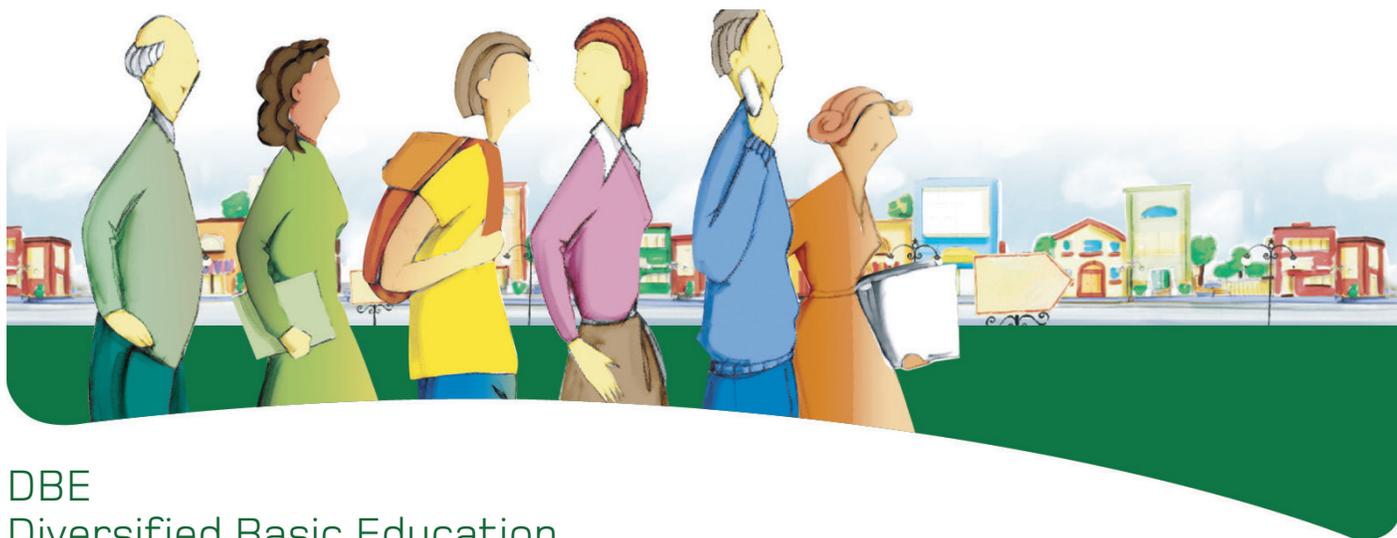


# PROGRAM OF STUDY

## HUMAN SEXUALITY

Subject Area: Personal and Social Development

Adult General Education



DBE  
Diversified Basic Education





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## HUMAN SEXUALITY

Subject Area: Personal and Social Development

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Adult General Education



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Diversified Basic Education



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## Preface

The Human Sexuality program is intended for all learners enrolled in adult education. It offers a comprehensive view of sexuality, combined with preventive action. The adult education sector is ideally suited for this type of intervention.

The program is part of the Personal Development subject area. Adult learners are encouraged to think about themselves, recognize their own worth, take charge of their lives more effectively and relate to other people more constructively.

The program focuses on the development of three **subject-specific competencies**:

- *Examines situations involving sexuality*
- *Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour*
- *Makes healthy lifestyle choices with regard to sexuality*

In this program, sexuality is a central aspect of human identity. It encompasses gender, gender identity and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in our thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. It may include all these dimensions, although they are not always experienced or expressed simultaneously. Sexuality is also influenced by interactions between biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. The concept of “sexuality” also encompasses “sexual health,” which is a state of well-being with regard to sexuality, and implies a positive and respectful approach to sexuality in which the sexual rights of all individuals are protected. Sexual health is influenced by a complex web of attitudes and behaviours essential to life in society.<sup>1</sup>

The program structure is based on the five dimensions of sexuality: biological; psychological, affective and relational; sociocultural; moral, spiritual and religious; and ethical and legal. Fictional situations are used to illustrate the issues studied, without identifying individual people.

In addition, since the use of psychotropic substances is addressed, it may be appropriate to take into account the course *Preventing Dependency on Substances* of the Preventing Dependency program, to provide documentary support for some pedagogical activities, in particular those relating to the transmission of sexually transmitted and blood-borne infections (STBBIs).

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<sup>1</sup> Adapted from: Public Health Agency of Canada, *Canadian Guidelines for Sexual Health Education* (Ottawa: Government of Canada, 2008), 5.

## **Chapters 1 to 5**

These chapters describe the program. Chapter 1 presents the approach used to study the issue of sexuality, along with the conceptual aspects that provide the theoretical framework for the program: the dimensions of sexuality, changing mindsets with regard to sexuality, and sex education and prevention. The connections between sexuality, the broad areas of learning, the cross-curricular competencies and the various subject areas of the Diversified Basic Education Program are explained and illustrated using various examples.

The pedagogical context (Chapter 2) describes the characteristics of the learning situations that teachers will be required to prepare and the function of the families of learning situations, and provides examples of educational resources. In addition, special attention is paid to the role of adult learners and teachers in learning situations, along with the teaching conditions that must be established and maintained.

Chapter 3 specifies the meaning of each of the subject-specific competencies of the program, gives details on their key features and manifestations, and provides information about their development and the evaluation criteria associated with them.

The overview of the subject-specific content (Chapter 4) lists the categories of knowledge needed to develop and exercise the subject-specific competencies, and the prescribed elements of the subject-specific content.

Chapter 5 summarizes the organization of the courses, and lists the courses in the program with their title, alphanumeric code and duration.

## **Chapters 6 and 7**

These chapters describe the courses in detail, in the context of the conceptual aspects outlined earlier in the document. They contain all of the information teachers need to understand and present the courses autonomously. The courses therefore include the information presented in the first five chapters as well as the essential information needed for pedagogical planning.

Each course is presented along with its aim. The subject-specific competencies, which are the same in both courses, are illustrated in a table. The research process sets out the steps that adult learners can follow to reflect on and analyze the issues presented. The cross-curricular competencies and broad areas of learning are contextualized using an example of a learning situation. The subject-specific content is presented in terms of categories of knowledge with prescribed and suggested elements. Examples of cultural references are proposed as triggers and context providers for the learning situations. The families of learning situations are discussed and an example of a learning situation is provided. The end-of-course outcomes are linked to the competencies developed, the knowledge constructed and the resources mobilized. Lastly, a table shows the evaluation criteria for the course.

The aim of the course ***Sexuality in All Its Dimensions*** is to encourage adult learners to reflect on various issues and help them adopt safe and responsible sexual behaviour and maintain health and well-being. Adult learners are asked to think about their sexuality by making connections between the five dimensions proposed. The issues studied will help adult learners develop a comprehensive approach to sexuality and promote harmonious sexual and interpersonal development. The development of such an approach to sexuality will, among other things, help adult learners avoid various physical and psychological health problems pertaining to sexuality, such as unwanted pregnancies and relationship problems.

The aim of the course ***Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)*** is to encourage adult learners to think about various issues pertaining to STBBIs. It also promotes preventive behaviour, by guiding adult learners as they reflect on ways to acquire, maintain or activate healthy lifestyle habits and responsible behaviours with regard to their sexuality, specifically in connection with STBBIs. Adult learners are encouraged to consider individuals in their environment, to examine the elements that could influence risk taking with regard to STBBIs, and to prevent the transmission of infections through appropriate protection. The course also enables the development of a comprehensive approach to sexuality by including this type of reflection with respect to the five dimensions of sexuality.

At the end of the document are several appendixes, a bibliography and a glossary that provide information on the conceptual aspects of the program and course content.

The courses provide leeway for teachers—and other staff members who may be asked to support them in their teaching—to choose the most suitable pedagogical methods in order to meet the needs of adult learners and deal with the issues examined in the classroom.





## Chapter 1



## Introduction



## 1.1 Contribution of the Program to the Education of Adult Learners

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This program relates sexuality to knowledge in a range of fields—biology, psychology, sociology, philosophy and anthropology. In a general way, it helps adult learners construct their world-view, construct their identity and become empowered. More specifically, it stimulates thinking about how to prevent the onset and development of problems pertaining to human sexuality.

The program helps adult learners develop competencies, construct knowledge and engage in a process founded on prior knowledge and experience. It helps them reexamine their perceptions, attitudes and behaviours; take the issues studied into consideration; and take a position with regard to preventive actions, the roles of various players and access to resources in their communities.

## 1.2 Conceptual Elements of the Program

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The program is designed around three conceptual elements: the dimensions of sexuality, changing mindsets with respect to sexuality, and sex education and prevention. These elements act as reference points and underpin the theoretical framework of the program.

### The dimensions of sexuality

Sexuality is at the heart of our lives. It is expressed through its various dimensions:

- 1) the biological dimension
- 2) the psychological, affective and relational dimension
- 3) the sociocultural dimension
- 4) the moral, spiritual and religious dimension
- 5) the ethical and legal dimension

Sexuality and the issues pertaining to it require a comprehensive analysis of the life situations involved. The dimensions have been selected on the basis of recognized references.<sup>2</sup> In addition, they are interrelated and mutually inclusive. The connections that exist among them are complementary and must be taken into account to gain a comprehensive view of sexuality.

