

.....

**Just  
Loosen Up  
and  
Keep  
Talking!**

.....

**Nova Scotia  
Round Table on  
Youth Sexual Health**  
2nd Edition, March 1999

.....

# Table of Contents

## Acknowledgments i

ii Acknowledgments ii

## 1. Introduction 1

How to Use the "Just Loosen Up and Keep Talking" Briefing Kit 2

## 2. General Introduction to the Presentation 3

Briefing Notes 4

2.0 The partnership: Nova Scotia Round Table on Youth Sexual Health and  
Planned Parenthood Nova Scotia 4

2.1 Presentation Tips 4

Presenter's Outline & Materials 6

2.0.a "Just Loosen Up and Start Talking" Report Summary 7

2.1.a Tips for Presenters 8

2.1.b Creating Group Safety 10

2.1.c Tips For Working With Youth 11

## 3. Working with Youth 12

Briefing Notes 13

3.0 The importance of working with youth 13

3.1 Working with youth as co-facilitators 13

3.2 Working with youth as participants 17

3.3 Diversity in the youth population 18

3.4 Encouraging other adults to work with youth 21

Presenter's Outline & Materials 22

3.1.a The benefits of working with youth co-facilitators 23

3.1.b Where to recruit youth co-facilitators 24

3.1.c Youth-positive practices 25

3.3.a Selected information resources: Sexuality and youth with disabilities 27

3.3.b Tips for being gay, lesbian and bisexual positive 28

3.3.c Being sensitive to ethno-cultural issues 29

## **4. How Do We Communicate About Sexual Health? 30**

Briefing Notes 31

- 4.0 Communities and communication 31
- 4.1 The importance of dialogue 31
- 4.2 How is sexual health presently addressed in our culture? 31
- 4.3 What are some issues we face when trying to discuss sexuality and sexual health? 32
- 4.4 A comprehensive definition of sexuality and sexual health is multifaceted 32
- 4.5 What is the role of healthy communication in creating receptive communities? 33

Presenter's Outline & Materials 34

- 4.2.a Driving Analogy 36
- 4.2.b Memory Lane 37
- 4.3.a Talking About Sexuality 38
- 4.3.b VIF 39
- 4.4.a Some Elements of Sexuality 40
- 4.4.b A Definition of Sexual Health 41
- 4.4.c Profile of a Sexually Healthy Teen 42
- 4.4.d Understanding Human Sexuality 43

## **5. Why is Sexual Health Important to Your Community? 44**

Briefing Notes 45

- 5.0 Sexual health and communities 45
- 5.1 What is the impact of and connection between sexual health, personal well-being and the culture at large? 45
- 5.2 Community factors that determine sexual health 45
- 5.3 What is the importance of sexual health? 46
- 5.4 What is the impact of poor sexual health? 47

Presenter's Outline & Materials 48

- 5.2.a Factors That Determine Sexual Health 49
- 5.3.a Guidelines for Talking about Sexuality 50

## **6. Creating Support for Youth Sexual Health 51**

Briefing Notes 52

- 6.0 Involving youth to improve their sexual health 52
- 6.1 What are the barriers to youth sexual health? 52
- 6.2 What role do parents and guardians play? 53
- 6.3 What can parents do to create an open relationship with their daughters and sons? 53
- 6.4 What can be done in communities to create environments that support youth sexual health? 54

Presenter's Outline & Materials 56

- 6.1.a Some Barriers To Youth Sexual Health 57
- 6.1.b Barriers and Bridges 58
- 6.4.a Nova Scotia Youth Speak 59

## **7. Closing Remarks 61**

Briefing Notes 62

- 7.0 Closure 62
- 7.1 Participant response sheets 62
- 7.2 Ending the session 62
- 7.3 Closure for presenter(s) 62

Presenter's Outline & Materials 63

- 7.1.a Just Loosen Up and Keep Talking Participant Response Sheet Summary 64
- 7.3.a Presenter's Response Sheet 66

## **8. Works Cited and Background Material 68**

Works Cited And Background Materials 69

.....

# Acknowledgments

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**



## Acknowledgments

I wish to acknowledge the cooperation and contribution of time, effort and energy by the many people with whom I have consulted in the course of preparing this briefing kit. They answered questions, supplied resources and valuable insight, and critiques of the drafts. I thank them and have made every effort to fairly and accurately reflect their views. I particularly would like to thank all the members of the Nova Scotia Round Table on Youth Sexual Health, the adult community members and the young people from Halifax, Glace Bay and Shelburne who participated in both the development and pilot testing of this resource.

This briefing kit was prepared for the Health Promotion and Programs Branch of Health Canada in partnership with the Nova Scotia Round Table on Youth Sexual Health and Planned Parenthood Nova Scotia. The views expressed herein are those of the author and do not necessarily reflect those of the Department of Health Canada or of the Nova Scotia Departments who sit at the Round Table.

Feel free to reproduce this document, in whole or in part. We ask that you credit the source as follows:

*Just Loosen Up and Keep Talking. Briefing Kit on Youth Sexual Health, 1998.* Prepared by Judith L. Page for the Nova Scotia Round Table on Youth Sexual Health and the Health Promotion and Programs Branch, Health Canada, Atlantic Region, Canada.



.....

# Introduction

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

# How to Use the “Just Loosen Up and Keep Talking” Briefing Kit

## Purpose, Scope and Sequence

The purpose of this briefing kit is to provide communication materials useful to presenters to increase awareness and create community receptivity to youth sexual health.

The briefing kit is divided into seven chapters:

- Acknowledgments
- How to Use This Briefing Kit
- General Introduction to the Presentation
- How Do We Communicate About Sexual Health?
- Why is Sexual Health Important to Your Community?
- Creating Support for Youth Sexual Health
- Closing Remarks
- Works Cited and Background Materials

Each topic chapter includes easy to use materials which can be tailored to briefings of varying lengths and audiences. It has been designed to give you, the presenter, a high degree of flexibility in its use.

The chapter sequence is as follows for each topic:

- *Briefing Notes*
- *Presenter's Outline*
- *Materials: Activities, Handouts and Overheads*

This format allows you to familiarize yourself with the materials of the kit and decide which outline points and supporting materials will be best suited to your briefing. Begin by reading the *Briefing Notes*, then the *Presenter's Outline*. You'll notice that these two briefing materials have been correlated through a simple numbering system. Where the *Briefing Notes* provide detailed information about each topic, the *Presenter's Outline* is a scaled down version for use during your presentation. The *Materials: Activities, Handouts and Overheads* are also numbered to correspond to their placement in the *Presenter's Outline*.

## Delivery

The *Presenter's Outline* is designed to allow for flexibility within topics and presentation length.

Each topic addresses one aspect of the project goal—increasing awareness and creating community receptivity for youth sexual health. The entire briefing kit allows for more finely tuned adaptation by presenters based upon the needs of your particular communities, or community representative groups. You will find, as you review the materials, that the kit allows for the interconnectedness of many aspects of youth sexual health and other community issues. It has been designed to permit a free interplay of ideas and encourage dialogue, often repeating ideas across topics to underscore the interrelatedness of sexual health topics.

.....

# General Introduction to the Presentation

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

## **2.0 The partnership: Nova Scotia Round Table on Youth Sexual Health and Planned Parenthood Nova Scotia**

The Nova Scotia Round Table on Youth Sexual Health was established in 1997 following the release of “Just Loosen Up and Start Talking,” a report generated from interviews gathered from 220 Nova Scotia youth. The survey, sponsored by the Nova Scotia Department of Health and Planned Parenthood Nova Scotia, was accomplished when youth interviewed youth regarding their sexual health needs.

The purpose of this multi-sectorial group of health professionals, educators, government and non-government policy and program staff was to collectively identify ways to respond to the advice from Nova Scotian youth for improving their sexual health. “Just Loosen Up and Start Talking,” emphasized the need for collaborative action. It also emphasized the need to start dialogue, using the information, insight and experience of Nova Scotia youth. Underscored was the necessity of involving and supporting youth in being active and valued partners in determining their sexual health.

The survey information further prompted Round Table discussions involving representatives from:

- Correctional Services, Nova Scotia Department of Justice
- The Family Violence Prevention Initiative
- Halifax Regional School Board
- Nova Scotia Advisory Council on the Status of Women
- Nova Scotia Department of Community Services
- Nova Scotia Department of Education and Culture
- Nova Scotia Public Health Services, in the Central, Eastern, Northern and Western Health Regions
- Nova Scotia Youth Secretariat
- Public Health and Health Promotion, Nova Scotia Department of Health
- Planned Parenthood Nova Scotia

The Nova Scotia Round Table on Youth Sexual Health began work to develop this briefing kit, funded by Health Canada, to be used by a variety of presenters and audiences as a first step in creating community receptivity to youth sexual health. The outcome was *Just Loosen Up and Keep Talking*, a composite communication tool providing both theoretical and hands-on resources for use at a variety of levels.

### **2.1 Presentation Tips**

How you use this kit in your presentation will be unique to your background and that of your group. After introducing your participants to the history of *Just Loosen Up and Keep Talking*, you’ll want to give them an agenda, an idea of just how long the presentation will be and what topics you’ll be covering. It is also helpful to give a brief description, as well, of what methods of delivery you’ll be using: lecture, individual, small group and large group discussion and activities. Your kit includes “Tips for Presenters,” which will guide you in this part of the

introduction process. Among other ideas, your “Tips” sheet discusses the importance of being clear with your group regarding the types of activities they’ll be asked to do. “Creating Group Safety” outlines and delineates the need for creating a safe environment for the group throughout the presentation.

A greater degree of community receptivity can be achieved by including all of the community, especially youth, in your efforts. A key element, if not perhaps the primary element, is the involvement of youth in this process and in presentations. Youth have a strong voice regarding their sexual health and ways to improve it. Many of them are willing to take responsibility and action given the opportunity and support. They need practise in the skills and behaviours that will allow for their development into healthy, responsible adults. “Let us prove ourselves. Give me a chance. I will show you that I’m capable.” (Canadian Institute of Child Health, 1998:107). Active involvement in the *Just Loosen Up and Keep Talking* presentation process is one such avenue. Your presentation will be that much more effective and your “reach” that much greater. Your “Tips for Working with Youth” handout provides specific suggestions for maximizing youth involvement.

These topics and related issues are dynamic and so are best presented by varied approaches to the material. You have free rein to decide what will best capture the attention and convictions of your group and what you, as a presenter, are comfortable doing.

# .....**Presenter's Outline & Materials**

## *General Introduction to the Presentation*

### **Project Goal**

To increase awareness and create community receptivity to youth sexual health

### **Topics**

1. Why is sexual health important to your community?
2. How do we communicate about sexual health?
3. Creating support for youth sexual health

### **2.0 Introduction and background of the Nova Scotia Round Table on Youth Sexual Health and Planned Parenthood Nova Scotia partnership and project goal.**

Key points

- “Just Loosen Up and Start Talking” report summary
- members of partnership and purpose of group
- purpose of briefing kit and presentation: to increase awareness and create community receptivity to youth sexual health

Materials

- 2.0.a “Just Loosen Up and Start Talking” Report Summary

### **2.1 Overview of briefing kit and process**

Key points

- topics: importance of sexual health, communication and information, support for youth sexual health
- presentation
- creating a safe atmosphere for the group
- involving youth

Materials

- 2.1.a Tips for Presenters
- 2.1.b Creating Group Safety
- 2.1.c Tips for Working with Youth

•••••  
**“Just Loosen Up and Start Talking”**  
**Report Summary**  
*2.0.a*

## **Preparing for the Presentation**

- Clarify with the group or organization to whom you will be presenting:
  - what they are expecting
  - what information you can or will be presenting
  - how youth are involved
  - the number of participants expected
  - whether their attendance is mandatory or voluntary
  - how much time is allotted for the presentation
  - how the room and seating will be arranged
- What materials will you need to bring, and what materials or equipment will they provide (flip chart, markers, tape, an overhead projector, etc.)?
- What materials (activities, handouts, overheads, flip charts) do you need to prepare ahead of time? You may want to make extra copies of the handouts, in case more people show up than expected. Don't forget the Participant Response Sheet! It is an invaluable source of information and feedback about the presentation and possible next steps.
- Will you present the information alone, or with a co-presenter? If you co-present, will your partner bring a particular perspective—for example, youth, parent, a member of a particular cultural group or profession? What do you need to do to prepare together?
- Are there ability, age, cultural, gender, language or religious factors that need to be given special consideration? Do you need to adapt the materials or the presentation so everyone can participate? Keep in mind when preparing for the session that your language needs to be appropriate for the age, background and experience of the audience.
- How well does the audience know each other? What is their common history? Is it close, comfortable, oppositional, stormy? How will they relate to one another?

## **During the Presentation**

- Introduce yourself and get the participants to introduce themselves. Tell them your purpose for being there and what you hope to accomplish (your objectives).
- Go over the agenda; let them know what they can expect.
- Tell them you hope they will participate, but their participation is voluntary.
- Stress that you are not trying to change their perspectives and values—only they can do that. You are giving them information and points to consider. Recognize and respect differences. If you don't do this, people will tune out the information.
- Lead the group in creating a safe environment (*Handout 2.1.b*).
- Be respectful at all times, even if you are dealing with a participant who is not. The participants will be watching your reaction, and often, following your lead.

