activities with more than one partner.

Remember: Your previous sexual partners, or your partner's previous sexual partners, may have had an STI and not known about it, or didn't tell you or your partner.

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

## CAUTION!

Breaking up and making up can be risky times for STIs. If either of you engaged in sexual activity with a new partner—even once—it puts you both at risk for STIs. When getting back together, communicate with your partner about STI risks and get tested.

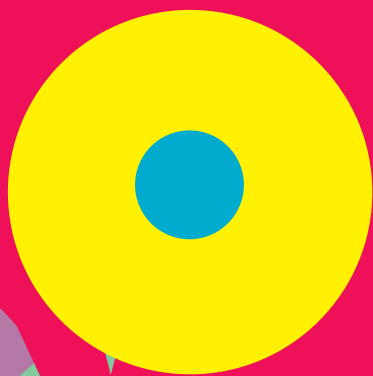


Good answers to excuses for not using condoms or oral dams:

- If we aren't prepared, we can't have sex.
- This isn't about trust. It's about both of us being safe.
- The pill prevents pregnancy. Condoms prevent STIs.
- It's better to have safer sex. Condoms and dams are safer.
- We'll both feel better knowing one of us won't get pregnant or get an STI.
- No, I am not willing to take that risk. Please respect my decision.
- You know what really spoils the mood? Getting pregnant or catching an STI. That really spoils the mood!
- No, it's a really bad idea.

No matter what your partner says, you can always just say, "I feel comfortable using a condom. Stop pressuring me."

# Preventing pregnancy



# HOW pregnancy Happens

Testicles produce sperm, more or less constantly.

Every time ejaculation occurs, the semen that's released contains about 500 million sperm.

Every month, one ovary releases an egg. The egg travels down the Fallopian tube towards the 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 body through the vagina, and a period (menstruation) occurs. 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.”**

# I THINK I MIGHT BE PREGNANT

If you have ovaries, are sexually active and your period is seven days late (if it usually follows a regular schedule), you might be pregnant and you should have a pregnancy test.

You can buy a pregnancy test at a pharmacy (or even some dollar stores) without a prescription. A pregnancy test is easy—just follow the directions on the package. Or, you can make an appointment with a health care provider, youth health centre, or sexual health centre for a pregnancy test. You may be anxious and scared to reach out for support. Remember there are people you can talk to who are trained to help you.

If you are pregnant, arrange to see a health care provider as soon as possible.

# UNintENDED pregNANCy— you Have options

Birth control methods (described in the next section) can be very effective in preventing pregnancy but pregnancy can still happen for a number of reasons (like using birth control incorrectly, or if the condom breaks).

If you discover you are pregnant, it is important you find someone who can provide you with positive support so you don't feel alone through this process. You have the right to decide how you want to respond to your pregnancy. You also get to choose how much you want to tell your sexual partner—you do not have to tell your sexual partner about a pregnancy. If you choose to talk to your partner about your pregnancy, you are still the **only one** who gets to make any decisions that will affect your body.

One option is not better than any other. Your decision is unique to you and your circumstances. Your decision should be made freely and without judgment or pressure from others.

There is a lot of stigma about teen pregnancy, adoption and abortion. This stigma and judgment can cause a lot of harm to the person making tough decisions. It is important to have accurate and complete information about your options, and to surround yourself with people who will support the decisions you make.

You may want to ask yourself these questions.

### **Parenting**

- Am I ready to be a parent?
- How much support will I have?
- How will this affect my future?

### **Adoption\***

- Am I ready to make this commitment?
- Do I want to have contact with my baby after adoption?
- How much support will I have?
- How will this affect my future?

### **Terminating the pregnancy (abortion)**

- Am I ready to make this commitment?
- How much support will I have?
- How will this affect my future?

If you are asked to support someone who is pregnant it is important to support their decisions without judgement and with love.

Sexual health centres or health care practitioners can provide you with information about these options.

\*Nova Scotia has announced adoption law changes that will give adults who were adopted the ability to find out who their birth parents are. (<https://novascotia.ca/adoption-records-consultation/>)

# BIRTH CONTROL: preventing pregnancy

The easiest and most effective way to avoid getting pregnant is not to have vaginal sex. There are other forms of sexual activity that are zero risk for pregnancy but that still have a risk of causing a sexually transmitted infection (STI). When engaging in any sexual activity it is important to ALWAYS practice safer sex (see [page 54](#)).

Pregnancy can happen

- any time you have vaginal intercourse (including the first time)
- no matter what position you have vaginal intercourse in
- during your or your partner's period
- even if you "pull out" (the penis is pulled out of the vagina) before ejaculation
- if ejaculation happens near the vagina, even if the penis does not actually enter the vagina
- even from pre-cum (the fluid released from a penis before ejaculation occurs) getting near or inside the vagina

**Free  
Advice!**

Condoms are the only method 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 papillomavirus—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 vaginal intercourse.



# What Kind of Birth Control Will Work For Me?

If you decide to engage in vaginal intercourse and want to avoid pregnancy, choosing the correct form of birth control (also called contraception) is very important. The good news is there are lots of different birth control methods to choose from, but you need to do some research to know what is best for you and your partner.

Here are some questions you should consider when choosing a birth control method:

- Is this method safe for me?
- How effective is it?
- How much does it cost?
- Is it easy to find where I live?
- Is it easy and convenient for me to use?
- Does this method fit with my religious or cultural beliefs?

## Check it Out!

Young people in Canada most often choose to use condoms and oral contraceptives (the birth control pill).

**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 different kinds of birth control. It's not always easy to figure out which option will work best for you. You don't have to do this alone! Talk with your partner, a safe adult or a health care provider to help you feel more comfortable with the decision you make.

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 access birth control.

**THE BOTTOM LINE**

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

# Birth CONTROL METHODS

**External condom**

**Internal condom**

**Birth control pill/oral  
contraceptive pill (“the pill”)**

**Depo-Provera (“the needle”)**

**Spermicide**

**Sponge**

**Diaphragm and cervical cap**

**The patch**

**The ring**

**Intrauterine contraception  
(IUC)—IUD and IUS**

**Emergency contraceptive  
pills (“Plan B”)**

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 will see rates (percentages) on how well each birth control method prevents pregnancy. This rate is called typical use and reflects that people make mistakes and are sometimes unable to use any birth control method perfectly (the condom may break, you may miss taking an oral contraceptive pill, etc.).

Whatever method of birth control you choose, read and follow the directions carefully! Every brand is a bit different. Practice using it before you actually have sex.

The only way to be 100% sure you or your partner do not become pregnant is to abstain from vaginal intercourse.

You can get more information about any method of birth control from a health care provider, a youth health centre, or a sexual health centre.



## External condom

A condom is a thin cover worn over the penis during sexual activities, including intercourse.

Used correctly, 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 also protect you from STIs.
- Condoms are fairly cheap and easy to get. You can buy condoms at a lot of places, including drugstores, grocery stores, convenience stores, or even gas stations. They cost about \$10-15 for a box of 12. Sexual health centres, youth health centres, some community organizations and some schools also provide condoms for free.