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<sup>2</sup> Badeau, Denise, “La cinquantaine au masculin en regard de l’expression de la sexualité. Pistes pour une intervention sexologique.” *Contrasexion* 15, no. 1 (1998): 5-22.

Giroux, Émilie, *Analyse de besoins des jeunes décrocheurs/raccrocheurs en vue d’une intervention d’éducation à la sexualité sur la question du vécu amoureux et sexuel*, Rapport d’activités en sexologie (Montréal: Université du Québec à Montréal, 2006).

Québec, Ministère de l’Éducation, du Loisir et du Sport, Direction générale de l’éducation des adultes, *Guide to Promote Reflection on Sexuality in the Adult Education Sector: Discussion for Adult Education Personnel* (Québec: Gouvernement du Québec, 2006).

Québec, Ministère de la Santé et des Services sociaux, *The SexEducator*, no. 11 (Spring 2008). Available online: <http://casexprime.gouv.qc.ca/en/magazine/numero/11/>.

Appendix 1, *Comprehensive Approach to and Dimensions of Sexuality*, presents a definition of each dimension.

## **Changing mindsets with respect to sexuality**

Since the 1950s, Québec has gone through three major periods of social change that have had an impact on sexuality: the modern era, the period of reexamination, and the advent of information and communications technologies. These changes, which exerted a mutual influence on each other, mark turning points that helped change mindsets about sexual actions.<sup>3</sup>

### **The modern era**

During the 1950s and 1960s, Québec entered the modern era. This period was marked by social and technological change that improved living conditions. Modern luxuries, for example, became more common, and an urban culture emerged.

In the field of sexuality, the modern era was reflected in a sexual revolution that led to the sexual emancipation of women, the affirmation of gender equality, and the recognition of nonprocreational, extraconjugal sex. Many different events changed the relationships between men and women. Examples include widespread access to contraception, the breakdown of traditional institutions, the emergence of protest movements, and intervention by the State in the form of the *Criminal Law Amendment Act, 1968-69*.

### **Period of reexamination**

During the 1970s and 1980s, men and women began to question their romantic and sexual lives. They became more concerned about their sexual health and repudiated all forms of sexual violence, abuse and harassment. Many issues were reexamined.

By lifting the veil on sexuality, some of its more sombre aspects, including domestic violence, pedophilia and sexual assault, were brought to light. It was realized that they had consequences on individuals, in terms of self-esteem, body concept/image, desire, and the ability to trust in oneself and others. The spread of HIV called permissiveness, promiscuity and certain sexual practices into question. Sexuality became a subject of concern, and sexual encounters became associated with fear and dread.

### **The advent of information and communications technologies**

The advent of information and communications technologies (ICTs) brought about another major change in the way sexuality was expressed and made available. Sexuality became part of media messages. As early as World War II, propaganda and posters had contained messages about sexuality and gender roles. During the 1950s, television presented

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<sup>3</sup> Québec, Ministère de l'Éducation, du Loisir et du Sport, Direction générale de l'éducation des adultes, *Guide to Promote Reflection on Sexuality in the Adult Education Sector: Discussion for Adult Education Personnel* (Québec: Gouvernement du Québec, 2006).

situations with sexual connotations, such as advertisements that used sex to sell products. Today, music videos use the vocabulary of pornography, and reality TV shows show “real” people in artificially constructed romantic and sexual situations.

During the 1980s and 1990s, the development of the Internet led to the global distribution of sexual and pornographic images and content, with no effective means of control. In the 2000s, e-mails, chat rooms and virtual encounters are now used as a means of seduction, both romantic and sexual. The need for affection and love, and the dynamics of sexual desire, are sometimes restricted to the confines of an anonymous sexual chat room.

On the other hand, television broadcasts now cover topics such as domestic violence, shed new light on homosexuality, and explain the impact of aging on sexual response. Some Web sites offer credible information in order to promote prevention, education and support.

### **Sex education and prevention<sup>4</sup>**

Prior to 1960, sexuality was dealt with in religious education classes. In the 1960s and 1970s, sex education became more scientific, in particular thanks to the establishment of sexology as a discipline. At the height of the sexual liberation movement, excessive permissiveness created opposition to any form of sex education.

In Québec, beginning in 1970, preventive intervention in the field of sexuality was launched by the Ministère des Affaires sociales (MAS) and the Ministère de l'Éducation (MEQ). Working in parallel, these two ministries designed preventive courses for elementary and secondary school students. In 1984, the *Personal and Social Education (PSE)* program offered by the MEQ included a section on sex education (sexual development, sexuality, prevention).

From 1985 to 1995, the AIDS epidemic stimulated more educational involvement in the field of sexuality. At the time, preventive actions in schools (to combat unwanted pregnancies, STIs, HIV/AIDS and sexual abuse) were mainly offered by community health and other community organizations.

The 1990s introduced the idea of explicit sex education classes, accessible to all, systematic, based on scientific vocabulary and knowledge, sometimes linked to religious beliefs but consistent with individual freedom and social pluralism. Preventive intervention was established to raise awareness about the need for protection against STBIs and the risk of unwanted pregnancies. The key message was that protection was important, whether with anonymous sexual partners or in a love relationship.

To take greater responsibility for their sexual behaviour, individuals must learn to manage risk and desire. Sexual encounters should not take place without a concern to protect both people concerned. Despite this, the use of condoms does not appear to be universally accepted, because of

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<sup>4</sup> Desaulniers, Marie-Paule, “L'éducation sexuelle scolaire à la croisée des chemins.” *Revue sexologique* 5, no. 2 (1997): 63-77.

factors such as a lack of knowledge, embarrassment, lack of concern or fear of the other person's reaction. In addition, magical thinking allows some people to believe that they are less at risk. There is a clear need to intensify our action with various populations.

These preventive actions focus on a range of protective factors that individuals can use to take control of their own sexuality. They are intended to promote equality-based relationships, a positive body image and self-esteem. All these elements can also help prevent other sex-related problems such as domestic violence and sexual assault.

As a result, the Human Sexuality program is based on a preventive and educational approach. It helps guide adult learners in a process that promotes the acquisition, retention or activation of healthy lifestyles as well as safe and responsible behaviours with regard to sexuality. The two courses in the program can be used to reach adults from a range of communities and backgrounds, at different stages in their lives—including adults of all ages, young mothers, Aboriginals, people living in rural and urban areas, and people from various ethnic and other origins.

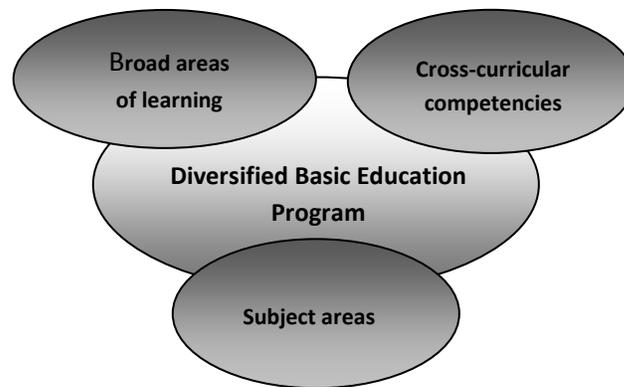
Young people aged 16 to 25 who go back to school and prison inmates are considered vulnerable groups under the *Stratégie québécoise de lutte contre l'infection par le VIH et le sida, l'infection par le VHC et les infections transmissibles sexuellement*, Québec's strategy to combat HIV/AIDS, hepatitis C and sexually transmitted infections. With their focus on prevention, the two courses in the program are ideally suited to these two groups.

The *Stratégie québécoise de lutte contre l'infection par le VIH et le sida, l'infection par le VHC et les infections transmissibles sexuellement* is based on a harm reduction approach to sexuality and drug use. The strategy takes into account the determinants that influence at-risk or safe behaviours. Intervention must take place before a problem appears, by informing people about and making them aware of a problem and helping them take responsibility. This can be done by helping them develop the knowledge, attitudes and skills they will need to make preventive behaviour part of their lifestyle.

## 1.3 Connections Between the Program and the Other Elements of the Diversified Basic Education Program

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The elements of the Diversified Basic Education Program are the broad areas of learning, the cross-curricular competencies and the subject areas. The elements are reviewed here, and their connections with the program are specified using examples.



The broad areas of learning deal with major issues of contemporary Québec society, issues that adult learners confront in different areas of their lives. They also serve as anchor points for competency development and in learning situations. Each broad area of learning consists of an educational aim and focuses of development that help give meaning to the learning acquired. The Diversified Basic Education Program contains five broad areas of learning:

- Health and Well-Being
- Career Planning and Entrepreneurship
- Environmental Awareness and Consumer Rights and Responsibilities
- Media Literacy
- Citizenship and Community Life

Cross-curricular competencies are competencies that provide a broader frame of reference than the program's subject-specific competencies. They extend beyond the classroom, equipping adult learners to live in a society where situations and interactions are complex, often unpredictable and constantly changing. Cross-curricular competencies are developed through subject-specific competencies. The Diversified Basic Education Program promotes the development of nine cross-curricular competencies that are drawn on and developed as adult learners integrate and apply what they have learned. They are grouped into four categories—intellectual, methodological, social and communication-related—reflecting the various facets of the ability to act.