- Try to allow for silence; people need time to reflect and think on each question and topic. Silent moments can be some of the most valuable for learning.
- Don't be afraid to say, "I don't know..." You are not expected to know everything about youth and sexual health. By admitting that you don't have all the answers, you avoid giving incorrect information *and* you act as a role model for others.
- Relax! This information can be fun! Try not to worry about making mistakes; we all do. There is no such thing as a perfect presentation or discussion. There are, however, excellent presentations that are carried out with enthusiasm, humour, integrity, respect and professionalism.

## After the Presentation

- Some participants may want to linger or stay after to ask questions or get clarification about things they may have been shy to bring up during the presentation. This can be a valuable learning time.
- It is often helpful to "debrief" or go over the presentation with someone else, especially if they have done this type of presentation before. Take a look at what went well. If there were rough spots, you may want to strategise how you might prepare for them, should they come up again. Note: It is essential to debrief with youth presenters.
- Check in with the host. Were their expectations met? How do they think the presentation was received?
- Review the Participant Response Sheets. Feedback can help you identify possible changes and next steps.
- We would like to hear how the presentation went! Your feedback is important to us. Please take a moment and fill out the Presenter's Response Sheet (*Handout: 6.4.a*) and then mail it to:

The Nova Scotia Round Table on Youth Sexual Health  
 c/o Public Health and Health Promotion  
 Nova Scotia Department of Health  
 1690 Hollis Street, Box 488  
 Halifax, Nova Scotia B3J 2R8

- Congratulate yourself! You did it! Thank you!

### **Safety in a learning environment means**

- People have the *right* to state their beliefs, feelings and opinions; to ask questions; or to say nothing, if they wish
- people have the *responsibility* to respect others' views and life experiences
- people are *open* to new learning

### **Some guidelines that help create safety are**

- Expect differences of attitudes, beliefs and opinions.
- Demonstrate respect for others—presenters and other participants.
- Any question is OK.
- Use “I” statements (“I feel... I think,”) Speak from your own experience.
- Challenge yourself to new learning during the session.
- Continue learning about youth sexual health after this session.

As the presenter, explain each of these points and ask the group to agree to these “guidelines,” at least during the session. Post them in a visible spot and refer back to them, if necessary, during the presentation.

### **As a presenter, keep in mind**

- Material that challenges a person’s beliefs, values, or knowledge can be very difficult for them to “take in.”
- Sometimes people need to agree to disagree.
- People can have differences of opinion without personally attacking others.
- As a group leader, you are responsible for introducing the topic of safety and getting participants to agree on some guidelines. However, *every member of the group* is responsible for ensuring safety is maintained during the session.





.....

# Working with Youth

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1•800•481•5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

### **3.0 The importance of working with youth**

This briefing kit is grounded in the belief that young women and young men (youth) are valuable partners in supporting youth sexual health. Youth need to be actively involved in the creation of community receptivity to youth sexual health and they need to have their involvement supported. Young people should be directly involved in ways that stimulate their learning and empowerment and increase their awareness of sexual health issues. Adults working with this briefing kit become key advocates for the meaningful involvement of youth.

A useful first step in preparing yourself to work with youth is to reflect upon your own personal attitudes and beliefs about young people. In order to work effectively and meaningfully with them, adults must have respect for youth, believe in the importance of their participation, have faith in their capacity to contribute and truly value their creative input.

There are many ways in which youth may be involved in presentations based on this briefing kit. For example, as presenters, as co-facilitators with adults and as group participants.

### **3.1 Working with youth as co-facilitators**

Whether or not young people are in the audience, it is important to involve youth as co-facilitators in presentations on youth sexual health. The use of the term “co-facilitator” emphasizes the *collaborative* nature of this partnership.

When youth and adults facilitate presentations together, they role model open communication between generations that is beneficial in the development of youth sexual health and community receptivity. In countries such as the Netherlands, where there is open communication about sexual health, comprehensive sexual health education throughout the school system and access to teen health centres, there are low rates of unplanned pregnancies and sexually transmitted infections among youth (Agnes, 1996). Adults and youth often want to talk to each other about sexual health issues yet both frequently lack role models of open inter-generational communication. There are many other benefits to working with youth co-facilitators (see Handout 3.1.a, *The benefits of working with youth co-facilitators*).

### **Finding youth co-facilitators**

- It is ideal for one adult to work with 2 youth co-facilitators. Increasing the number of co-facilitators may be confusing for the audience, while having only one young person presenting with an adult may be intimidating for the youth. The other benefit of having 2 youth co-facilitators is that you have a back up should one youth be unable to participate for some reason.
- When recruiting youth co-facilitators, it's important to be clear about their role and the time commitment that may be involved in preparing for the presentation(s). This way, youth can make an informed decision about whether their participation is possible. The time commitment involved for one presentation will of course depend on the skills and experience of the co-facilitators involved. As a general guideline, it is reasonable for one workshop to have 3 or even 4 planning sessions. This could include an initial meeting to discuss the presentation and briefly orient youth to the *Just Loosen Up and Keep Talking* kit, a session where presenters can brainstorm possible methods of delivering the information and a meeting or two to finalize details and to go through a dry run to make sure everyone is

comfortable. Be sure to provide youth with any training they need to feel confident in their role as a co-facilitator (eg. group facilitation skills).

- Recruiting youth who already have public speaking or presentation skills will shorten the planning process, as there may be less time needed for training them in the development of these skills. This, however, excludes youth who lack these skills and who may benefit from the opportunity to develop them. Furthermore, young people who already have experience with public speaking and group facilitation may be unavailable to co-facilitate or they may not be committed to the issues.
- If you're planning to present to young people, it can be advantageous to seek youth co-facilitators who are leaders among their peers but not necessarily the ones always involved in extra-curricular or academic activities. These natural leaders can very effectively mobilize their peer group.
- Remember that youth are diverse and youth co-facilitators should reflect this diversity.
- In addition to outlining the expectations for youth co-facilitators, it is helpful to emphasize the benefits of being involved. These benefits can include the opportunity to meet other young people, to raise awareness and support youth sexual health and to develop skills and experience that can be added to their resume. Also highlight any fun aspects that are involved.
- Consider finding funds for an honorarium for youth co-facilitators. If adult facilitators are being paid for doing the presentation, it's only just that youth presenters receive financial compensation as well. If an honorarium is not available, solicit community merchants for donations that could be given to youth as a token of appreciation for their work (eg. CDs, gift certificates, movie passes, food coupons, clothing, etc.).
- Avoid relying too heavily on the same youth all the time: if you plan to do more than 1 or 2 briefing kit presentations, find other youth who can act as co-facilitators. This prevents youth who have been involved in the past from feeling obligated to co-facilitate in the future and gives new young people and opportunity to develop skills.

## **Where to recruit youth co-facilitators**

- recruit peer educators or peer helpers at a junior high or high school. These youth may have already developed strong public speaking skills and have an interest in and a commitment to youth health issues.
- ask teachers to identify potential youth facilitators or request permission to do a brief presentation to a class. Talk very briefly about the briefing kit and request co-facilitators. Make a flyer available with some key points and a phone number so interested youth can contact you.
- talk to youth workers at youth-serving agencies and community groups to seek their help in recruiting youth. These agencies can include: the YM/YWCA, teen health centres, Planned Parenthood affiliates, First Nations

communities, native friendship centres, group homes, Lesbian, Gay and Bisexual Youth groups, community centres, cultural centres and church groups. Other agencies could include the Nova Scotia Advisory Council on the Status of Women and the Nova Scotia Youth Secretariat.

- put up a poster or make connections with youth in places where they hang out: a mall, an outdoor recreation place such as a skate board area, a youth club.
- use word of mouth: interested youth may have friends or know of other young people who may have an interest in being involved.
- do an interactive presentation about youth sexual health based on the briefing kit or the *Just Loosen Up and Start Talking Report* with a group of young people. Some audience members may become future co-facilitators after a workshop that helps them develop a sense of the importance of youth sexual health issues.

## **Roles of adult and youth co-facilitators**

- The adult co-facilitator will probably be the initiator of the presentation, accessing the briefing kit and seeking youth co-presenters. After this initial phase, youth and adults become equally valuable in the presentation planning process. Together, youth and adults can strategize ideas for the presentation and ways of delivering the information. Working together in a collaborative way may require an adjustment for everyone - adults and youth more typically interact in a directive manner with adults having authority over young people. It may be helpful to talk openly about this shift towards partnership with youth co-facilitators. Discuss the responsibilities for both adults and youth and make sure the division of labour is reasonable. Keep in mind that the adult co-facilitator will probably have access to resources that allow them to take on the administrative functions (eg. copying materials, making over heads, etc.).
- When delivering the presentation, the role of co-facilitators is to support each other, not to take control of the workshop and consequently undermine the other's authority. If youth facilitators hit rough spots in the process of facilitating, assist them in a supportive manner without completely taking over the presentation. For example, if during a section that a young person is facilitating a participant starts to monopolize the conversation or becomes argumentative and the youth co-facilitator has some difficulty resolving the conflict, the adult co-facilitator could respectfully help mediate and then allow the youth co-facilitator to continue.
- Adult co-facilitators can also act as important role models of how to work collaboratively with youth for other adults who are participating in the presentation. For example, an adult participant may direct questions about youth sexual health to the adult co-facilitator who may need to redirect the question to or share the task of responding to the inquiry with the youth co-facilitators.
- Attending to the needs of youth co-facilitators during the planning process and on the day of the presentation is another key responsibility for the adult presenter:

- schedule the planning sessions and the presentation itself at times that are convenient for youth - after school and on weekends.
  - ensure that youth co-facilitators have transportation to and from the presentation as well as the planning sessions. Also make sure that food will be available for them and ask them if they have child care needs.
  - consider any expenses (eg. travel) that youth co-facilitators might incur to be involved in the presentation and be sure to offset these.
  - have information about the presentation available for their parents, families and/or schools so that they can support the involvement of youth.
  - if youth co-facilitators are volunteering their time to help out, consider ways that you could be helpful to them in return (eg. writing them a letter of recommendation or acting as a job reference).
- Be youth-positive: make youth co-facilitators feel supported and meaningfully involved in presentations (See Handout 3.1.c, *Youth-positive practices*).

## **What parts of the briefing kit are best for youth co-facilitators to deliver?**

The parts of the briefing kit that youth present depend upon their comfort levels with the materials. Together, adult and youth co-facilitators need to decide what sections of the kit will be presented, how they will be presented (eg. small group discussion, interactive exercises, etc.) and who will handle the various sections. Youth can bring creativity and fresh insights into the design of presentation strategies. Youth co-facilitators must also be involved in the planning to ensure that they are comfortable with the methods to be used in delivering the information. For example, only use role plays if everyone is comfortable role playing. As a general guideline:

- youth and adults might share the responsibility of giving the history of the *Just Loosen Up and Keep Talking* project (section 2.0). Even if the project and the briefing kit are new to youth co-facilitators, the project is grounded in the experiences and voices of Nova Scotian youth and it is very appropriate to have youth involved in outlining the history of this youth-driven initiative.
- it can be beneficial for youth co-facilitators to set the guidelines for creating group safety (Handout 2.1.b) at the beginning of the presentation. This can symbolically convey their equal role as co-facilitators with adults and it may also help youth co-facilitators to develop confidence in their leadership role right at the start.
- encouraging youth to present some of the messages that young people currently receive about sexuality can be very impactful (eg. various sub-sections in chapter 4).
- it can be powerful for youth co-facilitators to lead some of the exercises in the section on creating support for youth sexual health (section 6).

Once again, these are just some guidelines to consider. Work with youth co-facilitators to determine who will handle the various sections of the briefing kit.

## 3.2 Working with youth as participants

- Presenting to groups of youth helps mobilize and involve them in creating community receptivity to youth sexual health. There may also be occasions when youth participants express an interest in becoming youth co-facilitators.
- It is essential that presentations done *for* youth be co-facilitated *by* youth. Youth co-facilitators are positive role models for their peers, help raise awareness of the issues and can ensure that the presentation is relevant, credible and meaningful for youth participants.
- Youth participants can be found in ways similar to those used for recruiting youth co-facilitators (see previous section). Youth who are participating voluntarily will be more likely to find the presentation useful and interesting than those youth who are required to attend.
- When presenting to young people, avoid a classroom-style approach. Make it fun, interactive and interesting. Use a variety of delivery methods - today's youth are accustomed to a fast-paced, visual pop culture. Youth co-facilitators are an invaluable source of ideas for youth-friendly presentation methods.
- Remember that the presentation will need to be adapted to each group - exercises that work well with a group of adults won't necessarily work well with a group of young people. This holds true for content as well. For example, a group of adults may need more focus on briefing kit sections that highlight the importance of youth sexual health or communication issues. Adult groups may also require more time getting comfortable with the topic than would a group of youth who are more likely to have been exposed to school-based sexuality education and who have grown up in a more sexually explicit media culture.
- The briefing kit sections that are presented to youth participants will depend upon the objectives of the presentation. Talk to youth co-facilitators who are familiar with the contents of the briefing kit about sections that they think would be interesting and impactful for their peers to hear about. Some specific suggestions:
  - The information in chapter 4 on messages that youth receive and how those messages may impact their sexual health can help youth think critically about the way in which external factors affect their personal decision-making. This section can also allow youth participants to clarify personal values that influence their decision-making.
  - Chapter 6 focuses on creating support for youth sexual health. Addressing these issues with youth participants can energize them to be involved in the development of community receptivity for youth sexual health.