### Cons

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

### CAUTION!

Condoms are not reusable. Use a new one each time you engage in sexual activity. When you are done with it, throw it away.

Condoms have a “best before” date. Check the expiration date on the package. If the date has expired, the condom is more likely to break or tear. Always be aware of how the condom feels—you will notice if it breaks or tears.

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 papillomavirus (HPV)—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. Nonoxynol-9 is a spermicide that can irritate the vagina or anus, which can increase the risk of getting an STI. Check the package for the ingredient list.

## External condom

### Do external condoms work?

In typical use, external condoms are 86% effective.

#### Free Advice!

- Condoms come in different sizes and there are many brands. You may need to try out several different kinds before you find one that fits well and feels good. It's a good idea to practice putting condoms on before you need to use one for real! See [page 55](#) for instructions on how to put on an external condom.
- Lubricants can help make condoms feel more natural and comfortable. Only water-based lubricants like Astroglide are safe to use with latex condoms. Oil-based lubricants like petroleum jelly will damage the condom very quickly.
- Condoms need to be stored in a cool, dry place. Your wallet is too warm. Your glove compartment isn't a good storage place either—it's sometimes too hot and other times too cold! Store condoms at room temperature. Carry them in a purse, outside pocket or backpack.

## Internal condom

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

The internal condom stops sperm from entering the vagina.

### Pros

- You can buy internal condoms at a pharmacy. You don't need a prescription. A box of three costs about \$12-20.
- Internal condoms are a good choice if you are allergic to the latex in external condoms.
- You can insert an internal condom up to 8 hours before you have intercourse.
- Internal condoms reduce your risk of getting STIs as well as external condoms do, and they are less likely to break.

### Cons

- Internal 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 people find it helpful to get advice and counseling from a health care provider on how to use the internal condom.

## Internal condom

### Do internal condoms work?

In typical use, internal condoms are 85% effective.

#### Free Advice!

Here are some tips on how to use an internal condom:

- Guide the penis in carefully so that it does not slip around the side of the internal condom.
- You might need extra lubricant inside the condom or on the penis to make using the internal condom more comfortable for both partners.
- Internal condoms are not reusable. Use a new one each time you have intercourse. After you take one out, throw it away.
- External and internal condoms can't be used at the same time because they stick together. If you are using an external condom, you don't need an internal condom, and vice versa.



## Birth control pill/ oral contraceptive pill ("the pill")

The birth control pill (also known as an oral contraceptive) is a combination of the hormones estrogen and progesterin (or sometimes progesterin only) taken orally by the person who could get pregnant. It prevents pregnancy by stopping the ovaries from releasing eggs.

### Pros

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

### Cons

- The pill will not protect either sexual partner from STIs. You still need a condom even if you or your partner is on the pill.
- Birth control pills work only if directions are followed exactly. The pill's effectiveness depends on keeping a steady supply of hormones in the 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 people have side effects from taking the pill, like headaches, moodiness, nausea, sore breasts, or irregular vaginal bleeding. These side effects are usually mild and improve with time.

## Birth control pill/ oral contraceptive pill ("the pill")

### Do birth control pills work?

In typical use, oral contraceptive pills are 91% effective.

### 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 a health care provider 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 three-month supply at one time. You can also get birth control pills from the Halifax Sexual Health Centre for about \$20 for a month's supply.

### Help! I didn't take my pill on time!

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 a health care provider for help.

In the meantime: either don't have vaginal intercourse at all OR be sure to use a backup method of birth control anytime you have vaginal intercourse for at least seven days after you miss a pill.

If you have had unprotected (without a condom) vaginal intercourse during a time when you have forgotten to take your pills, you may be at risk of getting pregnant. You should consider emergency contraception. See [page 95](#) for more information on emergency contraceptive pills (ECP).

## Depo-Provera (“the needle”)

Depo-Provera is a hormone injection given once every 12 weeks to the person who could get pregnant. A needle needs to be given 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 from STIs. You’ll still need to use a condom.
- There can be side effects like depression, or weight gain or loss.
- Irregular vaginal bleeding is common in the first few months of using Depo-Provera. After one year of use, about half of all people will stop having periods. Periods will gradually start again when Depo-Provera use has ended.
- Depo-Provera can affect bone health and make bones weak. Talk to a health care provider to find out more about this.

## Depo-Provera (“the needle”)

### Does Depo-Provera work?

In typical use, Depo-Provera shots are 97% effective.

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

You can get Depo-Provera from a health care provider. Each injection costs about \$40–45. The Halifax Sexual Health Centre gives Depo-Provera shots for \$34 each.

### HELP! I missed my needle!

If you or your partner miss getting the injection on schedule, your protection against pregnancy is decreased. A backup method of birth control, like a condom, should be used all the time.

If the injection is more than two weeks late, and you are sexually active, you or your partner may have to take a pregnancy test before the next needle.

If you’ve had unprotected sex during a time when you or your partner has forgotten to get your needle, you may be at risk of getting pregnant. You should consider emergency contraception. See [page 95](#) for more information on emergency contraceptive pills (ECP).

## Spermicide

A spermicide is a chemical that kills sperm. Spermicides come in many forms—foams, creams, films, suppositories, gels and tablets. Most spermicides are put into the vagina right before sex.

### Pros

- Spermicides are fairly cheap and easy to get. You can get them without a prescription at any drugstore or supermarket. They cost between \$10-20 per package.

### Cons

- Spermicides must be left in place for at least six to eight hours after you have sex. This means that you should not have a bath for at least six to eight 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.

## Spermicide

### Do spermicides work?

In typical use, spermicides are 72% effective.

#### Free Advice!

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

#### CAUTION!

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

## Sponge

The sponge is made of soft polyurethane foam.

It is about 5 centimetres (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.

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

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

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.

## Sponge

### Does the sponge work?

In typical use, sponges are 76–88% 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 between \$10-20.

**CAUTION!**

Sponges are not reusable! After you take one out, throw it away.



## Diaphragm and cervical cap

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

### Pros

- A diaphragm or cervical cap can be inserted up to six hours before vaginal intercourse. Both must be left in place for six to eight hours after having vaginal intercourse.
- Both the diaphragm and the cervical cap are reusable.

### Cons

- A diaphragm or cervical cap will not protect you or your partner from STIs. You 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?

In typical use, diaphragms are 88% effective.

## Do cervical caps work?

In typical use, cervical caps are 71–86% effective.

## Diaphragm and cervical cap

### 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 pharmacy. The diaphragm and cervical cap each cost between \$50-60. You will also need to buy spermicidal jelly to use with the diaphragm or cervical cap.

#### **Free Advice!**

The person who will be using the diaphragm or cervical cap will need to practice a few times to learn how to insert it correctly. They won't be able to feel it when it is inserted correctly.



## The patch

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

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

A new patch is put on each week (and the previous week's patch is removed) for three weeks, and then no patch is put on for the fourth week.