- **Intellectual competencies:** Uses information; Solves problems; Exercises critical judgment; Uses creativity

- **Methodological competencies:** Adopts effective work methods; Uses information and communications technologies
- **Personal and social competencies:** Achieves his/her potential; Cooperates with others
- **Communication-related competency:** Communicates appropriately

The group of subjects included in each subject area promote the development of similar competencies and use similar methods and strategies. The learning acquired in one subject helps develop the learning acquired in another subject, because it is complementary. The Diversified Basic Education Program groups programs into six subject areas:

- Languages
- Mathematics, Science and Technology
- Social Sciences
- Arts Education
- Personal Development
- Career Development

The rest of this chapter describes how the elements of the Diversified Basic Education Program are integrated into the Human Sexuality program.

### 1.3.1 Connections With the Broad Areas of Learning

The Human Sexuality program has connections with all the broad areas of learning, particularly with Health and Well-Being, Environmental Awareness and Consumer Rights and Responsibilities, Media Literacy and Citizenship and Community Life.

#### Health and Well-Being

The program's specific connection with the broad area of learning Health and Well-Being is that it encourages adult learners to *take responsibility for adopting good living habits*. Adults learners are encouraged to achieve *self-awareness and awareness of their basic needs* as sexual beings, by referring to their current lifestyle and behaviour, to acquire *knowledge of the impact of their choices* on their own sexuality, and to grasp the importance of *adopting safe, responsible behaviour* in connection with their sexuality, for their own well-being and that of other people.

This is accomplished, in particular, by adopting safe behaviours with respect to STBBIs and unwanted pregnancies, by maintaining good personal hygiene and adopting a healthy lifestyle, and by the fact of choosing their partner and expressing consent to sexual relations.

#### Environmental Awareness and Consumer Rights and Responsibilities

The program's specific connection with the broad area of learning Environmental Awareness and Consumer Rights and Responsibilities is that it helps adult learners *develop an active relationship with their environment while maintaining a critical attitude toward consumption and the exploitation of the environment*. Adult learners question the influence of significant persons, living conditions,

standards and values in their immediate and sociocultural environment. They acquire *knowledge of the environment* and learn to make *responsible use of goods and services*. This helps them take a critical look at the influences that support the adoption of safe and responsible sexual behaviour.

Yet, the messages that adult learners receive from the people around them and their living environment portray or denounce the fact that sexuality is seen as a commodity. Indeed, sex is often used to promote sales, attract attention and raise the profile of the product advertised. It also becomes a consumer product itself when sold as pornography. However, positive messages and awareness-raising campaigns are also widely broadcast, and adult learners can be directed towards a range of support and prevention resources on sexuality or alcohol and drug use.

### **Media Literacy**

The broad area of learning Media Literacy helps adult learners *exercise critical, ethical and aesthetic judgment with respect to the media while respecting individual and collective rights*. They acquire *awareness of the place and influence of the different media*, develop an *understanding of media representations of reality* and the messages conveyed, and develop *knowledge of and respect for individual and collective rights*, especially concerning respect for people's privacy and reputation. Adult learners exercise their critical judgment with regard to the broadcasting of images connected with the various dimensions of sexuality.

Media (television, magazines, videos, songs) do not always portray sexuality in a positive way in messages and images about love, sexual relations, risky sexual behaviour, couples and lifestyle diversity. In addition, the Internet provides access to billions of images and to sexual content and may strongly influence the transformation of individual relationships with other people through chat rooms or access to cybersex.

### **Citizenship and Community Life**

The program's connection with the broad area of learning Citizenship and Community Life helps adult learners *develop an attitude of openness to the world and a respect for diversity*. Adult learners become aware of power relationships and the problems of violence they may create. They consider the rights and responsibilities of individuals, establish equality-based relationships, and take part in major current debates on sexuality. The relationships they establish help them consider risk and protective factors, causes and consequences, and advantages and disadvantages of adopting safe and responsible sexual behaviour.

Thus adult learners acquire an *understanding of the negative consequences of stereotypes and other forms of discrimination or exclusion* (e.g. in connection with sexual orientation or lifestyle). They learn to guard against the dangers of excluding people, whether because some find their behaviour socially unconventional or because they have an HIV infection or other STBBI. They learn to create relationships that are based on interdependence, strengthen their sense of belonging, and consider preventive strategies to maintain a balance in their lives and environment. They respect,

among other things, their duty to comply with the laws dealing with sexuality, for example by reporting offensive sexual behaviour (such as sexual violence) of which they are witness or victim.

### 1.3.2 Connections With the Cross-Curricular Competencies

The Human Sexuality program draws on all the cross-curricular competencies in the Diversified Basic Education Program, to varying degrees.

#### Intellectual competencies

##### Uses information

Adult learners are encouraged to use information systematically and critically, given the central role that documentation and data collection relating to sexuality plays in the program. Adult learners must also use a range of credible sources to document their positions in their research. This cross-curricular competency is mobilized when adult learners examine issues, consider various influencing factors and situate the role and action of the resources in their community. Adult learners *systematize the information-gathering process, gather information and put information to use.*

For example, when adult learners look for credible information on the various STBBIs and their manifestations, along with modes of transmission and prevention, they learn to recognize such information and gather data to forge their own opinion. They are then more aware of the importance of adopting safe and responsible sexual behaviour to prevent STBBI transmission.

##### Solves problems

Adult learners use problem-solving strategies when they examine problems and consider the various factors that influence sexuality. They *analyze the components of a situational problem, test possible solutions and adopt a suitable approach* when expressing and justifying an opinion.

This competency is used, for example, in situations focusing on couples and conflict resolution, preventing STBBIs, birth control, the disclosure of an STBBI to a partner and the reporting of violent behaviour.

##### Exercises critical judgment

Adult learners exercise critical judgment when they make choices to support a healthy lifestyle in connection with their sexuality or when they assess the credibility of the information sources available to them. This helps them *form an opinion, express their opinion and qualify their opinion.*

In this way, adult learners are in a better position to identify the messages about sexuality presented by the media or the people around them (parents, peers, professionals). They learn to express an opinion, to assert themselves with respect to the positive or negative messages they receive from the people around them, and to react to the stereotypes or discrimination they observe in the media.

### **Uses creativity**

Adult learners are encouraged to develop the cross-curricular competency *Uses creativity* when they look for arguments to support their opinion and define positive actions to ensure that their sexual behaviour is safe and responsible. They *become familiar with the elements of a situation* to define the issues, *explore* to turn obstacles into resources, and *adopt a flexible approach*. This allows them to find new ways to deal with a situation and do things, based, to varying degrees, on their creativity.

For example, when adult learners address the prevention of STBBIs, they look for new methods of protection or new ways to negotiate condom use with a sexual partner. They are also encouraged to review the way in which they manage situations pertaining to their sexuality, such as managing conflicts within a couple, managing the couple and family through the use of birth control, and managing emotions, desire and risk to avoid situations in which their safety is compromised.

### **Methodological competencies**

#### **Adopts effective work methods**

Adult learners are encouraged to develop the cross-curricular competency *Adopts effective work methods*. As they construct a line of argument, they *consider all aspects of a task*, *regulate their approach* and *analyze their procedure* to improve their ability to learn. This means that they must establish research strategies in the field of sexuality, select relevant and credible information and apply it in their research.

For example, when adult learners are asked to research how sexuality has evolved in Québec society with reference to themes such as homosexuality and homophobia, young people's rites of passage and the media, they prepare a work plan to identify the most appropriate ways to meet their research objectives. They mobilize the required resources and check the credibility of their written and Internet sources. They then meet with a professional resource person (e.g. a sexologist or nurse), if necessary, in order to gain a better understanding of the evolution of sexuality in Québec society, compare the data gathered and adjust their work plan, if necessary. They then write a text, complying with the rules provided. Lastly, they review their approach and identify improvements that could be applied in future research projects.

#### **Uses information and communications technologies**

Adult learners develop the cross-curricular competency *Uses information and communications technologies* when they process information about sexuality as part of their research. By *mastering the technologies*, *using the technologies in their learning* and *evaluating their use of the technologies*, adult learners learn to take full advantage of technologies in various learning situations.

For example, when studying the media in order to identify stereotyped roles and discriminatory messages, adult learners choose the most appropriate technological tools to complete a critical presentation of the messages conveyed about sexuality. If they are looking for information on the

Internet about the spread of HIV, they can choose to present their findings in the classroom using a technological tool.

Information and communications technologies can thus facilitate the acquisition of more than one cross-curricular competency.

## Personal and social competencies

### **Achieves his/her potential**

The program helps adult learners develop the cross-curricular competency *Achieves his/her potential* when they make healthy lifestyle choices with respect to their sexuality. They *recognize their personal characteristics, take their place among others* and *make good use of their personal resources*.