## Working with mixed groups of youth and adult participants

- Be aware of the inherent power differentials between generations. Typically in our society, adults hold positions of authority over young people. To offset this imbalance, make the youth-adult ratio of participants equal in mixed groups. Also stress with youth co-facilitators and youth participants that their opinions, suggestions and ideas are of equal value to those of adults in the group.
- In the beginning process of creating group safety and setting ground rules for the workshop, it may be useful to provide participants with guidelines for giving constructive feedback. This can help deal with any inter-generational tensions that may arise in a mixed youth-adult group. Some examples of potential inter-generational tensions include a young person being critical about the delivery of sexual health information at school or an adult expressing the view that youth are irresponsible when it comes to sexuality issues.
- Balance content and methods of delivery to meet the needs of youth *and* adults. Often in mixed groups, it is the information needs of the adults that are met.

### 3.3 Diversity in the youth population

The Nova Scotia youth population is diverse. Young Nova Scotians come from rural and urban communities, have various cultural backgrounds, sexual orientations and physical and cognitive abilities. Working with youth who represent this diversity makes presentations relevant and meaningful.

Diversity issues are factors which influence sexual health. When building receptive communities which support youth sexual health, it may be necessary to address myths and stereotypes related to diversity that can act as obstacles to sexual health education and services. Talking about these issues during a presentation can contribute to breaking down the barriers for underserved youth.

Once again, an important starting point when preparing to work with youth is to look within ourselves for any traces of the myths and stereotypes related to diversity. Adults interested in building support for the sexual health of youth need to be truly supportive themselves. Make the learning environment a safe, inclusive, respectful place for all involved. Don't allow any jokes or comments which discriminate based on a person's race, ethnicity, gender, sexual orientation, ability or age. This is part of creating a safe and respectful environment for the presentation. It may at times be necessary to remind participants about the guidelines for group safety which would have been outlined at the beginning of the presentation. The following are some considerations related to diversity in the youth population. They are intended to raise awareness of and sensitivity towards diversity issues rather than being a statement on the needs of all youth in communities.

### Gender equity issues

There is great value in involving youth of both genders in briefing kit presentations. The involvement of young men is important because males are frequently overlooked in sexual health education topics such as contraception. Social stereotypes for young men often involve more permission and sometimes even pressure for males to be sexually active. There are fewer examples of males sharing responsibility for sexual health. Including young men as co-presenters can promote shared responsibility.

Working with a young woman as a co-facilitator can contribute to her sense of herself as an actor or an equal participant in sexual health issues. To some extent, this may help balance media images of women as passive sexual objects. This stereotype can be damaging to a young woman's sexual health if she perceives that she has less power to make healthy decisions.

Having co-facilitators of both genders also has the benefit of modelling inter-gender communication. Including young women and young men in presentations and talking about gender issues can help reduce the power of stereotypes to undermine a young person's sexual health.

## **Youth with disabilities**

Sexuality is a fundamental attribute of all individuals regardless of any physical or cognitive disability. Questions about sexuality and relationships should be addressed for all youth and access to sexual health information and services should be provided. Inaccuracies and stereotypes can contribute to the inaccessibility of health services, the exclusion of youth with disabilities from sexuality education which can have a negative impact on their self-esteem. Sheltering youth with disabilities from sexual health information can also increase their risk of sexual exploitation.

Raising awareness of disability and sexuality issues can create momentum for accessible sexual health information and services and help build information links (eg. the identification of knowledgeable health professionals in the community). Sharing resources for further information about sexuality and disability issues also helps build information links (see Handout 3.3.a, *Selected information resources: Sexuality and youth with disabilities*).

Co-facilitating with youth with disabilities can provide all participants with positive role models and contribute to an important sense of independence for youth with disabilities. When working with youth with disabilities in briefing kit presentations, use inclusive methods. For example, don't rely on written information or pencil and paper exercises when working with young people who are visually impaired. Acknowledge the challenges that the disability may pose in the context of the presentation, and focus on the young person's potentials. Remember that youth with disabilities are diverse - they have a variety of needs and abilities.

Work with youth and adults with disabilities to ensure that briefing kit presentations are relevant and sensitive to issues related to disability. Consult with people at organizations such as The Association for Community Living or DAWN (Disabled Women's Network). It is also beneficial to encourage youth and adults with disabilities to lead briefing kit presentations themselves. This will be more credible than if able-bodied facilitators lead a workshop with a group of persons with disabilities. People who are able-bodied have a different experience from people with disabilities, so collaboration is essential.

Communities that are receptive to the sexual health of all youth, including youth with disabilities, help to support all youth and their families.

## **Lesbian, gay and bisexual youth**

Sexual orientation is part of everyone's personality. Someone who is heterosexual is emotionally and physically attracted to people of the opposite gender. Someone who identifies as gay or lesbian is emotionally and physically attracted to people of the same gender, while someone who identifies as bisexual may be emotionally and physically attracted to people of either gender.

Sexual orientation is not a label that can be applied to us by others, it is something that, as individuals, we apply to ourselves. The process by which an individual identifies their sexual orientation is different for everyone. Some people know their sexual orientation from a young age, while others may go through a period of questioning. Everybody is unique.

Anyone who works with youth will meet bisexual, gay, and lesbian youth at some point, whether they are aware of it or not. There are many obstacles that can exist for these youth in the area of sexual health education and services. Lesbian, gay and bisexual youth may experience isolation, harassment, discrimination and fear of rejection from family and friends if they reveal their sexual orientation. They may avoid accessing health care services as a result of these experiences. Safe, confidential and inclusive services often do not exist in a young person's community.

Gay, lesbian and bisexual youth frequently lack sexual health information that is relevant for their lives. The shortage of discussions about sexual orientation in schools contributes to a sense of alienation and can undermine their self-esteem. Bisexual, gay and lesbian youth tend to see few representations of themselves in the media. They often lack a reference group or peer group with whom they can safely be themselves and relate. These gaps deny a person's existence and can foster shame and self-hatred in lesbian, bisexual and gay youth. This is not conducive to sexual health and makes adolescence an even more difficult and trying time.

The isolation and rejection experienced by many gay, lesbian and bisexual young people creates a barrier to sexual health and overall well-being. These youth have an increased risk of harassment, violence, loneliness, homelessness, depression, substance abuse, risky sexual behaviour and suicide (Schneider, 1997). Affirming gay, lesbian and bisexual youth by facilitating safe, inclusive, non-judgmental learning environments can help make these young people safer and healthier.

The safest assumption when it comes to sexual orientation is to assume that you don't know someone's orientation unless you're told. Co-facilitators and participants, both youth and adults, may be gay, lesbian and bisexual. If a young person with whom you are working has disclosed his/her sexual orientation or "came out" to you, be careful not to "out" them to others. Be confidential. It is up to the individual whether or not they want to be "out" with the group. A youth co-facilitator who is bisexual, lesbian or gay may decide that they want to share some insights based on their experience with the group. However, it is not necessary to have a lesbian, bisexual or gay co-facilitator in order to deliver an inclusive, gay-positive presentation (see Handout 3.3.b, *Tips for being gay, lesbian and bisexual positive*).

## **Ethno-cultural and racial issues**

Youth from ethno-cultural communities can face various barriers to accessing sexual health information and services. The term "ethno-cultural" is used to distinguish these youth from the mainstream Canadian culture which is predominantly English and of European ancestry. The ethno-cultural and racial backgrounds of youth include African Nova Scotians, Mi'kmaq, other visible minorities and immigrants to Canada. The potential to experience marginalization from the mainstream is really the only common thread among these youth. They are otherwise diverse, coming from different backgrounds with varying beliefs and values regarding sexuality issues and facing various challenges to accessing sexual health education and services. The needs of marginalised youth often go unmet. This section briefly touches on some of the issues involved in working with youth from diverse ethno-cultural and racial backgrounds.

Youth of colour face racism, isolation and they often lack positive role models specific to sexual health issues. Racism and discrimination mean that African Nova Scotians and Mi'kmaq youth may grow up without adequate access to resources to develop a sense of cultural pride and self-esteem that is central to health and well-being. Racism makes sexual health services unsafe and creates unhealthy individuals and communities.

Youth from immigrant families may encounter especially confusing messages about sexuality and lack comprehensive sexual health information. Some of these youth may feel caught between the cultural values of their families and the sexual beliefs and values of mainstream Canadian culture. The experience of feeling caught between two cultures is confusing and isolating for these youth. Their friends and peers from the mainstream culture may not understand the complexity of their situation. Families of these youth may lack resources for dealing with these issues as well. Young people need skills and supports to help them deal with the intricacies of this type of experience.

Working with youth from ethno-cultural communities and involving adults from the community can help ensure that briefing kit presentations are culturally relevant, provide role models for youth and create links to mainstream culture to offset the experience of marginalization. Ideally facilitators will reflect the ethno-cultural identity of youth in the community. This may mean working with adults and youth from an ethno-cultural community so that they can lead presentations based on the briefing kit themselves. This may be a more credible and trustworthy approach for some communities than if an outsider or someone from the mainstream culture comes in to address sexual health issues. See *Being sensitive to ethno-cultural and racial issues* (Handout 3.3.c) for further suggestions on creating culturally-relevant learning environments.

Language can act as a barrier. For example, there may be no French language resources for Acadian youth. New Canadian youth who do not speak English also face language barriers to accessing mainstream sexual health information and services. Information in appropriate languages or translation services often do not exist outside of large urban centres.

### **3.4 Encouraging other adults to work with youth**

During the presentation, be sure to talk to participants about the importance of working with youth. Keep in mind that adult participants may in turn lead their own briefing kit presentations with young people. Adult and youth co-facilitators can talk about their process of working together. Not everyone in the audience will have a sense of how to do this and it may be helpful for them to have an opportunity to talk about the process and ask questions of people who have gone through the experience.

### **3.0 The importance of working with youth**

#### Key Points

- youth need to be directly involved in briefing kit presentations

### **3.1 Working with youth as co-facilitators**

#### Key Points

- collaborative partnership
- finding youth co-facilitators
- where to recruit youth co-facilitators
- roles of adult and youth co-facilitators
- what parts of the briefing kit are best for youth to deliver?

### **Materials**

- 3.1.a The benefits of working with youth co-facilitators
- 3.1.b Where to recruit youth co-facilitators
- 3.1.c Youth-positive practices

### **3.2 Working with youth as participants**

#### Key Points

- presentations for youth should be co-facilitated with youth
- use fun, interactive methods
- working with mixed groups of youth and adult participants requires special considerations

### **3.3 Diversity in the youth population**

#### Key Points

- the Nova Scotia youth population is diverse
- address myths and stereotypes that may act as barriers for youth sexual health
- gender issues
- youth with disabilities
- lesbian, gay and bisexual youth
- ethno-cultural and racial issues

### **Materials**

- 3.3.a Selected information resources: Sexuality and youth with disabilities
- 3.3.b Tips for being gay, lesbian and bisexual positive
- 3.3.c Being sensitive to ethno-cultural issues

### **3.4 Encouraging other adults to work with youth**

#### Key Points

- be a resource for other adults about working with youth

.....

## **The Benefits of working with Youth Co-facilitators**

*3.1a*

- When youth and adults facilitate presentations together, they role model open communication between generations that is beneficial in the development of youth sexual health and community receptivity. Adults and youth often want to talk to each other about sexual health issues yet both frequently lack role models of open inter-generational communication.
- Having youth meaningfully involved in the planning stages can make sure that the presentation is culturally appropriate, youth- positive and relevant.
- Involvement helps youth develop skills: leadership, group facilitation, communication, presentation, planning and organization.
- Gives young people an opportunity to participate in community development and a chance to support sexual health.
- Empowers young people, promotes positive self-esteem and provides both youth and adults with a learning opportunity.
- Provides positive role models for other youth: youth co-facilitators can have a great influence on the sexual health attitudes and behaviours of their peers. Peers are a trusted source of sexual health information - they can have a positive impact on the sexual health of youth in the community by role modelling and raising awareness of the issues.

.....