### Pros

- The patch provides non-stop protection from unintended pregnancy.
- You only need to think about birth control once a week.

### Cons

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

## The patch

### Does the patch work?

In typical use, the patch is 91% effective.

### 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 \$30 a month. You can get the patch at the Halifax Sexual Health Centre for about \$20 for a one-month's supply.

## The ring

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

The ring is a soft, flexible plastic ring that is inserted into the vagina. Once it is inserted, the walls of the vagina hold it in place and it isn't felt, even during sexual intercourse.

The ring is inserted once a month by the person who could get pregnant and is left in place for three weeks, then removed. One week after removal, a new one is inserted. During that week without the ring, the person usually gets a period.

### Pros

- The ring provides non-stop protection from pregnancy.
- The ring only has to be inserted once a month.
- The hormones in the ring may make periods more regular and less crampy.

### Cons

- The ring does not protect you or your partner from STIs. You will still need to use a condom.
- The person using the ring may have side effects like headaches, nausea, breast tenderness, or vaginal discharge, discomfort or irritation.

## The ring

### Does the ring work?

In typical use, the ring is 91% effective.

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

With a prescription, you can get the ring at any drugstore. The ring costs about \$30 for a one-month supply.

#### *Free Advice!*

You will need to read the directions carefully or talk to a health care provider 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

## Intrauterine contraception (IUC)— IUD and IUS<sup>2</sup>

**You may have heard terms like IUD (intrauterine device) or IUS (intrauterine system).**

IUCs are small T-shaped devices that are inserted into the uterus by a health care professional. There are two types: the copper IUC and a hormonal IUC, which contains progestin.

They can be removed whenever a person requests it or up to their end of effectiveness, which can be 3 to 10 years, depending on the type and brand.

IUCs work by making it harder for sperm to enter the uterus and by thinning the uterine wall lining to reduce the likelihood of implantation (the first stage of a pregnancy).

IUCs may affect the person's period, with some people reporting lighter or no periods, and others heavier periods and more cramps.

### **Pros**

- IUCs are very effective.
- There is no requirement for remembering to take anything or follow any steps while it is inserted. The birth control protection is non-stop.
- It may be suitable for people who cannot take estrogen.

---

2 Information from [sexandu.ca](http://sexandu.ca)

## Intrauterine contraception (IUC)— IUD and IUS<sup>3</sup>

### Cons

- An IUD or IUS does not protect you or your partner from STIs. You will still need to use a condom.
- When it's first inserted, irregular bleeding or spotting may occur.
- It is typically an expensive form of birth control.
- Pain or discomfort can occur during insertion.
- There is a very low risk of infection, perforation of the uterus, or of the body pushing out the IUC.

### Does IUC work?

In typical use, IUC is 99% effective.

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

With a prescription, you can get IUC at a pharmacy. IUC can vary in cost. A copper IUD that will last 5 to 10 years will cost between \$60–80. A hormonal IUD that will last between 3 to 5 years will cost between \$350–400. IUCs must be inserted and removed by a health care professional.

---

3 Information from [sexandu.ca](http://sexandu.ca)



## Emergency contraceptive pills ("Plan B")

If you have had vaginal intercourse without using birth control you can still prevent pregnancy by taking ECP—emergency contraceptive pills. People often call ECP “Plan B” 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 one or more birth control pills. ECP should not be used as your main way to prevent pregnancy.

ECP prevents pregnancy. If you are already pregnant, they will not cause a miscarriage or hurt the fetus.

ECP should be taken as soon as possible after unprotected sex. ECP work best if you take them within three days (72 hours) after having vaginal intercourse without birth control. The sooner you take ECP, the more effective they are.

You do not need a parent or guardian’s permission to get ECP.

You can get ECP from:

- Drugstores, without a prescription.

Go to the pharmacy section and ask to speak privately with a pharmacist. 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 \$15-35.

- Hospital emergency rooms
- Halifax Sexual Health Centre

### CAUTION!

ECP will not protect you from STIs. You should still go to a health care provider for an STI test even if you have taken ECP.

# USEFUL iNFORMATION

# Words to KNOW

The language we use to talk about sex, sexuality and gender identity has changed over time. The words listed in this glossary are the language we use right now, but these words may change over time. When you talk about sex, sexuality and gender identity, use the words that feel right to you *and* remember that those words may not feel right to everybody.

**Abstinence/Abstaining:** Choosing not to engage in any kind of sexual activity.

**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 and manage HIV and AIDS, but there is no cure.

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

**Asexual:** A sexual orientation that describes a person who does not experience sexual attraction towards others.

**Bisexual:** A sexual orientation describing a person who is sexually attracted to males and females. Bisexual people are not always equally attracted to these genders.

**Boundaries:** The expectations or rules you have for other people that shape how your relationship works. Your boundaries are very personal—they're about your personal space, your body and personal belongings, your feelings, and your time. You get to decide your boundaries. You also have a responsibility to listen to, and to respect, other people's boundaries, which might be different than yours.

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

**Chosen family:** This is how many people in the LGBTQQ2S+ community describe their friends and community support network. This term came about because historically many LGBTQQ2S+ people have been discriminated against and rejected by their biological families because of their sexual orientation or gender identity. Chosen families are the people we choose to love, support and teach us, usually when our biological families are not available to fulfill those roles.

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

**Cisgender:** Someone whose gender identity is the same as the sex they were assigned at birth.

**Criminal offence/Crime:** An offence under the Criminal Code of Canada.

**Come:** A slang word for having an orgasm.

**Coming out (as in “coming out of the closet”):** The process of acknowledging and being open about being LGBTQQ2S+. 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.

**Consent:** This means that two people agree to do certain things of their own free will. Sexual activity without consent is sexual assault. Consent is more than just saying “yes” or “no”. There are a number of situations where consent is not possible, like when someone is in a dependent relationship or when someone is drunk or high. See [pages 36 to 38](#) for more information.

**Cum:** A slang word that is used to describe the semen released when someone with a penis ejaculates.

**Dependent/In a relationship with power:** There are many ways that someone can be dependent on another person. One example of a dependant is a person who relies on another person for aid or support, such as for food, shelter or 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 someone with a penis has an orgasm. Semen, the milky liquid that contains the sperm, is released from the penis.

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

**Gay:** A sexual orientation describing someone who is only sexually attracted to the same gender as them. This term has historically been used to describe males attracted to males, but is also used to describe females attracted to females.

**Gender:** The social and cultural expectations of roles and how we present ourselves in society.

**Gender identity:** Your own deep sense of being male, female, both or neither. Gender identity is not visible to others. The only way to know someone’s gender identity is if they tell you.

**Gender expression:** How someone expresses their gender outwardly—maybe through their name, pronouns, clothing, haircut, behaviour, voice or how they hold and move their body. Gender expression includes using facilities (like washrooms and change rooms) that match up with a person's gender identity. Society thinks of these cues as male/masculine and female/feminine, although what's considered masculine and feminine changes over time and within different cultures.

**Gender fluid/Gender non-conforming/Non-binary:** People that may not identify with a gender at all, or not with the traditional male or female boxes that our culture tends to focus on.