For example, this competency is acquired when adult learners take a position with regard to an issue (e.g. homophobia, elective abortion), personal sexuality, prevention in the area of sexual behaviour or substance use, or the reporting of sexual violence.

### **Cooperates with others**

Adult learners develop the cross-curricular competency *Cooperates with others* when they *contribute to team efforts; interact, showing an open mind* and *evaluate their participation in collaborative work*. They compare their ideas and opinions with those of others, respecting differing viewpoints with regard to sexuality.

As part of a team project (for example, on gay marriage), adult learners take into consideration the values of other people, other cultures and other lifestyles that may have an impact on the subject. Cooperation is also required during classroom exercises where the adult learner, with other adults, prepares and implements a debate on a current topic related to sexuality (e.g. hypersexualization, legalized prostitution, recognition for gay marriages).

## Communication-related competency

### **Communicates appropriately**

Communication is an interactive process that is rarely unequivocal: it requires individuals to adapt to a range of possible meanings and reciprocal expectations. It plays an important role in shaping interpersonal relations. The development of the cross-curricular competency *Communicates appropriately* is important if adult learners are to adopt safe and responsible sexual behaviour. By *managing their communication process, becoming familiar with various modes of communication* and *using the appropriate mode of communication*, they facilitate their relations with other people.

In the context of their sexuality, adult learners learn to communicate appropriately in order to get their point across and assert themselves while avoiding conflict and risk. This type of communication is likely to take place in situations such as negotiating condom use, planning pregnancies, reporting

violence, seducing a partner or engaging in sexual activity. It is equally useful in everyday situations such as managing life as a couple, bringing up children or establishing relationships with peers.

### 1.3.3 Connections With the Other Subject Areas

The Human Sexuality program is part of the Personal Development subject area. The programs in this subject area encourage adult learners to reflect on themselves, recognize their value, take responsibility for themselves and form constructive relationships with others. The programs enable adult learners to develop values such as commitment, assertiveness, solidarity, equality and respect, and qualities such as self-confidence, trust, willingness to make an effort, autonomy and a sense of responsibility. They enable adult learners to become aware of human dignity; to recognize the need to respect themselves, others and the common good; to be open-minded and to act responsibly as citizens.

The Human Sexuality program is closely linked to another program in Personal Development, namely the Preventing Dependency program and, specifically, the course *Preventing Dependency on Substances*. Some elements of the program and course concern the use of psychotropic substances, and it can be useful to refer to them, particularly as regards the transmission of STBBIs and the effects of psychotropic substances on sexuality and protection during sexual relations.

The Human Sexuality program is also closely linked to the Languages; Mathematics, Science and Technology; and Social Sciences subject areas.

#### Languages

Language is both a learning tool and the principal vehicle for oral and written communication, whether the goal is to understand others or to be understood by others. Using language properly is a sign of well-structured thinking. When adult learners ask questions, consider various factors and make judicious choices concerning their sexuality, they mobilize their language competencies and use the reading and writing strategies they developed in their language of instruction classes. At the same time, the knowledge and concepts acquired in the Human Sexuality program enable adult learners to articulate their thoughts and express their emotions or feelings, using a precise vocabulary devoid of discriminatory or sexist connotations.

The use of language tools such as dictionaries to create a lexicon of appropriate terms to use in connection with sexuality is an example of the connection between the program and the Languages subject area. The learning acquired in Languages can also help adult learners write texts on various subjects (e.g. love, romanticism). The fact that they can articulate their thoughts more effectively and express their emotions and feelings using suitable vocabulary also has positive repercussions for adult learners' sexuality, in particular when they have to decide whether or not to consent to sexual relations, select a birth control method, adopt preventive behaviour with respect to STBBIs, or express their needs and limits during a sexual encounter.

## **Mathematics, Science and Technology**

The Mathematics, Science and Technology subject area helps adult learners access information and communicate the results of their research on sexuality, for example by using mathematical and statistical concepts and processes such as graphs, diagrams and contingency tables, and the location of numbers on a number line.

This subject area also gives adult learners an opportunity to apply their scientific and technological knowledge to the field of sexuality, for example in understanding how a bacterium or virus is transmitted and how it reproduces (chlamydia or herpes), and how the hormonal process is related to contraception and birth control. In addition, the knowledge acquired about STBBI screening tests allows adult learners to observe how science and technology contribute to the development of sexual well-being and the adoption of preventive behaviour.

## **Social Sciences**

The Social Sciences subject area helps adult learners develop openness to the world as they question and interpret past and present social realities. They develop their own opinions, take part in social debates and consolidate their exercise of citizenship.

As they construct knowledge and mobilize resources in connection with sexuality, adult learners consider changing mindsets and viewpoints to take a position on major issues (e.g. gay marriage, homophobia, elective abortion, messages about sexuality conveyed by the media, STBBI trends, messages about sexuality conveyed by teenagers).



## Chapter 2



## Pedagogical Context



## 2.1 Learning Situations

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Learning situations are contexts designed or used to facilitate learning. They help adult learners develop competencies, construct knowledge and mobilize a wide variety of resources. Each situation is based on a pedagogical aim related to different aspects of the Diversified Basic Education Program, for instance one or more broad areas of learning, one or more cross-curricular competencies, and elements prescribed by the program.

When developing a learning situation, teachers should consider:

- **The set of activities or tasks**

Teachers should ensure that the set of activities or tasks to be carried out is complex enough to motivate adult learners and provide them with opportunities to reflect on their learning and productions.

- **The repertoire of resources**

The repertoire of support resources used consists of a variety of internal and external resources that are accessible, necessary and relevant:

- Internal resources are specific to an individual and include knowledge, strategies and attitudes that have already been acquired or that need to be developed in order to meet the requirements of a learning situation.
- External resources include not only the facilities or materials available in the environment, but also resource persons that adult learners can consult (on site or remotely), as well as various means of communication among participants.

- **Opportunities for reflection**

Opportunities for reflection, such as explanations, feedback and regulation of learning, are provided to allow adult learners to reflect on the issues, requirements and values underlying their learning, to analyze constraints while taking into account the aims to be achieved, and to critically reflect on their learning strategies and choice of actions and the quality of their achievements, in particular in connection with their research projects.

The more these aspects are taken into account, the more learning situations will be meaningful, open-ended and complex.

A learning situation is **meaningful** when adult learners perceive the connections between the learning they have acquired in class and possible future applications. This allows them to develop a better understanding of issues related to sexuality. A situation will be all the more meaningful if it refers to issues related to current events or the broad areas of learning.

A learning situation is **open-ended** if it enables adult learners to explore several aspects of an issue rather than just one, and if it involves various tasks (such as selecting data, analyzing and comparing different points of view), favours the use of different research and communication media, results in different types of student work, and fosters the transfer of learning.

A learning situation is **complex** insofar as it requires adult learners to use subject-specific competencies and to make connections between the prescribed elements of the subject-specific content, the broad areas of learning, the cross-curricular competencies and the knowledge targeted by other subject areas.

Each course in the program presents an example of a learning situation.

## 2.2 Families of Learning Situations

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Learning situations that are related to each other or have common characteristics are grouped together into families. They provide learning contexts that make learning more meaningful. They also enable adult learners to acquire and integrate knowledge, develop competencies, and transfer learning from the classroom to everyday situations.

In this program, the families of learning situations are:

- Relationships and dating
- Media and the Internet
- Sexual rights and prohibitions
- Risky sexual behaviour
- Risky behaviour and the transmission of blood-borne infections

## 2.3 Educational Resources

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In order to foster competency development, teachers should provide adult learners with access to a variety of educational resources in keeping with the role of the adult learner and the teacher and the facilitation context. These resources may be found in the adult learner's immediate environment (e.g. library, multimedia centre, community).

**Table 1**  
**Diversified Educational Resources**

Type of resources	Examples
<b>Human resources</b>	<ul style="list-style-type: none"> <li>• Peers</li> <li>• Teachers</li> <li>• Parents, other family members</li> <li>• Student services staff</li> <li>• Staff at community organizations, specialists: sexologists, social workers, nurses, psychologists, drug counsellors</li> <li>• Other people in the community or environment</li> </ul>
<b>Documentary and information resources</b>	<ul style="list-style-type: none"> <li>• Written documents (reference books, outlines, periodicals)</li> <li>• Audio documents (testimonials, reports)</li> <li>• Visual documents (tables, graphs)</li> <li>• Audio-visual and electronic documents (videos, slide presentations, Web sites)</li> </ul>
<b>Material resources</b>	<ul style="list-style-type: none"> <li>• Portfolio</li> <li>• Logbook</li> <li>• Research plan</li> <li>• Index cards</li> <li>• Reading summary sheet</li> <li>• Questionnaire</li> <li>• Template, diagram, table to be filled out</li> <li>• Learning self-evaluation form</li> <li>• Observation form</li> <li>• Quiz</li> <li>• Crossword puzzle</li> <li>• Slide presentation (PowerPoint presentation), video, movie, photograph</li> <li>• Information and communications technologies</li> </ul>
<b>Animation and community awareness resources</b>	<ul style="list-style-type: none"> <li>• Breakfast or lunch with projection and discussion</li> <li>• Breakfast or lunch with a speaker or group discussion about a given theme</li> <li>• Health capsule and student radio broadcast</li> <li>• Article in student newspaper</li> <li>• Media critique</li> <li>• Poster in the education or training centre</li> <li>• Advertising materials (article, leaflet, poster)</li> <li>• Theme day (testimony, conference, exhibition, role-play, learning situations, quiz, debate, survey)</li> <li>• Interdisciplinary activity in biology, English Language Arts, mathematics or history class</li> </ul>

## Adult learner's role

In learning situations, adult learners reflect on sexuality based on their knowledge, observations and perceptions. They ask questions and search for ways to answer them. They make connections between what they already know and what they are learning. They recognize the factors influencing their perceptions and attitudes with respect to sexuality. They also share their discoveries with their peers and teachers. They may work individually, in teams or as a class. By alternating between periods when they search for information and periods when they take a step back to reflect, they gain perspective on the facts, contexts, beliefs, attitudes and values involved. They become increasingly capable of applying their learning while continuing to reflect on and explore the field of sexuality.