## **Where to recruit Youth Co-facilitators**

*3.1b*

- recruit peer educators or peer helpers at a junior high or high school. These youth may have already developed strong public speaking skills and have an interest in and a commitment to youth health issues.
- ask teachers to identify potential youth or request permission to do a brief presentation to a class. Talk very briefly about the briefing kit and request co-facilitators. Make a flyer available with some key points and a phone number so interested youth can contact you.
- talk to youth workers at youth-serving agencies and community groups to seek their help in recruiting youth. These agencies can include: the YM/YWCA, teen health centres, Planned Parenthood affiliates, First Nations communities, native friendship centres, group homes, Lesbian, Gay and Bisexual Youth groups, community centres, cultural centres and church groups.
- put up a poster or make connections with youth in places where they hang out: a mall, an outdoor recreation place such as a skate board area, a youth club.
- use word of mouth: interested youth may have friends or know of other young people who may have an interest in being involved.
- do an interactive presentation about youth sexual health based on the briefing kit or the *Just Loosen Up and Start Talking Report* with a group of young people. Some audience members may become future co-facilitators after a workshop that helps them develop a sense of the importance of youth sexual health issues.

.....

## Youth positive practices

### 3.1c

The following practices can help make youth co-facilitators feel supported and meaningfully involved in presentations based on the briefing kit:

- Keep in mind that in order to do a presentation, youth need information about the project, presentation skills, confidence in their ability to help lead the workshop, trust that they will receive support from the adult co-facilitator and environmental supports which facilitate their involvement (eg. support from parents).
- Meet with youth on their terms: schedule planning sessions and the presentation itself at times when they are available such as after school and on weekends.
- Seek to work collaboratively with youth co-facilitators. Avoid setting up a parent-child dynamic. Respect young people and demonstrate that respect. Ask for their input and make adjustments accordingly.
- Recruit youth in as much advance as possible so they can be involved in the workshop planning stages, get comfortable with the material and practise for the presentation if necessary. Don't start planning the workshop and then bring youth in afterwards - involve them from the beginning.
- Avoid relying too heavily on the same youth all the time: if you plan to do more than 1 or 2 briefing kit presentations, find other youth who can act as co-facilitators. This prevents youth who have been involved in the past from feeling obligated to co-facilitate in the future and gives new young people and opportunity to develop skills.
- Plan an initial meeting to get to know each other and to orient youth to the purpose of the briefing kit. Give youth a sense of their role and responsibilities for the workshop. Give them a copy of the briefing kit, but don't just leave it for them to read - they undoubtedly have enough homework to do. Instead outline the kit with them. Follow up with planning sessions - brainstorm methods of delivery then become more specific, rehearsing if necessary.
- Make planning sessions fun and relaxed. People who enjoy their involvement are more likely to stick around. At the same time, don't let things disintegrate into zero productivity. Everyone likes to feel that they are accomplishing something.
- Be flexible to adapt "teaching strategies" based on the input and skills of youth co-facilitators.
- Admit your mistakes. This helps create an environment where it is okay to be human and imperfect and where adults take responsibility for their actions.
- Create a safe environment where youth can express their opinions.

- Let youth use their voices - it is important that they are not fed messages by adults.
- Allow youth to use language that they're comfortable with as long as it's not offensive (eg. derogatory or discriminatory words). Keep in mind that sometimes words or terms used by adults or young people may need "translation". Providing translation facilitates communication.
- Help youth to develop necessary skills such as public speaking, group facilitation and critical thinking. This may take time and preparation.
- Be aware of the inherent power differentials between generations. Typically in our society, adults hold positions of authority over young people. To offset this imbalance, make the youth-adult ratio of participants equal in mixed groups. Also stress with youth that their opinions, suggestions and ideas are of equal value to those of adults in the room.
- Make space for "check-in's": get feedback from youth during the planning and delivery of the presentation. Remain flexible to restructure or modify plans if necessary to make sure youth feel comfortable and involved.
- Don't put youth facilitators or participants on the spot - they cannot speak on behalf of all young people.
- At the end of the presentation, debrief with youth co-facilitators. This allows them time to reflect on their experience and their feedback will be useful for any future presentations.
- Act as an advocate for youth involvement. Set an example by doing. Whenever possible, have youth be a part of the process - committees, meetings, media appearances, presentations, etc.

.....

## **Selected information resources**

### *Sexuality and youth with disabilities*

#### *3.3a*

Various associations set up around particular illnesses and disabilities (eg. the Multiple Sclerosis Society) have specific information relating to sexuality. Other resources include:

Kaufman, M. (1995). *Easy for you to say: Q & A's for teens living with chronic illness or disability*. Toronto: Key Porter Books Ltd.

Kroll, K. & Levy Klein, E. (1995). *Enabling Romance: A Guide to Love, Sex & Relationships for the Disabled (And the People who Care about Them)*. Bethesda, MD: Woodbine House, Inc.

MacLeod, S. (1985). *For one & all - Sexuality & your disabled child*. Nova Scotia: Planned Parenthood Nova Scotia.

Maksym, D. (1990). *Shared Feelings: A Parent Guide to Sexuality Education for Children, Adolescents & Adults who have a Mental Handicap*. North York, ON: The G. Allan Roeher Institute.

.....

## **Tips for being gay, lesbian and bisexual positive**

3.3b

- Assess your own attitudes about sexual orientation. Get more information to become aware of issues for lesbian, bisexual and gay youth. Be supportive.
- Create learning environments where everyone can feel good about themselves. Do not allow homophobic jokes or remarks in a group, otherwise it is not a safe and affirming place. Remind the group about the guideline on mutual respect if necessary (see Handout 2.1.b, *Creating Group Safety*).
- Avoid heterosexist bias - the assumption that everyone is or should be heterosexual.
- Use inclusive language: for example, use the word “partner” rather than the term “girl friend/boyfriend” when the gender of someone’s dating partner is not known.
- Use same-sex examples when talking about relationships.
- Don’t “out” anyone or reveal their sexual orientation. Be confidential if anyone makes a disclosure.
- Talk with the group about homophobia and how it creates barriers to sexual health for lesbian, gay and bisexual youth. Strategize how these barriers can be overcome.
- Help participants identify resources for bisexual, gay and lesbian youth and those who work with youth.

For further information:

Schneider, M. (ed.) (1997). *Pride & Prejudice: Working with lesbian, gay & bisexual youth*. Toronto: Central Toronto Youth Services.

Also, contact: The Lesbian, Gay & Bisexual Youth Project, Nova Scotia, (902) 429-5429.

.....

## **Being sensitive to ethno-cultural and racial issues**

*3.3c*

- Assess your own attitudes about race and ethnicity. Get more information about ethno-cultural issues.
- Remember that the beliefs, values and information needs of ethno-cultural groups vary widely. Don't assume homogeneity - talk to people about their traditional beliefs. Acceptance and celebration of cultural diversity will enhance the group process.
- Look for cultural bias in presentation materials and activities. Use culturally relevant examples and discuss issues that are pertinent to the community.
- Be aware of potential language barriers and seek to overcome them.
- Create a racism-free, affirming, culturally sensitive learning environment.
- Facilitators must reflect the ethno-cultural identity of youth in the community.
- During the presentation, talk about how racism interferes with access to sexual health information and services. Encourage participants to address these issues in their community.
- Provide a forum for the discussion of ethno-cultural issues such as the experience of marginalization or the complexity of being caught between two cultures.
- Help raise awareness of the needs of people from various ethno-cultural backgrounds (eg. Moslem females may need to see female physicians for health care).
- Be an advocate for culturally-sensitive, accessible sexual health information and services in a community. For example, encourage educators and health care providers to participate in a workshop about ethno-cultural issues or anti-racism training.
- Raise awareness of helpful resources in the community.



**How Do We  
Communicate  
About Sexual  
Health?**

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

## **4.0 Communities and communication**

Toward the goal of creating receptive communities for youth sexual health, we must first understand the relationships between communities and communication. The words share common roots *communitus*: fellowship; and *communicare*: to share. We all belong to a variety of communities—biological or chosen families; occupational, educational, recreational or spiritual communities as well as our actual neighbourhoods and towns. The centrepiece to community is belonging and one of its primary requirements is communication. We share ideas, values and feelings with the other members of our communities through verbal and nonverbal communication. Communities and communication are interconnected.

This chapter of the *Just Loosen Up and Keep Talking* briefing kit addresses the relationship between sexual health and communication by examining some issues we face when addressing sexuality and sexual health.

### **4.1 The importance of dialogue**

According to the World Health Organisation, “The population of young people aged 10 to 24 is projected to reach 459 million by the year 2025” (Advocates, 1997: 2). The first step in generating an ongoing dialogue about youth sexual health is to recognise the importance of such a dialogue. Surely, the size of the youth population in the world at large, as well as right here in Nova Scotia, is one good reason for the need. But there are other reasons as well. For example:

- providing accurate information
- balancing media impact
- dispelling myths and misconceptions
- teaching responsibility and instilling values
- promoting positive self-esteem
- keeping communication channels open
- addressing unplanned pregnancy and sexually transmitted infection rates
- preventing sexual exploitation

### **4.2 How is sexual health presently addressed in our culture?**

- We operate under an implicit “no talk rule.” Many teens are afraid to ask questions of parents for fear that they would think that the teens are experimenting with sexual behaviours. This fear often leads to dialogue with equally misinformed peers, resulting in a fragmented and misinformed youth population. Furthermore, some parents fear that talking about sexuality will, in effect, promote sexual activity.
- Youth lack accurate, up-to-date, relevant holistic resources. An analogy can be drawn between sexuality and driving. Some people think that giving youth information about sexuality is like giving them the keys to the car. When youth are old enough to drive, we don’t just give them the keys to the car. We offer classes and go to great lengths to instruct them on how the car works, safe driving techniques, consideration for other drivers, as well as to insure them against injury or death. Imagine the difference we’d see

in sexual health if we spent as much time, effort and money teaching our youth how their bodies work, how to be safely sexual and insured them against unintended pregnancy and the harmful, if not fatal, effects of sexually transmitted infections. In short, we need to unify the messages and methods of instruction about youth sexual health from all segments of our communities. Youth need preparation and practice of a wide range of life skills to become sexually healthy adults. They need to correlate the information to their own lives and experiences.

- Early learning or past negative experiences can affect communication about sexuality and sexual health. Some parents may feel fear, shame and embarrassment about their own sexuality or sexual health. This may impact how comfortable they are with discussing the topic. They may not appear very approachable, or “askable.” Early learning and how they were taught can have a profound impact on a person’s level of comfort with sexuality. If they were never taught, how are they to teach? They don’t want to say the wrong thing, so often they say nothing. This can send out the message that “sex is a secret” which may be interpreted: “sex is bad.”

### **4.3 What are some issues we face when trying to discuss sexuality and sexual health?**

- Language issues can get in the way. We really don’t have an agreed upon language to discuss sex and sexuality. We rely upon a mix of mechanical or scientific language, euphemisms, street language, silence and body language. Early experiences may also determine language which can, in turn, have an impact on attitudes, beliefs and feelings.
- Values (beliefs we have about what is right and wrong regarding sexuality), information (facts we have about sexuality), and feelings (emotions we have about sexuality) about youth sexual health compound our confusion about communication (Boyer, 1988: 12). Usually, when we talk about “sex,” we think of specific behaviour—intercourse. But sexuality is much more than that. Youth sexual health includes education around sexuality and reproductive health, dating, gender relationships, sexual orientations, pregnancy, sexually transmitted infections, as well as access to reproductive information and services.

### **4.4 A comprehensive definition of sexuality and sexual health is multifaceted**

- Sexuality describes many things about people: whether we’re male or female, how we look, how we feel about ourselves, who we’re attracted to, our sexual feelings and choices, our relationships with others, our body image, self-esteem, our sexual behaviours and their consequences.
- According to the World Health Organization:  
“Sexual health is the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from fear, shame and guilt. Sexual health involves freedom from disorders or diseases that interfere with sexual and reproductive function.”  
World Health Organization
- Human sexuality and learning begins at birth through touch, the ways our bodies feel and the ways that people around us relate to each other and to us. “Gender learning, for

instance, begins at birth. Being identified as male or female can determine many of one's sexual attitudes, behaviours and values." (PPFA, 1986: 16). Male or female, we are likely to experience the world in ways which are prescribed by our gender. Children continue to learn about sexuality and gender through music, television, movies, advertisements and their developing relationships with others: family members, peers, community members, educators; virtually everyone with whom they come into contact. Remembering our feelings and memories from when we were growing up can help us understand what youth are facing as they grow up. Thinking about early messages we received about sex and sexuality can help us bridge the gap that may exist between adults and youth.

- A profile of a sexually healthy teen includes positive body image and awareness, good interpersonal relationships, well developed decision-making skills, and the ability to choose intimacy and safety. The foundation which is built early in life serves the individual and the community.
- Sexuality is a lifelong, dynamic learning process. We continue learning about our sexuality, sexual health needs, and how they change, throughout our lifetime.

