FOREWORD

Relationships and Sexuality Education is an important element of a holistic education. Young people receive a range of messages about sexuality and sexual behaviour. Schools, working in partnership with parents, provide a safe context within which young people can learn about themselves and the wider world.

A curriculum for Relationships and Sexuality Education (RSE) at primary and post-primary level was developed by the National Council for Curriculum and Assessment (NCCA) in 1996. Teaching resource materials were also developed at that time to support the implementation of the curriculum and these resources are still widely used. However, in an area such as RSE there is a need for ongoing development of resources. The Talking Relationships, Understanding Sexuality Teaching (TRUST) Resource was developed to meet this need.

A very welcome aspect of the TRUST Resource is that it was developed through a partnership between the Department of Education and Science, the Health Service Executive and the Crisis Pregnancy Agency.

We would like to extend thanks and appreciation to everyone who was involved in the development of the resource.

Sincere thanks are expressed to the teachers and students who participated in the making of the DVD and in piloting the lessons. It would not have been possible to develop the TRUST Resource without their help.

Thanks to Dr David Coleman, Clinical Psychologist, Sandra Delamere, Advanced Nurse Practitioner, Kelly-Ann Motherway, Crisis Pregnancy Counsellor, Dr Mary Short, General Practitioner, Nora Brennan, former National Co-ordinator for RSE and John Lahiff, former National Co-ordinator for SPHE for their valuable contribution to the resource.

Appreciation is also expressed to the members of the TRUST Resource working group:

- Siobhan Foster, Regional Development Officer for Social Personal and Health Education, Department of Education and Science
- Fiona Gallagher, Health Promotion Officer, Health Service Executive
- Moira Germaine, Health Promotion Officer, Health Service Executive
- Orla McGowan, Education and Information Officer, Crisis Pregnancy Agency
- Sharon McGrath, National Co-ordinator for Social, Personal and Health Education, Department of Education and Science
- Enda Saul, Programme and Communications Manager, Crisis Pregnancy Agency
- Frances Shearer, National Co-ordinator for Relationships and Sexuality Education, Department of Education and Science
- Margaret Whittaker, Health Promotion Officer, Health Service Executive
TRUST

Talking
Relationships
Understanding
Sexuality
Teaching Resource

Resource Materials for Relationships & Sexuality Education at Senior Cycle
INTRODUCTION

THE TRUST RESOURCE

The TRUST Resource was developed in response to requests from teachers and students for updated Irish resource materials for Senior Cycle RSE.

The Resource consists of a DVD and twenty accompanying lessons. The DVD addresses a wide range of issues of relevance to young people in Ireland today. It contains interviews with a psychologist, with health professionals and with young people themselves. A drama showing the developing relationship of one young couple provides the link between the various strands of the DVD.

The DVD is divided into three sections: Relationships, Taking Time to Think and Sexual Health. Each section has an accompanying series of lessons under the same three headings.

The TRUST Resource is neither a prescribed nor a comprehensive resource for Senior Cycle RSE. It can be used in conjunction with other resources, including Resource Materials for RSE - Senior Cycle (Department of Education 1999). A guide to using the resource can be found on pages 8-10.

Each school has a responsibility to ensure that any RSE resource materials used are consistent with the school’s ethos and RSE policy.

All information was correct at time of going to print. The information in this resource is not a replacement for medical advice.

SOCIAL, PERSONAL AND HEALTH EDUCATION – THE WIDER EDUCATIONAL CONTEXT

The general aim of education is to contribute towards the development of all aspects of the individual. There is a growing recognition that social, personal and health education is as important for young people as any other area of the curriculum; it enables students to learn about themselves and their relationships with others and to develop skills and competencies which will enable them to participate as active and responsible members of society. A young person who has a high degree of self-worth, a sense of security and positive self image will be better disposed to school life and to the variety of learning situations it offers.

When the RSE Interim Curriculum was introduced in 1996 it was anticipated that it would be taught within the context of Social, Personal and Health Education (SPHE). In 2000 the National Council for Curriculum and Assessment (NCCA) developed a curriculum for Primary and Junior Cycle SPHE, which was implemented in 2003. At primary level RSE is an integral part of SPHE. At Junior Cycle RSE is one of ten inter-connecting modules of SPHE. At Senior Cycle an SPHE curriculum is currently being developed by the NCCA. Schools have an obligation to teach Senior Cycle RSE even in the absence of a timetabled SPHE class. (See circulars M4/95, M20/96, 0027/2008)

RELATIONSHIPS AND SEXUALITY EDUCATION

Background

Relationships and Sexuality Education is a lifelong process of acquiring knowledge and understanding and of developing attitudes, beliefs and values about sexual identity, relationships and intimacy. In the school setting it is an integral part of general educational provision, which seeks to promote the overall development of the person and which includes the integration of sexuality into personal understanding, growth and development. Through RSE, formal opportunities are provided for young people to evaluate the wide range of information, opinions, attitudes and values which they receive. In this way they can be helped to form values and establish behaviours within a moral framework. While parents are the primary educators in this area, schools have a key role to play. Ideally parents and schools will work in partnership to provide comprehensive relationships and sexuality education for young people.
Aims and Objectives of RSE
From RSE Interim Curriculum and Guidelines for Post Primary Schools 1996. All RSE documents and resource materials referred to can be found on the Department of Education and Science website: www.education.ie in the Education Personnel section under the heading School Policies and Plans - RSE.

RSE, which is located in the overall framework of SPHE, has as its specific aims:

- To help young people understand and develop friendships and relationships
- To promote an understanding of sexuality
- To promote a positive attitude towards one's own sexuality and in one's relationships with others
- To promote knowledge of and respect for reproduction
- To enable young people to develop attitudes and values towards their sexuality in a moral, spiritual and social framework

Objectives
RSE should enable students to:

- Acquire the understanding and skills necessary to form healthy friendships and relationships
- Develop a positive sense of self-awareness, and the skills for building and maintaining self-esteem
- Become aware of the variety of ways in which individuals grow and change, especially during adolescence, and to develop respect for difference between individuals
- Understand human physiology with particular reference to the reproductive cycle, human fertility and sexually transmitted infections (STIs)
- Understand sexual development and identity and explore aspects of sexuality including sex roles, stereotyping, gender issues and cultural influences on sexuality
- Value family life and appreciate the responsibilities of parenthood
- Develop strategies for decisions and actions consistent with personal moral integrity and respectful of the rights and dignity of others
- Develop skills for coping with peer pressure, conflict and threats to personal safety

Development of Themes in RSE at Senior Cycle

Human Growth and Development

- Understanding the structure and function of sex organs
- Awareness of fertility
- Awareness of the importance and methods of family planning
- Understanding of pregnancy and the development of the foetus
- Appreciation of the importance of health care during pregnancy
- Recognising the range of human emotions and ways to deal with these
- An understanding of the relationship between safe sexual practice and sexually transmitted infections with particular reference to HIV/AIDS

Human Sexuality

- Understanding of what it means to be male or female
- Consideration of male and female roles in relationships and in society
- Exploration of some of the issues pertaining to equality
- Understanding the concept of sexual harassment and its different forms
- Awareness of sexual abuse and rape, including legal issues and the identification of help agencies in these areas
- Skills for making choices about sexual activity
- Exploration of the range of attitudes, values and beliefs regarding sexual behaviour in modern society

Human Relationships

- Understanding the nature of peer pressure
- Developing skills for resolving conflict
- Development of an awareness of the complex nature of love and loving relationships
- Understanding of marriage as a loving commitment
- Deeper awareness of the importance of family life
THE WHOLE SCHOOL CONTEXT

School Environment
The processes of teaching and learning are bound up with personal and social development. Every teacher and staff member, every class and extra curricular activity can offer opportunities for enhancing the personal and social development of the student. A supportive school environment is essential if SPHE and RSE are to be effective. In such an environment:

- People feel valued
- Self-esteem is fostered
- Respect, fairness and tolerance are evident
- High expectations and standards are promoted
- There is support for those with difficulties
- Open communication is the norm
- Effort is recognised and rewarded
- Uniqueness/difference is valued
- Conflict is handled creatively
- Initiative and creativity are encouraged
- Social, moral and civic values are promoted

Parents
Parents are the primary educators of the child in the area of relationships and sexuality; they are aware of the culture within which young people live and of the religious, civic, moral and personal values which they wish to pass on to them. A school’s RSE programme, planned in consultation with parents, should reflect these values. Parents should be provided with opportunities to familiarise themselves with teaching materials to be used in class, such as the TRUST DVD and lessons, if they wish to do so. Parents’ groups can be supported to develop appropriate training opportunities to complement and enhance school-based programmes.

The Moral Framework
The aims of RSE set it within a moral, spiritual and social framework. A positive attitude to sexuality will be expressed in responsible and respectful attitudes and behaviour towards oneself and others. Sexual behaviour is not just a personal and private matter, but has social and community implications as well. The values inherent in an RSE programme should be consistent with the core values and ethos of the school, as articulated in the school’s RSE policy. It is the responsibility of the school to ensure that all materials used in an RSE class are appropriate to the needs of the students and are taught in a way that is consistent with the ethos of the school.

School Policy
Information on developing and reviewing an RSE policy is available on the Department of Education and Science website: www.education.ie in the Education Personnel section under the heading School Policies and Plans - RSE.

All schools are required to develop an RSE policy in consultation with teachers, parents, Board of Management and, where appropriate, with students. The RSE policy for each school will reflect the ethos of the school and will articulate the moral and values framework within which RSE will be taught. It is the responsibility of the classroom teacher to teach within that framework. Provision should be made for ongoing evaluation of the RSE policy in consultation with relevant stakeholders.

Teaching and Learning Strategies
Teaching methods in RSE, as in all of SPHE, are concerned with the acquisition of knowledge, attitudes and skills. An open and facilitative teaching style and participative and experiential methodologies are essential.

Cross-Curricular Opportunities
Teachers with specialist knowledge in particular areas can support the work of RSE at different stages in the programme. At Senior Cycle contributions can be made by teachers of Biology, Home Economics and Religious Education. Co-ordination can enhance cross-curricular opportunities and will ensure comprehensive delivery of RSE to all students.
The Wider Community

Young people are exposed to a wide variety of messages about sexual behaviour and identity. The culture within which they live should be kept in mind in the development and teaching of an RSE programme. Consultation with students themselves can only serve to enhance the effectiveness of the programme.

The wider community can support the work of the school by providing speakers and visitors to address particular aspects of RSE. However, it is recommended that this takes place in the context of a planned and comprehensive programme. It is the responsibility of the school to make all outside speakers and visitors aware of the school’s RSE and child protection policies.

Child Protection

All school personnel should be familiar with the Department of Education and Science Child Protection Guidelines for Post Primary Schools (www.education.ie). The guidelines provide information about handling disclosure of abuse by a student and the steps that should be taken if a disclosure is made or if concerns about a student arise.

School personnel have a responsibility to ensure that students know the limits of confidentiality. If a young person is at risk a member of staff has a responsibility to pass this information on to the relevant person in the school or to the young person’s parents. The Child Protection Guidelines state that if the school becomes aware that a young person is sexually active under the age of consent it has a responsibility to inform their parents. The legal age of consent in Ireland is 17 for boys and girls for heterosexual and for homosexual sex.

Supporting the Effective Delivery of RSE

All teaching is challenging but teaching RSE is particularly challenging, demanding a range of skills and a high level of sensitivity. For this reason RSE should not be assigned to teachers who have not received training, or without prior consultation with the teacher.

Teachers of RSE may require advice and guidance from colleagues, the principal and the Board of Management, especially if clarification of ethos issues is required.

Planned communication and co-operation is required between those teaching RSE and those involved in pastoral care and guidance in a school.

In the interests of gender balance, responsibility for teaching RSE/SPHE should be shared equally by male and female teachers where possible.

The RSE Teacher

The relationship between teacher and student is a core aspect of successful learning in all areas of education but this is especially true in RSE, given the personal nature of the subject. Students respond well to teachers who show authenticity and empathy and who are willing to listen to and respect their views. At the same time the teacher must be able to set limits and boundaries.

The following points should be borne in mind by teachers of RSE:

- Ongoing professional development and training for all teachers of RSE/SPHE will support the effective delivery of RSE.
- Teachers assigned to teach RSE/SPHE must have an understanding of and familiarity with the range of active and experiential methodologies associated with education in this area.
- All teachers of RSE at Senior Cycle should inform themselves about the previous learning of students at Junior Cycle in RSE/SPHE and to what extent students are familiar with participative methodologies. If this is a new way of working for a group, participative methodologies should be introduced gradually and carefully.
- Teachers must be familiar with their school’s RSE policy, particularly with regard to some of the sensitive moral issues that may arise in an RSE class. A school does not have a right to omit any aspect of RSE, but it does have a right to ensure that topics are taught in a way that is consistent with the ethos of the school. It is the responsibility of the RSE teacher to articulate the values expressed in the school’s RSE policy in a way that is respectful to all. This can be done while also allowing students to express their views and opinions in a respectful way.
The teacher is responsible for ensuring that the classroom is a safe environment for students. A way of fostering this climate from the beginning is to help students to establish ground rules for working together as a group. For more information on this see Resource Materials for RSE - Senior Cycle p.11.

As many of the activities in the TRUST Resource involve students discussing in pairs and small groups, the teacher should ensure that students are aware that listening is a skill that includes respecting the views and privacy of another person.

Teachers should be sensitive to the needs of students of all sexual orientations.

It may be necessary to set boundaries for students in terms of what will be discussed and what questions will be answered in an RSE class.

Given the sensitivity of many of the topics in RSE teachers should be aware of the range of pastoral and counselling supports available within the school and outside school. A list of relevant agencies can be found on pages 120-121.

PLANNING A SENIOR CYCLE RSE PROGRAMME

When planning a Senior Cycle RSE programme the teacher, or group of teachers, should ensure that the aims and objectives of the RSE curriculum are met, that the content outlined in the curriculum is covered and that the needs of the students are met. Ideally this will be done as part of the planning for a wider SPHE programme.

The selection of resources will depend on the needs of the students, the provision of RSE through cross-curricular links and the school’s ethos and RSE policy. Resources selected should include a wide range of methodologies to ensure maximum participation and engagement by students.

It is the responsibility of the school to ensure that any RSE resource materials used are consistent with the school’s ethos and values. While RSE resource materials have been provided to all schools, they are not prescribed.

When planning a Senior Cycle RSE programme teachers should familiarise themselves with:

a) The school’s RSE policy


c) Teaching resource materials, including the TRUST Resource and Resource Materials for RSE - Senior Cycle 1999 (available on the website above.)

Parents should be informed of the content of the RSE programme and should be provided with opportunities to see any materials, including DVDs, which will be used in the classroom.

USING THE TRUST RESOURCE

The TRUST resource consists of a DVD with twenty accompanying lessons. It is not a comprehensive resource for Senior Cycle RSE and does not cover all the topics in the RSE Senior Cycle curriculum. For this reason teachers are advised to use it in conjunction with other resources.

As the TRUST Resource is a new resource for schools and includes a number of sensitive topics it is advisable to show the DVD to Boards of Management, parents and other teachers before using it.

The DVD is divided into three sections: Relationships, Taking Time to Think and Sexual Health. Given the amount of information in each section it is not recommended that teachers show all three sections to students together, though a teacher may decide to do this at the end of a module of lessons to reinforce learning or as a conclusion. The play-through version is primarily for teacher use and for showing to parents or other groups. There is also a section with a dramatisation of a relationship between two young people and sections with extra information on contraception and STIs. The DVD can also be played with subtitles.
The twenty lessons are also divided into three sections: Relationships, Taking Time to Think and Sexual Health. All the lessons can be taught on a stand-alone basis but some will be more effective if taught sequentially. Suggestions for ways of using the lessons are outlined in the table below. Some of the lessons require a section of the DVD to be shown as part of the lesson; where this is the case the lesson is asterixed in the table below. It may not be possible to teach all the material in the lessons in one class period. In this case the teacher may decide to select from the activities or may decide to teach the lesson over two classes.

Teachers are advised to use the TRUST Resource in the following way:
- Show students the Relationships, Taking Time to Think and Drama sections of the DVD
- Teach a series of the Relationships and Taking Time to Think lessons
- Show students the Sexual Health section of the DVD
- Teach a series of the Sexual Health lessons

## RSE SENIOR CYCLE – SAMPLE PROGRAMME PLAN FOR A SCHOOL WITH A THREE-YEAR CYCLE

The tables below provide one example of how the TRUST Resource and the Resource Materials for RSE - Senior Cycle might be used to form the basis of a comprehensive RSE programme through the three years of Senior Cycle. It is simply an example of a possible plan and is not intended to be prescriptive. The final arbiter of how individual classes will best benefit from the sequence in which the resources are used is the teacher of the class. Teacher continuity will greatly facilitate this process. Circular M20/96 requires that schools teach RSE for six class periods in each year. While the table below exceeds that number of lessons for each year, many of the lessons deal with wider SPHE topics as well as RSE.

### RELATIONSHIPS

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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<tbody>
<tr>
<td><strong>Show Relationships, Taking Time to Think and Drama sections of TRUST DVD</strong></td>
<td><strong>Show Relationships, Taking Time to Think and Drama sections of TRUST DVD</strong></td>
<td><strong>Show Relationships, Taking Time to Think and Drama sections of TRUST DVD</strong></td>
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<tr>
<td>What We Value in Relationships (TRUST – L1)</td>
<td>Dealing With Feelings (RSE – L3)</td>
<td>When We Feel Hurt (TRUST – L5)</td>
</tr>
<tr>
<td>Healthy Relationships (TRUST – L2)</td>
<td>Keeping Your Cool (RSE – L4)</td>
<td>Loving Relationships (RSE – L12)</td>
</tr>
<tr>
<td>Self-Esteem (TRUST – L3)</td>
<td>Living With Loss (RSE – L5)</td>
<td>Intimacy (TRUST – L8)</td>
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<tr>
<td>Communication (RSE – L1)</td>
<td>The Influence of Self-Esteem (TRUST – L4)</td>
<td>Marriage (RSE – L13)</td>
</tr>
<tr>
<td>Assertive Communication (RSE – L2)</td>
<td>Understanding Boundaries (TRUST – L6)</td>
<td>Life Support (RSE – L14)</td>
</tr>
<tr>
<td><strong>Communicating Our Boundaries (TRUST – L7)</strong></td>
<td><strong>Communicating Our Boundaries (TRUST – L7)</strong></td>
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</table>
## TAKING TIME TO THINK

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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<tbody>
<tr>
<td>Human Sexuality (RSE – L7)</td>
<td>Sexuality (TRUST – L9)</td>
<td>Influences and Values (TRUST – L11)</td>
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<tr>
<td>Accepting Sexual Orientations (RSE – L16)</td>
<td>Sexual Orientation (TRUST – L10)</td>
<td>**Decision-Making (TRUST– L12)</td>
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<tr>
<td>Implications of Sexual Activity (RSE – L11)</td>
<td>Challenging Roles (RSE – L15)</td>
<td>** Responsible Relationships (TRUST– L13)</td>
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## SEXUAL HEALTH

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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<tbody>
<tr>
<td>Show Sexual Health section of TRUST DVD</td>
<td>Show Sexual Health section of TRUST DVD</td>
<td>Show Sexual Health section of TRUST DVD</td>
</tr>
<tr>
<td>**Human Reproduction &amp; Fertility (TRUST – L14)</td>
<td>Human Reproduction (RSE – L6)</td>
<td>** Contraceptive Methods II (TRUST – L17)</td>
</tr>
<tr>
<td>** Contraceptive Methods I (TRUST – L16)</td>
<td>**Unplanned Pregnancy (TRUST – L18)</td>
<td>Responsible Parenthood (RSE – L9)</td>
</tr>
<tr>
<td>More Than You Bargained For (RSE – L10)</td>
<td>**STIs - What’s What (TRUST – L19)</td>
<td>STI Transmission (TRUST – L20)</td>
</tr>
<tr>
<td>When Sexual Assault becomes a Reality (RSE – L18)</td>
<td>Sexual Abuse (RSE – L20)</td>
<td>Life Support (RSE – L14)</td>
</tr>
</tbody>
</table>

** These lessons require a section of the DVD to be shown.

NB The information in Resource Materials for RSE Senior Cycle Lesson 12 p126 on the age of consent is out of date and incorrect. Teachers should bear in mind that the Resource Materials for RSE Senior Cycle were produced in 1999 and therefore some of the sexual health information may have dated. The most up-to-date information can be found in the TRUST resource.
ASSESSMENT AND CERTIFICATION OF SPHE/RSE

Senior Cycle SPHE and RSE must be open to assessment and evaluation. This can be done in the following ways:

Student Self-Assessment
Such assessment can be done in class by providing students with questionnaires and/or worksheets on which they might record their own progress or learning. These can be kept in a portfolio. Alternatively students can be encouraged to keep a journal recording their key learning. Some of the outcomes of self-assessment will be private but students are also encouraged in this resource to provide feedback for the teacher on the value of the suggested activities. This will allow the teacher to modify or extend the RSE programme in light of the views of students.

Assessment of Students
This can involve the assessment of students’ work and skills through specific tasks, homework or project work. Samples of work done in SPHE/RSE might be kept by the students in a portfolio as a record of achievement. The possibility of a certificate of completion being awarded by a school at the end of a term, year or module of work should be considered.

Programme Evaluation
This involves continuous evaluation of the programme structure, materials and teaching methodologies in a school. Students, parents, teachers and Boards of Management might contribute to this.

Looking Back, Looking Forward - A Review of Learning
At the end of each module of RSE lessons in Fourth, Fifth and Sixth year teachers are advised to use the Review of Learning on pages 117-119 in the TRUST Resource to provide themselves with information for future programme planning and to enable students to reflect on their learning.
RELATIONSHIPS

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5. When We Feel Hurt 29
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LESSON ONE

WHAT WE VALUE IN RELATIONSHIPS

Aim:
To enable students to reflect on the relationships in their lives and on the qualities that they value in themselves and in other people.

Learning Outcomes:
Students will have:
1. An enhanced awareness of the qualities they bring to relationships
2. An enhanced awareness of the qualities they value in others
3. An appreciation of an important relationship in their lives

Student Materials:
Crayons, sheets of paper (A3 or A4), markers, poster pages
Work cards made from Lesson 1 Work Sheet
1a – Qualities in Myself and Others or Lesson 1 Worksheet 1b – Qualities in Myself and Others
Lesson 1 Work Sheet 2 – A Good Relationship

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes. It may be necessary to explain what is meant by the word ‘qualities’.