Adult learners also reflect on their learning process. They examine their learning methods, the range of resources they use and the path they follow. These periods of reflection help adult learners adapt their process and deepen their understanding of sexuality.

Adult learners are regularly asked to discuss their questions and the results of their work with their classmates and teachers. This can be done either orally or in writing; in both cases, they must present their work with clarity and rigour.

Making adult learners responsible for their own learning also plays an essential role in strengthening their motivation and autonomy. As they learn, they are encouraged to take stock of what they have learned, follow their own path and assess the effectiveness of their learning strategies. Through self-evaluation, they learn to assess more accurately the knowledge they acquire and the manner in which they use that knowledge. Once again, they develop their ability to reflect, thereby supporting their motivation to continue learning throughout their lives.

## Teacher's role

In teaching situations, teachers support adult learners by treating them with respect and refraining from intruding into their private lives. They emphasize and use a teaching approach that promotes listening, respect and mutual trust, since any kind of transformative learning requires an attitude of receptiveness and solidarity. Teachers also take into account the adult learners' prior learning, abilities and limitations, cognitive styles, interests and experiences, in order to better understand any difficulties adult learners may have acquiring new knowledge, skills and attitudes. They must help adult learners discover the pleasure of learning by inviting them to share their knowledge, motivations and interests. They must guide adult learners in their research and provide them with a variety of resources to help them progress through the various steps of the learning process.

To achieve this, teachers suggest activities that make good use of the subject-specific content and help develop competencies. They propose learning strategies and situations that will help adult learners assimilate the most important information on a topic. They act as mediators between the adult learners and the knowledge to be acquired. They encourage adult learners to construct meaning through reflection, discussion and the sharing of points of view. They help adult learners clarify their thinking and formulate ideas. They promote reflection, awareness and the mobilization

and construction of knowledge, which stimulates adult learners' capacity for abstraction and the transfer of learning.

## Facilitation context

Dealing with issues relating to the biological, psychological, affective and relational, sociocultural, moral, spiritual and religious and ethical and legal dimensions of sexuality is often a delicate and complex matter. Because these issues are rooted in personal beliefs, there is a risk of ideological drift and of failure to respect freedom of conscience that could have serious consequences for adult learners and the adult education centre.<sup>5</sup> In the field of sex education, teachers must adopt a special role and create a special facilitation context.<sup>6</sup>

Thus, it is important to pay particular attention to the supervision of resource people assigned to inform, welcome, listen to and reassure adult learners and to facilitate discussion and debate. Their interventions require receptiveness to different or diverse opinions. Facilitators should be able to:

- **Create an atmosphere conducive to sex education:** this refers to the ability to create a warm, people-oriented, relaxed and friendly atmosphere; ensure that individuals demonstrate respect; and correct prejudice and false information. Teachers must therefore take the time to greet adult learners, get to know them and appreciate their individuality. Teachers may experience situations in which adult learners are embarrassed, upset or aggressive (e.g. as reflected in nervous laughter, provocative questions, sexual innuendo, offensive words, unusual reticence or uncomfortable silence); it is up to teachers to understand these reactions, accept them momentarily and defuse the situation.
- **Provide access to information on sexuality:** this refers to the ability to provide access to information on sexuality that is accurate, extensive and credible and to select information while using correct, shared language that is acceptable to all. Mystery, shyness or the fear of shocking other people may short-circuit the teacher's work and prevent adult learners from gaining access to the information they need.
- **Be aware of the need for values in order to help adult learners live according to the values they choose:** this refers to the ability to propose values, rather than impose them. Teachers must help adult learners identify actions that reflect the positive values held in Québec society (egalitarian relationships between men and women, open-mindedness toward sexual minorities, etc.) and must promote these actions in order to strengthen attitudes. Teachers must also condemn acts of disrespect.

<sup>5</sup> Adapted from: Québec, Ministère de l'Éducation, du Loisir et du Sport, *Developing the Inner Life and Changing the World, The Spiritual Care and Guidance and Community Involvement Service, Ministerial Framework* (Québec: Gouvernement du Québec, 2005), 28.

<sup>6</sup> Desaulniers, Marie-Paule, *Faire l'éducation sexuelle à l'école* (Montréal: Éditions nouvelles, 1995).

- **Respect individual pace and needs:** this refers to teachers' ability to address the class as a whole while taking into account the prior learning and experience of individual learners and the mixed nature of the class (e.g. in terms of sex, age and culture) to transmit information on sexuality. Among other things, this will allow adult learners to compare themselves to others, feel reassured and put their concerns into perspective. Learning can also be individualized, in particular when the teacher asks adult learners to record their confidential observations in a portfolio or logbook, or offers individual tutoring.
- **Be open-minded:** this refers to the ability to feel comfortable with the subject under discussion, and to listen to, dialogue with, support and respect other people in their individuality and diversity.
- **Value others:** this refers to the ability to show interest in the questions raised while interacting with adults on equal terms.
- **Possess pedagogical skills:** this refers to various skills: to facilitate discussions, give people a fair and equitable opportunity to speak, give people time and an opportunity to express their views, act as a moderator, create, work with others, use moderate language, apply a range of instructional approaches, update their knowledge and recognize personal limitations, place their actions within a wider framework and provide support in order to promote and encourage reflection and help adult learners engage in dialogue and discussions which, in addition to their intellectual aspect, also rely on emotion, memory, experience, feeling and values. When leading discussions, teachers are responsible for attentively supervising the dialogue and consequently for improving the exchanges, keeping the discussion on topic and under control and ensuring that objectives are met. The teachers must also intervene to correct erroneous information.
- **Use critical judgment:** this refers to the ability to question personal beliefs, establish a critical distance with the information transmitted or the examples used, to gauge values involved and show objectivity and discernment. Teachers must examine their own values and apply them in relationships on a daily basis with adult learners and colleagues.
- **Have organizational skills:** this refers to the ability to plan, work independently and show initiative.
- **Be able to adapt:** this refers to the ability to adapt to circumstances and modify the materials used depending on the target clientele.
- **Be able to consult and collaborate with others:** this refers to the ability to work collaboratively with resource persons in the work environment (e.g. social workers, staff members, psychoeducators, teachers), and the ability to refer to resources offering assistance in the community (e.g. sexologist, psychologist, caseworker, nurse, CSSS, community organization), especially when being told of a situation in confidence (e.g. concerning a sexual assault) or learning of a difficulty.

## Chapter 3



## Subject-Specific Competencies



## 3.1 How the Subject-Specific Competencies Work Together

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A competency is defined as the ability to act effectively by mobilizing a range of resources. This ability to act is developed throughout an adult's life.

The definition of competency involves three aspects: mobilization in context, availability of resources and reflection.

### **Mobilization in context**

A competency is expressed in action and is revealed in the adequate performance of a task in a specific context. It requires, first of all, a thoughtful reading of the characteristics of the context. Mobilization in context also requires that adult learners take into account any constraints that exist in the context and adjust their actions accordingly.