#### **4.5 What is the role of healthy communication in creating receptive communities?**

- Youth receive mixed and conflicting messages about sex from media, government, religion, educational systems, family, peers, and significant others. On one hand, they receive the tantalizing message: "Here it is," while on the other, "Just say no." Communities can influence the messages that youth receive about sexual health.
- Youth receive mixed messages about sexual health either explicitly (stated directly) or implicitly (suggested or implied because communication can be verbal or nonverbal). They hear, "Do as I say, not as I do" or "You can talk to me about anything (except sex.)" Facial expressions, gestures and silence can shape youth's impressions about sexuality.
- "The gender stereotypes which influence young people's development result in various problems—young men are dying in motor collisions and young women are at great risk for unintended pregnancy and sexually transmitted infections." (Hanvey, et al., 1998: 20). Additionally, gender issues often serve to perpetuate double standards
- Healthy communication includes parents as primary sexuality educators of children with assistance from community resources. Human sexuality is the most personal and vulnerable characteristic we share. Lack of information from parents can result in explicit and implicit miscommunication to youth about sexual health. Some people believe if sex is a secret, then it must be bad. It is crucial in engaging in this dialogue about youth sexuality to think about how we learned about sex when we were growing up.
- Healthy communication about youth sexuality breaks down barriers through creating comfortable climates, and "teachable moments" to share honest, open and age appropriate information. A few ways in which adults can create opportunities, or seize "teachable moments" are by discussing the messages conveyed in TV shows, ads and movies. They can share books which show behaviours, relationships, or how gender roles are portrayed. Everyday occasions provide a foundation for continuing dialogue of the more complex social and emotional issues of sexuality.

# ..... **Presenter's Outline & Materials** *How Do We Communicate About Sexual Health?*

## **4.0 Communities and communication**

Key points

- communities and communication are interconnected

## **4.1 The importance of dialogue**

Key Points

- reasons for a dialogue about youth sexual health

## **4.2 How is sexual health presently addressed in our culture?**

Key points

- “no talk rule,” talking about sexuality does not promote sexual activity
- youth lack resources
- driving analogy
- early learning or past negative experiences can affect communication
- fear, shame, and embarrassment

Materials

- 3.2.a Driving Analogy
- 3.2.b Memory Lane

## **4.3 What are some issues we face when trying to discuss sexuality and sexual health?**

Key points

- language issues
- values, information, and feelings

Materials

- 4.3.a Talking About Sexuality
- 4.3.b VIF

## **4.4 A comprehensive definition of sexuality and sexual health is multifaceted**

Key points

- sexuality describes many things about people
- a definition of sexual health
- human sexuality and learning begins at birth
- profile of a sexually healthy teen
- sexuality is a lifelong dynamic learning process

Materials

- 4.4.a Some Elements of Sexuality
- 4.4.b A Definition of Sexual Health
- 4.4.c Profile of a Sexually Healthy Teen
- 4.4.d Understanding Human Sexuality

## **4.5 What is the role of healthy communication in creating receptive communities?**

### Key points

- youth receive mixed and conflicting messages from a variety of sources
- explicit and implicit communication
- gender stereotypes and double standards
- parents as primary sexuality educators with assistance from community resources
- healthy communication breaks down barriers by creating comfortable climates and “teachable moments”



## Driving Analogy

4.2.a

Imagine if we taught young people how to drive the way we teach them about sexuality and sexual health. They know that people drive, but nobody talks about it. They know, in fact, that their parents have driven, maybe even own a car, but they never see them drive and they don't talk about it either. Young people wonder when it will be OK for them to drive, but they have no way of knowing. Sometimes they sneak and sit in cars. Sometimes they even drive around. They do this by themselves, or with others.

There are no road maps, or road signs, and you don't have to take a driver's test. What constitutes safe, legal driving depends with whom you're talking. There is no consistent modelling of responsible driving. When you ask about it, adults get nervous, or say "Just say no to driving." People make jokes about wanting to drive, but you don't know if they're serious or not. Men reportedly know more about driving than women do.

Some places, mostly schools, offer short classes. Some of the teachers are knowledgeable about cars and driving and feel comfortable talking about it, some don't. Universities don't offer training on how to teach about driving. In the classes, we have diagrams of cars, but we would only show parts of them at a time, never the whole car at once. The teacher never, never must show the students his or her car. We always talk about the brakes, never the accelerator and only rarely about the pleasures of driving. We say "it can be a beautiful thing."

What young people know about driving is from television and movies—chase scenes and wrecks. Only the bad guys die.

Adapted from: Gordon, S. (1979) *The Sexual Adolescent: Communicating with Teenagers About Sex*. 2<sup>nd</sup> ed. North Scituate, MA: Duxbury Press

*Remembering our feelings and memories from when we were growing up can help us understand what youth are facing as they grow up. Thinking about early messages can help us bridge the gap that may exist between adults and youth.*

1. How did you learn about sex when you were growing up? From whom or where did you get your information? Was it accurate?
2. How were sexual issues or conversations handled in your home? What did it feel like if you had a question or concern? To whom did you go?
3. What would you have liked to ask that you didn't?
4. What message would you like young people today to have about sex?
5. What did it feel like to remember those early messages and experiences?
6. How do you think that young people's experiences today are similar or different?

Adapted in part from: N. Harris & K.R. Todd. (1980). *Saying Goodbye to the Birds and the Bees and Telling the Real Story: A Guide or Parents*. Santa Cruz, CA: Network Publications.

**Mechanical**

Systems, processes, parts

**Scientific**

Can convey a detached tone

**Euphemisms**

Change frequently, who knows what's really being said?

**Street language**

Can be offensive and "off putting"

**Silence**

Can be interpreted in many ways

"We don't talk about it because:

- it's a secret
- it's bad
- we're uncomfortable
- we don't know what to say"

**Body Language**

Can convey implied messages, level of comfort with the topic

Every time we talk about sexuality, we are also communicating **VIF**. Paying attention to this can improve our conversations.

**V = Values**

Values are the beliefs we have about what is right and wrong regarding sexuality.

**I = Information**

Information is the facts we have about sexuality.

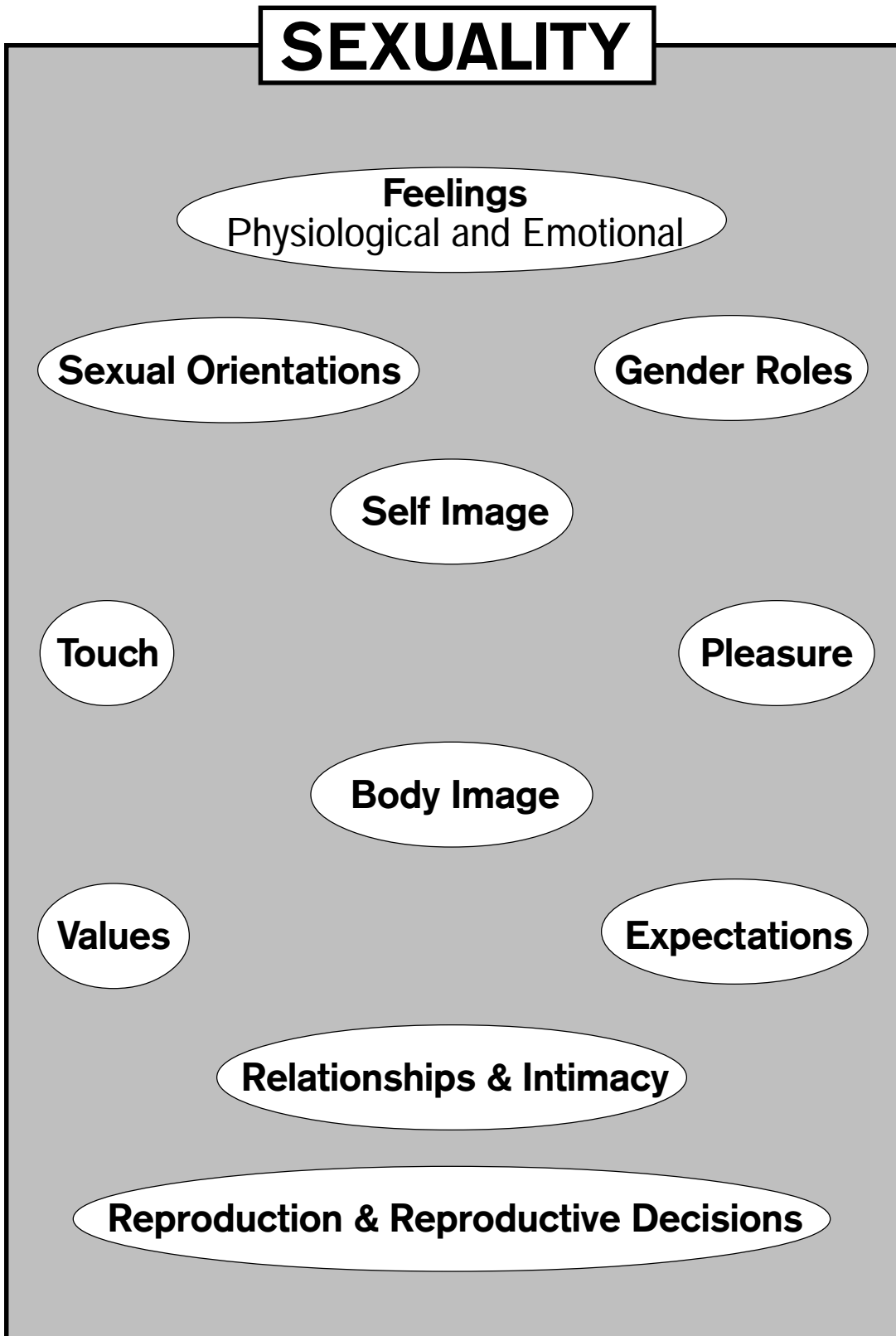
**F = Feelings**

Feelings are the emotions we have about sexuality—happy, sad, excited, scared , etc...

Adapted from: Boyer, M. (1988). Helping People Learn About Sexuality. Doylestown, PA: Planned Parenthood Bucks County, PA

.....  
**Some Elements of Sexuality**

4.4.a



## .....**A Definition of Sexual Health**

*4.4.b*

“Sexual health is the integration of all aspects of sexuality in ways that are enriching and that enhance personality, communication, and love. Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour with freedom from disorders or diseases that interfere with sexual and reproductive function.”

**World Health Organization**

# ••••• Profile of a Sexually Healthy Teen •••••

4.4.c

Hundreds of professionals who work with teens were asked what qualities to look for in sexually healthy teens. Here are their responses:

## **Body Image Awareness – He or She**

- Feels good about being male or female
- Understands how the male and female reproductive systems function
- Has a realistic and positive image of own body
- Is not obsessively concerned with dress and appearance
- Knows that sexual feelings are normal and can be controlled
- Knows own genital area and does not feel ashamed of genitals
- Knows that there is a range of sexual attractions which may include same gender, opposite genders and both

## **Decision-Making – He or She**

- Is able to decide what is right for self and acts in own best interest
- Has a sense of future and is planning for it
- Has decided ahead of time what is or is not okay sexually
- Has clear sense of own values, acts in keeping with those values

## **Interpersonal Relationships – He or She**

- Is able to communicate feelings to others
- Is able to ask questions of parents and others about sexuality
- Is able to express affection
- Understands another person's viewpoint, for example: boys and girls are able to respect and understand each other
- Has respect for another's individuality
- Takes responsibility for own actions
- Is aware of personal needs and is able to communicate them to a partner
- Knows own limits and is comfortable with setting limits
- Feels that s/he has positive things to offer in a relationship

## **Sexual Intimacy – He or She**

- Feels good enough about self not to have sex just to prove his or her sexuality
- Understands the consequences of sexual activity
- Understands the difference between sexual feelings and love
- Is able to experience sexual intimacy whether s/he has intercourse
- Knows that one's feelings deserve respect from others
- Is able to accept refusal of sex and is able to refuse sex

From: Brick MEd, P. Towards a Positive Approach to Adolescent Sexuality. Vol. 17, No 5, SIECUS Report, Vol 17, No 5.

## **What do we mean by sexuality?**

In part, sexuality has to do with being male and female:

- How we grow and change over the years
- How we view our bodies
- How we relate to each other
- How we reproduce
- How we are alike and different in appearance and behaviour
- Who we are as men and women, girls and boys

## **How do children learn about sexuality?**

Children begin learning about sexuality when they are infants:

- The way they are touched
- What people tell them is okay and not okay to do
- The way their bodies feel to them
- What is expected of them as girls and boys
- The words people use to refer to parts of the body
- The way members of the family relate to one another and to them
- The way their culture/faith/society decides what is “right”

Children continue to learn about sexuality, on a daily basis, from:

- The music they listen to
- The TV programs they watch
- Their interactions with teachers
- Relating to family members
- Relationships with peers and others
- Changes in their bodies and feelings
- Adjusting to changes in others’ expectations

When we educate children about sexuality, we help them:

- Be prepared for physical, social and emotional changes
- Understand that changes are normal and OK and we can acknowledge the range of feelings they may have about them
- Recognise that their bodies are good and beautiful and belong to them
- Learn to make decisions that show respect for themselves and for others
- Learn to act responsibly and in ways that take into account the possible consequences of their behaviours
- Understand the place of sexuality in human relationships, in living and loving
- Explore values and learn what is right for them



.....

# Why is Sexual Health Important to Your Community?

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

## **5.0 Sexual health and communities**

Communities can provide a supportive environment that enables all its members to maintain their sexual and reproductive health. A sexually healthy community is a healthy community. The level of sexual health is reflected in the general health of a community. Sexuality is interconnected with who we are and how we live. Sexuality, whether we are sexually active or not, is a common characteristic we share as humans, a common thread weaving through the fabric of life.