2. Work Cards
Option A - Class Activity
Ask students to think for a few minutes about someone who is important to them, someone who helps and supports them. Distribute the qualities cards face up on the floor. Invite the students to walk around looking at the cards and to identify two cards that show qualities they value and consider they have themselves, and two qualities they value in the other person. When students have looked at the cards ask each person in turn to pick up two of the four cards they have chosen, to read out the qualities and then to put the cards down again.

Option B - Small Group Work
Ask the students to think for a few minutes about someone who is important to them, someone who helps and supports them. Divide the students into small groups, giving each group a set of cards. One student in the group reads out all the qualities named on the cards.

Background Information for the Teacher

The quality of a person’s relationships has an impact on their sense of self. Healthy relationships contribute to good self-esteem and personal growth; unhealthy relationships can damage health and self-esteem. One of the key developmental tasks in adolescence is to gain experience and competence in building peer relationships and friendships; this learning is carried into adult and sexual relationships. Identifying qualities that they value in themselves and others can help young people to choose positive and affirming relationships.
As they listen, each student identifies two qualities that they value and consider they have themselves and two qualities that they value in the other person. When all the cards have been read, each student names two of the four qualities they have identified.

Option C - Individual/Pair Activity
Give each student a copy of Lesson 1 Worksheet 1b. Ask students to think of two people that they value in their lives, people who help and support them. Using two different coloured pens or pencils, circle the qualities that each person has. When students have had time to do this, ask them to take a third pen/pencil and put a circle around the qualities that they value in themselves. These may be the same as or different from the other two people. Invite students to discuss the qualities they circled with the person beside them.

Discussion Pointers for Options A, B and C:
- How did you find this activity?
- What did you learn from it?
- How did you feel when you thought about the other person?
- What were the qualities most valued by the group, and why?

3. Reflection
Option A – Visualisation
Invite students to participate in a visualisation of a positive relationship in their life, one that supports and helps them. It could be with a friend, parent, sibling, boyfriend/girlfriend, or someone they admire.

Read the following visualisation slowly, pausing to allow students time to reflect:

'Take time to settle comfortably in your chair ... close your eyes if you wish ... become conscious of your breathing. Imagine you are leaving the room and going to a favourite place – a garden, room, beach, woodland. While you are there in your own private place, remember someone you have a special relationship with. How do you feel as you become aware of this person ... ? Why are they special ... ? What qualities do they have that you particularly admire ... ? What positive effect has this person had on your life? If they were in front of you now what would you like to say to them? Begin to reflect on all the things you bring to the relationship as well ... your qualities ... What makes you special and precious to them ... ? Imagine that they want to say something to you ... What might it be ... ? How do you feel as you become aware of the relationship between you? Gradually, when you are ready, let go of your awareness of this person and your relationship with them. Slowly and gently allow your attention to return to the room.'

Ask each student to turn to the person beside them and to share as much or as little as they wish about their reflection and the qualities they and the other person bring to the relationship.

Option B – Artwork
Invite students to reflect for a few minutes about a positive relationship in their life, one that supports and helps them. It could be with a friend, parent, sibling, boyfriend/girlfriend, or someone they admire. Give students crayons or colours and a sheet of paper and ask them to use the colours to express the relationship and the qualities that they and the other person bring to the relationship – through images, symbols, words, colours. The teacher can suggest ideas at the start, such as a tree with different branches, a flower, or a beautiful place but should encourage students to be as creative as they wish.

When students have completed the artwork ask them to turn to the person beside them and to spend a few minutes sharing as much or as little as they wish about their artwork and about the qualities that they and the other person bring to the relationship.

Option C – Personal Reflection
Invite students to reflect for a few minutes on a positive relationship in their lives, one that supports and helps them. It could be with a friend, parent, sibling, boyfriend/girlfriend, or someone they admire. Ask them to think about what makes the relationship special and good in their lives and what qualities they and the other person bring to the relationship. Give out Lesson 1 Worksheet 2 and give students time to complete it, either by using words or by using colours, images, or symbols.

Ask students to work for a few minutes with the person beside them to share as much or as little as they wish of what they wrote or drew.

Discussion Pointers for Options A, B and C:
- What was it like to reflect on someone that you value?
- How do you feel in this relationship?
- What did you learn from this activity?

4. Conclusion
Ask students to reflect for a few minutes on what insights they will take away from this lesson.
**LESSON 1 WORKSHEET 1A**

**QUALITIES IN MYSELF AND OTHERS**

<table>
<thead>
<tr>
<th>Kind</th>
<th>Strong</th>
<th>Good Sense of Humour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic</td>
<td>Good Listener</td>
<td>Intelligent</td>
</tr>
<tr>
<td>Patient</td>
<td>Doesn’t Give Up</td>
<td>Understanding</td>
</tr>
<tr>
<td>Helpful</td>
<td>Sensitive to Other People’s Feelings</td>
<td>Reliable</td>
</tr>
<tr>
<td>Trusting</td>
<td>Sensible</td>
<td>Brave</td>
</tr>
</tbody>
</table>
LESSON 1 WORKSHEET 1B

QUALITIES IN MYSELF AND OTHERS

- Strong
- Kind
- Truthful
- Keeps a secret
- Adventurous
- Spontaneous
- Interesting
- Creative
- Independent
- Considerate
- Inspiring
- Works hard
- Careful
- Won’t let you down
- Trusting
- Trustworthy
- Good sense of humour
- Athletic
- Good listener
- Intelligent
- Patient
- Doesn’t give up
- Understanding
- Helpful
- Gentle
- Sensitive to other people’s feelings
- Honest
- Sensible
- Reliable
- Thoughtful
- Spiritual
- Brave
LESSON 1 WORKSHEET 2
A GOOD RELATIONSHIP

Qualities I Bring

How I Feel in this Relationship

Qualities _____ Brings
LESSON TWO

HEALTHY RELATIONSHIPS

Aim:
To increase students’ awareness of the behaviours that contribute to positive relationships.

Learning Outcomes:
Students will:
1) Be more aware that relationships are affected by the ways in which both people act
2) Be more aware of behaviours that nourish relationships
3) Recognise that relationships are enriched when there is give and take

Student Materials:
Index cards
Copy of Lesson 2 Worksheet 1 - Building Relationships - for each group
Nine blank cards from Lesson 2 Worksheet 1 for each group
Blu Tack

Background Information for the Teacher

Healthy relationships nourish and sustain people. Healthy relationships are built and maintained by the way in which people act over a period of time. Healthy relationships will generally be equal and fair, with a balance of giving and taking. In the TRUST DVD the psychologist says: “Good relationships are fair; that means no one person gets their way all the time, the decisions are made equally. It means that your voice is just as important as the other person’s voice. So you get to give a little and you get to take a little.”

All human beings are fallible; therefore, tolerance and forgiveness are important qualities in any relationship. Compromise is also necessary to ensure that each person feels valued and knows that their needs and wishes are respected.

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes. Remind students that in the last lesson they looked at qualities they value in people. Ideally our good qualities and those of others will be reflected in our behaviour, but this may not always be the case.

2. Personal Reflection
Give each student a blank index card. Invite them to reflect on a particular example of when they felt they behaved well towards someone else. Ask them to be very specific – e.g. ‘I helped my friend with her homework’ rather than ‘I was kind to my friend’. Record the behaviour on one side of the card.
Then ask them to reflect on a particular example in a relationship where another person behaved towards them in a way that made them feel valued. Record the behaviour on the reverse side of the card.

Ask students to work in pairs to discuss their own action and the action of the other person.

Bring students back to the large group and ask each student to name an action that they admired, their own or the other person’s, without saying who it was that acted in that way.

**Discussion Pointers:**
- How did you feel when you reflected on your own behaviour?
- How did you feel when you reflected on the other person’s goodness to you?
- How did your behaviour and the other person’s contribute to the relationship?

3. **Brainstorm**

Building on the previous activity, ask students to:

a) Brainstorm behaviours that promote healthy relationships (e.g. telling the truth, listening, being on time, keeping confidences, etc.) Try to avoid students generalising and using words like trust, trust is developed through behaviours such as truthfulness, reliability etc. so keep the focus on the things people do. The teacher writes the words on the board/flipchart.

b) Brainstorm behaviours that can damage relationships. The teacher writes the words on the board/flipchart.

4. **Group Work**

Divide the class into groups of four or five and give each group nine blank cards photocopied from Lesson 2 Worksheet 1 – Building Relationships, a copy of the blank worksheet and some Blu Tack. Ask the groups to reach a consensus on the nine most important ways of behaving that promote good relationships. Remind them to identify the actions/behaviour of other people rather than the feelings they have about them. When they have reached a decision they write the behaviours on the nine cards, with the most important at the top, and stick them to the template.

One student from each group reads out the actions/behaviours. Alternatively each group can put their worksheet on the wall and the students can look at each other’s work.

**Discussion Pointers:**
- How did you find this activity?
- What did you learn from it?
- What are the consequences of positive and negative behaviour?

5. **Conclusion**

Ask each student to write down and complete the following sentence:

‘One way in which I can improve my relationship with .............. is to .................’
LESSON 2 WORKSHEET 1

BUILDING RELATIONSHIPS
Lesson Three

Self-Esteem

Aim:
To enable students to have an increased awareness of their own self-esteem and of how to draw on this as a resource for healthy relationships.

Learning Outcomes:
Students will:
i) Have an increased awareness of their own sense of self-worth
ii) Have recognised and affirmed their strengths
iii) Feel more empowered in relationships

Student Materials:
A3 paper, crayons/markers, copies of magazines or newspapers, glue, scissors
Lesson 3 Worksheet 1 – Our Deepest Fear

Background Information for the Teacher

Self-esteem means how valuable, loveable, worthwhile and competent a person feels. The way in which an individual sees him or herself is strongly influenced by the messages they have been given, especially in childhood. Children need to know that they are loved and that they are unique and precious for who they are and not for what they achieve or do. When they experience consistency and have clear limits set for them in the context of a loving relationship it will be easier for them to develop a strong sense of self-worth.

When a person can accept and value the goodness in him or herself it is easier for them to accept and value the goodness in others. Someone with high self-esteem will be more likely to make positive choices about health, relationships and work.

Procedure

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes. It may be helpful to refer to the Background Information for the Teacher.

2. Reflection
Option A - Visualisation/Artwork
N.B. Teachers should be sensitive to the fact that this reflection may be difficult for some students whose life experience may not have been very positive.
Read the visualisation slowly, pausing to allowing students time to reflect:

‘Take time to settle comfortably in your chair. Close your eyes if you wish ... Become aware of your breathing. Imagine that you are leaving the classroom and going for a walk in the woods ... You come to a clearing and notice a cottage with a door open ... You’re curious and go into the cottage. Inside you find a chest that has your name on it ... When you open it you realise it is full of beautiful and memorable things that represent you and your life so far ... photographs of you with people you love ... family and friends ... good times you had ... places with happy memories ... things you enjoy like sport and hobbies ... clothes you like ... things you cherish ... what you value in life ... your achievements and talents. Become aware of how you feel when you see all these things ... What are you really satisfied with? ... What qualities do you bring to your family and friends? Are you considerate, fun to be with, helpful? Decide what memories and pictures you want to take from your treasure chest ... Gently close the lid and get ready to leave the cottage ... When you are ready slowly and gently bring your awareness back to the classroom and open your eyes.’

Ask students to take a sheet of paper and some crayons, to find their own space and draw a picture of all the precious things they found in their treasure chest. After about ten minutes, invite them to choose another person to work with and take it in turns to share as much as they wish about their picture.

Bring students back to the large group.

Discussion Pointers:
- Were you surprised by anything you found in the treasure chest?
- How did you feel while you were doing this activity?
- What was it like to share your pictures and memories with your partner?

Option B - Reflection/Collage
Ask students to close their eyes for a few moments and to reflect on all the things that make them the person they are.

‘It could be your relationships with your family and friends, your interests or hobbies. Pay attention to the things you are good at or the things you just enjoy doing even if you’re not very good at them. What qualities do you have that make you feel good, that you are proud of? Remember some of the kind things you have done for people, your sense of humour, the difficulties you have overcome in your life, your ambitions and hopes. Each of you is made up of a unique combination of different factors – there is no one else in the world exactly like you.’

Ask students to keep these thoughts in their minds and to take photographs, words from the magazines or use their own artwork to make a collage that represents the person they are. When students have completed the collage, ask them to choose another person to work with and to take it in turns to share as much as they wish about their collage.

Bring students back to the large group.

Discussion Pointers:
- How did you feel when you were making the collage?
- What was it like to talk about your collage with your partner?
- What did you learn from this activity?

3. Worksheet
Give each student a copy of Lesson 3 Worksheet 1 – Our Deepest Fear – and read Nelson Mandela’s words to the class.

Discussion Pointers:
- How do you feel when you hear these words?
- Do you agree or disagree with Nelson Mandela?
- How might our light frighten us?
- What would it be like to ‘manifest the glory... that is within us’?

Ask students to rewrite the words, changing each statement into the first person singular, e.g. ‘My deepest fear is not that I am inadequate, my deepest fear is that I am powerful beyond measure...’

Discussion Pointers:
- Was it easy or difficult to write this?
- When you read the words do you feel they are true for you?
- How would you feel about making this statement in public?

4. Conclusion
Ask for a volunteer to read out their statement. If no-one volunteers, ask students to spend a few minutes reflecting on what they learned from today’s lesson.
LESSON 3 WORKSHEET 1

OUR DEEPEST FEAR...

“

Our deepest fear is not that we are inadequate, our deepest fear is that we are powerful beyond measure.

It is our light and not our darkness that most frightens us. We ask ourselves ‘Who am I to be brilliant, gorgeous, talented and fabulous?’ Actually who are you not to be?

You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won’t feel insecure around you. We are all meant to shine, as children do.

We were born to make manifest the glory of God that is within us. It’s not just in some of us, it’s in everyone. And as we let our light shine we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.

Spoken by Nelson Mandela in his 1994 Inaugural Speech. Written by Marianne Williamson.”
Aim:
To enable students to become more aware of peer influences on their self-esteem and of how this can affect their behaviour.

Learning Outcomes:
Students will:
1. Be more aware of how their sense of themselves can be influenced by their peers
2. Have a better understanding of how peer influence can affect their behaviour
3. Have practised the skill of positive self-talk

Student Materials:
Lesson 4 Worksheet 1 – Being Myself
Lesson 4 Worksheet 2 – Cormac’s Story

Background Information for the Teacher

One’s level of self-esteem has a profound influence on the choices that one makes in life. When a person doesn’t feel positive about themselves they can cover it up in a variety of ways, sometimes by boasting or pretending to be more confident than they are, or even by bullying or intimidating others. They can also do the opposite – they might put themselves down or allow other people to treat them in ways that are disrespectful. Sometimes they give too much of themselves to others or are willing to do anything to please them in order to feel accepted.

All human beings need acceptance. However, because of internalised negative messages we may fear being judged, criticised or ridiculed, and this fear can make us more vulnerable to the pressure to conform. It can also cause us to present ourselves to the world in ways that do not reflect who we really are.

However, it is possible to learn to recognise patterns of self-criticism and doubt and to begin a process of accepting one’s core goodness and worth. Often this process is facilitated by the support and affirmation of others.

Discussion Pointers:
- Were some statements easier to rate than others?
- Were some statements easier to discuss with your partner than others and if so, why?
- Are there statements that you would like the class to consider further and if so, what are they?
3. Case Study
Divide the students into groups of four or five and give each group Lesson 4 Worksheet 2 – Cormac’s Story. Ask the group to read and discuss the case study and to answer the questions at the end of it. Ask each group to appoint a spokesperson to note the key points and to give back the information to the whole class.

Bring the whole class back together and ask each spokesperson to summarise the group’s answers to questions. Allow students time to comment on each other’s answers.

Discussion Pointers:
- What would you say about Cormac’s confidence and self-esteem?
- How is his level of self-esteem affecting his behaviour?
- Can you think of times when your own level of self-esteem affected your behaviour?
- How could you have taken better care of yourself?

4. Pair Activity
Giving oneself positive messages, as opposed to negative ones, can strengthen a sense of self-worth and can combat some of the negative messages that we receive or that we fear we may receive. This activity gives students the opportunity to practise the skill of positive self-talk.

Ask students to work in pairs to:
- Write down a list of the negative things that Cormac’s friends say to him, or that he is worried they will say to him. Include any inner messages Cormac might have in his own head.
- Write a positive message that Cormac could give himself to counteract the negative messages; for example:
  - **Friends**: You’re so quiet and boring.
  - **Cormac**: I’m quiet but I’m a good listener.
  - **Friends**: You’ve never been out with a girl.
  - **Cormac**: I’m waiting for the right one.

Ask for volunteers to read out some of the negative and positive statements.

Ask students to write down two or three negative messages that they receive or give themselves. Under each one write down a positive, but truthful, response.

Discussion Pointers:
- How did you feel when you turned the message around?
- What would it be like to say this to another person?
- What did you learn from this exercise?

5. Conclusion
Ask students to spend a few minutes completing the following sentence:
‘I can be myself most easily when …’
# LESSON 4 WORKSHEET 1

## BEING MYSELF

Read each statement. Along the right-hand side there are five boxes numbered 1 to 5. Tick the box that reflects how you feel about each statement.

1 = Agree strongly  
2 = Agree  
3 = Not sure  
4 = Disagree  
5 = Disagree strongly

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can talk openly about my feelings</td>
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<td>Boys have to pretend to be tougher than they are</td>
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<td>I always do what my friends want to do</td>
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<td>Image is important to me</td>
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<td>I find it difficult to be myself</td>
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<td>I feel under pressure to be in a relationship</td>
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<td>I like who I am</td>
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<td>I’m considerate towards other people</td>
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<td>If I’m unhappy about something I avoid dealing with it</td>
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<td>I get confused by all the different messages about sex</td>
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<td>I’m under pressure to do well at school</td>
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<td>I get slagged for being different</td>
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<td>I slag other people for being different</td>
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<tr>
<td>If I’m unhappy I try to hide it</td>
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<tr>
<td>Sometimes I say and do things just to impress others</td>
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<tr>
<td>Girls have an easier time than boys</td>
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<td>Alcohol has influenced my behaviour</td>
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<tr>
<td>If I have a problem I’m able to ask for help</td>
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</table>
Cormac tried hard to fit in with the lads ... He didn’t want to be a loser, on his own or part of the nerd group that got taunted and bullied all the time. He got himself a part-time job just so he’d have enough money to buy the right clothes, get a decent hair cut (he wanted to look well) and have enough left over to go out with the lads at the weekend. He was really shy and quiet at heart but he did his best to join in the general banter and slagging that came so easily to the other lads. He wasn’t particularly fond of night clubs and felt he was useless at chatting up girls - he blushed and got tongue tied. Some of the lads downed the pints, which they believed gave them confidence and improved their sex life no end ... or so they said ... Cormac didn’t have experience of that, which didn’t help matters. One night at the club he was approached by a gang of girls telling him that one of their pals was mad into him. The rest of the lads had great sport with this news and the slagging became so intense that he felt he had no choice but to go outside with her for a while.

Mary seemed delighted. As soon as they found a quiet spot she wasted no time and began to kiss him and press her body against him. Cormac felt completely out of his depth. He didn’t find her attractive and her kisses didn’t turn him on at all ... in fact he just wanted out of there. It was very clear that she was willing to do more but he just wanted to get away. He wasn’t sure what he feared most if he stopped her ... what she’d tell her mates or the slagging that might come from the lads.

A  How does Cormac feel?
B  How could he have been true to himself and his feelings?
C  What is influencing the behaviour of the main characters?
D  What advice would you give Mary?
E  What advice would you give Cormac?
LESSON FIVE

WHEN WE FEEL HURT

Aim:
To enable students to become more aware of feelings of hurt and rejection and to learn some positive strategies for managing these feelings.

Learning Outcomes:
Students will:
1. Have an increased awareness of ways in which people respond to hurt and rejection
2. Have considered healthy and unhealthy ways of responding to hurt and rejection

Student Materials:
Lesson 5 Worksheet 1 - Jenny’s Story
Lesson 5 Worksheet 2 - When We Feel Hurt

Background Information for the Teacher

People learn about managing emotions from the significant adults in their lives, particularly in childhood. This may have been a positive or negative experience - for most people it will have been a mixture of both.

The ability to be aware of and know how to deal with one’s feelings is essential to mental health and positive inter-personal relationships. Feelings are an integral aspect of a person’s humanity. They are neither good nor bad, they just are. However, the way in which a person acts in response to their feelings can have consequences for themselves and others.

Children tend to express their emotions freely but as they get older they are often expected to control or hide their emotions, especially painful ones like anger or sadness. Sometimes people are unaware of their own feelings - they bottle them up, perhaps because it is too painful to experience them. This can lead to problems such as depression or outbursts of anger. People may also turn to alcohol or drugs as an escape from painful feelings.

When people are hurt or let down they naturally feel a mix of emotions – sadness, anger, jealousy, grief, disappointment. Some of the ways in which a person deals with emotional pain may be unhealthy. An awareness of this can be a starting point for learning new ways of responding to hurt, ways that can enable people to grow, to become more resilient and to deepen their relationships with others.

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes, referring to the Background Information for the Teacher.

2. Case Study
Read out Jenny’s story from Lesson 5 Worksheet 1. Divide the class into groups of four or five and give each group a copy of the worksheet and ask them to discuss the questions at the end of the story. Ask students to appoint a spokesperson to take notes and to report back on the discussion.
The teacher takes feedback on the questions at the end of the case study. When students are responding to the first question - ‘How does Jenny feel?’, the teacher draws a circle on the board and writes all the feelings in the circle.

**Discussion Pointers:**
- Is this a typical story?
- How could Jenny’s friends have taken better care of her?
- What have you learned from Jenny’s story?

**3. Group Activity**

Read out the feelings that have been written in the circle on the board and draw lines coming out of the circle, in the shape of a spider diagram. Explain that the lines represent the things we do and ways in which we behave when we are unhappy. Give some examples: We might talk to a friend, go out for a run, eat a bar of chocolate, have a drink, cry, get angry.

Divide the class into two halves – A and B – and ask each half of the class to form small groups or pairs. Ask Group A students to look at the circle of feelings and consider some healthy or constructive ways of behaving to manage these feelings. Ask Group B students to look at the circle of feelings and consider some of the unhealthy or destructive ways in which we might respond to these feelings.

Take feedback from each group in turn and record students’ responses on the board or flipchart. Some of the unhealthy things we do might include: being busy all the time, not being able to sit still, eating too much or too little, exercising too much or too little, drinking, taking drugs, getting into fights, being aggressive, sleeping too much or too little, taking risks sexually, spending too much money.

Remind the class of the comment by the psychologist in the TRUST DVD:

“We can turn to activities which actually can be very self destructive as a way of trying to opt out [...] things like self-harm, maybe aggression, violence, alcohol, drugs. There’s lots of things that will block those feelings but it’s important not to get hooked into those because they are very self-destructive.”