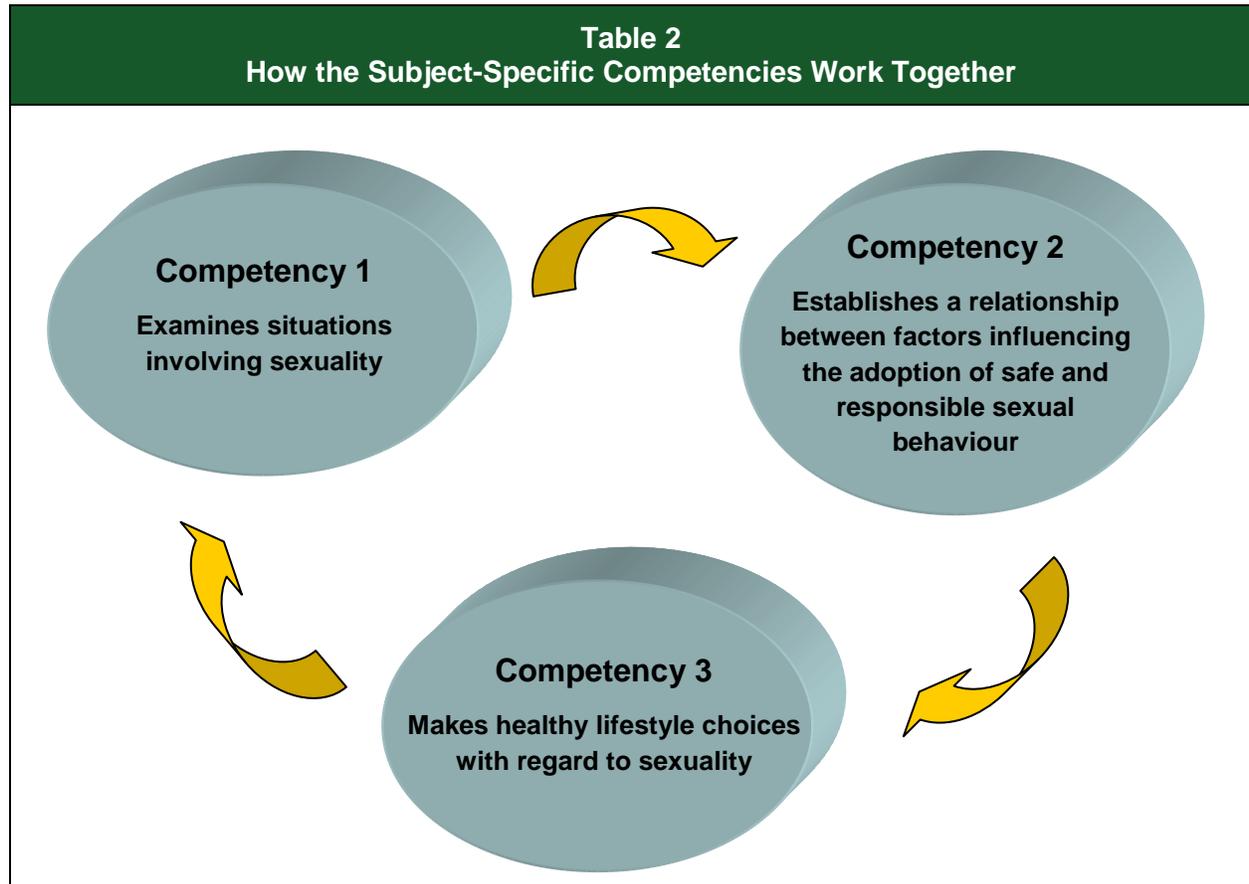
### **Availability of resources**

A competency is based on the availability of a variety of human and material resources.

### **Reflection**

The concept of competency also implies the adults' ability to explain the process they applied to effectively mobilize a set of resources, accomplish tasks and solve problems in a given situation. This allows them to identify their strengths, weaknesses and challenges, to improve the way they learn and to recognize their resources.

This program targets the development of three subject-specific competencies that are closely related. These subject-specific competencies apply to both courses in the program.



These three closely connected subject-specific competencies are developed in learning situations based on the subject-specific content. Each course is described in a table presenting an overview of the program’s subject-specific competencies, their key features and manifestations.

By **examining** situations involving sexuality, adult learners construct knowledge and mobilize resources to gain a better understanding of sexuality. Their questions determine how they will **establish a relationship between various factors** influencing the adoption of safe and responsible sexual behaviour. They must analyze the issues while seeking answers to questions that, in turn, raise other questions. In this way, adult learners develop their understanding of the issues studied and can eventually **make healthy lifestyle choices** with regard to sexuality.

## 3.2 Competency 1: Examines situations involving sexuality

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### 3.2.1 Focus of the Competency

The competency *Examines situations involving sexuality* requires adult learners to deal with sexuality in a positive and respectful way. The fictional situations presented provide a context for studying issues without personalizing them. Thus, adult learners can formulate a series of questions and examine a situation objectively, taking into account both its positive and negative aspects.

When identifying issues pertaining to sexuality, adult learners learn to recognize the social changes that have occurred since the sexual revolution, such as the changes resulting from access to contraception and the emergence of feminist movements. Adult learners observe that, from one generation to the next, various events occur that change the relationship between men and women. They also update their frame of reference concerning sexuality, broaden their knowledge about sexual issues and acquire new knowledge.

When adult learners locate resources in the community that provide assistance in sexual matters, they identify the specific field of intervention of these resources.

Throughout the learning process, adult learners realize that sexuality is a complex field and that all its multiple aspects must be examined if it is to be understood.

### 3.2.2 Key Features and Manifestations of the Competency

The table below shows the key features and manifestations of Competency 1.

<b>Table 3</b> <b>Competency 1: Key Features and Manifestations</b>	
 <p><b>Examines situations involving sexuality</b></p>	
<p><b>Identifies issues pertaining to sexuality</b></p> <ul style="list-style-type: none"> <li>• Recognizes the social changes that have occurred since the sexual revolution</li> <li>• Updates his/her frame of reference for sexuality</li> <li>• Broadens his/her knowledge about issues pertaining to sexuality</li> </ul>	<p><b>Locates resources in the community that provide assistance in sexual matters</b></p> <ul style="list-style-type: none"> <li>• Recognizes the field of intervention of each resource providing assistance in sexual matters</li> </ul>

### 3.2.3 Development of the Competency

The competency *Examines situations involving sexuality* is developed in connection with the other two subject-specific competencies. To ensure its development, teachers must provide adult learners with a range of increasingly complex learning situations that call upon a research process involving reflection.

The end-of-course outcomes and evaluation criteria are specified in chapters 6 and 7.

### 3.3 Competency 2: Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour

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#### 3.3.1 Focus of the Competency

The competency *Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour* provides adult learners with answers to their questions. In seeking meaningful answers, adult learners apply rigorous research and information-processing techniques, thus implying that their interpretation is a formal process. As they develop this subject-specific competency, adult learners engage in reflection based on credible data and justify their ideas using critical arguments. Fictional situations are used to provide a context for the issues raised without personalizing them.

When they analyze problems involving the adoption of safe and responsible or risky sexual behaviour, adult learners identify the issues while taking various points of view into account. They then establish the connections between the factors influencing these issues, and identify the causes and consequences that explain the problem or problems analyzed.

When they consider solutions to promote the adoption of safe and responsible sexual behaviour, adult learners examine the most plausible solutions in light of the context and then select the best solution with all its implications.

In this way, adult learners establish a relationship between the factors studied, avoid hasty generalizations, provide explanations and qualify their position while maintaining a critical distance from their own representations, values, beliefs and opinions.

### 3.3.2 Key Features and Manifestations of the Competency

The table below shows the key features and manifestations of Competency 2.

<b>Table 4</b> <b>Competency 2: Key Features and Manifestations</b>	
 <p><b>Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour</b></p>	
<p><b>Analyzes issues involving the adoption of safe and responsible or risky sexual behaviour</b></p> <ul style="list-style-type: none"> <li>• Identifies the issues raised</li> <li>• Establishes connections between factors influencing the issues</li> <li>• Identifies causes and consequences</li> </ul>	<p><b>Considers solutions to promote the adoption of safe and responsible sexual behaviour</b></p> <ul style="list-style-type: none"> <li>• Examines plausible solutions in light of the context</li> <li>• Chooses the best solution with all its implications</li> </ul>

### 3.3.3 Development of the Competency

The competency *Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour* is developed in connection with the other two subject-specific competencies. To ensure its development, teachers must provide adult learners with a range of increasingly complex learning situations that call upon a research process involving reflection.

The end-of-course outcomes and evaluation criteria are specified in chapters 6 and 7.

## 3.4 Competency 3: Makes healthy lifestyle choices with regard to sexuality

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### 3.4.1 Focus of the Competency

The competency *Makes healthy lifestyle choices with regard to sexuality* requires adult learners to exercise critical judgment. They take into consideration their own frame of reference in order to take a position. They form an opinion, express it, qualify it, put it in perspective and consider the situation as a whole. In addition, they use strategies that promote self-assertiveness, negotiation and the presentation of arguments concerning their own sexuality. They also use ways to deal with their emotions and risks. They consider the possibility of having a safe and enjoyable sex life that is not based on coercion, discrimination or violence.

When they consider their potential for action with respect to sexuality, adult learners examine various credible points of view concerning human rights and civil and collective responsibility in sexual matters. They also determine their responsibility for their own body, health and sexuality as well as their responsibility to respect themselves and others.

When they take a position concerning safe and responsible sexual choices, adult learners establish a relationship between self-respect and respect for others, values, needs and limits. They are also prompted to discuss the benefits of healthy lifestyle choices with regard to sexuality.

When they consider the role and preventive actions of resources providing assistance in sexual matters, adult learners assess the effectiveness of the methods made available to the public in the field of sex education and prevention.

At all times, adult learners must show judgment and apply their learning.

### 3.4.2 Key Features and Manifestations of the Competency

The table below shows the key features and manifestations of Competency 3.