This chapter of the *Just Loosen Up and Keep Talking* briefing kit addresses the relationships between sexual health and communities by examining two sub-points: factors that determine sexual health and why sexual health is important to the community.

### **5.1 What is the impact of and connection between sexual health, personal well-being and the culture at large?**

“Sexuality and reproductive health are seen as fundamental aspects of being human—as important to quality of life and other key aspects of health such as eating, sleeping or physical activity. It includes knowledge of self, opportunities for healthy sexual development and sexual experience, the capacity for intimacy, an ability to share relationships and comfort with different expressions of sexuality. Our attitudes about sexuality, our ability to understand and accept our own sexuality, to make healthy choices and respect the choices of others are essential aspects of who we are and how we interact with our world.” (Health Canada, 1998: 1).

### **5.2 Community factors that determine sexual health**

The impact of and connection between sexual health, communities and communication can be seen in six areas, each of which include both the individual and the community. They have been adapted from Health Canada’s 1998 *Framework on Reproductive and Sexual Health*.

- The *Social and Economic Environment* is reflected in individual income, meaningful employment, education and personal support networks. It is reflected in the community as access to goods and services, recreation, sound working environments and fair labor practices. There is evidence that income and socioeconomic status are associated with health and well-being.
  - Impact: Early initiation and riskier sexual practices are higher among youth in groups with lower socioeconomic status. “Poor children engage in riskier behaviours. Teenage girls from low-income families are five times as likely to become pregnant than girls from higher income families.” (Catano, 1998: 4).
- The *Physical Environment* includes all of our surroundings—natural and human built.
  - Impact: Many of the products used and consumed affect our general health and may have specific effects on sexual and reproductive health.
- *Personal Health Practices* are reflected as individual personal attitudes, practices and behaviours that promote, protect and maintain health. They are reflected in the

community as information and education linked to access of user friendly, affordable services. Supportive social environments are necessary to enable and sustain healthy choices. The use of practices to provide protection from sexually transmitted infections illustrate the interaction between a person's knowledge, attitudes, intentions, skills and their social environment.

- Impact: Biological and economic changes, better nutrition and healthcare produces young people who are physiologically ready for sexual activity before society may make it possible for them to cope with its emotional, spiritual, physical and economic consequences.
- *Health Services* consist of all the resources and services that promote, protect, maintain and restore health. Access to safe, effective and appropriate health services have a positive influence on sexual and reproductive health. Effectiveness of services are increased when they are sensitive to client characteristics such as ability, age, culture and gender.
  - Impact: Teen pregnancy and abortion rates are lower in countries where there is a wide access to sexuality education and contraceptive services. Access to prenatal education and services is associated with better outcome for parents and children.
- *Gender* refers to the roles, characteristics, attitudes, behaviours, values, and power influence that our society ascribes to men and women on a differential basis.
  - Impact: Social status also influences access to health care. A lack of power and equal status can make it more difficult to participate fully in relationships and make healthy choices regarding sexual and reproductive health. "Men and women have different sexual and reproductive experiences and risks. Women may hold less power in heterosexual sexual relationships, which may affect their ability to delay sexual activity, or insist on protection during sexual contact." (Kinnon, 1994: 155-160).
- *Culture* is one way we define our sense of belonging through shared beliefs, characteristics, habits and values.
  - Impact: The dominance of 'mainstream' cultural values may result in marginalization, stigmatization and lack of access to appropriate and effective use of health services. Language barriers may result in the loss of access to health and other services by other groups or individuals.

### 5.3 What is the importance of sexual health?

- Sexual health is fundamental to who we are as individuals and as community members. Our responsibility to human life extends beyond the individual child and family. Sexual health issues are complex and pervasive and cannot be solved by families alone. Sexuality and sexual and reproductive health are fundamental aspects of being human whether we are engaging in sexual behaviours or not. The benefits of sexual health are numerous: better relationships, increased well-being, better integration into the community.
- The *Canadian Guidelines for Sexual Health Education* define the benefits of sexual health as positive self-image and self worth, acceptance of one's own sexuality, integration of sexuality into mutually satisfying relationships, attainment and maintenance of sexual and reproductive health.

- Youth self-concept is a significant influence on how they handle their feelings and behaviours concerning sexuality. Better self-concept and coping skills increases their ability to make less impulsive, more well thought out decisions. Learning respect for other people’s feelings and bodies translates into the belief that they deserve the same treatment. If they have been taught since childhood that every act has a consequence, then they will see that this is also true of sexual activity. “The facts of life” is only the smallest part of one of a series of important subjects youth need to be taught.
- Everyone is a sexual health educator. Youth need both males and females involved in nurturing their sexual health, otherwise a stereotyping of roles and the waste of valuable information resources is perpetuated. Everyone who comes into contact with youth is a sexuality educator through actions as well as attitudes.
- Acceptance of youth as sexual beings. Little has been written about what positive sexual attitudes, behaviours and values should be effectively promoted as desirable for youth. Because youth are sexual persons, we must develop a new consensus about what needs to happen during early life to help assure mature, sexually healthy development. We need to accept that development of sexual identity is a critical task of adolescence and that youth have both the right and the responsibility to make decisions about their sexual values, ethics, and behaviours. We need to help young people to develop the skills and the ability to resist the media and peer pressures that may rush them into premature sexual involvement, and to develop personal criteria for evaluating relationships. Although teens acknowledge the pressures to be sexually active and the reality of teen sexual activity, they often indicate a reluctance to acknowledge the complex social, emotional, spiritual and physical hazards of this behaviour. Being receptive to youth sexual health is not necessarily the same as being receptive to youth sexual activity. “Youth sex” can be, but doesn’t have to be an aspect of youth sexual health. This complexity underscores the importance of creating communities receptive to youth sexual health.

## 5.4 What is the impact of poor sexual health?

- Individuals and society at large pay a huge price related to poor sexual health. Individuals suffer emotional and economic costs. Societal costs include health services, benefits to those who could have remained healthy and independent, and the loss of productivity (Health Canada, 1998: 5-6). Sexually transmitted infections, unintended pregnancies, a greater number of low-birth weight babies and sexual violence, are some of the symptoms of poor sexual health for which we pay a price—as individuals and as a community.
  - It is estimated that for every dollar spent on preventing teenage pregnancy, \$10 could be saved on the cost of abortion services and the short and longer term costs of income maintenance to adolescent sole support mothers (Orton, M.J. & Rosenblatt, E., 1986: 126).
  - It is estimated that the lifetime costs of treating someone living with HIV infection is \$153,000. The cost is \$1,200 per Canadian citizen. (Albert, T., 1997)

# ..... **Presenter's Outline & Materials**

## *Why is Sexual Health Important to Your Community?*

### **5.0 The relationship between sexual health, personal well-being and the community**

#### Key points

- communities can provide a supportive environment
- a sexually healthy community is a healthy community

### **5.1 What is the impact of and connection between sexual health, personal well-being and the culture at large?**

#### Key points

- sexuality and reproductive health are fundamental aspects of being human

### **5.2 Community factors that determine sexual health**

#### Key points

- social and economic environment
- physical environment
- personal health practices
- health services
- gender
- culture

#### Handouts

- 4.2.a Factors That Determine Sexual Health

### **5.3 The importance of an awareness of sexual health**

#### Key points

- what is the importance of sexual health
- sexual health is fundamental to who we are
- positive self-image and self-worth are benefits of sexual health
- self concept is a significant influence on sexuality
- everyone is a sexual health educator
- acceptance of youth as sexual beings

#### Handouts

- 4.3.a Guidelines for Talking About Sexuality

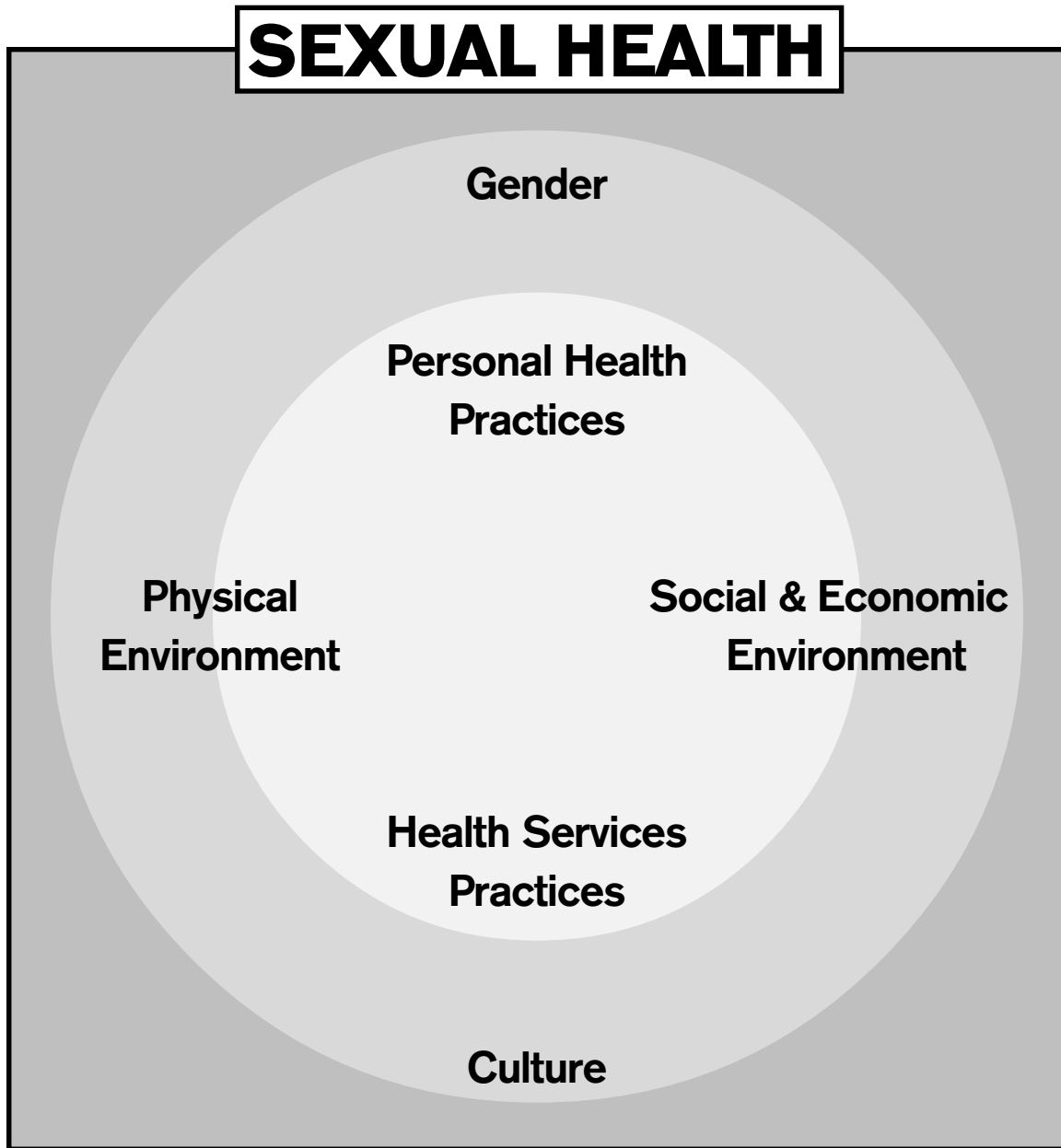
### **5.4 what is the impact of poor sexual health?**

#### Key points

- individual and societal costs

..... **Factors That Determine Sexual Health**

5.2.a



Adapted from: Health Canada. Framework on Sexual and Reproductive Health. Draft Version. 1998

# Guidelines for Talking about Sexuality

5.3.a

1. **BE HONEST!** Be honest about your feelings, your values, what you know and what you don't know.
2. **USE TEACHABLE MOMENTS.** There are lots of opportunities which happen throughout a normal day for talking about sexuality with children. Talking about a neighbour's pregnancy, the adoption of a child, seeing a woman working in a non-traditional job, are all situations that provide you with opportunities to discuss sexuality related issues with children. Using teachable moments also lets children know that it is okay to talk about sexuality.
3. **KEEP VIF IN MIND.** VIF stands for values, information and feelings. These are three important elements when talking about sexuality. Communicating information is important, but communicating values and feelings are just as important. We communicate these explicitly (what is said), implicitly (what is implied) combined with our body language
4. **CHILDREN LEARN BY EXAMPLE, TOO.** So even if you don't say a word about sexuality, your children will learn about it by watching family patterns about touching, sex roles, nudity, affection, discipline and other family behaviours. If you "don't say a word" about sexuality, then some children might think that there is something mysterious, secretive or bad about the sexual things in life.
5. **BE PATIENT.** Children hear and learn about sexuality from lots of different sources. You will need to clarify, repeat and build on your child's knowledge as s/he grows and matures. You can expect some of the same questions because, as children mature, they will be able to understand more complex aspects of sexuality topics.
6. **LANGUAGE IS IMPORTANT.** Give children the words they need to continue asking and talking about sexuality. Whenever it is possible, use the proper terms for the reproductive parts of the body: penis, vulva, breasts, testicles, etc.
7. **LISTEN, TOO!** When talking with your children about sexuality, it's important to listen too! It helps you to learn what they are thinking and what further information or discussion they may need. You can help children talk about sexuality with you by asking open-ended questions like:
  - How do you feel about that?
  - What do you think s/he should do?
  - How do you think we would solve that problem?
  - What have you heard about that?
8. **MAKE A COMMITMENT.** Make a commitment to see that sexuality education happens for children. If you feel nervous talking about it, say so, then go on to say what you feel is important.
9. **SEXUAL LEARNING IS A LIFELONG PROCESS.** That means that we need to continue to learn, too. So read about sexuality; talk about it with your partner, your friends. Find out what your church, synagogue or faith community thinks about sexuality. Explore your values.