**Gender non-conforming:** See Gender fluid

**HIV:** HIV (Human Immunodeficiency Virus) is a virus that 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. Historically and culturally, this was regarded as a physical sign of virginity but for most people with vaginas, the hymen 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, usually due to a medical condition or disease.

**Intersex:** Describes when a person is born with both male-assigned and female-assigned reproductive organs and/or other sexual characteristics. Some intersex individuals are assigned a sex at birth that they're raised as, which may or may not fit with how they view their gender identity.

**Lesbian:** A sexual orientation describing a female who is only sexually attracted to other females.

**Lubricant (or lube):** A thick liquid or gel that is used to reduce friction to make sexual activity 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. Lubricant can be used outside of external condoms, or inside of internal condoms.

**Masturbation:** Touching, rubbing or squeezing your genital area, penis, clitoris, vaginal opening, vulva, breasts, 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.

**Non-binary:** See Gender fluid

**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. This is sometimes called “climax” or “coming”. A person with a penis usually ejaculates during orgasm. Some people with a vagina also release fluid during orgasm.

**Pansexual:** A sexual orientation which describes a person who experiences sexual attraction to people of all genders and gender identities.

**Pap test:** A test to check for changes in the cells of a cervix that could be an early sign of cancer. People with a cervix who are (or have ever been) sexually active should have their first Pap test at age 25 and every three years after that.

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

**Queer:** A term used by some people who identify as a sexual orientation other than straight. This word was historically a mean word used to hurt people, so only use it if you feel like it fits for you, or if someone chooses it to describe themselves and is willing to be described by you that way.

**Questioning:** A term used to describe a person who's exploring or unsure of their sexual orientation or gender identity. They might be actively questioning or might feel like this for a long time—either is okay!

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

**Safer sex:** Taking action to lower the chance of giving or getting a sexually transmitted infection during sexual activities, like by engaging in lower-risk sexual activities, or using a condom.

**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 (see Cum).

**Sex:** Categories (usually male or female) that people are assigned at birth and may appear on proof-of-identity documents. A person's sex is usually assigned at birth based on their biological and physiological characteristics (genitalia, gonads, chromosomes, hormones) that are focused on reproduction. These characteristics do not always fit into one category of male or female, which can be called intersex.



**Sex:** A term used to describe specific types of sexual activities. While people may have different ideas of what activities this involves, “having sex” may most often be used to describe consensual intercourse.

**Sexual orientation:** Describes your feelings of sexual or romantic attraction towards others’ genders.

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

**Sterility:** Being unable to sexually reproduce. This is also called infertility.

**Sterilization:** Sterilization refers to surgical procedures that permanently prevent pregnancy. For those with a uterus, this can be called a tubal ligation, and for those with testicles, it is called a vasectomy.

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

**Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from what is usually associated with the sex they were assigned at birth.

**Two-Spirit (2S):** A cultural term used by some Indigenous people to mean a person who has a male and female spirit. This can include concepts of spirituality, sexual orientation and gender identity.

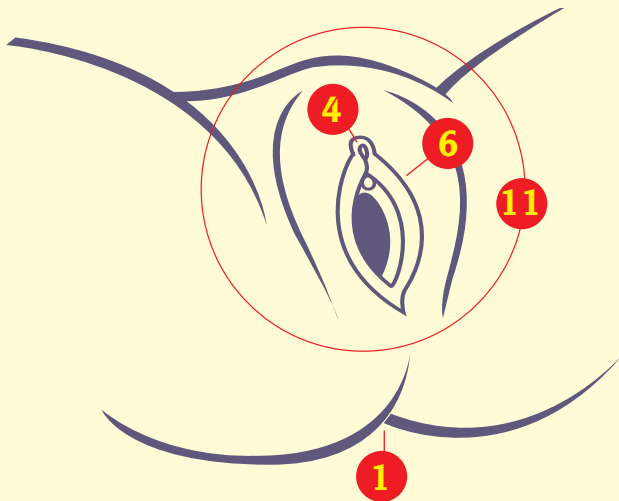
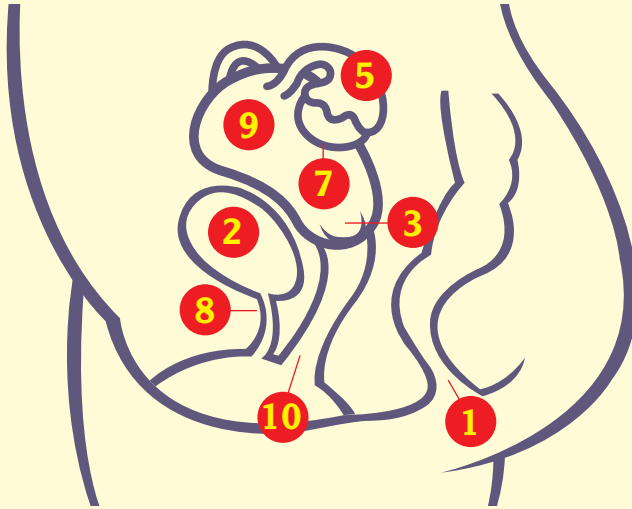
**Unprotected sex:** Sexual activity without using some form of birth control to prevent pregnancy and/or without using protection from STIs—like a condom or an oral dam.

**Vaginal sex/vaginal intercourse:** Sexual activity during which the penis enters the vagina.

# Genitalia and gonads

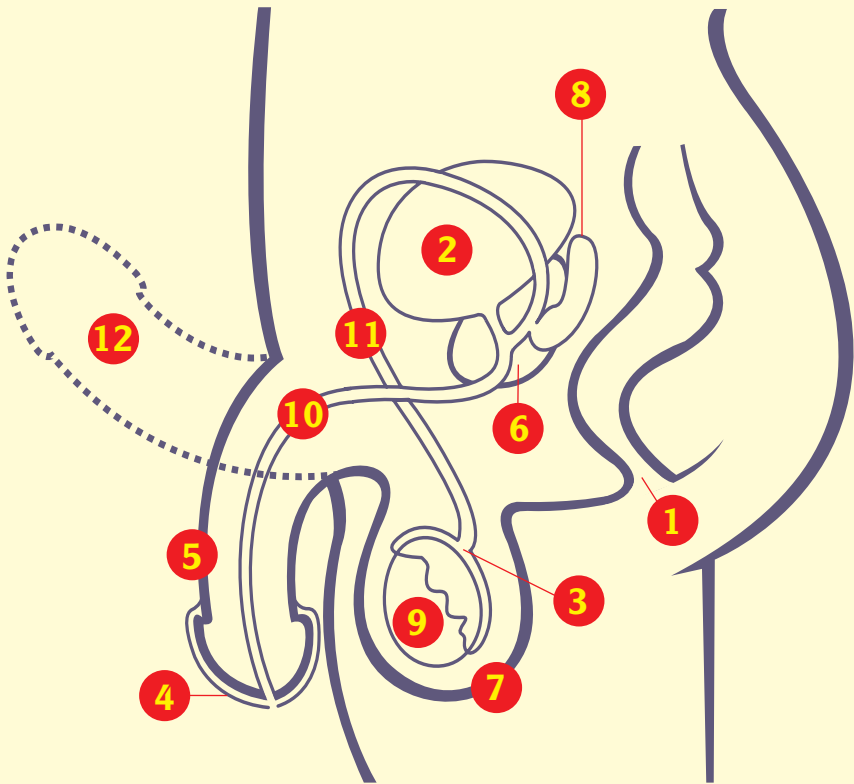
The diagrams below show examples of what genitalia and gonads can often look like. The size and appearance of these differs from person to person. Some people also have a combination of some of these body parts.