<b>Table 5</b> <b>Competency 3: Key Features and Manifestations</b>	
 <p><b>Makes healthy lifestyle choices with regard to sexuality</b></p>	
<p><b>Considers his/her potential for action with respect to sexuality</b></p> <ul style="list-style-type: none"> <li>• Examines points of view concerning human rights and civil and collective responsibility in sexual matters</li> <li>• Determines his/her responsibility for his/her own body, health and sexuality as well as for respecting himself/herself and others</li> </ul>	<p><b>Takes a position concerning safe and responsible sexual choices</b></p> <ul style="list-style-type: none"> <li>• Establishes a relationship between self-respect and respect for others, values, needs and limits for safe and responsible sexual choices</li> <li>• Discusses the benefits of healthy lifestyle choices with regard to sexuality</li> </ul> <p><b>Considers the role and preventive actions of resources providing assistance in sexual matters</b></p> <ul style="list-style-type: none"> <li>• Assesses the effectiveness of the methods made available to the public in the field of sex education and prevention</li> </ul>

### 3.4.3 Development of the Competency

The competency *Makes healthy lifestyle choices with regard to sexuality* is developed in connection with the other two subject-specific competencies. To ensure its development, teachers must provide adult learners with a range of increasingly complex learning situations that call upon a research process involving reflection.

The end-of-course outcomes and evaluation criteria are specified in chapters 6 and 7.

## 3.5 Process

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When adult learners have to think, perceive, reason or act to progress in their learning, mobilize resources or develop competencies, they use a research process that allows them to reflect on their experiential learning and helps them assimilate knowledge to make their learning meaningful and motivating. The integration of learning allows adult learners to become aware of their learning and to transfer it, where applicable, to real-life situations. Eventually, they can make safe, responsible sexual choices.

The **research process** proposed here is divided into five interrelated and complementary steps. Adult learners:

- become familiar with a sexual issue
- plan their research
- gather and organize information
- process and analyze information
- communicate the results

These steps allow adult learners to complete various tasks that are not necessarily sequential. At any point they may, if necessary, go back to a previous step, complete it or make changes.

The process is presented in Appendix 2.



## Chapter 4



## Subject-Specific Content



## 4.1 Knowledge

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The subject-specific competencies in the Human Sexuality program are developed on the basis of subject-specific content which is divided into eight categories of knowledge. The categories are the same for both courses of the program.

They have been determined using four reference elements:<sup>7</sup> the dimensions of sexuality, risk taking, risk and protective factors, and the motivation cycle. The categories of knowledge include:

- 1) Social changes**
- 2) Concepts integral to the frame of reference**
- 3) Biological dimension**
- 4) Psychological, affective and relational dimension**
- 5) Sociocultural dimension**
- 6) Moral, spiritual and religious dimension**
- 7) Ethical and legal dimension**
- 8) Public and community support services (concerning sexuality)**

Knowledge is the result of learning and experience, and includes concepts, strategies, methods and techniques. The knowledge for the two courses in this program is described in detail in chapters 6 and 7.

The following table provides an overview of the categories of knowledge for the program, based on the subject-specific content presented in each course.

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<sup>7</sup> The reference elements are presented in the appendixes.

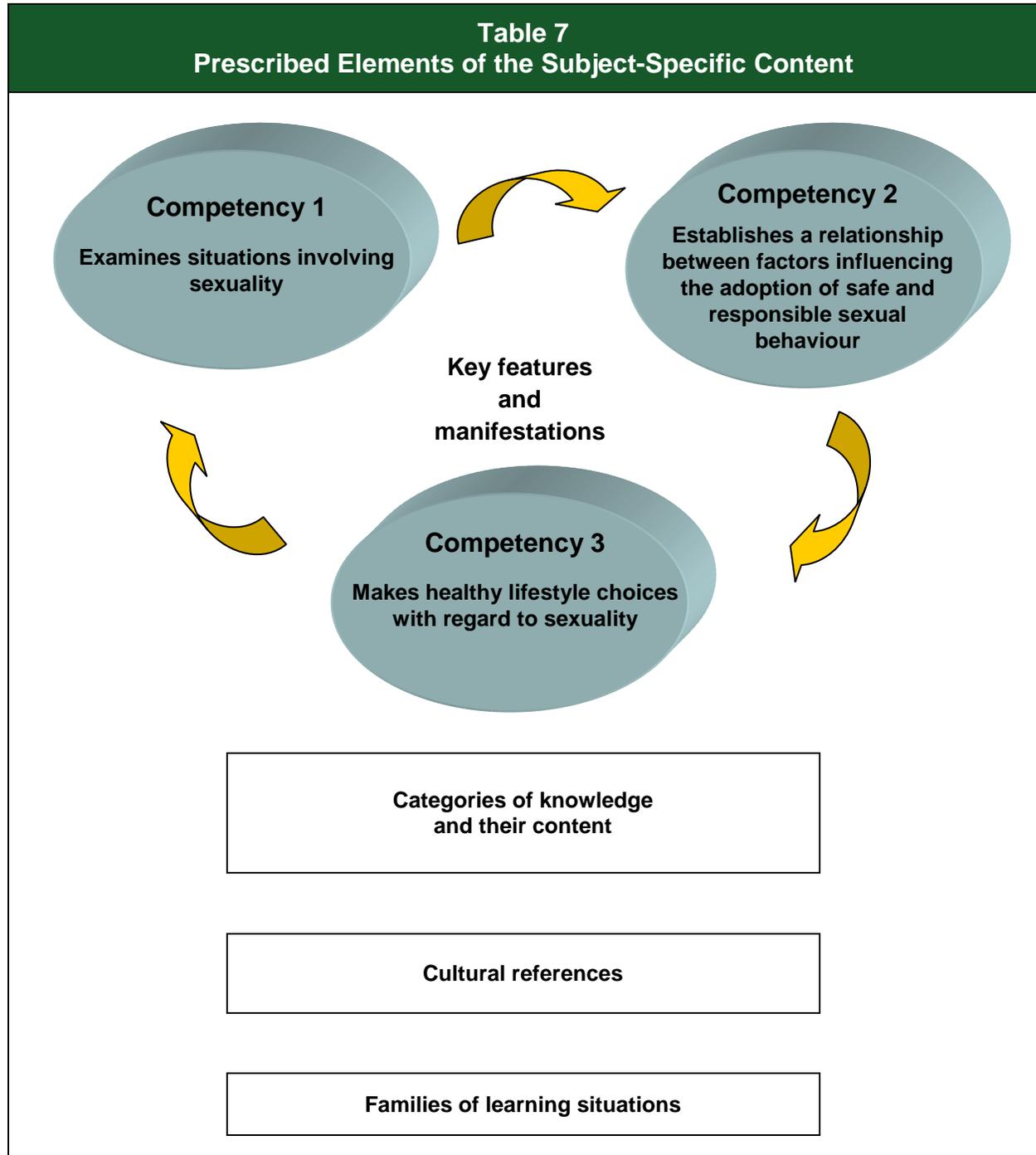
**Table 6**  
**Overview of the Different Categories of Knowledge**

<b>Course</b> <i>Sexuality in All Its Dimensions</i>	<b>Course</b> <i>Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)</i>
<b>1) Social changes</b>	
<ul style="list-style-type: none"> <li>• Changes in the field of sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in issues related to STBBIs</li> </ul>
<b>2) Concepts integral to the frame of reference</b>	
<ul style="list-style-type: none"> <li>• Dimensions of sexuality</li> <li>• Motivation cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Risk taking with regard to STBBIs</li> <li>• Risk factors and protective factors with regard to the transmission of STBBIs</li> <li>• Motivation cycle</li> </ul>
<b>3) Biological dimension</b>	
<ul style="list-style-type: none"> <li>• Male and female anatomy and physiology</li> <li>• Physical reactions to sexual stimulus</li> <li>• Family planning</li> <li>• STBBIs</li> </ul>	<ul style="list-style-type: none"> <li>• Myths and beliefs with regard to STBBIs</li> <li>• Modes of transmission of STBBIs</li> <li>• Origin of infectious agents and possible treatments</li> <li>• Biomedical consequences of STBBIs for the person infected, family and friends</li> <li>• Prevention methods (risk reduction) and safe practices with regard to STBBIs</li> </ul>
<b>4) Psychological, affective and relational dimension</b>	
<ul style="list-style-type: none"> <li>• Gender identity</li> <li>• Sexual orientation</li> <li>• Body image</li> <li>• Feelings, emotions and affects related to sexuality</li> <li>• Sensuality, genitality, eroticism and pornography</li> <li>• Communication in interpersonal relations and assertiveness</li> <li>• Commitment, couple relationships and family</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial consequences of STBBIs for the person infected, family and friends</li> <li>• Psychological attitudes and characteristics conducive to the adoption of safe and responsible behaviour with regard to STBBIs</li> <li>• Perception of condom use and use of sterile needles and materials</li> <li>• Perception of personal vulnerability to STBBIs</li> <li>• Communication strategies and self-assertiveness</li> <li>• Risk management with regard to STBBIs</li> </ul>