Adapted from: Boyer, M. (1988). Helping People Learn About Sexuality. Doylestown, PA: Planned Parenthood Bucks County, PA.



.....

# Creating Support for Youth Sexual Health

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

## **6.0 Involving youth to improve their sexual health**

One of the central components in a dialogue about creating receptive communities for youth sexual health is the inclusion of youth themselves. All of our concern, all of our best intentions, technology, medicine and knowledge are worthless if youth are either denied access, or if they perceive that they are being denied access. For the state of youth sexual health to change, youth must be central to the means of keeping themselves healthy. In fact, youth are the key to improving their sexual health. Young people live in many worlds—home, school, work, friends, the local and broader community.

This chapter of the *Just Loosen Up and Keep Talking* briefing kit draws on the “Just Loosen Up and Start Talking” report and what Nova Scotia youth have said can be done to improve young people’s sexual health.

### **6.1 What are the barriers to youth sexual health?**

“Without access to safe, reliable, caring and youth-positive sexual health resources, youth are left on their own to struggle with this critical aspect of their lives.”

- The number one barrier is accessibility. One-third of youth surveyed in “Just Loosen Up and Start Talking” reported they are “simply not able to access sexual health services and education in their home community.” Some youth believe that their community “avoids issues of sexuality, is homophobic, or closed minded, leading to a lack of supportive services for youth.”
- Judgement, fear, shame, and embarrassment. Even when services are available, these factors keep many youth from getting education or services they need. “They know sex is a taboo subject, so are afraid to seek help.” (PPFA, 1986: 123)

Some examples given by Nova Scotia youth that illustrate this fear, shame and embarrassment:

- fear that information will not be kept confidential
  - religious influence in sexual education causes young people to feel ashamed of their sexuality, their bodies, and “guilty for being a teen.”
  - embarrassment about talking about sex
  - parental judgement fear, or denial
  - uncomfortable showing naked body to a doctor
- Negative past experiences in seeking sexual health information or services. Young people who have questions about sexual health turn to parents, doctors, friends and school sex education programs most often—these are the resources available to a vast majority of youth. Unfortunately, some youth have experienced these people as abusive, uncaring, judgmental or uninformed. Others report that confidentiality was broken, or that a professional was sexist.
  - Specific populations of youth have even less access to sexual information and services. If a young person is from a cultural minority group, gay, lesbian, bisexual or transgendered,

they will have even more difficulty getting the assistance they need. They frequently encounter stereotyping, prejudice, discrimination and lack of relevant information. As well, some of these youth will assume that a service will not be made available due to perceived negative societal attitudes. Rural and institutionalised youth also have trouble accessing resources, services and support.

## **6.2 What role do parents and guardians play?**

When it comes to parents, the 220 youth interviewed in the “Just Loosen Up and Start Talking” report were very clear: parents play an ongoing, influential role in young people’s sexuality—whether they want to or not. Parents are primary role models, communicators and sources of information for their children. From a very young age, children learn from their parents what is open for discussion and what is not, what is expected of them as males and females and what standards their parents have for them. Nova Scotia youth rate their parents high as sources of sexual health education when their parents are “available, easy to talk to, trustworthy, nonjudgmental and straightforward.”

## **6.3 What can parents do to create an open relationship with their daughters and sons?**

Parents can:

- Start early—don’t wait until their children are teenagers. Parental attitudes, behaviour and feelings about sexuality are communicated to children, explicitly and implicitly, from birth. Answering—or not—questions about body parts, and “where babies come from;” talking about relationships, male/female issues, choices and decision-making. These early interactions pave the way for the teenage years. Young people who enter adolescence with an open, trusting relationship with their parents, where “values, morals and consequences” have been discussed, are more likely to turn to their parents for guidance.
- Provide accurate, up-to-date, nonjudgmental information. Parents have the opportunity to ensure that their children know about sexual health. Resources that are thorough, up-to-date and easy to understand are available. Young people want information that encourages and respects their ability to make decisions. Books, videos, magazine articles and television shows can all be sources of information. Resources can be left in a place where youth can access them privately, as particular topics become relevant or of interest. It is important to understand that often young people will first gather information on their own and then approach someone they trust to talk about the topic or ask questions.
- Educate themselves and keep up-to-date. A well-informed parent will be more comfortable and confident discussing sexuality. Some things have changed since parents were teens. Up-to-date information will help you to help your child and to understand the world they live in. Seek out information from a variety of respected sources. Don’t be afraid to approach your public health nurse, your family doctor and other community agencies with your questions. In the words of one young person, we need to “educate the parents, because the kids learn the most from them.”
- Encourage open discussion. Ask your children to talk about what they are learning in school health class, what their friends are telling them and what “messages” they are

getting from the media. Ask them what they think. Listen. Share your own opinions in a non-threatening way.

- Share their opinions and values without condemnation, ridicule or threats. Young people want guidance from their parents, what they think and feel about important issues, and what their expectations are. They want to know that their parents care enough about their wellbeing to be involved in their lives, even if the topic is difficult to talk about.
- Involve fathers and sons. Quite often sexual health education focuses on young women. This sends the message that sexual health is primarily a woman's concern; that young men do not need information or support and don't have to take responsibility for their actions. The consequences of this approach are far-reaching and often devastating. Indeed, the *Just Loosen Up and Start Talking* report noted that the majority of young women who are parents are parenting alone, that males who had been sexually abused had great difficulty getting help and that, "young men in particular would like to hear more from their fathers on male sexuality." Young women, too, need to hear from their fathers about sexual health.
- Make it clear that they are willing to discuss even difficult topics such as abortion, dating violence, sexual abuse and assault, sexually transmitted infections and sexual orientation. These issues have such a strong societal taboo that many youth assume they are also "off limits" with parents, teachers, counsellors and even friends. Yet most youth—or someone they are close to—will face at least one of these issues at some point. Being silent on these topics is not enough help. Name each issue to reassure young people that they can ask or talk about even "taboo" issues.
- Support their children in making decisions and taking responsibility for them. Youth who have not had practice in making decisions and who have not had to take responsibility for earlier actions will not be prepared to take responsibility for the decisions they make regarding sexuality. On the other hand, young people who have confidence in their ability to make good decisions, who know they must take responsibility for their actions, will be better prepared for responsible sexual decision-making.

## **6.4 What can be done in communities to create environments that support youth sexual health?**

Many of the elements in a supportive community setting are similar to those of supportive parents: openness, nonjudgmental attitudes, accurate information and a feeling of safety. However, since a variety of community settings must appeal to many different youth, there are additional considerations.

When we talk about community settings we include places like:

- schools, colleges and universities
- youth drop-in, social or recreation centres
- church-based youth groups
- youth support groups (cultural, medical, psychosocial, etc.)
- youth leadership programmes
- group homes
- youth shelters

- youth detention centres
- medical, health or fitness centres
- doctor's offices

Any one of these places may decide to take the initiative to actively further youth sexual health. Keeping the following characteristics and qualities in mind will assist them:

- Accessibility
  - convenient location and hours/days of operation
  - physical accessibility for youth with disabilities
- Credibility
  - trustworthy, ethical staff and volunteers
  - accurate, up-to-date information
  - respect for youths' decisions; no pressure or "agenda"
  - reputation for confidentiality and privacy
- Inclusive
  - services for the wide range of youth
  - awareness of the needs of isolated or marginalized youth and programmatic efforts to reach out to them and meet their needs
  - staff and volunteers knowledgeable about the challenges facing youth (abuse, drug and alcohol abuse, homophobia, parenthood, poverty, racism, violence, etc.)
- Relevant
  - programs and services provided to meet the real needs of young people
- Youth-friendly
  - programs, resources and services that are age and developmentally appropriate
  - knowledge and appreciation of the issues currently faced by youth
  - comfortable physical environment
  - reflects the interests and concerns of youth (current magazines, posters, resources)
  - validates the importance of and time spent with peer group
  - opportunities for youth to contribute to the development and success of the group or service provided

# Presenter's Outline & Materials

## *Creating Support For Youth Sexual Health*

### **6.0 Involving youth to improve their sexual health**

#### Key points

- including and involving youth
- youth must have, and perhaps more importantly, feel they have access to safe, accurate, up-to-date environments, resources and services

### **6.1 What are the barriers to youth sexual health?**

#### Key Points

- accessibility
- judgement, fear, shame, and embarrassment
- negative past experiences
- specific populations with less access

#### Materials

- 6.1.a Some Barriers to Youth Sexual Health
- 6.1.b Barriers and Bridges (Part One: Barriers)

### **6.2 What role do parents and guardians play?**

#### Key Points

- parents are primary role models, communicators and sources of information
- parents give cues about what is OK to discuss
- youth want to talk with their parents about sexual health issues when their parents are available, easy to talk to, trustworthy, nonjudgmental and straightforward

### **6.3 What can parents do to create an open relationship with their children?**

#### Key Points

- start early
- provide accurate, up-to-date, non-judgmental information
- educate themselves
- encourage open discussion
- share opinions and values
- involve fathers and sons
- make it clear they will discuss difficult topics
- support youth decision-making and responsibility for the consequences

### **6.4 What can be done in communities to create youth-positive environments?**

#### Key Points

- settings
- characteristics and qualities

#### Materials

- 6.4.a Nova Scotia Youth Speak
- 6.1.b Barriers and Bridges (Part Two: Bridges)

## ..... **Some Barriers To Youth Sexual Health**

6.1.a

- The number one barrier: accessibility to information, resources and services
- Fear, shame and embarrassment
- Negative past experiences in seeking sexual health information or services
- Specific populations of youth have even less access to information and services. They include:
  - cultural minorities
  - gay, lesbian, bisexual or transgendered youth
  - rural youth
  - institutionalised youth

From: Agnes, M. (1997). "Just Loosen Up and Start Talking." Halifax, NS: Nova Scotia Department of Health and Planned Parenthood Nova Scotia.

.....  
**Barriers and Bridges**  
*6.1.b*

<p>What are the <b>barriers</b> to sexual health in my <b>personal life</b>?</p>	<p>What are the <b>bridges</b> to sexual health in my <b>personal life</b>?</p>
<p>What are the <b>barriers</b> to sexual health in my <b>community</b>?</p>	<p>What are the <b>bridges</b> to sexual health in my <b>community</b>?</p>

### **about Sexual Health Resources**

“My doctor broke my confidentiality and told my parents. He makes me mad!”

“I was stereotyped as ‘all Indians are drunks. She’ll be pregnant before she’s 16.”

“Society’s dumb attitudes cause kids to fear being found out that they’re curious about sex.”

“I was taught in school you could only get pregnant one day in a month.”

### **about Strengthening Accessibility**

“Keep building social acceptance of the issues surrounding sexuality and the situations that arise so that people won’t feel bad about needing resources.”

“Society should make youth feel it is natural to be curious, to want information and resources.”

“Make resources more available so kids will go get help.”

“Parents should be thankful people are trying to help their kids and back off some.”

“Educate the parents because the kids learn the most from them.”

“The problem is adults’ lack of acceptance of sex as reality, so they condemn it and won’t give kids the facts they need. They need to relax and do what is right.”

### **about School Sex Education**

“The teacher was open, not shy, answered questions and wouldn’t allow anyone to laugh at anyone else’s questions.”

“Present sex education so that it is acceptable to voice one’s values and beliefs on a topic rather than feel rejected if one’s questions don’t reflect the norm.”

“Don’t assume we’re all heterosexual.”

“In a classroom, kids are too uncomfortable and embarrassed to ask the really important questions.”

“It didn’t have enough to do with individual choices and morals.”

“Don’t just give us narrow social standards.”

### **about Parents**

“If parents don’t start early with sex education, the kids won’t ask later.”

“My parents don’t care about me, so I run wild. Sex is the only way to get attention.”

“I wish they would have been there for me when I was a kid.”

### **about Peers**

“They have a great influence on where, when and how to have sex.”

“It makes me want to have it by them telling me it’s great!”

“They tell me to get as much as I can then call me a slut.”

“Boys brag about it, but girls are sluts.”

“I’d be ‘outed’ and judged. Everyone hates gays.”

“My peers are irresponsible, confused, and repressed.”

## **about Abuse**

“My uncle abused me and told me it was my fault I was attractive.”

“After the rape, I went out and had sex with different people without feeling anything.”

“Since the sexual abuse, I have a constant urge for sex. I’m a sex addict.”