## Diagram of the genitalia and gonads of someone who was likely assigned female at birth



- 1 Anus:** The opening from which stool (poop) leaves the body during a bowel movement (BM).
- 2 Bladder:** The organ that holds urine (pee).
- 3 Cervix:** The lower part of the uterus that extends into the vagina.
- 4 Clitoris/Erogenous tissue/Erectile tissue:** 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 the person 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.
- 6 Labia:** The two folds of skin that cover the clitoris and the openings of the vagina and the urethra.
- 7 Ovaries/Internal gonads:** 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 (pee) 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.
- 10 Vagina/Internal genitals:** The passage that goes from the uterus to the outside of the body.
- 11 Vulva/External genital area:** The pubic area of someone with a vagina. The vulva includes the sexual and reproductive organs on the outside of the body—the clitoris, labia and vaginal opening.

## Diagram of the genitalia and gonads of someone who was likely assigned male at birth



- 1 **Anus:** The opening from which stool (poop) leaves the body during a bowel movement (BM).
- 2 **Bladder:** The organ that holds urine (pee).
- 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/Erogenous tissue/Erectile tissue:** A 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/External gonads:** 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 (pee) 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.
- 12 **Erect penis (erection):** Physical arousal, hardening or stiffening of erectile tissue.

# Reducing the risk of cervical cancer

Cancer of the cervix is a serious condition that all people 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 papillomavirus (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. Youth with cervixes in grade 7 in Nova Scotia are offered this vaccine for free. If you didn't get this vaccine in school and wish to get it now, talk to a health care provider.

- **Having sex at a young age—before the cervix is fully developed**

Because the cells in the cervix are not fully developed until you are an adult, the cells 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 infections, 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 in cervical cells aren't detected early, abnormal cells may become cancerous and eventually spread to other parts of the body.

## CAUTION!

A 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 STI tests on [pages 57 to 60](#).

## THE BOTTOM LINE

People with a cervix who are (or have ever been) sexually active should have their first Pap test at age 25 and every three years after that. You can get a Pap test from your health care practitioner, at a regular health clinic, or at a "well woman clinic". For a list of well woman clinics, visit <http://www.nshealth.ca/content/well-woman-clinics>

# How to CHECK For testicular cancer

Testicular cancer—cancer of the testicles—is the most common kind of cancer for people with testicles who are between the ages of 15 and 35.

It is still fairly rare—about 1 in 300 people with testicles will develop testicular cancer at some point in their life.

## CAUTION!

### 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 health care provider to have it checked out.



Most of the time, testicular cancer can be found and treated before it has a chance to spread.

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.

### **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.

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 health care provider right away.

# Where to go For More iNFORMATION

## Websites

There are hundreds of websites where you can get information about sexuality, relationships, consent, birth control, STIs and more. Some are better than others, and some are MUCH better than others. Use your critical eye when deciding if a website has good information or not. Here are a few good places to start:

### ● **Sex and U:**

Website: <https://www.sexandu.ca/>

A website created by the Society of Obstetricians and Gynaecologists of Canada for everyone, but with lots of information for youth on medical aspects of sexual health (STIs, birth control, puberty, pregnancy), as well as some information about sexual violence and consent, LGBTQQ2S+ health, and body image. You might notice this site has some outdated concepts and language when talking about gender identity.



### ● **Scarleteen:**

Website: <https://www.scarleteen.com/>

Facebook: <https://www.facebook.com/Scarleteen/>

Instagram: <https://www.instagram.com/scarleteenorg/>

Tumblr: <https://hellyeahscarleteen.tumblr.com/>

Twitter: <https://twitter.com/scarleteen>

Scarleteen focuses on sex-positive content for youth ages 15 to 30. It is written in easy-to-understand language and includes many different types of articles and content on a wide range of topics related to sex and relationships.

### ● **The Trevor Project:**

Website: <https://www.thetrevorproject.org/>

A website with resources and support for LGBTQQ2S+ youth, which was originally created to help prevent suicide. The content is useful but it is United States-based so the help sections might not be available for Nova Scotia youth.

### ● **Teen Health Source:**

Website: <http://teenhealthsource.com/>

A Toronto-based website and chat room for teenagers about sexuality and healthy relationships.

### ● **Action Canada for Sexual Health and Rights:**

Website: <https://www.actioncanadashr.org/>

This website has sexual health resources for anyone to access. This organization is focused on supporting sexual and reproductive health and rights, so they do not have as much of a content library as some of the other resources.

### ● **Sex, Etc.:**

Website: <https://sexetc.org/>

A sexual health education website that mainly features stories written by teens, for teens. It is run by Answer, at Rutgers University: <https://answer.rutgers.edu/>. It is United States-based so the contact and services information would not be useful for Nova Scotia youth.

### ● **Native Youth Sexual Health Network:**

Website: <http://www.nativeyouthsexualhealth.com/>

An organization led by Indigenous youth and Elders with website resources for youth across the United States and Canada.

## **Sexual health information, resources, and supplies**

### **Sexual health centres**

Sexual health centres in Nova Scotia can provide you with safer sex supplies (e.g., condoms, dams) and support with guidance and/or peer counselling for individuals. They can also offer educational programs and/or training workshops.

Though they may have free condoms as well as access to pregnancy tests, only the Halifax Sexual Health Centre offers clinical services and has health care providers.

Please call ahead or check a centre's website before visiting in person.

## Sexual health centres in Nova Scotia

Website: [shns.ca/](http://shns.ca/)

- Halifax Sexual Health Centre  
7071 Bayers Road, Suite 302, Halifax  
Website: [hshc.ca/](http://hshc.ca/)  
Phone: 902-455-9656
- Pictou County Sexual Health Centre  
279 Foord Street, Stellarton  
Phone: 902-695-3366
- Cape Breton Centre for Sexual Health  
Currently no office  
Phone: 902-919-4922
- Sexual Health Centre for Cumberland County  
82 Church Street, Amherst  
Website: [sexualhealthmatters.ca](http://sexualhealthmatters.ca)  
Phone: 902-667-7500
- South Shore Sexual Health  
109 Logan Road, Unit 1B, Bridgewater  
Website: [sexualhealthlunenburg.com/](http://sexualhealthlunenburg.com/)  
Phone: 902-527-2868
- Sheet Harbour Sexual Health Centre  
In Eastern Shore Memorial Hospital,  
22637 Highway 7, Sheet Harbour  
Phone: 902-885-3693

## prideHealth

Website: <http://www.nshealth.ca/content/pridehealth>

prideHealth works to improve access to health services for people who are members of the LGBTQQ2S+ community. They provide information and can help you find access to services in the health system. The prideHealth navigator provides navigation support for adults and youth via phone and at safe community locations chosen by you. Contact them at 902-487-0470 or at [prideHealth@nshealth.ca](mailto:prideHealth@nshealth.ca)<sup>4</sup>

### Clinical services

Clinical services for sexual health may include STI testing, Pap tests, contraceptives (birth control), pregnancy options, and transgender health care. Not all clinics or practitioners offer all the services described.