**4. Conclusion**

Remind students that by dealing with negative experiences in a positive and open way we can grow and mature as people, and this will enhance our relationships.

Read Lesson 5 Worksheet 2 – When We Feel Hurt. Ask students for any comments and views they might have. Then invite students to think for a few minutes about the positive ways in which they support themselves when they feel hurt and to write these down in the space at the bottom of the handout.
Jenny’s Story

Jenny stopped under the street lamp light at the end of her road and reapplied some make-up to her red and puffy eyes. She didn’t want her parents to know that she had been crying. They had no time for Shane; they didn’t like his attitude and didn’t approve of her going out with him. Her dad would go mad if he knew that she had to walk home alone so late at night and that Shane couldn’t be bothered to see that she got home safely.

Shane’s parents had no problem with him staying out all night if he wanted, but Jenny’s parents insisted that while she was still at school and living under their roof she should keep their rules.

Shane didn’t like to be the first to leave a party, especially if all his mates were still there, so Jenny was used to making her own way home from their nights out. But tonight they’d parted on really bad terms. One of his mates had a free house all weekend and Shane wanted her to make some excuse so that she could stay over. It was the perfect opportunity to take their relationship to the next level, or so he thought.

It wasn’t that Jenny didn’t want to … she had fancied Shane from a distance for ages and couldn’t believe her luck when he made a move a few weeks ago. Although she was crazy about him she couldn’t help feeling that he was rushing things a bit. Yeah, she knew all about the safer sex message but she didn’t know what Shane would say about that. Jenny felt so inexperienced as she listened to the many stories about his past love life. But still, he was hers now and that’s all that really mattered.

She was mad about him and for the first time in her life she was seriously tempted and seriously considering it.

When Jenny arrived at the party it was well under way. Shane was well on too. She was the focus of his attention until he found out that she wasn’t going to stay the night. She tried to reason with him, saying that she would be grounded if her parents found out and then they’d never get to see each other. But Shane didn’t want to know. He called her all sorts of hurtful names, and told her that he’d waited long enough and wasn’t hanging around any longer … within a matter of minutes Jenny saw him all over another girl in her year group. She couldn’t bear to hang around after that.

So as she quietly turned the key in her front door she was relieved to see that everyone had gone to bed. It wasn’t until she was safely in her bedroom that the tears began again … She didn’t want it to be over between them … maybe it was the drink talking … maybe there was still hope for them.

A. How does Jenny feel?
B. What was Shane’s attitude to Jenny?
C. How is her level of self-esteem affecting the way she thinks and acts?
D. How could she take better care of herself?
LESSON 5 WORKSHEET 2
WHEN WE FEEL HURT

Some positive suggestions...

- Talk to someone – a trusted friend or adult
- Ask for help if you need it – it is a sign of strength not weakness
- Allow yourself time and space to feel the feelings
- Accept the feelings – they are neither good nor bad, but they are real
- Find a safe way of expressing your feelings, e.g. write a journal, dance, play music
- Do things you enjoy – walking, running, playing sport
- When you are calm, tell the other person what was hurtful for you in the situation
- Express your feelings using statements beginning with ‘I’ (e.g. ‘I was hurt by your comment.’)
- If necessary, distance yourself physically or emotionally from the person who is upsetting you so that they can’t continue to hurt you
- Talk to a professional or counsellor if it would help

How I support myself when I feel hurt

[Blank lines for student to write their own responses]

[32]
Aim:
To enable students to have a better understanding of what boundaries are and of their importance in healthy relationships.

Learning Outcomes:
Students will:
i) Be more aware of their own boundaries
ii) Understand how their values and beliefs influence their boundaries
iii) Be more able to recognise the inner cues that help them to feel safe

Student Materials:
Lesson 6 Worksheet 1 – Where Do I Stand? or 15 Index cards each with one of the 15 statements from Lesson 6 Worksheet 1 – Where Do I Stand?

The word ‘boundary’ means a limit or a dividing line. Boundaries apply in every aspect of our lives, for example in the laws of a country or the rules of a school. They provide order and a framework within which people can grow and feel safe. The same is true in personal relationships.

It is important for each individual to be aware of what boundaries or limits are appropriate for them in relationships. These might be physical boundaries – how physically close they allow another person to be – or emotional boundaries – how open they are in sharing or expressing their feelings with another person. A person’s values and beliefs also create boundaries.

Boundaries will be different in each relationship – we allow the people we love and value to be much closer to us than those whom we know less well.

Being clear about boundaries is part of having a stronger sense of one’s own identity, which in turn allows one to develop healthier relationships. When someone understands their own boundaries they are also more likely to understand and respect those of others.

Background Information for the Teacher

PROCEDURE

1. Introduction
Introduce the topic by outlining the aim and learning outcomes. Ask students what the word ‘boundaries’ means. Are they aware of boundaries in their own lives? The teacher can refer to the background information if necessary.

2. Pair Activity
This activity requires a good level of trust between students. The teacher may prefer to ask students to imagine the activity rather than acting it out.
Ask students to stand up, to walk around and to choose one other person to work with. One person stands still and quietly becomes aware of the space around them. When they are ready the other person slowly moves closer to them until the person standing still indicates that they have come close enough. The person moving towards the other person is obliged to stop immediately.

Ask students to discuss with their partner:
- What did it feel like to have someone else coming closer to you?
- What did it feel like to be moving closer to your partner?
- Were you aware of your personal boundary?

Students then swap roles. Ask students to discuss the same questions again. Bring students back to the whole group.

Discussion Pointers:
- Why did you decide on placing a boundary at that particular point?
- What were the inner signals that helped you?
- How did you indicate your boundary to your partner?
- How would you have felt if the other person continued to move closer when you had asked them not to?
- What did you learn from this activity?

3. Individual Reflection
Ask students to take a sheet of paper and to draw a line down the middle of it. On one side write down what they would say about themselves, their lives, their feelings, etc. on an open access Bebo or Facebook page and on the other side what they would say about themselves on a closed access page.

Discussion Pointers:
- What kind of information would you put on the public page?
- What kind of information would you put on the private page?
- Why is there a difference?
- Are there risks associated with sharing personal or private information with people we don’t know well and, if so, what are they?

4. Group Work
Option A – Carousel Discussion
Divide the class into an inner circle facing out and an outer circle facing in. Give each person on the inside a card containing one of the statements from Lesson 6 Worksheet 1 – Where Do I Stand? Ask each pair facing one another to discuss the statement. After one or two minutes those on the outside move one place to the right, thus meeting a new partner and a new topic for discussion.

Option B – Group Discussion
Divide the students into small groups and give each student a copy of Lesson 6 Worksheet 1 – Where Do I Stand? Ask students to share their thoughts and feelings about the statements.

Bring students back to the whole group.

Discussion Pointers:
- What statements did you find particularly interesting?
- Who influences your values?
- Do your values sometimes act as a boundary when you are making decisions?

5. Conclusion
Conclude the class by reminding students that they have considered different types of boundaries – physical boundaries, boundaries around the kind of information they share, and boundaries provided by their values, beliefs and attitudes. Ask each student to say one thing they have learned from this class.
LESSON 6 WORKSHEET 1

WHERE DO I STAND?

I get confused by all the messages about sex

Truthfulness is important to me in relationships

Sometimes alcohol has changed my behaviour

The values my parents gave me mean a lot to me

My religious beliefs guide me in making decisions

Sometimes I do things that I don’t want to do

I know the difference between right and wrong

I find it difficult to say no if I don’t want to do something

Sex should be part of a committed relationship

I won’t put myself in a situation that doesn’t feel safe

I’m able to say I’m sorry if I do something wrong

I’m considerate towards other people

I listen to my inner voice

I trust my instincts

I stay true to my values most of the time
LESSON SEVEN

COMMUNICATING OUR BOUNDARIES

Aim:
To enable students to be more aware of their boundaries and to have practised skills for communicating their boundaries to others.

Learning Outcomes:
Students will:

i) Have reflected on the importance of communicating their boundaries to others

ii) Have an increased awareness of how to communicate their boundaries

iii) Have practised skills for communicating their boundaries assertively

iv) Have practised skills for listening to another person communicating their boundaries

Student Materials:

- Lesson 7 Worksheet 1 – Communicating Our Boundaries
- Index cards with statements from Lesson 7 Worksheet 1 – Communicating Our Boundaries
- Lesson 7 Worksheet 2 – Assertive Communication Skills

Teacher Materials:
The TRUST DVD

Background Information for the Teacher

This information is linked to the Background Information for the Teacher in Lesson 6.

Human beings need to be close to other people but at the same time need to feel safe. To get the right balance between closeness and distance a person must understand their own boundaries – what they consider acceptable and unacceptable. Sometimes it can be difficult for a person to know their own boundaries, especially when they are attracted to someone or love them. This confusion can lead them to do things they might regret or to accept behaviour in the other person that is hurtful. Establishing boundaries is a way of safeguarding oneself and also respecting others.

Often we understand each other’s boundaries without any need to explain or articulate them. However, there are times when it is necessary to communicate our boundaries to another person, especially if they are doing something we dislike, that hurts us or puts us at risk. It is possible to learn to do this in ways that are respectful of the other person’s needs and feelings and in a way that has the potential to enhance the relationship. Boundaries will enable us to deepen relationships that are positive and distance ourselves from those that are damaging.
RELATIONSHIPS

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes. Remind students that in the last lesson they discussed different kinds of boundaries – physical boundaries, boundaries about how much information we share, and the boundaries provided by our morals or values.

2. DVD
Before playing the Drama section of the DVD ask students to note, while they are watching the DVD, a) how the relationship between Susan and Mark develops and b) how they communicate about and agree boundaries in their relationship.

Play the TRUST DVD - Drama section.

Discussion Pointers:
- Did any boundary issues come up in Mark and Susan’s relationship (e.g. time, what they tell each other, values)?
- What do they communicate easily and well about?
- What do they find it difficult to communicate about?
- Does pressure from their friends affect their boundaries?
- Do you think Mark and Susan respect each other’s boundaries?

3. Small Group Activity / Pair Work
Depending on time constraints the teacher can choose either Option A or Option B, or can decide to do Option A and Option B.

Option A - Worksheet
Divide students into small groups and give each group a copy of Lesson 7 Worksheet 1 – Communicating Our Boundaries – and Lesson 7 Worksheet 2 – Assertive Communication Skills. Ask them to discuss ways of responding to the situations, using Worksheet 2 as a guide. One person in the group acts as reporter and writes down some of the things the person who wishes to be more assertive could say. The teacher asks the reporter from each group to read out what they have written.

Option B - Role Play
Divide students into pairs and give each pair one of the situations from Lesson 7 Worksheet 1 – Communicating Our Boundaries and a copy of Lesson 7 Worksheet 2 – Assertive Communication Skills. Ask students to read Worksheet 2 and then in pairs to role-play their scenario, saying what they want to say while being respectful of the other person. Some students may be willing to act out the role play in front of the class. Remind students to de-role at the end of the activity.

Discussion Pointers:
- What was it like to express what you wanted?
- Were you able to do this and at the same time be respectful of the other person?
- How did you do this?
- What was it like to listen while the other person said what they wanted?

4. Conclusion
Sum up the activities by reminding students that in these two lessons they have looked at different kinds of boundaries. It is important to know where our boundaries are so that we can protect ourselves and feel safe. It may be necessary to communicate our boundaries clearly and confidently if we feel they are being overstepped by others. It is also important to hear and respect other people’s boundaries.
COMMUNICATING OUR BOUNDARIES

A. Your friend calls round to your house every evening for a chat. Even though you really like him/her you don’t want to see him/her every evening.

B. A guy/girl in the year above you has fancied you for ages and keeps asking you out. You don’t either like or fancy him/her and want him/her to stop asking you to go out.

C. Your mum and dad are getting separated and you have told your best friend about it but no-one else. She has told all her friends and now word is getting out. You want this to stop.

D. You have a part-time job in a local store and a friend asks you to take some pens and an A4 pad for him/her without paying for them. You do not want to.

E. You are over 18 and a 16-year-old student in your school, your best friend’s brother, asks you to buy a bottle of vodka for him in the off-licence. You do not want to.
LESSON 7 WORKSHEET 2

ASSERTIVE COMMUNICATION SKILLS

**Body language:**
Stand tall, keep your head up, and maintain eye contact. Feel strong and equal - believe in yourself.

**Stay with your statement:**
Avoid being manipulated into giving further explanations. Avoid being side-tracked.

**Setting the scene:**
Decide what you want beforehand, if possible. This helps you feel in control of the situation.

**Empathise with the other person:**
Don’t accuse them or blame them for anything, simply state your views and wishes. Acknowledge that you have heard what the other person has said, for example: Yes, I hear what you are saying and I don’t want to ...

**Speak personally:**
No, I don’t want to because ...
No, I have a problem with that
No, I don’t feel ready

**Say something positive:**
Begin by saying something positive to the other person, for example, I really like you, and I enjoy spending time with you, and I don’t want to ...

**Be clear:**
Avoid unnecessary explanations. Use short clear statements, for example: I feel uncomfortable about ...
I am unhappy with ...
It scares me when ...

**Believe in yourself:**
Avoid: I should, I ought, I must
Replace with: I could, I want to, I can if I choose

(Note: In extreme situations where you are not being heard and your safety is under threat it is advisable to remove yourself from the scene.)
Aim:
To develop an awareness and appreciation of the various forms of intimacy in relationships.

Learning Outcomes:
Students will:
1. Have reflected on what intimacy in a relationship means
2. Have reflected on the stages of intimacy in a relationship
3. Be more aware of an intimate relationship in their own lives

Student Materials:
Lesson 8 Worksheet 1 – Intimacy Circle
Lesson 8 Worksheet 2 – Orla and Sean

Background Information for the Teacher

The word intimacy means closeness. People can understand the word intimacy to mean sexual intimacy but there are many other ways of being intimate.

Intimacy generally takes time to develop. At the start of a relationship two people may know very little about each other but as they grow in friendship they learn to understand each other. Sometimes this leads to the development of an intimate and long-term relationship, sometimes the relationship remains at a more superficial but friendly level and sometimes the relationship ends.

Loving relationships are essential to mental and emotional health; they nurture us and help us to grow as people.

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes. Ask students what the word ‘intimacy’ means to them. Take feedback and develop students’ understanding of the word, using the Background Information for the Teacher.

2. Worksheet
Give each student a copy of Lesson 8 Worksheet 1– Intimacy Circle. Students may have seen this circle before. If not, explain that we are intimate with people at different levels and the rings of the circle represent these levels. Ask students to reflect for a few minutes on some of the people in their lives and ask them to write their names in the appropriate ring of the circle.
Discussion Pointers:

- How is your relationship with someone from the inner circle different from someone in the outer circle?
- What kind of things do you do with someone who is close?
- What kind of things do you talk about or share with someone who is close?
- How do you feel with someone you are close to?
- Why do people sometimes confide emotionally in people they don’t know well?
- Why do people sometimes become sexually intimate with people they don’t know well?
- What are the possible consequences of being emotionally or physically intimate with someone we don’t know?

3. Case Study
Divide students into small groups. Give each student a copy of Lesson 8 Worksheet 2 – Orla and Sean – and ask them as a group to complete the statements at the end of the story.

Take feedback from each group.

Discussion Pointers:

- How is trust built in a relationship?
- Does it take time to build trust in a relationship?
- Is a trusting friendship like Orla and Sean’s a good basis for an intimate sexual relationship? Why? Why not?
- How might being sexually attracted to someone affect a friendship?

4. Conclusion
Ask students to reflect for a few minutes on an intimate relationship in their lives and then write a sentence saying why their life is richer as a result of this relationship.
LESSON 8 WORKSHEET 1

INTIMACY CIRCLE

ME

VERY CLOSE

CLOSE

KNOW

ACQUAINTANCE
Orla and Sean had been friends for as long as they could remember. They lived on the same street, went to primary school together. Even though they went to different secondary schools and hung out in different crowds, they still managed to stay in touch and remain friends. Over the years they supported each other through the rocky path of teenage relationships. Sean was always there as a shoulder to cry on and Orla was always there to give advice on hair, clothes, shoes and acceptable chat-up lines!

Lately, however, they’d been spending more time than usual with each other. Orla was good at languages while Sean excelled at maths, so they decided to help each other while studying for the Leaving Cert exams - Nothing but a sensible practical arrangement between two old friends!

It was the most unlikely and unexpected setting for things to change between them. Yet it was on one of these evenings - when they were sitting close together and Sean was trying earnestly to explain a boring theorem - that their eyes met as if for the first time. All thought of maths went out the window. The kiss was nervous at first ... but then they held each other closer and kissed again. The rush of passion and excitement was incredible.

They’d never thought about each other in this way, but maybe that was because they had known each other for so long. Somehow, without saying a word, they both realised this was a big step for them so they slowly drew apart ...

---

**A** You can tell Sean and Orla were close because

**B** Sean and Orla knew they could trust each other because

**C** The next morning Sean felt

**D** The next morning Orla felt

**E** The end of the story was
TAKING TIME TO THINK

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LESSON NINE

SEXUALITY

Aim:
To enable students to develop an awareness of the holistic nature of human sexuality.

Learning Outcomes:
Students will:

i) Be able to appreciate that all people are sexual beings throughout their lives, whether or not they choose to be sexually active.

ii) Have developed their understanding of the various dimensions of human sexuality and how they are inter-related.

Student Materials:
Lesson 9 Worksheet 1 - Aspects of Sexuality
Flip-chart pages with headings from the Aspects of Sexuality table
Markers and Blu Tack

Teacher Materials:
Artistic portrayals of sexuality, e.g. reproductions from art books
Additional Information for the Teacher Lesson 9 – Aspects of Sexuality

Background Information for the Teacher

As a society we often confuse sexuality with sexual activity. Sexuality is an integral part of being human. People are sexual beings from the time they are born until the time they die. They have a choice about how to express their sexuality and about whether or not to be sexually active. People express their sexuality in many ways: through body language, touch, tone of voice, how they dress and how they relate to others.

The Report of the Expert Advisory Group on Relationships and Sexuality Education gives the following definition of human sexuality:

“Sexuality includes all aspects of the human person that relate to being male or female and is subject to change and development throughout life. Sexuality is an integral part of the human personality and has biological, psychological, cultural, social and spiritual dimensions. It especially concerns affectivity, the capacity to give and receive love, procreation and, in a more general way, the aptitude for forming relationships with others. A holistic understanding of sexuality will contribute to the development of personal well-being, will enhance personal relationships and will have implications for the family and society.”

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes.

2. Pair Work
Ask students to reflect for a few minutes on what the word ‘sexuality’ means to them and to talk to the person beside them for a few minutes to discuss what came to mind. Take feedback from the students and write the words on the board. The teacher can show some reproductions of paintings by artists such as Renoir, Klimt and Rubens and ask students how the artist portrays sexuality in the painting, e.g. through colour, texture, light and shade, relationships, emotion etc.
3. Group Activity
Write some or all of the headings from the list below on the board/flipchart and explain that all these relate to our sexuality. This list of headings is not exhaustive and could be expanded to include others.

<table>
<thead>
<tr>
<th>Spirituality</th>
<th>Sexual Health</th>
<th>Self Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>Sexual Activity</td>
<td>Sensuality</td>
</tr>
<tr>
<td>Prejudice and Discrimination</td>
<td>Sexual Identity</td>
<td>Emotions</td>
</tr>
</tbody>
</table>

Discuss Pointers:
- Are there aspects of sexuality that were difficult to put into words?
- What is the connection between sex and sexuality?
- Can we choose whether or not to be sexual?
- Can we choose whether or not to be sexually active?

4. Reflection
Take students through a guided reflection, reading slowly, pausing to allow students time to reflect:

‘Take time to settle comfortably in your chair ... close your eyes if you wish ... become aware of your breathing ... notice how the air feels cool when you breathe in and warmer when you breathe out ... notice how your body feels ... is it relaxed or tense? What sounds can you hear? Our bodies and our senses are how we experience the world around us ... through our sense of touch ... of sight ... our sense of smell ... of taste ... of hearing. Bring to your mind all the things you enjoy looking at ... it might be the sea ... the mountains ... a tree ... the face of someone you love. What are your favourite sounds ...? A song ... a child laughing ... the sound of the wind in the trees ...? Imagine your favourite tastes ... What do you like to touch ...? What smells do you like ...? The smell of dinner cooking ... the scent of a flower ...? Enjoy all the feelings that your senses bring you ... Gradually bring your attention back to the classroom and open your eyes.’

Ask students to turn to the person beside them and talk to them about some of the things they enjoy looking at, hearing, tasting, touching and smelling.

Ask students to return to the class group and ask the following questions:
- What was it like to do the reflection?
- Do we pay attention to our senses in our everyday lives?
- What is the connection between sensuality and sexuality?

5. Conclusion
Conclude the lesson by asking students to comment on how their understanding of sexuality changed as a result of the lesson.
## LESSON 9 WORKSHEET 1

### ASPECTS OF SEXUALITY

<table>
<thead>
<tr>
<th>Mystery</th>
<th>Fertility</th>
<th>Confidence</th>
<th>Touch</th>
<th>Heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>Body image</td>
<td>Self expression</td>
<td>Dance</td>
<td>Homosexual</td>
</tr>
<tr>
<td>Breast awareness</td>
<td>Nature</td>
<td>Celibacy (not being sexually active)</td>
<td>Gay men</td>
<td>Bisexual</td>
</tr>
<tr>
<td>STIs</td>
<td>Joy</td>
<td>Older people</td>
<td>Lesbians</td>
<td>Transgender</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Abstinence</td>
<td>Masturbation</td>
<td>Bisexuals</td>
<td>Male</td>
</tr>
<tr>
<td>Hygiene</td>
<td>Family</td>
<td>Music</td>
<td>Women</td>
<td>Female</td>
</tr>
<tr>
<td>Testicular self-</td>
<td>People with a learning difficulty</td>
<td>Intercourse/sexual activity with another</td>
<td>People with a physical disability</td>
<td>Relationship with food</td>
</tr>
<tr>
<td>examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kissing</td>
<td>Partnership</td>
<td>Marriage</td>
<td>Tastes</td>
<td>Culture</td>
</tr>
<tr>
<td>Smear test</td>
<td>Friendship</td>
<td>Body</td>
<td>Jealousy</td>
<td>Love</td>
</tr>
<tr>
<td>Contraception</td>
<td>Intimacy</td>
<td>Smells</td>
<td>Passion</td>
<td>Touching</td>
</tr>
<tr>
<td>Affection</td>
<td>Desire</td>
<td>Pleasure</td>
<td>Connection</td>
<td>Faithfulness</td>
</tr>
</tbody>
</table>
## ADDITIONAL INFORMATION FOR THE TEACHER LESSON 9

### ASPECTS OF SEXUALITY

#### SPIRITUALITY
- Love
- Mystery
- Connection with another person
- Faithfulness
- Self expression
- Marriage

#### SEXUAL HEALTH
- Breast awareness
- Smear test
- Testicular self-examination
- STIs
- Contraception
- Pregnancy
- Fertility
- Hygiene

#### SELF IMAGE
- Body image
- Self-esteem
- Relationship with food
- Size
- Confidence
- Embarrassment

#### RELATIONSHIPS
- Family
- Marriage
- Partnership
- Friendship
- Intimacy

#### SEXUAL ACTIVITY
- Sexual intercourse
- Touching
- Kissing
- Celibacy
- Masturbation
- Abstinence

#### SENSUALITY
- Music
- Dance
- Body
- Tastes
- Smells
- Touch
- Nature

#### PREJUDICE AND DISCRIMINATION
- Older people
- Gay men
- Lesbians
- Bisexual
- Women
- People with a physical disability
- People with a learning difficulty

#### SEXUAL IDENTITY
- Heterosexual
- Homosexual
- Bisexual
- Transgender
- Male
- Female
- Culture

#### EMOTIONS
- Love
- Jealousy
- Passion
- Affection
- Desire
- Pleasure
A person’s sexuality has an orientation or direction. The majority of people are heterosexual — attracted to people of the opposite sex; the word ‘hetero’ comes from a Greek word meaning ‘different’ or ‘other’. Some people are homosexual — attracted to people of the same sex; the word ‘homo’ comes from a Greek word meaning ‘the same’. Others are bisexual — attracted to people of both sexes; the word ‘bi’ means ‘two’. The word gay is commonly used to refer to homosexual men and the word lesbian to refer to homosexual women. A person’s sexual orientation has emotional, psychological, spiritual and physical dimensions.