“I don’t ever want to have sex again.”

## **about Being Lesbian, Gay or Bisexual**

“The first time I kissed a woman, it changed my whole world. I knew I was homosexual and my values would be different from a lot of people because of that.”

“I talked to my teacher who then told the other teachers.”

“I wish I could be ‘out’ with my parents.”

“I wish there was somewhere where gay and lesbian Indians could go and feel safe and still feel part of the community.”

“My friends think homosexuality is gross, so I pretend I’m straight. I go out with a guy and don’t say anything.”

## **about Sexual Activity**

“I feel safe if I believe I’m with someone I’ll always be with.”

“No one in this area uses condoms. I hope AIDS never comes here!”

“With my steady girlfriend I feel safe and secure. On one night stands I always use a condom.”

“I’m too embarrassed to bring it up with my boyfriend.”

From: Agnes, M. (1997). “Just Loosen Up and Start Talking.” Halifax, NS: Nova Scotia Department of Health and Planned Parenthood Nova Scotia.

.....

# Closing Remarks



**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

## 7.0 Closure

This chapter of *Just Loosen Up and Keep Talking* is about closing or ending the presentation. An important learning tool to use is a quick review, or summary of the main points you presented.

- The purpose of the briefing kit and presentation was to increase awareness and create community receptivity to youth sexual health.
- The general topics were:
  - How do we communicate about sexual health
  - why sexual health is important to your community
  - creating support for youth sexual health.

These topics and related issues can raise many questions. Some of this will have been new information to some of the participants. They may have a new awareness, or some questions. You won't be able to address or answer them all. However, it can be important to the process to highlight them. You can refer them to other community resources to continue their learning or to become more involved in supporting youth sexual health.

First, it can be helpful to allow a moment or two for participants to reflect and remember questions they might not have asked earlier. Allow for the realisation that the project is open-ended and they may feel or actually have “unfinished business.” It may be helpful to distribute a list of community resource listings.

Then it may be helpful to ask participants who feel like it, to briefly share: “One thing I learned...” or, “One thing I liked...” This may also help to reinforce the knowledge and new learning.

## 7.1 Participant response sheets

“Participant Response Sheets” are good tools for helping participants retain new information and making it concrete. They also can provide invaluable feedback for you as a presenter and point toward next steps. Emphasise the importance of honest communication and feedback. Give them ample time to think, reflect and fill out the forms.

## 7.2 Ending the session

Let them know that without them, the project's goals cannot be met. Thank them for their time and participation.

## 7.3 Closure for presenter(s)

It is equally important for presenter(s) to have closure, too. This can be done through debriefing with your co-presenters, reviewing the session—what worked, what you might like to change. Take time to reflect on the things you did well.

## **7.0 Closure for participants**

### Key points

- briefly summarize the project purpose and the topics
- ask for any questions or unfinished business
- let the participants know it is normal to have questions come up later as a result of thinking about this information
- refer them to community resources
- group sharing: “One thing I learned was...” or, “One thing I liked...”

## **7.1 Participant response sheets**

### Key Points

- honest feedback is helpful and important
- give them time to reflect and fill out the response sheets

### Materials

- 7.1.a Participant Response Sheet

## **7.2 Ending the session**

### Key Points

- they are a part of the project—it can't happen without them
- thank them for their time and participation

## **7.3 Closure for presenter(s)**

### Key Points

- debrief, review the session, and what changes you might make next time
- reflect on what you did well
- fill out presenter response sheet

### Materials

- 7.3.a Presenters Response Sheet

.....  
**Just Loosen Up and Keep Talking**  
**Participant Response Sheet**  
**Summary**

7.1.a

Date of Presentation: \_\_\_\_\_

Location of Presentation: \_\_\_\_\_

Presenters: \_\_\_\_\_

1. The overall purpose of the briefing was to increase awareness and create community receptivity to sexual health, especially as it relates to youth.

How do you feel this purpose was met? Please circle the appropriate number:

**1** (not at all)    **2** (somewhat)    **3** (well)    **4** (very well)

Comments:

2. One objective was to highlight the three points listed below. How well was this objective met? Please circle the appropriate number:

a. Why sexual health is important for communities to acknowledge and address:

**1** (not at all)    **2** (somewhat)    **3** (well)    **4** (very well)

Comments:

b. The importance of clear and accurate communication:

**1** (not at all)    **2** (somewhat)    **3** (well)    **4** (very well)

Comments:

c. The importance of and ways to create support for youth sexual health:

**1** (not at all)    **2** (somewhat)    **3** (well)    **4** (very well)

Comments:

3. One thing I learned or found useful was:

4. What was least useful:

5. I would like more information on:

6. A group or organisation that the Nova Scotia Round Table on Youth Sexual Health may want to contact for a presentation is:

7. Please check one: I am    \_\_\_Female    \_\_\_Male

8. Additional comments:

Thank you for your honest feedback. Your comments are important to us.

.....  
**Presenter's Response Sheet**

7.3.a

**Just Loosen Up and Keep Talking**

Your feedback on this briefing kit is welcomed and is essential to future efforts in promoting youth sexual health. We're interested in your experience with this briefing kit and presentation. A few minutes of your time to respond to the questions below would be most appreciated. Please return this form to:

Nova Scotia Round Table on Youth Sexual Health  
c/o Public Health and Health Promotion  
Nova Scotia Department of Health  
1690 Hollis Street, Box 488  
Halifax, Nova Scotia B3J 2R8

Date of Presentation \_\_\_\_\_

Location of Presentation \_\_\_\_\_

How many presenters were there? \_\_\_\_\_

How many were youth—male or female? \_\_\_\_\_

How many adults—male or female? \_\_\_\_\_

Please describe the group to whom you presented, its objectives and how many participants? How many participants attended? Were they adults, youth, or a mix? How many were females? How many were males?

Before using the briefing kit were you or the group familiar with the issues related to youth sexual health?

After using the briefing kit and doing a presentation do you feel there was enough information or do you need more information before the kit's contribution can be of use to you?

Which parts of the kit were most useful? Which were least useful? Why?

Did the group do any of the activities suggested in the Presenter's Outline? If so, which ones?  
How did they go?

What do you feel went well during the presentation?

Would you do another presentation? If so, what would you change, if anything—and why?

Additional comments:



.....

# **Works Cited and Background Material**

**Just  
Loosen Up  
and  
Keep  
Talking!**

For further information contact:  
Public Health and Health Promotion  
Nova Scotia Department of Health  
1-800-481-5802

**Nova Scotia  
Round Table on  
Youth Sexual Health**

# Works Cited And Background Materials

## Works Cited

- Advocates for Youth (1997). *Making Healthy Decisions about Sexuality: What Do Young People Need?* Washington, D.C.: Advocates for Youth.
- Agnes, M. *Nova Scotia Sexual Health Needs and Resources Assessment: Just Loosen Up and Start Talking*. Halifax, NS: The Nova Scotia Department of Supply and Services, Publishing Section. 1996.
- The Antigonish Women's Association . *The Adolescent Health Project*. 1991-92.
- Boyer, M. *Helping People Learn About Sexuality*. Doylestown, PA: Planned Parenthood Bucks County, PA. 1988.
- Brick, P. Towards a Positive Approach to Adolescent Sexuality. *SEICUS Report*, Vol. 17, No. 5. 1988.
- Dryfoos, J. Adolescents at Risk: A Summation of Work in the Field—Programs and Policies. *Journal of Adolescent Health*. 1991.
- Gordon, S. *The Sexual Adolescent: Communicating with Teenagers About Sex*. 2<sup>nd</sup> ed. North Scituate, MA: Duxbury Press. 1979.
- Hanvey, L. et al. *The Health of Canada's Children: A CHICH Profile*. Ottawa, ON: Canadian Institute of Child Health. 1994
- Health Canada. *Framework on Sexual and Reproductive Health Draft Version*. 1998.
- Kinnon, D. *The Birth Control Gap*. In E. Dua, M. Fitzgerald, I. Gardner, D. Taylor & L. Wyndels (Eds.), *On Women Healthsharing*. Toronto: Women's Press. 1994.
- Orton, M. J. & E. Rosenblatt, *Adolescent Pregnancy in Ontario: Progress in Prevention* (Report 2). Hamilton: McMaster University School of Social Work.
- Planned Parenthood Federation of America (PPFA). *How to Talk with Your Child about Sexuality: A Parent's Guide*. New York, NY: Doubleday. 1986.

## Background Materials

- Alcala, M.J. *Commitments to Sexual and Reproductive Health Rights for All: Framework for Action*. New York, NY: Family Care International. 1995.
- Amherst Initiative for Healthy Adolescent Sexuality (AIHAS) Research Team. *Amherst Parents' Attitudes Towards School-Based Sexual Health Education*. Amherst: Health Canada, August, 1996.
- Amherst Initiative for Healthy Adolescent Sexuality (AIHAS) Research Team (1996). *A Sexuality Education Needs Assessment Conducted with Students, Teachers and Guidance*

- Counsellors at E.B. Chandler Junior High and Amherst Regional High School.* Amherst, NS: Health Canada. 1996.
- Beazley, G., D. Gruchy, & L. Nette, *Adolescent Health into the Twenty-first Century An Evaluation of the Red Door Adolescent Health and Support Centre.* Halifax, NS: Nova Scotia Department of Health. 1995.
- Bell, R. and others. *Changing Bodies, Changing Lives.* New York, NY: Vintage Books. 1988
- Burt, J. J. and L. Brower-Meeks, *Education for Sexuality: Concepts and Programs for Teaching.* Toronto: W.B Saunders. 1975.
- Catano, J. *Talking About Child Poverty in the Atlantic Region.* The Community Health Promotion Network Atlantic for the Health Promotion and Programs Branch, Atlantic Region, Health Canada. 1998.
- Cumberland Adolescent Reproductive Health Project. *Listening to Grades 9 to 12 Students: What Education and Services Could Help Prevent Pregnancy and Sexually Transmitted Diseases (STDs)?* Cumberland County, NS: Health Canada. 1993.
- Day, D. *Young Women in Nova Scotia: A Study of Attitudes, Behaviours and Aspirations.* Halifax, NS: Nova Scotia Advisory Council on the Status of Women. 1990.
- The Nova Scotia Department of Education and Culture. *Foundation for Active, Healthy Living: Physical and Health Education Curriculum. Validation Draft.* Halifax, NS: The Nova Scotia Department of Education and Culture. 1997.
- Gibbons, S. & G. Van Gyn, *Gender Equity in Physical Education Workshop Manual for Workshop Leaders.* Gloucester, NS: The Canadian Association for Health, Physical Education and Recreation. 1994.
- Legault, C. *The Only True Wealth is Good Health Community Health Needs Assessment Musquodobit Valley.* Musquodobit Valley, NS: Musquodobit Valley Health Council. 1996.
- Health Canada. *Towards a Common Understanding: Clarifying the Core Concepts of Population Health.* Discussion Paper. 1996
- Haffner, D.W. *SIECUS Reprint Series: Healthy Adolescent Sexual Development.* New York, NY: SIECUS. 1990.
- MacDonald, C., N. Meagher, & B. O'Brien, *Report of Survey on Existing Collaboration Between SERN's and the Sexuality Health Educators.* Presented to Community Health Nursing Division of the Nova Scotia Department of Health and Fitness. 1991.
- McCrossin, S. *Youth in the 90's.* Halifax, NS: Nova Scotia Youth Secretariat. 1993.
- McDonald, K. *Sexual and Reproductive Health Rights in Canada Draft.* Halifax, NS: Nova Scotia Advisory Council on the Status of Women. 1996.
- National Guidelines Task Force. *Guidelines for Comprehensive Sexuality Education: Kindergarten – 12<sup>th</sup> Grade.* New York, NY: SIECUS. 1992.
- Nova Scotia Department of Health, Public Health Division. *Sexual Health Report for Nova Scotia 1994.* Nova Scotia Department of Health. 1994.

Planned Parenthood Nova Scotia and the Nova Scotia Department of Health. *Nova Scotia Sexual Health Needs and Resources Assessment: Technical Report*. Halifax, NS: Nova Scotia Department of Health and Planned Parenthood Nova Scotia. 1996.

Poff, D. *Care, Concern and Action: Leadership in Preventing Family Violence Executive Briefing - Presenter's Guide*. Nova Scotia Family Violence Prevention Initiative. Halifax, NS. 1993.

Young, H. *Preventing Teenage Pregnancy and STD Infection A Public Health Challenge*. Halifax, NS: The Nova Scotia Medical Journal. 1992.

.....  
**Cited Works Addendum**

Kaufman, M. (1995). *Easy for you to say: Q & A's for teens living with chronic illness or disability*. Toronto: Key Porter Books Ltd.

Kroll, K. & Levy Klein, E. (1995). *Enabling Romance: A Guide to Love, Sex & Relationships for the Disabled (And the People who Care about Them)*. Bethesda, MD: Woodbine House, Inc.

Schneider, M. (ed.) (1997). *Pride & Prejudice: Working with lesbian, gay & bisexual youth*. Toronto: Central Toronto Youth Services.