- Halifax Sexual Health Centre ([hshc.ca/](http://hshc.ca/))
- family doctor or nurse practitioner
- drop-in clinics
- hospital emergency room
- pharmacists (can prescribe some contraceptives and provide sexual health advice)
- medical and surgical abortion services:  
Visit <http://www.nshealth.ca/abortion>  
or call 1-833-352-0719

---

4 Text taken from the prideHealth website.

## Support for sexual assault/Sexual Assault Nurse Examiner Program

Sexual Assault Nurse Examiners (SANEs) are registered nurses who have completed specialized education and medical training to care for patients who have been sexually assaulted or abused. SANE nurses work out of hospitals and health care centres to provide immediate care within seven days of a sexual assault. They provide supportive care, including medical attention, information about resources, and the option to have forensic evidence (e.g., DNA) collected. Forensic evidence may be used to support future criminal charges against the person who committed the assault.

For more information on the SANE program, see:

[http://www.nshealth.ca/service-details/Sexual%20Assault%20Nurse%20Examiner%20\(SANE\)%20Program](http://www.nshealth.ca/service-details/Sexual%20Assault%20Nurse%20Examiner%20(SANE)%20Program)

You can access the SANE program 24 hours a day, 7 days a week, by calling one of the SANE response line numbers below.

SANE response lines:

- Annapolis Valley, South Shore and Tri-County Areas  
Phone: 1-833-577-SANE (7263)
- Halifax area  
Phone: 902-425-0122
- Guysborough, Antigonish, Pictou and Richmond Counties  
Phone: 1-877-880-SANE (7263)
- Sydney and greater Cape Breton area  
Phone: 1-844-858-8036
- Cumberland, Colchester East Hants and Eastern Shore areas  
Phone: 1-833-757-SANE (7263)

Sexual assault centres (Some centres focus mainly on people who identify as women or girls.)

- Antigonish Women’s Resource Centre and Sexual Assault Services Association (SASA)  
Website: <http://awrcsasa.ca/>  
Phone: 902-863-6221
- Avalon Sexual Assault Centre (Halifax area)  
Website: [avaloncentre.ca](http://avaloncentre.ca)  
Phone: 902-422-4240
- Colchester Sexual Assault Centre  
Website: <https://www.colchestersac.ca/>  
Phone: 902-897-4366

Sexual assault legal advice (for ages 16 and older)

Website: [novascotia.ca/sexualassaultlegaladvice/](http://novascotia.ca/sexualassaultlegaladvice/)

## Support for LGBTQ2S+ youth

- The Youth Project  
2281 Brunswick Street, Halifax  
Website: [youthproject.ns.ca/](http://youthproject.ns.ca/)  
Phone: 902-429-5429  
General email: [carmel@youthproject.ns.ca](mailto:carmel@youthproject.ns.ca)
- prideHealth  
Website: <http://www.nshealth.ca/content/pridehealth>
- The Red Door—Youth Health & Support Centre  
35 Webster Street, Kentville  
Website: <https://thereddoor.ca/>  
Phone: 902-679-1411
- Valley Youth Project (Annapolis Valley)  
Website: <https://valleyyouthproject.wordpress.com/>
- GSA (Gay-Straight Alliance), if there is one at your school



# Mental Health Support

- IWK Mental Health and Addictions intake and navigation (for youth up to age 19)  
Phone: 1-855-922-1122

- Kids Help Phone  
Website: <https://kidshelpphone.ca/>  
Phone: 1-800-668-6868

Kids Help Phone offers resources and trained counsellors who can support youth up to age 20 with counselling, crisis intervention and information on a variety of topics, including sex and relationships. You can contact them by phone call, text, live chat, by calling from a computer or by using apps like Skype or Google Hangouts.

- Provincial Mental Health Crisis Line (available 24 hours a day, 7 days a week)  
Phone: 1-888-429-8167
- Many schools offer student support services including SchoolsPlus, youth health centres or primary health care. Talk to a school (guidance) counsellor or check out your school's website for information about your school's resources.
- In some situations you may feel you cannot wait to speak to someone about your mental health. If you are concerned that you may hurt yourself or someone else, or you have suicidal thoughts, please reach out to a safe adult, call 911 and/or visit your local hospital's emergency room.



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

### Healthy Sexuality Working Group, 2004

- **Core Working Group Members**

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

- **Contributing Members**

- Rick Tully, Health and Physical Education Consultant, Nova Scotia Department of Education
- Halifax Sexual Health Centre Youth Representatives
- Gerry Brosky, M.D., CCFP, Dalhousie Family Medicine

Nova Scotia Health would like to acknowledge, with thanks, the work of the many people who contributed to the development and the revisions of this resource.

## **Focus Group Participants**

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

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

## Youth Contributors

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

## Reviewers

Nova Scotia Health would like to thank the many organizations and individuals who generously contributed their time and expertise in reviewing drafts of the original book.

A special thanks to:

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

**E. Sandra Byers**, Ph.D., Chair, Department of Psychology, UNB

**Donald Langille**, M.D., MHSc, Associate Professor, Community Health and Epidemiology, Dalhousie University

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



## 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 the original book.
- **So Many Bricks in the Wall: Developing Understanding from Young Women’s Experiences with Sexual Health Services and Education in Amherst, Nova Scotia.**  
D. Langille, J. Graham & E. Marshall. Maritime Centre of Excellence for Women’s Health, June 1999.
- **Just Loosen Up and Start Talking: Advice from Nova Scotian Youth for Improving their Sexual Health.**  
M. Agnes. Planned Parenthood Nova Scotia & the Nova Scotia Department of Health and Wellness, 1996.
- **The Association between Substance Use, Unplanned Sexual Intercourse and other Sexual Behaviours among Adolescent Students.**  
C. Poulin & L. Graham, *Addiction* (2001) 96, 607–621.
- **Promoting A World Free of Homophobia.**  
J.L. Ilsley Gay-Straight Alliance and Peer Health Educators. J.L. Ilsley Teen Health Centre, 2005.