It is generally accepted that a person does not choose his or her sexual orientation; many homosexual men and women are aware of their orientation from a young age. In the recently published Irish Study of Sexual Health and Relationships 2.7% of men and 1.2% of women identified themselves as homosexual or bisexual. However, 5.3% of men and 5.8% of women reported some same-sex attraction and 7.1% of men and 4.7% of women reported having had a homosexual experience at some time in their lives (Layte, McGee, Quail, Rundle, Cousins et al. 2006).

These findings suggest that sexual identity can be subject to change and development. This is particularly true for adolescents; therefore it is important that opportunities are provided for young people to reflect on sexual orientation and on some of the negative stereotypes that can be attached to people who are homosexual or bisexual.

Ireland has become an increasingly diverse society and there is more openness to discussing sexuality, including homosexuality. Equality legislation requires that people are not discriminated against on the basis of their sexual orientation. Despite this there is still a great deal of prejudice and ignorance about homosexuality. The years spent at school can be difficult for young gay, lesbian or bisexual students due to the fact that they can be teased or bullied based on their sexual identity or, in some cases, their presumed sexual identity.

When discussing sexual orientation with students teachers should be sensitive to the fact that some students in the class may be gay, lesbian or bisexual. However, care should be taken not to make assumptions about someone’s sexual orientation.
1. Introduction
Introduce the lesson by outlining the aim and learning outcomes.

2. Group Discussion
Ask the students what the phrase ‘sexual orientation’ means. Clarify the students’ understanding of the words heterosexual, homosexual and bisexual, using the Background Information for the Teacher. Remind students of the holistic nature of sexuality, as explored in Lesson 9 - Sexuality. A person’s sexual orientation encompasses emotional, psychological, spiritual and physical dimensions.

3. Story
Students may initially find this story confusing. Sarah’s story imagines a world in which heterosexuals are in the minority. Sarah is heterosexual. Read the story out to the class. At the end of the story ask students if they understand the story. It may be necessary to read the story again.

4. Group Work
Divide the students into groups of four. Either give each group a copy of Sarah’s story and ask them to discuss and find answers for the questions at the end of the story, or just give each group the questions. Take feedback on the questions.

5. Reflection
Option A – Worksheet
Give each student a copy of Lesson 10 Worksheet 2 – A Good Friend – and ask them to consider the statements. When they have completed the worksheet ask them to discuss with the person beside them as much as they wish about what they wrote down.

Option B – Journal
Ask the students to imagine they are a young boy or girl who knows that they are gay. They want to tell their parents and their closest friends but are nervous about what their reaction might be. Give students some time to write an extract the young person might write in their diary about their hopes and fears.

Ask students to talk to the person beside them about what thoughts and feelings the young gay person may be experiencing. If students wish they can read the journal to the person beside them.

Discussion Pointers for Option A and Option B:
- What barriers might prevent someone from coming out as being gay, lesbian or bisexual?
- Why might someone decide to come out as being gay, lesbian or bisexual?
- How can you support someone who wants to come out?
- Why do we sometimes have negative attitudes to people who are different?
- What did you learn from this activity?

6. Conclusion
Conclude the class by asking students to reflect for a few minutes on what they learned in this lesson. The teacher may wish to tell students about the organisation Belong To, which supports young gay, lesbian, bisexual and transgendered people. Contact details are on pages 120 -121.
It’s a beautiful summer’s day. I wake up, get dressed and put on my make-up. I start thinking about the good-looking guy I met last night. He kept looking at me, but then looking away. Maybe he liked me too. I feel so confused and wish I could talk about it to someone, but who can I trust and who’d understand?

Over breakfast I flick through the pages of a magazine looking at the ads - one for bath oil with two gorgeous women in bathrobes, their arms lovingly wrapped around each other and another showing two men smiling, shopping together for groceries in a supermarket. On the radio there’s a guy singing about how much he misses the man he loves. I start thinking about the guy from last night again – he looked so kind and had beautiful brown eyes.

I walk to school with my friends, the same as I’ve done every day since I was in primary school. They’re all talking non-stop about their girlfriends. I pretend to be interested. I wish I could talk about what happened last night but I’m afraid of how they might react. Would there be this embarrassed silence? Would they think I’m weird or would they accept me for what I am - someone who’s straight?

When I get to school I go to my locker past a group of boys laughing at a joke about straight people. I wish I could say something, but I know that wouldn’t be the end of it. The first class is SPHE and the teacher asks everyone to work in groups to talk about the characteristics they’d look for in a perfect life partner. I feel like I’m being forced to lie and pretend to be something that I’m not. I try to switch off and let the others do the talking. It’s still a beautiful day and I look out of the window wishing it was four o’clock and I could go home...

A  How does Sarah feel?
B  What does she mean when she says: ‘I wish I could say something but I know that wouldn’t be the end of it’?
C  What does she mean when she says: ‘I feel like I’m being forced to lie and pretend to be something that I’m not’?
D  Do you think life is like this for someone who is gay, lesbian or bisexual?
One day after school a good friend of yours calls round and asks if he can talk to you. He tells you that he is gay. He has hinted at this a few times before, but you’ve always ignored it. You find it difficult to believe because you’ve known each other since primary school and he’s always been one of the lads. He even joins in with some of the jokes about being gay and he’s gone out with a few girls. How you might you react?

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell him he’s just going through a phase</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Laugh and say you don’t believe him</td>
<td></td>
<td></td>
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<tr>
<td>Tell him you’re glad he’s told you</td>
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<tr>
<td>Ask him how he is feeling about it</td>
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<tr>
<td>Advise him not to open his mouth about it to anyone else</td>
<td></td>
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<tr>
<td>Change the subject quickly and pretend he hasn’t said it</td>
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<tr>
<td>Tell him you need time to think about it and don’t know what to say</td>
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<tr>
<td>Tell him your friendship with him can’t ever be the same</td>
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<tr>
<td>Ask him if he’s told his parents</td>
<td></td>
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<tr>
<td>Tell him it’s ok</td>
<td></td>
<td></td>
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<tr>
<td>Reassure him that this won’t affect your friendship</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Try to hide your feelings of shock</td>
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</tr>
<tr>
<td>Ask him if there’s anything you can do to support him</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Be polite but tell yourself you’ll avoid him in future</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

What other reactions might you have?

- Read the questions again, imagining it was your brother or sister instead of a friend. Would your reactions be any different?
LESSON ELEVEN

INFLUENCES AND VALUES

**Aim:**
To enable students to become more aware of how their values in relation to sexual activity are influenced, and how these influences can affect their behaviour.

**Learning Outcomes:**
Students will:
- Be more aware that they are influenced by a range of people and messages
- Have reflected on how they are influenced by the messages they receive
- Be more aware of the values that are important to them

**Student Materials:**
Lesson 11 Worksheet 1 – My Core Values in Relationships

**Teacher Materials:**
Two posters - one with Strongly Agree written on it and one with Strongly Disagree written on it
Blu Tack
Additional Information for the Teacher Lesson 11 – Influences and Values

**Background Information for the Teacher**

Young people live in a highly sexualised culture and receive a bewildering array of messages about sexual norms and behaviour. Research shows that young people would like to be able to discuss sex with their parents and their teachers but often feel they cannot do so. Research also shows that young people are strongly influenced by their friends and their immediate peer group in relation to sexual mores and norms.

It can be helpful for young people to spend some time reflecting on the messages they receive and learning to make decisions about which messages and values are important for them. This can help them to develop a sense of self-worth and can enhance their awareness of their responsibility towards themselves and others.

When facilitating students to discuss attitudes and values the teacher has a responsibility to articulate the values expressed in the school’s RSE policy in a way that is respectful of students. It is possible to do this while also facilitating students to express their views and opinions in a respectful way.

**PROCEDURE**

1. **Introduction**
Introduce the lesson by outlining the aim and learning outcomes. Ask students to think for a few minutes about the many messages they receive about relationships and sex.

2. **Brainstorm**
Ask the students to reflect quietly for a few minutes on the messages they receive about sex and relationships. It could be messages from friends, parents, teachers or the media. Then ask the following questions and write the responses on the board:
   a) What messages do young people receive about sex?
   b) Who or what influences young people most?
   c) How do young people feel about these messages?
3. Walking Debate
Put the Strongly Agree poster at one end of the classroom and the Strongly Disagree poster at the other. Explain to students that you are going to call out a number of statements. They have to decide how much they agree or disagree with the statement and then walk to a position between the two posters to indicate their view. If they are not sure whether they agree or disagree they can stand in the middle. After students have taken up a position, ask one or two of them to explain why they are standing in that place and facilitate a discussion between students standing in different places.

Statements:
- Most young people respect their parents’ values
- Faithfulness is very important in a relationship
- Young people are well informed about sex
- Most teenagers are sexually active
- Religious values influence how young people behave towards others
- Alcohol makes young people take more risks sexually
- Films and TV portray sex in a realistic way
- As long as you don’t get pregnant it’s ok to have sex
- Most young people do what their friends are doing
- There’s pressure on young people to be sexually active

Bring the students back to their seats to discuss the points below, using some of the information from Additional Information for the Teacher Lesson 11 – Influences and Values.

Discussion Pointers:
- What was it like to do the walking debate?
- Did you feel under pressure to stand where others were standing?
- What did it feel like to be under pressure?
- Why do we sometimes act in ways that are different from our values?
- Are there different pressures on boys and girls when it comes to sex?

The teacher concludes the activity by reading some of the points in Additional Information for the Teacher Lesson 11 – Influences and Values.

4. Worksheet
Give each student a copy of Lesson 11 Worksheet 1 – My Core Values in Relationships. Read out the comments on values at the top of the worksheet and ask students to spend a few minutes reflecting on and writing down the most important values they have learned about relationships and sex from parents, friends, teachers/other adults, religion or from other sources.

5. Conclusion
Ask each student to read out one value that is important to them in relationships.
Values are those core things that we believe in like ‘honesty is the best policy’. We learn our values from our parents most importantly, teachers, friends, the religious and so on.

Your values are influenced by your upbringing, your parents and your society and circumstances. But usually they’re down to you as a person, what you feel is right or how you think people should live their lives.

Things that influence my values... it’s mainly parents, teachers in school and what you learn from your friends or from older people....

My Core Values in Relationships

Values Learned From Parents

Values Learned From Other Sources

Values Learned From Friends

Values Learned From Teachers/Adults

Values Learned From Religion
INFLUENCES AND VALUES

Role of parents and teachers
Approximately 80% of Irish people feel sex education should be provided in the home but only 21% of young men and 38% of young women receive sex education in the home (Layte et al. 2006).

International research shows that parental involvement in sex education can have an extremely positive impact on the subsequent behaviour of young people, encouraging later sexual initiation, higher prevalence of protective behaviours and greater confidence in negotiating sexual relationships.

A report on the implementation of RSE in schools in Ireland interviewed 90 students. What students appear to want from teachers is a safe environment where they can learn, discuss and explore various issues related to sexuality and relationships (Mayock, Kitching and Morgan 2007).

Most teenagers are sexually active
Irish research has found that 78% of girls and 69% of boys have not had sexual intercourse before the age of 17 (Layte et al. 2006).

The majority of young people wait until they are older to have sex for the first time, but ‘young people are often unsure as to the prevalence of sexual activity in their peer group’ (Hyde and Howlett 2004).

Films and TV do not portray sex in a realistic way
In considering the influence of the media on young people today it is important to consider other forms of media such as social-networking and other internet sites.

A study that interviewed 76 Irish teenagers found that although teenagers are heavily exposed to messages about sex, they do not think the representation of sex on television is realistic. They do not identify themselves or any of their primary social group with characters on television.

Participants appreciated what they learned from television, but expressed a wish that they be given an opportunity to question or discuss this in a school context (McKeogh 2004).

As long as you don’t get pregnant it’s ok to have sex
The legal age of consent for heterosexual and homosexual sex is 17 years old.

There are potentially many negative consequences to being sexually active at a young age: emotional hurt, loss of self-esteem or self-respect, an awareness of having acted in a way that was inconsistent with one’s values, not feeling in control of one’s own life/actions, damage to reputation and regret at not having experienced sex for the first time in the context of a respectful loving relationship. There is also the risk of pregnancy and/or of contracting a sexually transmitted infection.

Research has found that many young people who have sex at a young age regret it. 59% of women and 36% of men who had sex under 16 and 43% of women and 18% of men who had sex at 16 wished that they had waited longer before becoming sexually active (Rundle, Layte and McGee 2008).

There’s pressure on young people to have sex
Research involving a group of 226 Irish teenagers showed that peer influence, i.e. the behaviour of others in one’s immediate peer group, is a major factor in the initiation of sexual activity among young people, both girls and boys.

Only a relatively small number of teenagers indicated that they would not be at all influenced by the behaviour of their friends, instead relying wholly on their own convictions (Hyde and Howlett 2004).
LESSON TWELVE

DECISION-MAKING

Aim:
To enable students to consider the pressures on young people to be sexually active and to reflect on the development of intimacy in relationships.

Learning Outcomes:
Students will:
1. Have reflected on beliefs and attitudes about sex
2. Have considered the consequences of being sexually active
3. Be more aware of the development of physical and emotional intimacy

Student Materials:
Lesson 12 Worksheet 1 – What’s Your View?
Lesson 12 Worksheet 2 – Decision-Making

Teacher Materials:
Additional Information for the Teacher
Lesson 12 – Decision-Making
The TRUST DVD

Background Information for the Teacher

Sexual intimacy is a way of expressing love and closeness with another person and is a source of pleasure and enjoyment. Most people will experience sexual intimacy at some stage in their lives.

In Ireland, as in most European countries, young people are becoming sexually active at a younger age and are having more sexual partners. There is evidence that for some young people sexual intimacy happens with little or no thought or discussion beforehand.

Young people say that it happened ‘on the spur of the moment’ or they ‘got carried away’. This can lead to a range of possible negative outcomes such as regret, damage to reputation, feelings of hurt or rejection and to unplanned pregnancy and/or sexually transmitted infections.

The Irish Study of Sexual Health and Relationships (2006) found that young men and women who had sex before the age of 17 were significantly less likely to agree that they were in love, that sex seemed like a natural follow-on in the relationship or that it was the right time. They were also less likely to use contraception and more likely to experience a crisis pregnancy or STI.

This lesson invites students to consider the range of potential consequences of sexual activity. Sexual practices other than sexual intercourse may be raised and the teacher is advised to be aware of school policy in addressing these issues in the classroom. The Irish Study of Sexual Health and Relationships showed an increase in the experience of oral sex in the 18-24 age group. Young people may be unaware that they can contract an STI from unprotected oral sex.

It is important for young people to understand that it takes time for intimacy and trust to develop in a relationship. As the psychologist comments in the DVD, by becoming sexually intimate with someone “you’re about to expose really a very personal and intimate part of yourself and you need to be very confident that it is the right time and that it is the right person”.

Teachers are advised to be sensitive to the fact that some students may be sexually active and some may have become pregnant or may have children. It may be helpful to remind students that just because someone has sex once, it does not mean that they have to have sex again either with the same partner, or with a future partner.
1. Introduction
Introduce the lesson by outlining the aim and learning outcomes.

2. Individual Reflection
Give each student a copy of Lesson 12 Worksheet 1 – What’s Your View? Ask students to complete it on their own.

3. Group Work
Divide students into groups of three or four to discuss their responses to the statements. Bring the students back to the larger group. The teacher reads out each statement and asks students for their views/responses, referring to the Additional Information for the Teacher Lesson 12 – Decision-Making, if appropriate.

4. DVD
Show the drama section of the DVD (approx seven minutes long) and ask students to be aware while they are watching it of how the relationship between Susan and Mark develops.

Discussion Pointers:
- What do Susan and Mark enjoy about their relationship?
- What do you notice about their body language?
- How important to them is their physical attraction to each other?
- What else is important to them?
- Is friendship a good starting point for a sexual relationship? Why? Why not?

The teacher takes feedback from the students on the questions.

5. Group Work
At one point in the DVD Susan expresses her confusion about what she should do when it comes to sex. She says, “How far do you go and who do you listen to?” At the end of the DVD Mark wants Susan to go upstairs with him. They kiss, but we don’t know what happened next. What are the possible outcomes?

Students will probably come up with three options:
- a) They decided not to become more intimate sexually, but remained physically close during the party
- b) They went upstairs and became more sexually intimate but didn’t have intercourse
- c) They went upstairs and had sexual intercourse

Divide students into groups of three or four and give each group scenario a) b) or c) and ask them to come up with a list of the possible outcomes for Mark and Susan – positive and negative – for each course of action.

The teacher then gives each group Lesson 12 Worksheet 2 – Decision-Making – and asks them to compare the information on the worksheet with their own list.

Discussion Pointers:
- How did you find this exercise?
- What did you learn from it?

6. Conclusion
The teacher concludes by reminding students of the positive role sexual intimacy can play in loving stable relationships but also of the range of issues that need to be considered before a person decides to engage in sexual activity.
Read the following statements and indicate whether you agree or disagree with the statement.

**STATEMENTS**

- Sex should only happen in a loving committed relationship
- It’s perfectly normal not to have a boyfriend or girlfriend in adolescence
- You can feel under pressure to have sex if you are going out with someone
- Boys exaggerate about their sexual experience
- It’s romantic to get carried away and have sex without talking about it first
- If a boy doesn’t want to have sex with a girl that means he’s gay
- There are always consequences if you have sex with someone
- If you can’t talk about sex in an honest and open way with your boyfriend/girlfriend, you are not ready to have sex
- If a girl does not want to have sex with her boyfriend, she is a “tease”
- Attraction to people of the same sex is common in adolescence
- If a girl carries a condom it means she’s available
- Young people are careless about using contraception

**AGREE**

**DISAGREE**
LESSON 12 WORKSHEET 2

DECISION-MAKING

MARK AND SUSAN DECIDE NOT TO BECOME MORE INTIMATE SEXUALLY BUT STAY CLOSE DURING THE PARTY

- It allows Mark and Susan time to mature as individuals
- It allows the relationship to deepen and grow stronger on an emotional level
- It allows them to practise compromise and being considerate
- They can continue to enjoy kissing, hugging and less intimate physical contact
- They may feel they remained true to their values
- It allows them more time to think about what is important to them
- They avoid the risk of pregnancy
- They avoid the risk of STIs
- One or both may feel physically frustrated
- Wanting different things could put the relationship under stress

MARK AND SUSAN BECOME SEXUALLY INTIMATE OR HAVE SEXUAL INTERCOURSE

- They may worry about the consequences or about what people will say
- They may feel they went against their moral values
- Susan or Mark may feel they did something they didn’t want to do and this might damage their relationship
- It might take their relationship to a deeper level than either of them anticipated or wanted
- One or both may contract a sexually transmitted infection (STI) if they do not use a condom
- Even if they do use a condom there is still a risk, though a lesser one, of contracting an STI
- An STI can also be transmitted through intimate genital contact and oral sex
- If they do not use contraception Susan may become pregnant. This can happen through intimate sexual contact as well as through penetrative intercourse
- They may enjoy the experience, though many young women say they had sex to please the man rather than for their own pleasure
- The experience may give them a sense of deeper intimacy and closeness
ADDITIONAL INFORMATION FOR THE TEACHER LESSON 12

DECISION-MAKING

Sex should only happen in a loving committed relationship. It is the responsibility of the classroom teacher to articulate the values expressed in the school’s RSE policy in a respectful way. However, it is not inconsistent to do this while also facilitating students to express their views and opinions in a respectful way.

It is perfectly normal not to have a boyfriend or girlfriend in adolescence. Choice about the number, type and nature of friendships is very much up to each individual, and all choices in this regard are ‘normal’. It is quite normal to have platonic relationships with people of either gender right through life.

You can feel more pressure to have sex if you are going out with someone. A small-scale study with young women found that having a boyfriend can be complicated by accompanying pressure to have sex. One young woman commented: “You’re just pressurised, and to feel big and in the crowd, you’re going to do it.” (Murphy-Lawless 2006)

Young women were perceived as being responsible for maintaining sexual boundaries. The research also found that for young women enjoying sex was bound up with pleasing men sexually rather than satisfying their own desires (Hyde and Howlett 2004).

Boys exaggerate about their sexual experience. Research among 226 Irish school pupils about their attitudes to sex found that young men experienced stress and anxiety in trying to live up to the ideals of masculinity that they have internalised, especially in relation to sexual performance. This can lead to them exaggerating their level of experience.

The research also found considerable differences in how males and females perceived sex and sexuality. Young men were more likely to believe that sexual intercourse was acceptable, irrespective of whether or not they were in a relationship. Although many young people said that they would have sex for the first time only in the context of a loving relationship, others viewed virginity as a stigma to be removed, regardless of whether or not they were in a relationship (Hyde and Howlett 2004).

It’s romantic to get carried away and have sex without talking about it first. There are always consequences if you have sex with someone. See Additional Information for the Teacher Lesson 11 – Influences and Values.