# Index

- abortion 68, 116
- abstinence 46, 74, 97
- abuse, reporting 18
- adoption 68
- age of legal consent 37
- AIDS. *See* HIV/AIDS
- alcohol and drugs 32, 36, 39
- allergy
  - to latex 75, 77
  - to spermicides 75, 83, 85, 87
- anal sex 21, 35, 46, 47, 48, 49, 53, 54, 59, 97. *See also* sexual activities
- anonymous testing for HIV/AIDS 60
- anus 56, 75, 97, 101, 105, 107
- asexual 9, 97
- birth control 24, 27, 67, 69–95, 103, 112
  - and cultural/religious beliefs 71
  - and STIs 70, 72, 75, 79, 81, 83, 84, 85, 87, 89, 91, 95, 103, 112
  - choosing method 71–95
  - comfort using 72
  - cost of 71, 75, 77, 80, 82, 83, 86, 88, 90, 92, 94, 95
  - ECP (emergency contraceptive pills) 80, 82, 95
  - effectiveness of 54, 67, 69, 71, 76, 78, 79, 80, 81, 82, 84, 86, 87, 90, 92, 93, 94, 95
  - methods of 71–95
  - parents' permission for 72, 95
  - side effects 79, 81, 89, 91

- talking about with health care provider 72, 74, 77, 80, 81, 82, 92, 93, 94
- talking about with partner 23, 26, 27, 63, 72
- talking about with safe adult 14, 15, 16, 72
- where to get it 75, 77, 80, 82, 83, 86, 88, 90, 92, 94, 95
- birth control pill 71, 79–80
- bisexual 9, 11, 97
- bladder 105, 107
- bleeding, vaginal 48, 57, 79, 81, 94
- bodies 13, 22, 104, 105, 106, 107
- body piercing and STIs 46, 59
- boundaries 14, 22, 30, 31, 98
- casual sex 29, 30
- cervical cancer, reducing risk of 28, 108, 109
- cervical cap 87, 88
- cervical mucus 98
- cervix 28, 87, 98, 101, 105, 108, 109
- chlamydia 17, 47
- choices 5, 6, 20, 22, 26, 27, 32
  - about sexual activities 6, 20, 22
  - about unplanned pregnancy 67–68
- chosen family 12, 98
- circumcision 98
- cisgender 8, 10, 12, 98
- clinical services 114, 116
- clitoris 101, 105
- come (cum) 98, 99, 101, 102
- coming out 98
- commercial sexual exploitation 43
- commitment. *See* relationships
- condom 27, 46, 53, 54, 55, 56, 58, 59, 61, 62, 63, 67, 70, 71, 72, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 85, 87, 89, 91, 95, 101, 102, 103, 109, 114
  - and lubricant 55, 76, 78, 101
  - external 54, 55, 56, 58, 75–76, 77, 78, 101
  - internal 54, 55, 58, 77–78, 101
  - protection against STIs 54, 55, 58, 62, 70, 72, 75, 77, 103
  - storing 76
  - where to get 75, 77

- confidentiality 17, 18
  - and health care professionals 17, 18
  - limits to 17, 18
- consent, sexual 21, 28, 32, 34, 35, 36
  - age and 37–38
  - enthusiastic and ongoing 36
- contraception. *See* birth control
- crabs (pubic lice) 50
- criminal offence. *See* sexual assault
- cum 69, 99, 102
- date rape. *See* sexual assault
- dependent 99
- Depo-Provera 81, 82
- diaphragm 87, 88
- discharge, genital 47, 50, 57, 91, 99
- drugs 32, 39, 43, 44, 46, 49, 59
- ECP (emergency contraception) 80, 82, 95
- egg 65, 79, 81, 89, 91, 105
- ejaculation 47, 50, 65, 69, 99, 101, 102
- emergency contraception (ECP) 80, 82, 95
- emergency contraceptive pills (ECP) 80, 82, 95
- emotions and feelings 5, 28, 30, 40, 41, 51
  - about gender identity 8
  - about sexual orientation 9
  - feeling good about yourself 6, 13, 23, 25, 27
  - in a relationship 6, 23, 25, 27
- epididymis 107, 111
- erection 99, 107
- external condom 54, 55, 56, 58, 73, 75, 76, 77, 78, 101
- Fallopian tubes 65, 105
- fertilization 65, 105
- foreskin 98, 107
- gay 9, 11, 99
- gender 5, 6, 7, 8, 9, 10, 11, 12, 13, 38, 43, 97, 98, 99, 100, 101, 102, 103
- gender expression 6, 7, 8, 11, 100, 103
- gender fluid 8, 100, 101
- gender identity 6, 8, 10, 11, 12, 13, 38, 98, 99, 100, 101, 102, 103



- gender non-conforming 8, 100
- genital discharge 47, 50, 57, 91, 99
- genital herpes 48, 70, 75
- genital warts 48, 57, 75, 108
- genitalia 7, 102, 104, 105, 106, 107
- gonads 7, 102, 104, 105, 106, 107
- gonorrhea 17, 47
- healthy relationships 12, 23, 24, 25, 27, 113
- help and support, seeking 16, 22, 25, 31, 38, 40, 42, 66, 72, 80, 95, 112, 113, 114, 115, 116, 117, 118, 119
- hepatitis B 49
- herpes, genital 48, 70, 75
- heterosexual 10, 103. *See also* straight
- HIV/AIDS 49, 60, 97, 100
  - anonymous testing for 60
- homosexual. *See* gay; lesbian
- hormones 79, 81, 91, 102, 105, 107
- HPV (human papillomavirus) 48, 75, 108, 109
  - vaccination for 108
- human papillomavirus (HPV). *See* HPV (human papillomavirus)
- human trafficking. *See* sex trafficking
- hymen 100
- hysterectomy 100
- infertility 102, 103
- information, sources of 13, 15, 16, 31, 42, 44, 74, 112–119
- intercourse 20, 21, 22, 31, 32, 35, 48, 53, 57, 69, 70, 71, 74, 75, 77, 78, 80, 83, 85, 87, 91, 95, 97, 100, 103. *See also* sexual activities
- internal condom 54, 55, 58, 77, 78, 101
- intersex 7, 100, 102
- IUC (intrauterine contraception) 93, 94
- IUD (intrauterine device) 93, 94
- IUS (intrauterine system) 93, 94
- jealousy 23, 24, 25
- kissing 20, 21, 23, 31, 35, 39, 51, 53
- labia 105
- legal consent. *See* consent, sexual
- lesbian 11, 100