If a boy doesn’t want to have sex with a girl that means he’s gay. It is perfectly normal for any individual to make a choice not to be sexually active. In a developing relationship, individual choices, decisions and boundaries should be negotiated and respected.

If you can’t talk about sex in an honest and open way with your boyfriend/girlfriend, you are not ready to have sex. Honest communication, based on mutual respect, is an integral part of a genuine, close relationship. It is important to have a shared understanding of each other’s interests, preferences and boundaries as a part of the process of developing an intimate relationship.

Attraction to people of the same sex is common in adolescence. Adolescence is a time of emotional, psychological and physiological change. It is not unusual for young people to experience uncertainty about awakening sexual attractions as they grow in emotional and sexual maturity.

If a girl carries a condom it means she’s available. Hyde and Howlett’s (2004) research found that young women did not carry condoms because to do so would relegate them to the category of ‘slut’. Fear of being perceived in this way can prevent young women from carrying condoms and/or initiating discussion about their use. The research also found that young women cannot be seen to take the lead sexually, thus making it difficult for them to introduce the topic of condom use before the point of intercourse.

Young people are careless about using contraception. Research has found that the vast majority of young people aged 18-24 - 93% of men and 94% of women - use contraception at first intercourse. Condoms are the most widely used form of contraception at first sex (Rundle et al. 2008).
LESSON THIRTEEN

RESPONSIBLE RELATIONSHIPS

Aim:
To enhance the students’ awareness of how to express their needs and how to resist pressure in sexual relationships.

Learning Outcomes:
Students will:
i) Be more aware of the difficulties of resisting pressure
ii) Have practised skills for resisting pressure to be sexually active if they do not wish to be

Student Materials:
Three role cards for each group of students from Lesson 13 Worksheet 1 – Responsible Relationships

Teacher Materials:
The TRUST DVD

Background Information for the Teacher

Sexual activity is always a choice. This choice can be influenced by a range of factors. The more aware an individual is of the influences affecting his or her choices the more likely he or she is to make informed decisions. However, being under the influence of alcohol or drugs can reduce one’s capacity to act responsibly and increases the likelihood of risk-taking.

Deciding not to be sexually active at any stage in one’s life is also a choice. As the psychologist in the TRUST DVD says, “Having boundaries in relation to sexual intimacy is a way in which we protect ourselves; ultimately it’s about our self-respect, how we view ourselves as worthy of being treated well.”

It can be very difficult for a young person to say no to something that they don’t want to do, especially in a situation where he or she feels emotionally vulnerable. However, it is a skill that can be practised.

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aim and learning outcomes.

2. Reflection
Ask students to close their eyes for a few minutes and think back to Susan’s situation at the end of the DVD. She loves Mark and is attracted to him but is very unsure about becoming more physically intimate with him.

If it has been some time since students have watched the DVD, show the drama section of the DVD again before proceeding with the Reflection.

Discussion Pointers:
- How do you imagine Susan feels?
- What is preventing her being more honest with Mark about how she feels?
- What might have helped Susan and Mark in that situation?
3. Role Play
Remind students of the work they may have done in Junior Cycle SPHE classes about being assertive and saying no if they do not want to do something.

It can be very difficult to say no to pressure in relation to sex, especially if you love someone or fear losing them, but it is very important to be confident enough to do so. Remind students of what the psychologist in the TRUST DVD says, “Having boundaries in relation to sexual intimacy is a way in which we protect ourselves; ultimately it’s about our self-respect, how we view ourselves as worthy of being treated well.”

Explain to students that you are going to ask them to role play a situation in which one person is putting pressure on another to have sex or become more intimate sexually. The other person doesn’t want to and is going to say ‘no’ in a respectful way.

Divide students into groups of three. Give each student role card A, B or C from Lesson 13 Worksheet 1 – Responsible Relationships. Student C is the observer and will be asked to report back on how students A and B responded in their roles.

Ask each group to imagine a scenario where one person is putting pressure on another to have sex with them. The other person doesn’t want to. It might be at a party, on a holiday, etc. When the group has decided on their scenario ask two of the three students in each group to imagine that they are actors in the scenario. Ask students with the A card to play the role of the person who is putting pressure on the student with the B card. Student B plays the role of the person resisting pressure.

Allow students as much time as they need to complete the activity.

Bring students back to the larger group to discuss the following questions.

Discussion Pointers:
- What was it like to resist pressure?
- If it was difficult, why was it difficult?
- What was it like to hear someone say no?
- What did the observers notice?
- If either A or B had been drunk or had taken drugs how might the situation have been different?

4. Group Discussion
In the TRUST DVD the students talk about the effects of alcohol on the behaviour of young people. These are some of the things they say:

“If you were drinking too much and so was the girl you might end up getting with that girl and you mightn’t have done it if you weren’t drinking.”

“Girls don’t know what they’re doing, they don’t know, maybe, a lot of the time, what they are getting themselves into. A guy can take advantage of them when they’re under the influence.”

“Some people may use alcohol as an excuse to, like, score guys or even, like, have sex ... If they’re under pressure to have sex then it’s just like, ‘Oh well, I was drunk, so, you know...’”

Discussion Pointers:
- Are these statements true?
- Are girls more vulnerable than boys in a situation like this?
- How can young people take care of themselves?
- How can they take care of each other?

5. Conclusion
Ask students to spend a few minutes reflecting on what they have learned in this lesson that they will be able to use in their everyday lives.
LESSON 13 WORKSHEET 1
RESPONSIBLE RELATIONSHIPS

“A” CARD
You are playing the role of a person pressurising someone into having sex.

You can use some of the following prompts or use your own lines:
- What are you worried about, it’s no big deal?
- Everyone else is doing it.
- I’m mad about you.
- What’s wrong with you – are you scared?
- Don’t you trust me?
- You would if you liked me.
- Why have you been leading me on?

“B” CARD
You are playing the role of someone who is resisting pressure to have sex.

You can use some of the following prompts or use your own words.
- I’m not worried and...
- Some people may be, and even if they are...
- I’m mad about you too and that’s why I want to wait until I’m sure.
- I’m a bit nervous because it’s a serious step and that’s why...
- It’s not that I don’t trust you it’s...
- I do like you and...
- Our relationship means a lot to me and that’s why...

“C” CARD
Your job is to observe and notice what A and B say to each other and the interaction between them.

Include body language, tone of voice, eye contact.

Notice whether there is compromise or not.

Report back to the whole class on what you observed.
SEXUAL HEALTH

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17. Contraceptive Methods II 88
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20. STI Transmission 112
LESSON FOURTEEN

HUMAN REPRODUCTION AND FERTILITY

Aim:
To increase students’ awareness of the human reproductive system and to enhance their understanding of human fertility.

Learning Outcomes:
Students will:
i) Revise, if necessary, and understand the human reproductive systems
ii) Understand how conception takes place
iii) Understand male and female fertility
iv) Be aware of related health issues

Student Materials:
Lesson 14 Worksheet 1 - Male Genitals and Reproductive System
Lesson 14 Worksheet 2 - Female Genitals and Reproductive System
Lesson 14 Worksheet 3 - Fertility Quiz

Teacher Materials:
Answers to Lesson 14 Worksheets 1 & 2
Answers to Lesson 14 Worksheet 3
The TRUST DVD
Additional Information for the Teacher Lesson 14 - Human Reproduction and Fertility

Additional Resources
CAP - Cancer Awareness Programme - Marie Keating Foundation www.sphe.ie
HSE Sexual Health Information Booklets - www.healthinfo.ie

Background Information for the Teacher

Students will already have a certain level of knowledge about human reproduction; however, some of this knowledge may be incorrect or incomplete. The purpose of this lesson is to revise this knowledge and put it into the context of human fertility.

Knowing and talking about how the human body operates is an important aspect of sexual and reproductive health. This knowledge informs young people’s decision-making and the discussion gives them a language to communicate issues and concerns.
PROCEDURE

1. Introduction
Introduce the lesson by outlining the aims and learning outcomes, referring to the Background Information for the Teacher section.

2. Diagram Exercise
Ask each student to complete Lesson 14 Worksheet 1 - Male Genitals and Reproductive System.

When the individual work is done, ask students to form groups in which they will discuss and try to come to a consensus regarding the answers.

Take feedback on answers for the male diagram. Correct any misinformation and misunderstandings. Describe the journey of the sperm and any male-related health issues using the Answers to Lesson 14 Worksheet 1 and the Additional Information for the Teacher section.

Discussion Pointers:
- What do you understand by the term ‘testicular self-examination’? Why is it important?
- Is male fertility affected by lifestyle choices? How?

Repeat the above process using Lesson 14 Worksheet 2 - Female Genitals and Reproductive System.

Take feedback on answers for the female diagram. Correct any misunderstandings. Describe the journey of the egg and any female-related health information issues using the Answers to Lesson 14 Worksheet 2 and the Additional Information for the Teacher section.

Discussion Pointers:
- Why is it important for women to keep a record of their periods?
- What do you understand by ‘breast awareness’? Why is it important?
- Why should women have a cervical smear test at regular intervals?
- Why are women of childbearing years advised to take a folic acid supplement?
- Can you describe ways in which male and female fertility differ?

3. Quiz
In groups, ask students to complete Lesson 14 Worksheet 3 - Fertility Quiz.

Take feedback and discuss, using Answers to Lesson 14 Worksheet 3 for reference.

4. DVD
Show the TRUST DVD - Sexual Health/Fertility section - to reinforce learning.

5. Conclusion
Invite students to reflect on the lesson and complete the following sentence: ‘One thing that I learned or I understand better as a result of today’s class is …’
LESSON 14 WORKSHEET 1

MALE GENITALS AND REPRODUCTIVE SYSTEM

Put the number of the correct label next to each body part.

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<th>NUMBER OF BODY PART ON THE DIAGRAM</th>
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<td>Foreskin</td>
<td>9</td>
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<tr>
<td>Ejaculatory Ducts (x2)</td>
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<tr>
<td>Cowper’s Gland</td>
<td>11</td>
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<tr>
<td>Glans</td>
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<td>Sperm</td>
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Put the number of the correct label next to each body part.
LESSON 14 WORKSHEET 2

FEMALE GENITALS AND REPRODUCTIVE SYSTEM

Put the number of the correct label next to each body part.

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<td>Labia Majora</td>
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<td>Endometrium</td>
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# ANSWERS TO LESSON 14
## WORKSHEET 1

### MALE GENITALS AND REPRODUCTIVE SYSTEM

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<td>9</td>
</tr>
<tr>
<td>Epididymis (x2)</td>
<td>This tube would be 6 metres long if uncoiled. It is situated on top of the testes and can be felt on self checks. Sperm mature here.</td>
<td>8</td>
</tr>
<tr>
<td>Vas Deferens (x2)</td>
<td>These 45cm-long tubes transport sperm from the testes to the base of the bladder. These tubes are either cut or clamped during a vasectomy.</td>
<td>10</td>
</tr>
<tr>
<td>Seminal Vesicles (x2)</td>
<td>These vesicles secrete the bulk of the fluid which is ejaculated during male orgasm.</td>
<td>12</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>This gland produces a milky fluid that makes up approximately 30% of semen.</td>
<td>11</td>
</tr>
<tr>
<td>Penis</td>
<td>It contains a single tube through which either urine or sperm can pass (but not at the same time). This structure also contains erectile tissue.</td>
<td>3</td>
</tr>
<tr>
<td>Urethra</td>
<td>This tube is between 19-20cms long. It provides a pathway for the flow of urine and semen (but not at the same time).</td>
<td>1</td>
</tr>
<tr>
<td>Scrotum</td>
<td>A sac which contains the testicles. It maintains sperm at the right temperature by moving closer or further away from the body.</td>
<td>2</td>
</tr>
<tr>
<td>Foreskin</td>
<td>This loose skin at the tip of the penis is removed if a boy is circumcised for either religious or medical reasons.</td>
<td>4</td>
</tr>
<tr>
<td>Ejaculatory Duct</td>
<td>Two tubes 2cms in length. They pass through the prostate gland and expel sperm in seminal fluid.</td>
<td>6</td>
</tr>
<tr>
<td>Cowper’s Gland</td>
<td>This gland produces lubricating fluid which helps sperm move.</td>
<td>7</td>
</tr>
<tr>
<td>Glans</td>
<td>The sensitive head of the penis.</td>
<td>5</td>
</tr>
<tr>
<td>Sperm</td>
<td>A mature sperm has a head, body and a tail to aid motility. It contains a special enzyme which allows it to enter and fertilise an ovum.</td>
<td>13</td>
</tr>
</tbody>
</table>
# ANSWERS TO LESSON 14
## WORKSHEET 2
### FEMALE GENITALS AND REPRODUCTIVE SYSTEM

<table>
<thead>
<tr>
<th>Name</th>
<th>Description (for teacher information)</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clitoris</td>
<td>A very sensitive area. It contains lots of nerves which give pleasure during sexual arousal and may lead to climax or orgasm.</td>
<td>6</td>
</tr>
<tr>
<td>Labia (Minora and Majora)</td>
<td>Two large and two small folds (lips) of skin (minora and majora) which protect the vulva (external female genitalia). The larger ones have hair and are on the outside while the smaller on the inside contain lots of glands, blood vessels and nerves.</td>
<td>3 (Minora 1 Majora 2)</td>
</tr>
<tr>
<td>Urethral Opening</td>
<td>The opening into the urethra.</td>
<td>4</td>
</tr>
<tr>
<td>Vaginal Opening</td>
<td>The opening into the vagina.</td>
<td>5</td>
</tr>
<tr>
<td>Ovary (x2)</td>
<td>Two walnut-sized structures which release the hormone oestrogen and contain follicles which house maturing ova (eggs).</td>
<td>11</td>
</tr>
<tr>
<td>Ovum</td>
<td>During each menstrual cycle several of these eggs begin to grow. Usually only one is released in the middle of the cycle; this process is called ovulation.</td>
<td>8</td>
</tr>
<tr>
<td>Cervix</td>
<td>Also known as the ‘neck of the womb’, it forms part of the uterus. Glands here secrete mucous, which changes during the menstrual cycle. It opens to facilitate the birth of a baby.</td>
<td>12</td>
</tr>
<tr>
<td>Uterus</td>
<td>A hollow muscular pear-shaped organ, which has a body and a neck. During pregnancy a foetus grows and develops here.</td>
<td>9</td>
</tr>
<tr>
<td>Fallopian Tube (x2)</td>
<td>Two in number, they extend out - one on either side of the uterus. They have finger-like projections at the end. They transport the ovum to the uterus. Fertilisation usually occurs here.</td>
<td>10</td>
</tr>
<tr>
<td>Vagina</td>
<td>A muscular tube which runs upwards and backwards, connecting the cervix with the outside of the body.</td>
<td>13</td>
</tr>
<tr>
<td>Endometrium</td>
<td>This lining changes and is shed during the menstrual cycle. A fertilised egg implants here to grow into a foetus.</td>
<td>7</td>
</tr>
</tbody>
</table>
## FERTILITY QUIZ

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Reason (note down key words to explain group answer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A girl can get pregnant before her first period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Men stop being fertile in old age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Progesterone is the hormone that starts male puberty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A woman can get pregnant if she has sex during a period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sperm can last for up to seven days inside the female body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Fertilisation of the egg by the sperm takes place in the uterus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. A woman can’t get pregnant if she has sex standing up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Abstaining from intercourse is the only sure way to avoid a pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Every woman has a 28-day menstrual cycle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. A woman can’t get pregnant while she is breastfeeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Young men are more prone to testicular cancer than older men</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FERTILITY QUIZ

<table>
<thead>
<tr>
<th>Statement</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  A girl can get pregnant before her first period</td>
<td><strong>True.</strong> The girl won’t know when she is about to menstruate for the first time. As an egg is released before a period, if sperm enter a girl’s vagina she may become pregnant before having her first period</td>
</tr>
<tr>
<td>2  Men stop being fertile in old age</td>
<td><strong>False.</strong> Men’s fertility decreases with age but does not stop</td>
</tr>
<tr>
<td>3  Progesterone is the hormone that starts male puberty</td>
<td><strong>False.</strong> Testosterone is the hormone responsible for male puberty</td>
</tr>
<tr>
<td>4  A woman can get pregnant if she has sex during a period</td>
<td><strong>True.</strong> It is possible for a woman to get pregnant during her period. This can happen if a woman has a short cycle or if she ovulates sooner than expected due to stress, illness etc.</td>
</tr>
<tr>
<td>5  Sperm can last for up to seven days inside the female body</td>
<td><strong>True.</strong> So a woman can get pregnant even if sperm enters her vagina days before she actually ovulates</td>
</tr>
<tr>
<td>6  Fertilisation of the egg by the sperm takes place in the uterus</td>
<td><strong>False.</strong> Fertilisation takes place in the fallopian tubes</td>
</tr>
<tr>
<td>7  A woman can’t get pregnant if she has sex standing up</td>
<td><strong>False.</strong> A woman can get pregnant if she has sex in any way that involves semen getting into her vagina</td>
</tr>
<tr>
<td>8  Abstaining from intercourse is the only sure way to avoid a pregnancy</td>
<td><strong>False.</strong> The only 100% effective method to avoid pregnancy is to abstain from all activity which brings sperm into contact with a woman’s vagina, not just to avoid intercourse. If sexually active, proper use of contraception gives good protection against pregnancy</td>
</tr>
<tr>
<td>9  Every woman has a 28-day menstrual cycle</td>
<td><strong>False.</strong> A woman’s menstrual cycle can vary, usually between 21 and 40 days</td>
</tr>
<tr>
<td>10 A woman can’t get pregnant while she is breastfeeding</td>
<td><strong>False.</strong> Although breastfeeding (without supplementing with formula) can prevent ovulation, every woman is different. Fertility may return quickly for some women as the interval between feeds lengthens</td>
</tr>
<tr>
<td>11 Young men are more prone to testicular cancer than older men</td>
<td><strong>True.</strong> Although testicular cancer is quite rare, it is more prevalent amongst young men in their teens, twenties and thirties than in older men</td>
</tr>
</tbody>
</table>
HUMAN REPRODUCTION AND FERTILITY

Definition of Genitals
Can refer to both the internal and external sexual organs but is often used solely to describe the outer sexual organs.

Male Reproductive System
Puberty in boys usually, but not always, starts a little later than in girls, occurring anytime from the age of 9 to the age of 18. A hormone released by the pituitary gland in the brain stimulates the testes to produce testosterone (the male hormone responsible for sexual maturity in boys). At the time of puberty the testes begin to produce sperm. Testosterone is also responsible for a number of changes known as secondary sex characteristics, and influences sex drive. Starting from puberty, men’s fertility is more or less continuous until gradually, after the age of 50 years, testosterone levels begin to fall. So although male fertility declines with increasing age, there is no phase equivalent to the female menopause.

Journey of a Sperm
Sperm produced in the testes move into the epididymis (coiled tube on the top of each testicle) where they are stored. They then travel along the vas deferens collecting fluids which nourish the sperm and increase its motility (ability to move) as they pass the seminal vesicles, the prostate gland and Cowper’s gland. If a man is sexually aroused and achieves orgasm, approximately 350 million sperm will be ejaculated through the urethra, which runs through the penis. The urethra is also the tube through which urine passes but a muscle at the base of the bladder prevents urine and semen passing through at the same time. Semen containing sperm can also be released before orgasm.

Related Health Information
Testicular Self-Examination or “Self-Checks”
Although rare, testicular cancer is most common in the 15-34 year age group. On average 100 cases are diagnosed in Ireland each year. The exact cause of this cancer is unknown; however, if a testicle is missing or has not come down into the scrotum the risk of cancer is greater.

Female Reproductive System
(Teachers may wish to refer to the chart ‘The Menstrual Cycle - What is Happening Where in a 28 - Day Cycle’ in Lesson 15 - page 83)

During puberty a hormone (follicle stimulating hormone or FSH) is released from the pituitary gland in the brain. This triggers the reproductive organs into action and causes egg cells to ripen in the ovaries and produce the hormone oestrogen. When ovulation (release of the egg from the ovaries) has taken place, a second hormone from the pituitary gland (luteinising hormone or LH) causes the follicle (remains of egg cell) left in the ovary to produce another hormone (progesterone).

The hormones oestrogen and progesterone control the menstrual cycle. The menstrual cycle starts on the first day of the menstrual bleed (or period) and ends the day before the next period starts.

The cycle can vary in length from 21-40 days; every woman’s menstrual cycle is unique to her. When a young woman first starts getting periods they can be very irregular; the cycle may take a number of months to settle into a regular pattern. When the cycle is established, the average length of a menstrual cycle is around 28 days.

When a girl is born the ovaries contain thousands of immature egg cells or follicles, all that she will need for her reproductive life.

The hormone oestrogen causes:
- The ovary to ripen several eggs
- The lining of the uterus to thicken
- The secretion of mucous from glands in the cervix to alter and become more fertile
Journey of an Egg
A single egg is released from one of the ovaries each month; this is called ovulation. Ovulation triggers the second female hormone progesterone, which further develops the lining of the uterus for implantation of a fertilised egg. Fertilisation is the union of an egg and a sperm.

Ovulation occurs 12-16 days before the next menstrual period; this is the most fertile time of the cycle. However, as most girls’ periods are irregular, it is very difficult for them to know when they are fertile.

The egg survives for approximately 12-24 hours. After ovulation, the egg travels down the fallopian tube. If a couple has had sexual intercourse or intimate sexual contact sperm travel from the vagina, through the cervix, towards the fallopian tube. Here the egg may be fertilised by a single sperm. If this happens, the egg implants in the lining of the uterus to develop. Sperm may survive inside the female body for between five and seven days. Thus the fertile time in a woman’s cycle can extend from seven to ten days each month.

If fertilisation has not taken place, the egg passes out through the vagina along with the lining of the uterus and menstruation occurs, starting a new menstrual cycle.

Young men and women are very fertile, so if sexual intercourse or intimate sexual contact takes place without using contraception a young woman may become pregnant.

Related Health Information
Folic Acid
Folic acid is needed for the development of a baby’s spine and brain in the early weeks of pregnancy. Taking folic acid supplements three months before conception and throughout the first trimester of pregnancy has been proven to reduce the risk of neural tube defects (NTD) such as spina bifida by up to 75%. The importance of folic acid in the diet of Irish women has been highlighted by a recent study which found that half of Irish babies carry a gene that increases the risk of a congenital abnormality of the nervous system and neural tube defects (NTD). As about half of all pregnancies in Ireland are unplanned, women are unlikely to be taking minerals such as folic acid prior to conception. It is therefore important that all women of child-bearing age are aware of the benefits of folic acid and take the recommended daily amount. All menstruating women should take 400mcg (microgrammes) of folic acid every day. Folic acid is available to buy over the counter in all chemists.

Folic Acid: The recommended daily allowance (RDA) of folic acid supplement is 400 microgrammes. This cannot be sourced from food alone.

Breast Awareness
Breast awareness (formerly known as breast self-examination) is an important part of a woman’s sexual health. Breasts should be examined once a month (not during a period when breasts can be lumpy or sore and tender) from around the age of twenty years when the breasts have fully developed. A useful laminated card detailing the steps for breast awareness is available from the Irish Cancer Society. Tel: 1800 30 90 40

Cervical Screening
Cervical screening involves a vaginal examination where a small sample of cells from the cervix are taken and tested for changes that may lead to cancer if untreated. Blood present (from periods) may interfere with the quality of the test so it is best to attend for a cervical smear mid-cycle. It is important that young women understand that a test may need to be repeated if there are either too few or too many cells taken in the sample. This prevents undue anxiety should they be recalled for a repeat smear.

‘Cervical Check’ is the national cervical screening programme.
LESSON FIFTEEN

UNDERSTANDING FEMALE FERTILITY

Aim:
To enable students to have a greater understanding of female fertility.

Learning Outcomes:
Students will:
i) Understand what happens in the body during the menstrual cycle
ii) Know the most likely fertile time in a regular menstrual cycle
iii) Understand the range of factors that can influence female fertility

Student Materials:
Lesson 15 Worksheet 1 - The Period Diary
Red and green markers/pencils

Teacher Materials:
The TRUST DVD
Additional Information for the Teacher
Lesson 14 - Human Reproduction and Fertility
Additional Information for the Teacher Lesson 15 - Understanding Female Fertility
The Menstrual Cycle - What is Happening Where in a 28-Day Cycle
Answers to Lesson 15 Worksheet 1 - The Period Diary

Some teachers may wish to teach this lesson in addition to Lesson 14 – Human Reproduction and Fertility. This lesson may be particularly appropriate for an all-female group.

This lesson explores the factors that affect female fertility, with a particular emphasis on the importance of women knowing their own menstrual cycle in order to monitor their fertility and general health.

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aims and learning outcomes. The last lesson focused on human fertility, both male and female; this lesson will examine a range of factors that may influence female fertility.

2. DVD
Show the TRUST DVD - Sexual Health/Fertility section (shown in Lesson 14).
2. DVD (cont)
Brainstorm the factors that can affect ovulation and the onset of periods, referring to Additional Information for the Teacher Lesson 15 for support.

Explain the chart The Menstrual Cycle - What is Happening Where in a 28-Day Cycle - and highlight the key learning points, referring to Additional Information for the Teacher Lesson 15 for support.

3. Group Work
Divide the class into small groups, giving each a copy of Lesson 15 Worksheet 1 - The Period Diary. There are three girls’ names on the worksheet; allocate one girl to each group.

Demonstrate how to fill in ‘The Period Diary’ by using the example of Mary:

Mary’s last period started on 2nd November, her menstrual cycle is 27 days long and she has a period which lasts five days.

The first day of Mary’s last period is 2nd November, her period days are the 2nd-6th November (inclusive) - see red Xs.

In order to work out the most fertile time of this cycle for Mary, the date of the next period must be known. As Mary has a regular 27-day cycle her next menstrual period will start on November 29th. Therefore, by counting back 12-16 days from her next menstrual period, the most fertile time in Mary’s November cycle can be estimated. These squares are coloured in green – 13th-17th November (inclusive).

Ask the students to fill in the period diary for their particular girl, following the instructions on the worksheet in relation to that girl’s menstrual cycle.

When the diaries are complete, lead a class discussion on the groups’ findings.

Discussion Pointers:
- When is each girl most fertile?
- Does every woman have as regular a cycle as these girls?
- Is there anything surprising about their menstrual cycles? (E.g. Hazel ovulates during her period.)
- Could a woman become pregnant if she has unprotected sex during a period?
- Why is it a good idea for a woman to keep a record of her period?
- Where could women keep a record if they don’t use diaries or calendars? (E.g. mobile phone.)

Give students a copy of the answer sheet to check they have correctly filled in ‘The Period Diary’ for their allocated girl.

4. Conclusion
Ask students to write down one important thing they have learned from this lesson.

The Period Diary: Example - Mary’s Menstrual Cycle

<table>
<thead>
<tr>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>.x.x.x.x.x x.x.x.x.x x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x x.x.x.x.x.x</td>
<td></td>
</tr>
</tbody>
</table>
This activity shows how cycle length affects when ovulation takes place.

Ovulation occurs 12-16 days before the next menstrual period - this is the most fertile time of the menstrual cycle. The following three girls have regular menstrual cycles; it is therefore possible to identify when these girls may ovulate. It may not be possible to identify time of ovulation for girls/women with irregular cycles.

Hazel’s last period started on the 3rd of January; her menstrual cycle is 21 days long and her period lasts 6 days.

Apple’s last period started on the 10th of January; her menstrual cycle is 25 days long and her period lasts 5 days.

Cherry’s last period started on the 5th of January; her menstrual cycle is 32 days long, and her period lasts 4 days.
THE PERIOD DIARY

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. Record three menstrual cycles for either Hazel, Apple or Cherry on the chart.

2. Mark the period days with red Xs.

3. Identify the most fertile time for each cycle by counting back 12-16 days from the next menstrual period. Shade these squares in green.

N. B. Remember that the first day of the period is the first day of the menstrual cycle.

Discuss and write down your group’s responses to the following question:

- Do you notice anything interesting about this girl’s menstrual cycle?
ANSWERS TO LESSON 15 WORKSHEET 1

THE PERIOD DIARY

Check red Xs have been correctly inserted and the appropriate dates coloured green by referring to the period diaries and answer tables below.

Hazel’s last period started on the 3rd of January; her menstrual cycle is 21 days long and her period lasts 6 days.

<table>
<thead>
<tr>
<th>Hazel’s period</th>
<th>Red Xs (Inclusive of both dates)</th>
<th>Most fertile time</th>
<th>Green shading (Inclusive of both dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>x x x x x x x x x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>x x x x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>x x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hazel

Period days
Red Xs (Inclusive of both dates)
Note - 4 cycles over time frame
3rd - 8th Jan
24th - 29th Jan
14th - 19th Feb
7th - 12th March
28th Mar - 2nd April

Most fertile time
8th - 12th Jan
29th Jan - 2nd Feb
19th - 23rd Feb
12th - 16th March

- Hazel had a short cycle so could have ovulated during her period and could conceive at this time.
- Sperm can survive for up to seven days in the right conditions in the female body.
- She could also conceive if she had sex after her period.
### Apple's menstrual cycle

**Period days**
- Red Xs (Inclusive of both dates)

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x x x x</td>
<td>x x x</td>
</tr>
</tbody>
</table>

**Most fertile time**
- Green shading (Inclusive of both dates)

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Apple also has a shorter cycle and could ovulate four days after her period, therefore if she had sex during her period she could conceive at this time.
- Sperm can survive for up to seven days in the right conditions in the female body.
- She could also conceive if she had sex after her period.

### Cherry's menstrual cycle

**Period days**
- Red Xs (Inclusive of both dates)

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>x x x x</td>
<td>x x x x</td>
<td>x x x</td>
<td>x x x</td>
</tr>
</tbody>
</table>

**Most fertile time**
- Green shading (Inclusive of both dates)

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th - 8th Jan</td>
<td>6th - 9th Feb</td>
<td>10th - 13th March</td>
<td>11th - 14th April</td>
</tr>
</tbody>
</table>

- Cherry has a menstrual cycle that is longer than both Hazel and Apple’s.
- Sperm can survive for up to seven days in the right conditions in the female body.
- Although Cherry may have a regular cycle, many factors could influence ovulation; this means it may not be possible to predict her most fertile time.
Anything that affects a woman’s physical or emotional health can delay or bring on ovulation and a period.

Factors that can affect the onset of or delay ovulation

<table>
<thead>
<tr>
<th>✔ Stress</th>
<th>✔ Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Exam pressures</td>
<td>✔ Poor diet</td>
</tr>
<tr>
<td>✔ Emotional upset</td>
<td>✔ Chronic illness</td>
</tr>
<tr>
<td>✔ Bereavement</td>
<td>✔ Sexually transmitted infections (STIs)</td>
</tr>
<tr>
<td>✔ Air travel</td>
<td>✔ Medication (it is recommended to check with a health professional about effects of medication)</td>
</tr>
<tr>
<td>✔ Shift work</td>
<td></td>
</tr>
</tbody>
</table>

Points to support the learning

- The menstrual cycle can vary from 21 to 40 days - not every woman has a 28-day cycle.
- Young women’s menstrual cycles can be particularly irregular.
- The first day of a period is the first day of a woman’s menstrual cycle.
- Ovulation occurs 12-16 days before the next menstrual period; this is the most fertile time of a woman’s menstrual cycle.
- Some girls/women experience a pain on one side of the abdomen around the time of ovulation. This is called Mittelschmerz and can be used as an indicator of fertility in conjunction with other factors.
- The time of ovulation varies with each cycle, depending on cycle length and a range of external factors over which the woman may have no control.
- It is the time before a woman ovulates that may vary, i.e. either lengthen or shorten, as a result of the above factors; because of this, mathematical calculations alone are not a reliable means of predicting ovulation. Every woman’s menstrual cycle is unique to her, and the factors that can influence ovulation will affect women in different ways.
- As most young women’s periods are irregular, it is very difficult for them to know when they are fertile.
- The fertile time in any woman’s cycle is extended by the fact that sperm can survive in the right conditions for five to seven days inside the female body. Therefore the fertile time of a woman’s cycle can extend from seven to ten days each cycle.
- It is important for a number of health issues that women are familiar with the dates and pattern of their menstrual cycle.
- A healthy lifestyle - including a well balanced diet, moderate physical activity, and adequate rest - has a positive impact on fertility.
- Cigarette smoking can affect a woman’s fertility; it is also associated with low birth weight in new-born babies.
- Understanding how female fertility works can help a woman and her partner either plan for or avoid a pregnancy at any stage of life.
Low levels of female sex hormones stimulate the pituitary gland in the brain to release stimulating hormones FSH - Follicle Stimulating Hormone and LH - Luteinising Hormone.

The pituitary gland releases FSH and LH which stimulate the ovaries to mature the ovarian follicle, which releases the egg during ovulation.

The ovarian follicle matures and releases a surge of progesterone, which prepares the uterus lining for pregnancy. If pregnancy does not occur, progesterone levels drop, leading to the shedding of the uterine lining and the menstrual period.

The menstrual cycle is approximately 28 days long, with the most fertile time being 12-16 days before the next menstrual period.
Aim:
To increase students’ awareness of the range of available contraceptive methods and to explore communication about contraceptive use in the context of an intimate relationship.

Learning Outcomes:
Students will:
i) Be aware of the range of methods of contraception currently available
ii) Be able to differentiate between hormonal, barrier and other methods of contraception
iii) Have an appreciation of the difficulties that couples might experience in discussing contraceptive issues
iv) Have explored gender stereotyping in relation to responsibility for contraception

Student Materials:
Lesson 16 Worksheet 1 - Communicating about Contraception

Teacher Materials:
Additional Information for the Teacher Lesson 16 - Contraceptive Methods I
The TRUST DVD

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aims and learning outcomes. Emphasise that the information on contraception in this lesson is for general purposes only and that an individual’s contraceptive choice should be taken in consultation with an appropriate health professional.

2. Brainstorm
Ask students to brainstorm all the methods of contraception they know. Write suggestions on the board/flipchart. Ask the students to categorise the methods into three groups - Hormonal, Barrier and Other, referring to the Additional Information for the Teacher Lesson 16.
3. DVD

Show the TRUST DVD - Sexual Health/Contraception section, concluding with psychologist David Coleman’s comment on communicating about contraception.

4. Case Study

Divide students into small groups.

Give each group of students a copy of Lesson 16 Worksheet 1 – Communicating about Contraception. Ask them to read the story and to discuss the accompanying questions in their group.

Bring students back to the whole class group. Take feedback from each group and discuss the following questions:

Discussion pointers:
- In a relationship, when is a good time to talk about contraception and contraceptive use?
- Who is responsible for this discussion?
- What do you think about people who carry condoms but are not in a relationship?
- In what circumstances might some people consider the use of emergency contraception?
- What are the advantages and disadvantages of emergency contraception?

5. Conclusion

Ask students to reflect on something they have learned in the lesson and how it might impact on their relationships in the future.
Lisa (18) and Stephen (19) have been going out for some time. They were friends before they became boyfriend and girlfriend and could talk about anything. Now they are becoming more sexually intimate and Lisa is worried about the consequences. She just can’t find the right words to talk about contraception. She doesn’t know if Stephen assumes that she will go and get the pill or if he will go out and buy condoms. She wants to talk to him about it, but it’s not as easy as it sounds. She wonders if she should go and get some condoms herself, but she would be very embarrassed if someone found out – and what would Stephen think of that?

Stephen also has a few things on his mind. Buying condoms was awkward enough but he is even more nervous that he might get it wrong at the crucial moment. He is too embarrassed to talk to Lisa about it but he doesn’t want to take any risks. Maybe Lisa will get the pill and then they won’t have to worry about condoms. Wouldn’t that solve everything? Even if she doesn’t go on the pill, there is always emergency contraception. Won’t that be enough?

A. Why is it difficult for Lisa and Stephen to talk to each other? What are they worried about?
B. What would make having this conversation easier?
C. Is it important for Lisa and Stephen to talk about contraception before they have sexual intercourse?
D. Would Lisa going on the pill ‘solve everything’?
E. Why would it not be a good idea to rely on emergency contraception (commonly called the morning-after pill) rather than use a regular contraceptive method?
CONTRACEPTIVE METHODS I

Contraception categories and examples within each category

<table>
<thead>
<tr>
<th>Hormonal</th>
<th>Barrier</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>Diaphragm</td>
<td>Intra-uterine contraceptive device (IUCD - copper coil)</td>
</tr>
<tr>
<td>Patch</td>
<td>Cap</td>
<td>Male sterilisation</td>
</tr>
<tr>
<td>Ring</td>
<td>Female condom</td>
<td>Female sterilisation</td>
</tr>
<tr>
<td>Injection</td>
<td>Male condom</td>
<td>Natural family planning</td>
</tr>
<tr>
<td>Implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra-uterine system (IUS-Mirena)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N.B. ‘Withdrawal’ (the removal of the penis from the vagina before ejaculation) is sometimes mentioned by young people as a form of contraception. This is not a recommended form of contraception as sperm may be released before ejaculation, which can result in a pregnancy.

Hormonal methods in more detail

- **Combined hormonal methods** (oestrogen and progestogen)
  - Combined oral contraceptive pill
  - Contraceptive patch
  - Vaginal ring

- **Progestogen-only methods**
  - Progestogen only pill (mini pill)
  - Contraceptive injection
  - Contraceptive implant (rod)
  - Intra-uterine system

Emergency Contraception

There are two options for emergency contraception - the emergency contraceptive pill and the intra-uterine contraceptive device (IUCD/ the copper coil). In Ireland the main form of emergency contraception is the emergency contraceptive pill (ECP): a single pill containing the hormone progestogen. It must be prescribed by a doctor and should be taken within 72 hours of engaging in unprotected sexual activity which has the risk of pregnancy. The sooner it is taken the more effective it is.

The ECP works by stopping the release of an egg or by stopping the implantation of a fertilised egg in the womb. If people believe that life begins at the point of fertilisation they may not wish to use this medication.

If the ECP is used it should only be in an emergency, when the primary form of contraception fails. It should not be relied on as a regular contraceptive method.

Condom Use

The use of condoms is referred to in the case study. This will be dealt with in more detail in the next lesson.

There is a description of correct condom use in the TRUST DVD and in the Additional Information for the Teacher Lesson 17.

For a condom demonstration on DVD, you can order a free copy of “The Facts - A Sex Education Resource” from the Crisis Pregnancy Agency.

[www.crisispregnancy.ie](http://www.crisispregnancy.ie)
LESSON SEVENTEEN

CONTRACEPTIVE METHODS II

Aim:
To improve students’ knowledge of the range of available contraceptive methods and the factors which may affect a person’s choice of contraceptive.

Learning Outcomes:
Students will:
i) Have a greater understanding of the range of contraceptive methods available and some of their advantages and disadvantages
ii) Understand that people’s choice of contraceptive is dependent on many factors including health, lifestyle, beliefs, attitudes and values

Student Materials:
Lesson 17 Worksheet 1 - Contraceptive Methods Commonly Used by Young People (photocopied onto A3 paper and cut into separate strips)
Lesson 17 Worksheet 2 - Additional Methods of Contraception (photocopied onto A3 paper and cut into separate strips)

Teacher Materials:
Additional Information for the Teacher Lesson 17 - Contraceptive Methods II

Additional Resources
HSE Information Booklet – A Guide to Contraception
www.healthinfo.ie
Think Contraception leaflet and website (designed for 18-25 year olds)
www.thinkcontraception.ie
The Facts - A Sex Education Resource (includes a condom demonstration on DVD)
Mail: info@crisispregnancy.ie
Tel: 01 814 6292

See background information for the Teacher Lesson 16.
1. Introduction
Introduce the lesson by outlining the aims and learning outcomes. Emphasise that the information on contraception in this lesson is for general purposes only and that an individual’s contraceptive choice should be made in consultation with an appropriate health professional.

2. Group Work
Decide on the number of methods you wish the students to research and ask the students to divide into groups accordingly. Although abstinence is not included in the information given, it is a way of ensuring that conception does not take place. Many young people are not sexually active, therefore teachers may wish to include abstinence in either option.

Give each group an information strip on one of the selected methods or an HSE information booklet/leaflet.

Option A
Restrict the detailed study of contraceptive methods to those most used by young people. The Irish Study of Sexual Health and Relationships (2006) found that the form of contraception most used by 18-24 year olds was the male condom, followed by the combined pill. A smaller percentage used the contraceptive injection, implant and patch. Cut strips from Lesson 17 Worksheet 1 for this option.

Option B
Allow students to study all the methods of contraception over two class periods. There are fourteen methods outlined in Lesson 17 Worksheets 1 and 2. Cut strips from Lesson 17 Worksheet 1 and Worksheet 2 for this option.

Ask each group to consider and write down the things that a couple or individual might need to think about if considering using the assigned form of contraception. Put the following headings on the board and give the examples as a prompt.

- **Health issues**
  Medical conditions which may make this contraceptive unsuitable for a person, e.g. high blood pressure, being a smoker, having allergies, etc. Are there any conditions which it would particularly suit?

- **Lifestyle**
  For what type of people, at what stage of life would this contraceptive be suitable? For example, people with a tendency to forget things might not want to use the pill, people who don’t want children or any more children may favour longer term or more permanent methods, etc.

- **Beliefs and values**
  Could this form of contraception particularly suit or go against someone’s beliefs or values? For example, belonging to a religious faith that prohibits artificial contraception or having a health belief that makes this contraceptive unsuitable, e.g. dislike of tampering with the natural menstrual cycle.

Ask each group to feed back. Invite questions for each group from the rest of the class.

3. DVD
Show the TRUST DVD - Some Additional Information on Contraception section - to reinforce the learning about contraceptives commonly used by young people.

4. Conclusion
Ask students ‘What are the key things you have learned from today’s lesson?’

You may wish to give each student a photocopy of Lesson 17 Worksheets 1 and 2 or to give them a copy of the HSE Information Booklet - A Guide to Contraception.
## CONTRACEPTIVE METHODS COMMONLY USED BY YOUNG PEOPLE

<table>
<thead>
<tr>
<th>Name</th>
<th>What it is</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Combined pill</strong></td>
<td>A tablet containing two female hormones (oestrogen and progestogen)</td>
<td>The hormones stop a woman from ovulating (releasing an egg) each month</td>
</tr>
<tr>
<td></td>
<td>The combined pill is taken for 21 days followed by 7 pill-free days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It comes in packs of 21</td>
<td></td>
</tr>
<tr>
<td><strong>Contraceptive patch</strong></td>
<td>A thin light-brown patch is applied to the skin, once a week for three weeks each month. It contains two hormones — oestrogen and progestogen</td>
<td>The hormones are absorbed through the skin to stop ovulation (an egg being released)</td>
</tr>
<tr>
<td><strong>Contraceptive injection</strong></td>
<td>An injection containing the female hormone progestogen is given by a health care professional every 12 weeks</td>
<td>The hormone progestogen is released very slowly into the body to prevent ovulation (an egg being released)</td>
</tr>
<tr>
<td><strong>Contraceptive implant</strong></td>
<td>Small flexible rod which is placed just under the skin on the inside of the upper arm. It can be felt under the skin but not seen</td>
<td>The implant slowly releases the female hormone progestogen, which stops ovulation (an egg being released). It also thickens the mucus at the neck of the womb making it difficult for sperm to enter, and thins the lining of the womb</td>
</tr>
<tr>
<td><strong>Male condom</strong></td>
<td>The condom is a sheath of very thin rubber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It is put over the erect penis and stops the sperm from entering the woman’s vagina</td>
<td></td>
</tr>
</tbody>
</table>