- LGBTQQ2S+ 10, 13, 98, 112, 113, 116, 118
  - support for youth 113, 116, 118
- limits to 17, 18
- lubricants 55, 76, 78, 101
- masturbation 20, 21, 35, 50, 52, 53, 101
  - mutual masturbation 21, 50, 53, 101
- mental health support 119
- morning after pill 80, 82, 95
- needle, Depo-Provera 81, 82
- needles and STIs 46
- non-binary 8, 100, 101
- nonoxynol-9 75, 84
- oral contraceptive 79, 80
- oral dam 46, 53, 54, 55, 56, 58, 61, 62, 63, 103, 109, 114
  - how to make 56
  - protection against STIs 54, 55, 56, 58, 62, 103, 109
- oral sex 21, 35, 46, 47, 48, 49, 53, 54, 56, 59, 101, 109.
  - See also* sexual activities
  - risk of STI 46, 47, 48, 49, 53, 54, 56, 58, 59, 62, 63, 103, 109
- orgasm 98, 99, 101, 105
- ovaries 66, 79, 81, 89, 91, 105
- pansexual 101
- Pap test 58, 101, 108, 109
- parenting 68
- patch, contraceptive 89, 90
- pelvic inflammatory disease (PID) 102
- penis 50, 55, 56, 57, 69, 75, 78, 97, 98, 99, 101, 103, 107
- periods 57, 65, 66, 69, 79, 81, 91, 93
- PID (pelvic inflammatory disease) 102
- piercing and STIs 46, 59
- pill, birth control 79–80
- Plan B (emergency contraception) 80, 82, 95
- pre-cum 69
- pregnancy 27, 28, 54, 63, 65, 66, 67, 68, 69, 71, 74, 75, 79, 80, 82, 89, 91, 93, 95, 103, 112, 114
  - preventing 64–95
  - test 66, 82, 114
  - unplanned, and options for 67

- prejudice 12
- pressure to have sex 22, 24, 27, 31, 36, 44
- prideHealth 116, 118
- prostate gland 107
- pubic lice 50
- queer 11, 102
- questioning 11, 102
- rape. *See* sexual assault
- readiness to have sex 26–28, 29, 31
- relationships 6, 12, 14, 23–25, 62, 98, 112, 113, 119
  - and birth control 24, 27, 72
  - and unplanned pregnancy 67, 68
  - healthy/unhealthy 12, 23, 24, 25, 27, 113
  - long-term 62
  - protecting yourself in 62–63
- religious beliefs 71
- respect 14, 22, 23, 24, 25, 27, 30, 31, 39, 41, 63, 98, 102
- responsibility 14, 17, 22, 24, 28, 30, 31, 39, 98
- ring, contraceptive 91–92
- risks 27, 28, 29, 30, 46, 51, 52, 53, 54, 55, 57, 58, 60, 62, 63, 69, 75, 77, 80, 82, 84, 94, 102, 108, 109. *See also* sexual activities – levels of risk
  - emotional 28, 30, 51
  - physical 28, 29, 51
- safe adult, finding one to talk to 14, 15, 16, 44, 72, 119
- safer sex 46, 54, 63, 69, 102, 114
- saliva and STIs 51, 52, 54
- SANE (Sexual Assault Nurse Examiner) program 117
- saying “no” or “stop” 31, 38, 39, 63
- scabies 50
- scrotum 107, 110, 111
- self-esteem 24, 102
- self-examination for testicular cancer 110, 111
- self-respect 24, 102
- semen 51, 52, 54, 55, 56, 65, 99, 102, 107
- seminal vesicles 107
- sex, definitions 5, 6, 7, 20, 103. *See also* safer sex
- sexting 21, 42, 52
- sex toys 21, 48, 50, 53, 54, 97, 103
  - and STIs 48, 50, 53, 54

- sex trafficking 43, 44
- sexual activities 9, 20, 21, 22, 23, 26, 27, 28, 29, 30, 31, 32, 36, 39, 43, 46, 50, 51, 52, 54, 55, 56, 57, 58, 59, 62, 69, 75, 97, 101, 102, 103
  - legal consent to 37, 38
  - levels of risk 51, 52, 53
  - making choices about 6, 20, 22, 26, 27, 32
- sexual assault 34, 35, 38, 39, 40, 41, 59
  - and alcohol and drugs 34, 36, 39
  - and consent 32, 34, 35, 36, 37, 38, 39, 99
  - definition 34, 35, 38, 39
  - medical help after 40, 95, 117
  - support after 40, 41
- Sexual Assault Nurse Examiner (SANE) program 117
- sexual consent. *See* consent, sexual
- sexual health centres 60, 61, 66, 68, 74, 75, 80, 82, 90, 95, 114, 115
- sexual orientation 6, 9, 10, 11, 12, 13, 38, 97, 98, 99, 100, 101, 102, 103
- sexuality 5, 6, 14, 15, 43, 101, 112, 113
- sexually transmitted blood-borne infections. *See* STIs
- sexually transmitted diseases. *See* STIs
- sexually transmitted infections. *See* STIs
- sharing intimate photos 21, 42, 44, 52
- sources of reliable information 13, 15, 16, 31, 42, 44, 74, 112–119
- sperm 65, 75, 77, 83, 85, 87, 93, 99, 102, 107, 111
- spermicide 75, 83–84, 85, 87, 88
  - allergy to 75, 83, 85, 87
  - nonoxynol-9 in 75, 84
- sponge, contraceptive 85, 86
- STDs. *See* STIs
- sterility 103
- STIs 17, 27, 28, 29, 46–63, 69, 70, 72, 75, 77, 79, 81, 83, 84, 85, 87, 89, 91, 95, 103, 112, 116
  - and birth control 70, 72, 75, 79, 81, 83, 84, 85, 87, 89, 91, 95, 103, 112

- and body fluids 46, 48, 49, 51, 52, 54, 55, 56, 57, 58, 69, 99
- and tattoos 46, 49, 59
- avoiding STIs 46, 52
- chart 47–50
- protection against 27, 28, 46, 52, 53, 54, 55, 60, 62, 63, 70, 72, 75, 77, 103
- skin-to-skin contact and 46, 51, 52, 70, 75
- symptoms of 46, 47, 48, 49, 50, 52, 57, 59, 60, 99
- testing for 17, 47, 48, 49, 50, 57, 58, 59, 60, 62, 95, 109
- treatment for 46, 47, 48, 49, 50, 59, 60, 97
- straight 11, 12, 102, 103
- suicide, reporting danger of, and confidentiality 18
- support for LGBTQQ2S+ youth 113, 116, 118
- syphilis 47
- tattoos and STIs 46, 49, 59
- testicles 65, 103, 107, 110, 111
- testicular cancer 110, 111
  - self-examination for 111
- transgender 8, 11, 103
- trichomoniasis 50
- Two-Spirit 11, 103
- unintended pregnancy (unplanned) 67–68
- unprotected sex 29, 47, 48, 50, 80, 82, 95, 103, 109
- urethra 102, 105, 107
- uterus 65, 93, 94, 100, 103, 105
- vaccination, HPV 108
- vagina 56, 57, 65, 69, 75, 77, 83, 84, 85, 87, 91, 99, 100, 101, 103, 105
- vaginal intercourse/vaginal sex 21, 35, 46, 47, 48, 49, 51, 53, 54, 59, 69, 70, 71, 74, 80, 87, 91, 95, 103. *See also* sexual activities
- vas deferens 107
- virus. *See* HIV/AIDS; HPV (human papillomavirus)
- vulva 77, 101, 105
- warts, genital 48, 57, 75, 108
- websites 60, 112, 113, 114, 115, 116, 117, 118, 119
- Youth Project 13, 118





The  
ENd!

11032/SEP23 REV23-24



2023

Aussi disponible en français