The term ‘Double Dutch’ refers to a dual-protection approach to contraception; most commonly the combined contraceptive pill and condom used at the same time. This gives the best protection against pregnancy and STIs for sexually active people. However, abstinence from intimate sexual contact is the only 100% effective method of avoiding pregnancy and STIs.
<table>
<thead>
<tr>
<th>Efficiency</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>With careful use, fewer than 1 woman in every 100 will get pregnant in a year</td>
<td>- Does not interrupt sex&lt;br&gt;- Useful for women who can reliably take pills on a daily basis&lt;br&gt;- Often reduces bleeding, period pain and PMT&lt;br&gt;- Protects against cancer of the ovaries and womb and some pelvic infections</td>
<td>- Women may experience some temporary minor side-effects&lt;br&gt;- Vomiting, diarrhoea, antibiotics and some other prescribed drugs can interfere with its effectiveness&lt;br&gt;- Not suitable for women with conditions such as high blood pressure, heavy smokers, smokers over 35 or women who are breastfeeding&lt;br&gt;- Does not protect against sexually transmitted infections (STIs)</td>
</tr>
<tr>
<td>With less careful use, 3 or more women in every 100 will get pregnant in a year</td>
<td>- Does not interrupt sex&lt;br&gt;- May be easier to remember - applied once a week for three weeks&lt;br&gt;- Highly reversible method of contraception</td>
<td>- Not suitable for women with conditions such as high blood pressure&lt;br&gt;- May be seen on the skin&lt;br&gt;- Costs more than the pill&lt;br&gt;- Does not protect against STIs</td>
</tr>
<tr>
<td>With careful use, it is as reliable as the combined pill: 99% effective</td>
<td>- Does not interrupt sex&lt;br&gt;- May protect against cancer of the womb&lt;br&gt;- Useful for women who forget to take their pill</td>
<td>- May cause irregular bleeding&lt;br&gt;- Cannot be immediately reversed in the event of side-effects&lt;br&gt;- Can take time for regular periods and fertility to return to normal&lt;br&gt;- Does not protect against STIs</td>
</tr>
<tr>
<td>Fewer than 1 woman in every 100 will get pregnant in a year</td>
<td>- Does not interrupt sex&lt;br&gt;- Works for up to three years&lt;br&gt;- May reduce painful periods</td>
<td>- May cause irregular bleeding, no bleeding at all, acne or weight gain&lt;br&gt;- Insertion and removal must be done by a specially trained doctor&lt;br&gt;- Does not protect against STIs</td>
</tr>
<tr>
<td>During initial trials, no pregnancies were reported</td>
<td>- No prescription needed&lt;br&gt;- May protect both partners from STIs including HIV&lt;br&gt;- May protect against cancer of the cervix&lt;br&gt;- Man can take responsibility for contraception</td>
<td>- Putting on a condom can interrupt sex&lt;br&gt;- The condom may slip off if not used correctly&lt;br&gt;- The man needs to withdraw as soon as he has ejaculated and be careful not to spill any semen</td>
</tr>
<tr>
<td>With careful use, 2 women in every 100 will get pregnant in a year</td>
<td>- Does not interrupt sex&lt;br&gt;- May be easier to remember - applied once a week for three weeks&lt;br&gt;- Highly reversible method of contraception</td>
<td>- Not suitable for women with conditions such as high blood pressure&lt;br&gt;- May be seen on the skin&lt;br&gt;- Costs more than the pill&lt;br&gt;- Does not protect against STIs</td>
</tr>
<tr>
<td>With less careful use, 2 to 25 women in every 100 will get pregnant in a year</td>
<td>- Does not interrupt sex&lt;br&gt;- May protect against cancer of the womb&lt;br&gt;- Useful for women who forget to take their pill</td>
<td>- May cause irregular bleeding, no bleeding at all, acne or weight gain&lt;br&gt;- Insertion and removal must be done by a specially trained doctor&lt;br&gt;- Does not protect against STIs</td>
</tr>
</tbody>
</table>
# Lesson 17 Worksheet 2

## Additional Methods of Contraception

<table>
<thead>
<tr>
<th>Name</th>
<th>What it is</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progestogen-only pill</td>
<td>A tablet containing the female hormone progestogen. The progestogen-only pill is taken every day. It comes in packs of 28.</td>
<td>The hormone progestogen causes changes in a woman’s body that make it difficult for sperm to enter the womb or for the womb to accept a fertilised egg. In some women it prevents ovulation. It must be taken at the same time every day.</td>
</tr>
<tr>
<td>Vaginal ring</td>
<td>A flexible, see-through plastic ring is put into the vagina by the woman herself for 3 weeks of every month.</td>
<td>It contains two hormones - oestrogen and progestogen - which stop a woman from releasing an egg each month (ovulation).</td>
</tr>
<tr>
<td>Intrauterine system (IUS)</td>
<td>A small plastic device that releases the hormone progestogen is put into the womb.</td>
<td>It works in several different ways - by stopping the sperm from meeting the egg, by delaying the egg getting to the womb, or by preventing the egg from settling in the womb.</td>
</tr>
<tr>
<td>Diaphragm / caps</td>
<td>A flexible rubber or silicone device, used with spermicide, is inserted by the woman into the vagina.</td>
<td>It covers the cervix and prevents sperm reaching the egg.</td>
</tr>
</tbody>
</table>
# Sexual Health

<table>
<thead>
<tr>
<th>Name</th>
<th>What it is</th>
<th>How it works</th>
<th>Efficiency</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Progestogen-only pill     | A tablet containing the female hormone progestogen.                                                                                                                                                    | The progestogen-only pill is taken every day.                                                                                                                                                                | With careful use: 1 woman in every 100 will get pregnant in a year        | - Does not interrupt sex  
- Useful for women who can reliably take pills on a daily basis  
- Useful for women who cannot or do not want to take oestrogen  
- Can be used when breastfeeding | - Must be taken at the same time every day.  
- Other contraception may be required if pills are taken more than 3 hours late  
- Vomiting, diarrhoea, and certain medication can interfere with its effectiveness  
- May cause irregular periods  
- Does not protect against sexually transmitted infections (STIs) |
| Vaginal ring              | A flexible, see-through plastic ring is put into the vagina by the woman herself for 3 weeks of every month.                                                                                             | It contains two hormones - oestrogen and progestogen, which stop a woman from releasing an egg each month (ovulation).                                                                                          | With careful use: fewer than 1 woman in every 100 will get pregnant in a year | - Convenient once-a-month administration  
- Good for women who may forget to take a pill daily  
- Inserted by the woman herself | - Not suitable for women with conditions such as high blood pressure  
- Costs more than the pill  
- Does not protect against STIs |
| Intrauterine system (IUS) | A small plastic device that releases the hormone progestogen is put into the womb.                                                                                                                     | It works in several different ways - by stopping the sperm from meeting the egg, by delaying the egg getting to the womb, or by preventing the egg from settling in the womb. | With careful use: fewer than 2 women in every 1000 will get pregnant in a year | - Does not interrupt sex  
- Works as soon as it is inserted  
- Can stay in for five years or more | - May cause irregular bleeding for the first few months  
- Insertion and removal must be done by a specially trained doctor  
- Does not protect against STIs |
| Diaphragm / caps          | A flexible rubber or silicone device, used with spermicide, is inserted by the woman into the vagina.                                                                                                     | It covers the cervix and prevents sperm reaching the egg.                                                                                                                                                  | With careful use: 2 in every 100 women will get pregnant in a year         | - Can be put in any time before sex (extra spermicide may be needed)  
- It can be re-used  
- Useful for women who do not wish to use hormonal methods of contraception. | - A consultation with a doctor is needed to select the right size and type  
- Fittings should be checked every year and checked after a pregnancy or if there is significant weight gain or loss  
- Additional spermicide is needed for every act of sexual intercourse  
- Must stay in place for at least six hours after sex but not more than thirty hours  
- Cystitis can be a problem for some users  
- Does not protect against STIs |
<table>
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<tr>
<th>Name</th>
<th>What it is</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female condom</strong></td>
<td>The female condom is a soft polyurethane sheath that lines the vagina and the area just outside</td>
<td>It prevents sperm from entering the vagina</td>
</tr>
<tr>
<td><strong>The coil (IUCD)</strong></td>
<td>A small plastic and copper device that is put into the womb</td>
<td>It works by stopping the sperm from meeting the egg, by delaying the egg getting to the womb, or it may prevent a egg from settling in the womb</td>
</tr>
<tr>
<td><strong>Natural methods</strong></td>
<td>Involves recording the fertile and infertile times of the menstrual cycle to plan when to take extra measures to avoid pregnancy There is no need for chemical or medical intervention</td>
<td>A woman keeps a daily record of her body temperature, changes in cervical mucus and other signs of ovulation These help her to recognise when she is most fertile and should avoid sex or use a barrier method of contraception (e.g. condom or diaphragm)</td>
</tr>
<tr>
<td><strong>Male sterilisation (vasectomy)</strong></td>
<td>A surgical procedure that provides permanent contraception</td>
<td>The tubes carrying the sperm are cut, so sperm are not present in the semen that is ejaculated</td>
</tr>
<tr>
<td><strong>Female sterilisation (tubal ligation)</strong></td>
<td>A surgical procedure that provides permanent contraception</td>
<td>The fallopian tubes, which carry the eggs from the ovaries into the womb, are cut or blocked so that the eggs cannot travel down them to meet with the sperm</td>
</tr>
</tbody>
</table>

The term ‘Double Dutch’ refers to a dual-protection approach to contraception - most commonly the combined contraceptive pill and condom used at the same time. This gives the best protection against pregnancy and STIs for sexually active people. However, abstinence from intimate sexual contact is the only 100% effective method of avoiding pregnancy and STIs.
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<th>Disadvantages</th>
</tr>
</thead>
</table>
| The coil (IUCD)             | A small plastic and copper device that is put into the womb              | It works by stopping the sperm from meeting the egg, by delaying the egg getting to the womb, or it may prevent a egg from settling in the womb | Fewer than 2 women in every 100 will get pregnant in a year | No prescription needed  
Can be put on any time before sex  
May protect both partners from STIs including HIV  
May protect against cancer of the cervix | Putting on the condom may interrupt sex  
Need to make sure the man’s penis enters the condom and not between the vagina and condom  
The condom may slip  
Female condoms are more expensive to buy than male condoms |
| Male sterilisation (vasectomy) | A surgical procedure that provides permanent contraception               | The tubes carrying the sperm are cut, so sperm are not present in the semen that is ejaculated          | About 1 in every 1000 men will become fertile again | Does not interrupt sex  
Works as soon as it is inserted  
Can stay in for five years or more | Requires keeping a daily record  
Insertion and removal must be done by a specially trained doctor  
Risk of pelvic infection if there is more than one sexual partner  
Does not protect against STIs |
| Natural methods             | Involves recording the fertile and infertile times of the menstrual cycle to plan when to take extra measures to avoid pregnancy | There is no need for chemical or medical intervention  
A woman keeps a daily record of her body temperature, changes in cervical mucus and other signs of ovulation  
These help her to recognise when she is most fertile and should avoid sex or use a barrier method of contraception (e.g. condom or diaphragm) | With careful use  
2 women in 100 will get pregnant in a year  
With less careful use  
2-20 women in 100 will get pregnant in a year | No side-effects as no hormones or devices are needed  
Helps the woman understand her body and fertility cycle  
Can be used to plan a pregnancy  
Little or no cost | Requires keeping a daily record  
Insertion and removal must be done by a specially trained doctor  
Risk of pelvic infection if there is more than one sexual partner  
Does not protect against STIs |
| Female sterilisation (tubal ligation) | A surgical procedure that provides permanent contraception | The fallopian tubes, which carry the eggs from the ovaries into the womb, are cut or blocked so that the eggs cannot travel down them to meet with the sperm | 1 to 3 women in every 1000 may become pregnant depending on the type of operation used | Useful for couples who have completed their families  
The procedure can be done in a doctor’s surgery or clinic under local anaesthetic | It is considered a permanent method as reversal is difficult and often unsuccessful  
It is not effective until a few months after the operation or when it is established that there are no longer sperm in the semen  
A man can have discomfort and swelling for a short time after the procedure  
Does not protect against STIs |
| Female condom               | The female condom is a soft polyurethane sheath that lines the vagina and the area just outside it prevents sperm from entering the vagina | There have been no large studies but research suggests that it should be as effective as the male condom  
Research suggests that it should be as effective as the male condom | 1 to 3 women in every 1000 may become pregnant depending on the type of operation used | Useful for couples who have completed their families  
It is effective immediately | It is considered a permanent method as reversal is difficult and often unsuccessful  
Requires a hospital stay and general anaesthetic  
Does not protect against STIs |
Contraceptive methods most commonly used by young people

The Irish Study of Sexual Health and Relationships (Layte et al. 2006) found that the condom and the pill were the methods of contraception most commonly used by young people aged 18-24. A smaller percentage used the contraceptive injection, patch and implant.

Simultaneous use of hormonal and barrier contraception

Some students may have heard of the term ‘Double Dutch’ in relation to contraceptive/condom use. This refers to a dual-protection approach where a couple uses a condom and a hormonal method of contraception (most commonly the combined oral contraceptive pill) at the same time. This gives optimal protection against both pregnancy and STIs.

Abstinence

Abstinence from intimate sexual contact is the only 100% effective method of avoiding pregnancy and STIs.

Progesterone and progestogen

The words progestogen and progesterone are often used as if they are the same thing; however, progesterone is a naturally occurring hormone and progestogen is a synthetically created hormone which is used in hormonal contraceptive methods.
A crisis pregnancy is a pregnancy that the woman herself defines as a crisis - it is different for each person involved. An unplanned pregnancy may or may not be a crisis pregnancy. The Irish Contraception and Crisis Pregnancy Study found that 28% of 18-45 year olds who have been pregnant have experienced a crisis pregnancy. The majority of women who experience crisis pregnancy are in their late teens or early twenties (Rundle, Leigh, McGee and Layte 2004).

Crisis pregnancy has traditionally been seen as a female problem; however, many young men whose partners have experienced a crisis pregnancy will want to be supportive of their partner and to be able to communicate their own feelings regarding the pregnancy.

The teenage pregnancy rate is the number of girls aged between 15 and 19 who become pregnant every year. In Ireland, this has remained relatively stable for the last 15 years, with approximately 21 teenagers out of 1000 becoming pregnant annually (Crisis Pregnancy Agency Statistical Report 2006).

In the ten years spanning 1997 – 2007, approximately 78% of teenagers who became pregnant continued the pregnancy and gave birth to their baby and 22% of teenagers travelled outside the country for an abortion. The number of children placed for adoption in Ireland is very small. In 2006, there were 69 Irish children adopted by people to whom they were not related. (Sometimes children are adopted by people to whom they are related, for instance, their aunt or uncle.)

Not all teenage pregnancies are unplanned or unwanted. However, unplanned teenage pregnancy presents a considerable problem and generates emotional and social costs for the adolescents concerned, their families and society.

This lesson aims to enable young people to reflect on the issues related to unplanned pregnancy and to increase their awareness of the range of supports available to those experiencing crisis pregnancy.

N.B. Sensitivity is needed when addressing this topic as students or their families might have personal experience of this issue.
1. Introduction
Introduce the lesson by outlining the aims and learning outcomes. Use the teacher notes to clarify what is understood by the term ‘unplanned pregnancy’.

2. Personal Reflection
Invite the students to close their eyes, place their feet on the ground and focus on their breathing. Ask them to bring a good friend to mind. Then ask them to imagine that their friend has just told them she is pregnant or, in the case of a male friend, that his girlfriend is pregnant.

Read out the following questions:
- How would you feel on hearing the news?
- How might you respond to him/her initially?
- How might you like to respond?
- How is she/he likely to react?
- What do you imagine are the implications for her/him in the future?
- How might you best support her/him?

Put the questions on the board/flipchart.

Ask students to form small groups and to share their reflected responses to each question.

Ask the groups to share their findings with the rest of the class.

Discussion Pointers:
- What feelings emerged in your group?
- What supports/advice emerged in your group?

3. DVD
Show the TRUST DVD - Sexual Health/Crisis Pregnancy Section - interview with the Crisis Pregnancy counsellor.

Discussion Pointers:
- What were the key points made by the counsellor (e.g. range of supports available, need to make a practical plan, etc.)?
- Where else might a young person find personal support in this situation?
- What might be the issues for the young person in telling his/her family? How might they go about telling?
- Where might a young person get professional support?
- What could each service offer?

For example, GP/nurse could give information regarding the options available in respect of the pregnancy, advice regarding health if continuing the pregnancy (folic acid, awareness of relevant family health issues, nutrition, cessation or reduction of smoking, drug and alcohol use, ongoing monitoring of the mother’s and foetus health).

Counselling services could give information regarding the options available in respect of the pregnancy. They could offer support in telling people about the pregnancy, support in planning for the future and linking in with other agencies.

4. Conclusion
Invite students to reflect on the lesson:
“One thing I learned today is ...”
Crisis Pregnancy Counselling Services

Crisis pregnancy counselling is available free of charge to men and women. This is regardless of their age, income or where they live. It is available in over 50 locations throughout the country. For a list of services, visit www.positiveoptions.ie or freetext the word “list” to 50444. Many GPs and doctors also provide services for women with unplanned pregnancies.

A crisis pregnancy counselling session is confidential; however, there are limits to confidentiality if the person is 17 or under and pregnant. Most counselling services will work with the girl or couple, and support them in telling their parents about their situation, but services differ in their policies. If a young person is uncertain what the policy is in their local service, it is advisable to call and ask. If the counsellor becomes concerned about the safety of the client (whatever her/his age) or the safety of another person, they are obliged to inform a social worker.

Rogue Counselling Agencies

Rogue counselling agencies are organisations that provide a crisis pregnancy ‘counselling’ service which involves a hidden agenda. This is why it is important to attend a reputable counselling service. A reputable counselling service will clearly explain the services and information it does or does not provide. The counsellor should respect whatever decision the client makes and will encourage independent decision-making.
Supports for Teenage Parents

There are a number of support agencies for teenage parents.

Treoir provides information for unmarried parents on legal rights, social welfare entitlements and shared parenting.

Phone 1890 25 20 84 (LoCall) or visit www.treoir.ie

Discussion of Options with Regard to an Unplanned Pregnancy

Each school should consider its ethos in deciding the parameters of a discussion of the options with regard to an unplanned pregnancy.

With regard to termination, abortion is not permitted in Ireland except where there is a real and substantial risk to the life (as distinct from the health) of the mother; however, women may not be prevented from travelling abroad to get an abortion. It is lawful to provide information in Ireland about abortions abroad, subject to strict conditions which are set down in the Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995.

Information about abortion abroad may be made available by doctors, by specific agencies or by individual counsellors. It is not lawful to encourage or advocate an abortion in individual cases.

A more detailed description of the legal position can be found on www.citizensinformation.ie
STIs - WHAT’S WHAT?

Aim:
To enable students to have an awareness of various sexually transmitted infections (STIs) in order to inform their decision-making regarding sexual activity.

Learning Outcomes:
Students will:
i) Know more about the various categories of STIs
ii) Know the causes, transmission routes and treatments of a range of STIs
iii) Understand some of the barriers to people accessing STI services

Background Information for the Teacher

This lesson focuses on the cause, transmission routes and treatment of some of the common STIs, whilst the next lesson will focus more on risk reduction.

An STI is an infection that can be contracted during sexual contact with someone who already has an STI. STIs broadly fit into three categories: viral, bacterial and parasitic.

The rate of reported STIs is on the increase in Ireland, with many seemingly healthy people becoming infected and perhaps unknowingly transmitting infections to others. Therefore young people need a basic knowledge of STIs, including what they are, how they are transmitted, how they are treated and how people can reduce their risk of being infected.

The only guaranteed way to avoid contracting an STI is to abstain from sexual contact which involves the exchange of bodily fluids and/or intimate skin-to-skin contact (usually during vaginal, anal and/or oral sex). Infected blood, semen, vaginal fluids and breast milk are the bodily fluids through which STIs are transmitted. Sexually active people can reduce their risk of contracting and/or transmitting an STI by being sexually active only in faithful and monogamous relationships, by having fewer sexual partners and by using condoms when engaging in any activity which involves intimate sexual contact and/or the exchange of bodily fluids.

As many STIs can be asymptomatic, regular sexual health checks are advised for those who are sexually active. In cases where symptoms are noticed, people should seek medical advice as soon as possible. Many STIs can be completely cured if diagnosed and treated in time and all STIs can be treated to reduce their impact on health.

STI clinics offer a free service. It is recommended that people have a sexual health screen if starting a new relationship.
PROCEDURE

1. Introduction
Introduce the lesson by outlining the aims and learning outcomes. Some reasons for learning more about STIs are included in the Background Information for the Teacher. Put the phrase Sexually Transmitted Infections on the board and ask the students what it means. If necessary, clarify using the definition from the Background Information for the Teacher.

2. Brainstorm
Draw a blank version of the STI Categories table shown in the Additional Information for the Teacher on page 111.

Ask the students to call out as many STIs as they know and if they can identify whether they are caused by viruses, bacteria or parasites. Use the completed chart as a reference to place any STIs of which the students are unsure.

Ask the students to think about how other common viral (e.g. flu), bacterial (e.g. kidney infection) and parasitic (e.g. head lice) infections are treated and confirm that viral, bacterial and parasitic STIs are treated similarly.

Viral – There is no treatment to cure viral infections but there is treatment to ease symptoms.
Bacterial – Bacterial infections can be cured with antibiotics if diagnosed in time.
Parasitic – Parasitic infections can be cleared with appropriate creams, lotions.

3. DVD
As an introduction to the next task, show the TRUST DVD - Sexual Health/STIs section and the Additional Information on Some STIs section.

4. Case Studies
Decide how many STIs you would like the students to explore; you can choose the first five or all eight. Ask the students to form into as many groups as STIs to be studied.

Give each group one STI information slip (cut from Lesson 19 Worksheet 1 – STI Information). Ask the students to write the name of the STI on a page and to summarise:

- How is it passed on?
- How it would be diagnosed?
- What is the likely treatment and the likely outcome of that treatment?
- What advice would you give about risk reduction?

Ask for a volunteer from each group to read out a case study (cut from Lesson 19 Worksheet 2 – STI Case Studies).

One of the groups will have the detailed information slip on this STI. Ask the groups to decide if the case-study symptoms match the information they have on their slip. A spokesperson for the group with the information slip matching the symptoms should use the answers they prepared in the group activity to respond to the questions below:

- What STI does this person have?
- How is it passed on?
- How would it be diagnosed?
- What is the likely treatment and the likely outcome of the treatment?
- What advice would you give him/her about reducing the risk of future infection?

For quick reference an answer table is included in the Additional Information for the Teacher section.

N.B. Explain that the symptoms of the STIs were exaggerated in the case studies for the purposes of this exercise. In real life, the symptoms may be very similar for a number of STIs and some may have no obvious symptoms at all. The only way of knowing if a person has an STI is to do a full sexual health screen. These are available through many GP clinics and through STI clinics located throughout the country.
Show the TRUST DVD - Sexual Health/STIs section again, but this time ask the students to focus on the reconstruction of the young woman visiting a STI clinic. Facilitate a full class discussion using the discussion pointers.

**Discussion Pointers:**
- How might the young woman who is attending the clinic be feeling?
- What did you notice about the interaction between the young woman and the nurse?
- The DVD shows a young woman at a clinic, but what might prevent people attending a GP clinic or an STI clinic?
- What might be the consequences of people not attending?
- What might support and encourage people to attend?

*N.B. Services at an STI clinic are free and confidential. Appointments can be made by phoning directly - a GP referral is not required.*

**6. Conclusion**

Ask students to reflect for a few minutes on what they will take away from this lesson:
*‘The most important thing I learned about STIs is …’*

You may wish to give each student a photocopy of Lesson 19 Worksheet 1 - STI Information - or the HSE Information Booklet - A Guide to Sexually Transmitted Infections (STIs).
# Lesson 19 Worksheet 1

## STI Information

<table>
<thead>
<tr>
<th>STI</th>
<th>Symptoms</th>
<th>How it is passed on</th>
<th>How it is diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Genital warts</strong></td>
<td>Small fleshy warts on and around the genitals, in the vagina or cervix or on the surrounding skin. Warts can be uncomfortable and itchy but are not often sore. Incubation period 3-6 months but can be longer.</td>
<td>Through direct skin-to-skin contact and vaginal, anal and oral sex.</td>
<td>May be seen around the genitals. If internal in women, they may be detected during a cervical examination.</td>
</tr>
<tr>
<td><strong>Chlamydia</strong></td>
<td>Very often no symptoms. It can cause a white discharge from the penis or vagina. Sometimes itchy, sometimes smelly. Can be painful when passing urine. In rare cases there may be pelvic pain.</td>
<td>Bacteria passed on through intimate genital contact, vaginal, anal and oral sex. From fingers to eyes and from pregnant mothers to babies.</td>
<td>Swab and/or urine test.</td>
</tr>
<tr>
<td><strong>Gonorrhoea</strong></td>
<td>Yellowish/greenish discharge from the penis or vagina. Often itching or burning when passing urine.</td>
<td>Bacteria spread through the discharge during sexual intercourse.</td>
<td>Swab taken of the discharge.</td>
</tr>
<tr>
<td><strong>Genital herpes</strong></td>
<td>Painful sores around male or female genitals or inside the vagina. Also from pregnant mother to baby.</td>
<td>A virus spread through skin-to-skin contact, vaginal, anal and/or oral sex.</td>
<td>Can be seen. Swabs taken from sores.</td>
</tr>
<tr>
<td>STI</td>
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<td>How it is passed on</td>
<td>How it is diagnosed</td>
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<td>Symptoms</td>
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</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong>&lt;br&gt;Caused by a virus</td>
<td>A yellowing of the whites of the eyes, nausea, fever&lt;br&gt;No symptoms in 10-50% of cases</td>
<td>A virus passed on through semen, vaginal fluids and blood during vaginal, anal and oral sex, during pregnancy, from sharing infected drug-using, tattoo, acupuncture and ear-piercing equipment</td>
<td>Blood test</td>
</tr>
<tr>
<td><strong>Pubic lice</strong>&lt;br&gt;Parasitic infection&lt;br&gt;Relatively rare due to improved hygiene conditions</td>
<td>May be visible&lt;br&gt;Severe itching, sometimes scratch marks</td>
<td>Through close contact with a person who has public lice</td>
<td>Can be seen</td>
</tr>
<tr>
<td><strong>Syphilis</strong>&lt;br&gt;Caused by bacteria</td>
<td>Single spot, which clears up on its own&lt;br&gt;Rash develops after a few weeks, not itchy</td>
<td>The bacteria can be passed on through vaginal, anal and oral sex, through intimate sexual contact, kissing and from mother to baby</td>
<td>Blood test</td>
</tr>
<tr>
<td><strong>HIV</strong>&lt;br&gt;Human Immunodeficiency Virus&lt;br&gt;In time this usually develops into Acquired Immunodeficiency Syndrome - AIDS.</td>
<td>Generally no noticeable symptoms in early years but can cause a flu-like illness with swollen glands</td>
<td>Virus passed on through semen, vaginal fluids and blood during vaginal, anal and oral sex&lt;br&gt;It can also be passed on to babies during pregnancy, birth and in breast milk&lt;br&gt;Through infected needles or blood products</td>
<td>Blood test</td>
</tr>
<tr>
<td>STI</td>
<td>Symptoms</td>
<td>How it is passed on</td>
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</tr>
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<td>Blood test</td>
</tr>
</tbody>
</table>
LESSON 19 WORKSHEET 2

STI CASE STUDIES

Case Study 1

Mark goes to the STI clinic. His symptoms are small, painless lumps on his genitals and surrounding skin. He has had a number of sexual partners in the last year and always uses condoms.

Instructions: Read out the above case study to the class and ask the students to identify the STI with which Mark has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

What STI does Mark have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give him about reducing the risk of future infection?

Case Study 2

Rosie goes to the STI clinic. Her symptoms include abnormal white vaginal discharge, bleeding between periods and a stinging sensation when passing urine. She has recently started a new relationship and hasn’t always used condoms during sex.

Instructions: Read out the above case study to the class and ask the students to identify the STI with which Rosie has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

What STI does Rosie have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give her about reducing the risk of future infection?

Case Study 3

Brian goes to the STI clinic. His symptoms include yellowish or greenish discharge from the penis and itching and/or burning when passing urine. Brian is in his first sexual relationship and hasn’t used condoms because his girlfriend has the contraceptive implant.

Instructions: Read out the above case study to the class and ask the students to identify the STI with which Brian has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

What STI does Brian have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give him about reducing the risk of future infection?
Liam goes to the doctor. His symptoms include painful sores around his genitals and itching and/or burning when passing urine. He and his girlfriend do not have sexual intercourse but have had oral sex so he can’t understand how he might have caught anything.

**Instructions:** Read out the above case study to the class and ask the students to identify the STI with which Liam has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

*What STI does Liam have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give him about reducing the risk of future infection?*

Claire goes to the doctor. She has flu–like symptoms. She normally wouldn’t worry but she had unprotected sex with a man she met on her last holiday.

**Instructions:** Read out the above case study to the class and ask the students to identify the STI with which Claire has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

*What STI does Claire have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give her about reducing the risk of future infection?*

Anthony goes to the doctor. His symptoms include a single spot on his penis which cleared up on its own but he now has a rash on his body and, more unusually, on the palms of his hands. The condom burst during sex with someone he met at a party several weeks ago and he is concerned that he has caught something.

**Instructions:** Read out the above case study to the class and ask the students to identify the STI with which Anthony has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

*What STI does Anthony have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give him about reducing the risk of future infection?*
Case Study 7

Gemma goes to the doctor. Her symptoms include extreme tiredness and a yellowing of the eyes. Gemma is on the pill and does not use condoms during sex.

Instructions: Read out the above case study to the class and ask the students to identify the STI with which Gemma has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

What STI does Gemma have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give her about reducing the risk of future infection?

Case Study 8

John goes to the doctor. He is very itchy around his genitals and has quite severe scratch marks.

Instructions: Read out the above case study to the class and ask the students to identify the STI with which John has been infected. One of the groups will have the detailed information slip on this STI; ask them to answer the following questions using the information they prepared earlier.

What STI does John have? How is it passed on? How would it be diagnosed? What is the likely treatment? What is the likely outcome of the treatment? What advice would you give him about reducing the risk of future infection?
STIs – WHAT’S WHAT?

STI Categories Table

<table>
<thead>
<tr>
<th>Type (according to cause)</th>
<th>Examples</th>
<th>Treatment and likely outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral (caused by viruses)</td>
<td>Herpes, Genital Warts, Hepatitis B, HIV</td>
<td>No cure but symptoms can be treated</td>
</tr>
<tr>
<td>Bacterial (caused by bacteria)</td>
<td>Gonorrhea, Chlamydia, Syphilis</td>
<td>Treated with antibiotics and can be completely cured</td>
</tr>
<tr>
<td>Parasitic (caused by parasites)</td>
<td>Pubic Lice</td>
<td>Treated with creams and lotions and can be completely eradicated</td>
</tr>
</tbody>
</table>

Definitions

Definition of a Virus: A virus is a micro-organism, smaller than a bacterium (singular), which cannot grow or reproduce in isolation from a living cell.

Definition of a Bacterium: A bacterium is a very small living organism made up of only one cell. Bacteria (plural) are present virtually everywhere. Many of them are microbes that cause diseases (rhinitis, listeriosis, and others), but others are very helpful to humans.

Definition of a Parasite: A parasite is an animal or plant that lives in or on another animal or plant without killing the host or benefiting it.

Main STI transmission routes

The main STI transmission routes are through bodily fluids (blood, semen, vaginal fluids and breast milk) and skin-to-skin contact. Parasites such as pubic lice can also be contracted through infected bed linen.

For sexually active people, the use of condoms gives the best known protection against the transmission of STIs. However, they do not offer total protection, especially from skin-to-skin infections such as herpes and warts. It is advisable to use condoms during all sexual activity where there is a risk of STIs, including during oral sex. A dam (a small sheet of latex) or a cut-open condom can be placed over the female genitals before oral sex.

Case study answers

<table>
<thead>
<tr>
<th>Case studies</th>
<th>STI</th>
<th>Case study</th>
<th>STI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study 1</td>
<td>Warts</td>
<td>5</td>
<td>HIV</td>
</tr>
<tr>
<td>Case study 2</td>
<td>Chlamydia</td>
<td>6</td>
<td>Syphilis</td>
</tr>
<tr>
<td>Case study 3</td>
<td>Gonorrhoea</td>
<td>7</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Case study 4</td>
<td>Herpes</td>
<td>8</td>
<td>Pubic Lice</td>
</tr>
</tbody>
</table>

More detail on STIs can be found in the HSE Information Booklet - A Guide to Sexually Transmitted Infections (STIs). Current information on rates of STI transmission in Ireland can be accessed on www.ndsc.ie
Aim:
To enable students to be aware of responsible sexual behaviour in order to reduce the risks of sexually transmitted infections.

Learning Outcomes:
Students will:
   i) Have a better understanding of STI transmission risks associated with sexual activity
   ii) Have a better understanding of how people can avoid contracting STIs and how sexually active people can reduce the risk of infection
   iii) Have revised their knowledge with regard to STIs

Student Materials:
Lesson 20 Worksheet 1 - Beanie People (Copy and cut up into individual cards before the lesson)
Lesson 20 Worksheet 2 - STI Quiz

Teacher Materials:
Answers to Lesson 20 Worksheet 2 - STI Quiz

PROCEDURE

1. Introduction
Introduce the lesson by outlining the aims and learning outcomes. Make it clear that the emphasis in this lesson will be on STI transmission and risk reduction, unlike the last lesson which focused on information regarding common STIs.

2. Class Activity
Before the activity starts, discreetly choose two students and explain that you will be asking the class to walk around and shake hands but that you want them to greet people without shaking hands.

Ask all the students to get up and take a little walk around the room shaking hands as they meet.
Ask everyone to sit down and give them each a Beanie person cut out from Lesson 20 Worksheet 1 - Beanie People.

Ensure that two fairly confident people get the Beanies with an ‘X’ on them and that the two people who didn’t shake hands get the Beanies with an ‘N’ marked on them. The rest can be allocated randomly.

Tell the students that in this exercise they were not representing themselves but their Beanie. The handshake represents their Beanie having intimate sexual contact. Ask the people who are carrying the Beanies with an X to stand up. Explain that their Beanie has an STI.

Ask everyone who shook hands with these two students to stand up and then everyone who shook hands with anyone standing, to stand up. Continue until everyone (except the two ‘N’ people) are standing up. Explain that for all those standing, their Beanie person is at risk of being infected with an STI.

Ask those with the ‘C’ Beanies to identify themselves. Explain that although the Beanies have been sexually active, they have used condoms appropriately and have reduced their exposure to an STI infection. They have not eliminated their risk completely.

Two people will have remained seated. Ask the class to sit down and those sitting to stand. Explain that their Beanies (marked ‘N’) decided not to engage in intimate sexual activity so are not at risk of contracting an STI in this way. Ask them to sit.

**Discussion Pointers:**
- How did it feel to walk around, greet people and shake hands?
- How did it feel not to shake hands (when most people were doing so)?
- How did you feel when you heard that some ‘Beanie People’ had an STI and that your ‘Beanie Person’ was at risk?
- How did you feel if your ‘Beanie Person’ was wearing a condom? Should these ‘Beanie People’ be concerned?
- What have you learned?

**3. Quiz**
Distribute copies of Lesson 20 Worksheet 2 - STI Quiz - and ask students to complete it individually.

Use Answers to Lesson 20 Worksheet 2 - STI Quiz - to check and discuss responses.

**4. Conclusion**
Ask students to bear in mind all their learning about the transmission of STIs. Ask them to consider what advice they would give to help someone avoid or reduce the risk of being infected with an STI.
LESSON 20 WORKSHEET 1

BEANIE PEOPLE

(The numbers of X, C and N figures are not statistically representative)
STI QUIZ

1. List four STIs
2. Which STI is generally most common in Ireland?
3. Can someone have an STI and not know? Why?
4. How are bacterial STIs treated?
5. How are viral STIs treated?
6. What four body fluids can have sufficient HIV virus to cause infection?
7. Can someone have more than one STI at the same time?
8. Do hormonal contraceptive methods offer any protection against STIs? Explain your answer.
9. What type of contraception offers the best available protection against STIs?
10. List three ways people can avoid or reduce their chance of getting an STI.
ANSWERS TO LESSON 20
WORKSHEET 2

STI QUIZ

1. List four STIs
   Any four, e.g. Genital Warts, Chlamydia, Gonorrhoea, Herpes, Hepatitis B, Syphilis, HIV, Pubic Lice.

2. Which STI is generally most common in Ireland?
   Chlamydia (see TRUST DVD).

3. Can someone have an STI and not know? Why?
   Yes. STIs can be accompanied by few or no symptoms.

4. How are bacterial STIs treated?
   Bacterial STIs are treated with antibiotics.

5. How are viral STIs treated?
   By a variety of antiviral drugs (when available), by burning/freezing (warts), by the use of creams/ointments (to reduce the effects). Viral STIs can be treated but not completely cured.

6. What four body fluids can have sufficient HIV virus to cause infection?
   Semen, vaginal fluids, blood, breast milk.

7. Can someone have more than one STI at the same time?
   Yes. If they have been exposed to one infection there is a risk that they may have been exposed to others.

8. Do hormonal contraceptive methods offer any protection against STIs?
   Explain your answer.
   No. They do not form a barrier during intimate sexual contact and do not stop the exchange of bodily fluids.

9. What type of contraception offers the best available protection against STIs?
   A condom.

10. List three ways people can avoid or reduce their chance of getting an STI.
    Avoid activity that involves intimate sexual contact and/or the exchange of body fluids. Use a condom if sexually active. Be sexually active only in a long-term faithful, monogamous relationship. Have regular sexual health check-ups if sexually active, particularly if starting a new sexual relationship.
LOOKING BACK, LOOKING FORWARD

A REVIEW OF LEARNING

Aim:
To consolidate the main learning points of a module or programme of RSE lessons and to evaluate the module or programme.

Learning Outcomes:
Students will:
1) Be able to recall the main learning points in their RSE lessons
2) Review and evaluate the usefulness of the module/programme

Student Materials:
Looking Back, Looking Forward Worksheet 1 - RSE Senior Cycle: Evaluation

Teacher Materials:
Each teacher will need to list the RSE lessons that they have taught - this may include elements of the TRUST resource, the Resource Materials for RSE - Senior Cycle, etc.

PROCEDURE

1. Introduction
Introduce this final lesson by outlining the aim and learning outcomes. Remind students of the topics covered in the module/programme of RSE lessons.

2. Brainstorm
Ask students to recall the most important messages they have received about relationships and sexual health from these lessons. Record the responses on the board/flipchart.

Background Information for the Teacher
A teacher has the option of using this review at the end of a module (i.e. a series of RSE lessons) in a particular year or at the end of lessons spanning the two or three years of a Senior Cycle programme.
3. Individual Reflective Exercise
Ask the students to imagine themselves in the future as the parent of a teenage son or daughter. Their task is to record on paper what they think are the three most important pieces of advice/guidance they would like to offer their teenager about relationships and the three pieces of advice/guidance they would offer in relation to sexual health.

4. Group Work
Invite students to share their responses in small groups and to report the main points of their discussion to the class group. Record the most popular pieces of advice on the board and facilitate the students to come to a consensus as to which are the most important messages about relationships and sexual health which should be passed on to teenagers.

5. Evaluation of the Senior Cycle RSE Module or Programme
Ask students to complete Looking Back, Looking Forward Worksheet 1. Collect in completed worksheets.

6. Closing Round
Invite students to complete the following sentence: ‘One thing I enjoyed about the RSE Senior Cycle lessons was...’
LOOKING BACK, LOOKING FORWARD

WORKSHEET 1

RSE SENIOR CYCLE: EVALUATION

Rate the RSE lessons by marking the appropriate box, using the scale below

<table>
<thead>
<tr>
<th>1 = Not helpful, 2 = Fair, 3 = Good, 4 = Very good, 5 = Excellent</th>
</tr>
</thead>
</table>

- Content of RSE lessons (topics and key messages)
  - 1
  - 2
  - 3
  - 4
  - 5

- Way of working (e.g. group work, worksheets, discussions, walking debates)
  - 1
  - 2
  - 3
  - 4
  - 5

- Usefulness of the lessons (for me in my life now and into the future)
  - 1
  - 2
  - 3
  - 4
  - 5

1. What did you enjoy about this module/programme, e.g. the topic, way of working?

2. What are the three key things you learned?

3. How could the programme/module be improved?
# SUPPORT SERVICES FOR YOUNG PEOPLE

## GENERAL SUPPORTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILDLINE</strong></td>
<td>24-hour support and information service for children and adolescents.</td>
<td>Tel: 1800 666 666</td>
</tr>
<tr>
<td><strong>ISPCC</strong></td>
<td>Irish Society for Prevention of Cruelty to Children.</td>
<td>Tel: 01 676 7960</td>
</tr>
<tr>
<td><strong>SAMARITANS</strong></td>
<td>24-hour confidential support service for anyone who is in crisis.</td>
<td>Helpline: 1850 60 90 90; <a href="http://www.samaritans.org">www.samaritans.org</a></td>
</tr>
<tr>
<td><strong>SPUNOUT</strong></td>
<td>An interactive website for young people which deals with a wide variety of issues.</td>
<td><a href="http://www.spunout.ie">www.spunout.ie</a></td>
</tr>
</tbody>
</table>

## ACCOMMODATION

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY ACCOMMODATION SUPPORT SERVICE</strong></td>
<td></td>
<td>Helpline: 1800 724 724</td>
</tr>
</tbody>
</table>

## MENTAL AND EMOTIONAL HEALTH

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>HEADSUP</strong></td>
<td>Support service for mental health issues.</td>
<td>Freetext: 50424 to receive a list of topics with which help might be needed. <a href="http://www.headsup.ie">www.headsup.ie</a></td>
</tr>
<tr>
<td><strong>MENTAL HEALTH IRELAND</strong></td>
<td>A support service around positive mental health.</td>
<td><a href="http://www.mentalhealthireland.ie">www.mentalhealthireland.ie</a> Tel: 01 284 1166</td>
</tr>
<tr>
<td><strong>GROW</strong></td>
<td>Support service for people who have suffered, or are suffering, from mental health problems.</td>
<td><a href="http://www.grow.ie">www.grow.ie</a> Tel: 1890 474 474</td>
</tr>
<tr>
<td><strong>HEADSTRONG</strong></td>
<td>Support service for youth mental health issues.</td>
<td><a href="http://www.headstrong.ie">www.headstrong.ie</a> Tel: 01 660 7343</td>
</tr>
</tbody>
</table>

## ALCOHOL AND DRUG RELATED ISSUES

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>AL-ANON &amp; AL-ATEEN</strong></td>
<td>Alcohol misuse support service.</td>
<td>Tel: 01 8732699</td>
</tr>
<tr>
<td><strong>DRUGS/HIV HELPLINE</strong></td>
<td>Drugs misuse and HIV support service.</td>
<td>Helpline: 1800 459 459</td>
</tr>
<tr>
<td><strong>DRUG AND ALCOHOL SUPPORT</strong></td>
<td>Drugs and alcohol information and support.</td>
<td><a href="http://www.drugs.ie">www.drugs.ie</a> <a href="http://www.unlocked.ie">www.unlocked.ie</a> Support and information service for young people around alcohol misuse.</td>
</tr>
</tbody>
</table>

## SEPARATION AND BEREAVEMENT ISSUES

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>TEEN BETWEEN</strong></td>
<td>Support service for teenagers 12-21 (years of age) of separated parents.</td>
<td><a href="http://www.teenbetween.ie">www.teenbetween.ie</a> Lo call: 1890 380 380</td>
</tr>
<tr>
<td><strong>RAINBOWS IRELAND LTD</strong></td>
<td>Support service for children dealing with the grieving process and losses around separation and divorce or bereavement.</td>
<td>Tel: 01 4734175</td>
</tr>
<tr>
<td><strong>CONSOLE</strong></td>
<td>Support service for people dealing with the grieving process and losses around bereavement by suicide.</td>
<td>Helpline: 1800 201890</td>
</tr>
</tbody>
</table>
SUPPORT SERVICES

SEXUAL HEALTH SUPPORT SERVICES

GENERAL

www.yoursexualhealth.ie
HSE support and information service on a range of sexual health topics.

www.cluedup.ie
Information on sexual health.

REPRODUCTION AND FERTILITY ISSUES

IRISH FAMILY PLANNING ASSOCIATION
Information and support service on a wide range of sexual health issues.
www.ifpa.ie
National pregnancy helpline: 1850 495051

www.thinkcontraception.ie
Information service targeted at 18-25 year olds. Covers the wide range of contraceptive methods available in Ireland.

www.positiveoptions.ie
Crisis pregnancy support service. Freetext "list" to: 50444 for a list of crisis pregnancy counselling agencies.

STIs

STI CLINICS
Support services around Sexually Transmitted Infections

DUBLIN –
St. James's Hospital, GUIDE Clinic
Tel: 01 4162315 / 4162316
Mater Misericordiae Hospital
Tel: 01 8032063
The Gay Men's Health Project Clinic
Tel: 01 6699553
The HIV Testing Centre (open to all)
Tel: 01 6699500
Free phone number: 1800 201187
CARLOW – Carlow District Hospital
Tel: 051 842464
CASTLEBAR – Mayo General Hospital
Tel: 094 9021733
CLARE – Ennis Regional Hospital
Tel: 061 482382

CORK – Victoria Hospital
Tel: 021 4966844

GALWAY –
University College Hospital
Tel: 091 525200
Portiuncula Hospital Ballinasloe
Tel: 090 9648372
LIMERICK – Regional Hospital
Tel: 061 482382
SLIGO – Sligo General Hospital
Tel: 071 9170473
TIPPERARY –
Nenagh General Hospital
Tel: 061 482382
South Tipperary Hospital
Tel: 051 842646
TRALEE – Tralee General Hospital
Tel: 021 4966844
WATERFORD – Waterford Regional Hospital
Tel: 051 842646

STIs (cont)

GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES

GLEN
Working for equality for Gay, Lesbian, Bisexual and Transgender people in Ireland.
www.glen.ie

BELONGTO
Support service for Gay, Lesbian, Bisexual and Transgender young people.
www.belongto.org

SEXUAL ABUSE AND VIOLENCE ISSUES

CARI (CHILDREN AT RISK IN IRELAND)
Support service for young people around sexual abuse issues.
www.cari.ie
Helpline: 1890 924567 (Mon-Fri 9.30am - 5.30pm)

DUBLIN RAPE CRISIS CENTRE
Support service around sexual abuse issues.
National 24 - hour helpline: 1800 778 888


NOTES