**Table 6**  
**Overview of the Different Categories of Knowledge**

Course <i>Sexuality in All Its Dimensions</i>	Course <i>Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)</i>
<b>5) Sociocultural dimension</b>	
<ul style="list-style-type: none"> <li>• Media and sexuality</li> <li>• Significant persons with regard to sexuality</li> <li>• Gender roles and stereotypes</li> <li>• Rites of passage linked to the body and sexuality</li> <li>• Commercialization of sexuality</li> <li>• Cybersexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Consequences of some STBBIs for the person infected, family, friends and society</li> <li>• Influence of significant persons</li> <li>• Living conditions and environments</li> <li>• Norms and values of the sociocultural environment with regard to sexual behaviour and drug use</li> </ul>
<b>6) Moral, spiritual and religious dimension</b>	
<ul style="list-style-type: none"> <li>• Personal values, principles, beliefs and myths regarding sexuality</li> <li>• Personal responsibility with regard to sexuality in general and one's own sexuality in particular</li> </ul>	<ul style="list-style-type: none"> <li>• Personal responsibility with regard to STBBIs</li> <li>• Personal values, principles, beliefs and myths regarding STBBIs</li> <li>• Spiritual consequences of STBBIs at the personal level</li> </ul>
<b>7) Ethical and legal dimension</b>	
<ul style="list-style-type: none"> <li>• Acceptable sexual behaviour</li> <li>• Reprehensible sexual behaviour</li> <li>• Civil and collective responsibility with regard to sexuality</li> <li>• Human rights in matters related to sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Civil and collective responsibility with regard to STBBIs</li> <li>• Human rights in matters related to STBBIs</li> </ul>
<b>8) Public and community support services (concerning sexuality)</b>	

The prescribed elements of the subject-specific content apply to each course: the competencies, key features and manifestations; the categories of knowledge and their content; the cultural references; and the families of learning situations. Although the use of cultural references is prescribed, the examples provided in the courses are not.



## 4.2 Cultural References

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Cultural references are sociocultural aspects of the subject-specific content that are used to introduce learning situations and put them in context. They describe experiences, new or troubling social phenomena, social practices and life situations shared by members of society.

Each course provides examples of cultural references that lead adult learners to examine social issues. The examples address different problems, involve different people in a variety of contexts, and make reference to myths and beliefs in order to support discussion, stimulate in-depth understanding of the issue under consideration, and emphasize the importance of adopting safe and responsible sexual behaviour.

The examples given are fictional, which allows adult learners to address the issues studied without making them too personal. Thus, adult learners will be able to transfer their learning and apply it in real-life situations.

Although the use of cultural references in the classroom is prescribed, the examples provided in the course are not.

The references are chosen by the teacher with input from the adult learners where applicable. The choice is based on two criteria:

- their connection with the categories of knowledge
- their connection with the subject-specific competencies

The teacher should also take into account the adult learners' sensitivity and receptiveness to the topics in question.





## Chapter 5



## Organization of the Courses in the Program



The subject-specific content of the Human Sexuality program is organized as follows:

Table 8 Organization of the Courses			
Secondary V course	Course title	Hours	Credits
PRS-5201-3	<i>Sexuality in All Its Dimensions</i>	75	3
PRS-5202-2	<i>Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)</i>	50	2

These courses are available to all adult learners. There are **no prerequisites** and the courses may be taken in any order. By successfully completing these courses, adult learners obtain Secondary V credits.



## Chapter 6



Course PRS-5201-3  
*Sexuality in All Its Dimensions*



## 6.1 Introduction

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The aim of the course *Sexuality in All Its Dimensions* is to encourage adult learners to reflect on the topic of sexuality as a whole and help them to adopt safe and responsible sexual behaviour, as well as maintain sexual health and well-being.

Only too often, sexuality is associated with its biological dimension. However important this may be, it is not the only dimension that should be taken into account when defining sexuality. As a result, this course addresses five dimensions of sexuality: the biological dimension; the psychological, affective and relational dimension; the sociocultural dimension; the moral, spiritual and religious dimension; and the ethical and legal dimension. These dimensions are mutually inclusive and interrelated. Adult learners are encouraged to reflect on their sexuality by creating connections between the five dimensions. The connections they create are complementary and essential for the consideration of sexuality as a whole and for harmonious sexual and relational development.

Appendix 1, *Comprehensive Approach to and Dimensions of Sexuality*, contains a definition of each dimension.

## 6.2 Subject-Specific Competencies

This course targets the development of the program’s three subject-specific competencies. The table below presents an overview of the subject-specific competencies, along with their key features and manifestations.

**Overview of the Subject-Specific Competencies, Key Features and Manifestations**

Competency 1	Competency 2	Competency 3
<p><b>Examines situations involving sexuality</b></p>	<p><b>Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour</b></p>	<p><b>Makes healthy lifestyle choices with regard to sexuality</b></p>
<ul style="list-style-type: none"> <li>• <b>Identifies issues pertaining to sexuality</b> <ul style="list-style-type: none"> <li>– Recognizes the social changes that have occurred since the sexual revolution</li> <li>– Updates his/her frame of reference for sexuality</li> <li>– Broadens his/her knowledge about issues pertaining to sexuality</li> </ul> </li> <li>• <b>Locates resources in the community that provide assistance in sexual matters</b> <ul style="list-style-type: none"> <li>– Recognizes the field of intervention of each resource providing assistance in sexual matters</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Analyzes issues involving the adoption of safe and responsible or risky sexual behaviour</b> <ul style="list-style-type: none"> <li>– Identifies the issues raised</li> <li>– Establishes connections between factors influencing the issues</li> <li>– Identifies causes and consequences</li> </ul> </li> <li>• <b>Considers solutions to promote the adoption of safe and responsible sexual behaviour</b> <ul style="list-style-type: none"> <li>– Examines plausible solutions in light of the context</li> <li>– Chooses the best solution with all its implications</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Considers his/her potential for action with respect to sexuality</b> <ul style="list-style-type: none"> <li>– Examines points of view concerning human rights and civil and collective responsibility in sexual matters</li> <li>– Determines his/her responsibility for his/her own body, health and sexuality, as well as for respecting himself/herself and others</li> </ul> </li> <li>• <b>Takes a position concerning safe and responsible sexual choices</b> <ul style="list-style-type: none"> <li>– Establishes a relationship between self-respect and respect for others, values, needs and limits for safe and responsible sexual choices</li> <li>– Discusses the benefits of healthy lifestyle choices with regard to sexuality</li> </ul> </li> <li>• <b>Considers the role and preventive actions of resources providing assistance in sexual matters</b> <ul style="list-style-type: none"> <li>– Assesses the effectiveness of the methods made available to the public in the field of sex education and prevention</li> </ul> </li> </ul>

## 6.3 Research Process

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To progress in their learning, mobilize resources and develop competencies, adult learners use a research process that encourages them to reflect on and examine issues in order to make safe, responsible choices in connection with sexuality.

The research process is divided into five interrelated, complementary steps. Adult learners must:

- become familiar with a sexual issue
- plan their research
- gather and organize information
- process and analyze information
- communicate the results

Appendix 2, *Research Process*, sets out the steps in this process.

## 6.4 Cross-Curricular Competencies

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Although the course draws on all the cross-curricular competencies in the program, to varying degrees, it is important to identify those that best meet the requirements of the tasks to be carried out in each learning situation developed by the teacher.

For example, the learning situation *Sarah's Crush* in section 6.8 makes use of three cross-curricular competencies: *Uses information*, *Exercises critical judgment* and *Communicates appropriately*.

When adult learners *use information*, they find information on sexuality and ensure that their sources are credible. They compare this information and determine whether or not it is valid or relevant, before organizing, synthesizing and using it.

When adult learners *exercise critical judgment*, they form, express and qualify their opinion by answering the questions raised as they debate and confirm their healthy lifestyle choices with regard to sexuality.

When adult learners *communicate appropriately*, they express ideas, emotions and intuitions, but also raise questions, reason and argue their position concerning sexuality. They also use specific terms, rules, and communication conventions and codes.

## 6.5 Subject-Specific Content

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The subject-specific content for the course *Sexuality in All Its Dimensions* includes categories of knowledge and their content as well as cultural references.

The prescribed elements of the course are the subject-specific competencies, key features and manifestations; the categories of knowledge and their content; the families of learning situations and the cultural references. Although the use of cultural references is prescribed, the examples provided are not.

### ➤ **Categories of Knowledge**

There are eight categories of knowledge: social changes; concepts integral to the frame of reference; the biological dimension; the psychological, affective and relational dimension; the sociocultural dimension; the moral, spiritual and religious dimension; the ethical and legal dimension; and public and community support services (concerning sexuality).

The following table presents the categories of knowledge and their content under two separate headings: prescribed knowledge and suggested knowledge. Teachers must take the prescribed knowledge into account when preparing learning situations, and all these elements will, where appropriate, be evaluated at the end of the course. Suggested knowledge can be used as examples to help adult learners research a subject in more depth or examine a subject of interest in more detail. Suggested knowledge is optional and will not be evaluated at the end of the course. All the elements shown between parentheses are also given as examples or to clarify the scope of the subject-specific content. They are not prescribed.

The numbering given to the categories of knowledge does not reflect any particular sequence. They may be addressed in any order.

Appendix 3 presents examples of the connections between the dimensions of sexuality. These connections must be taken into account when developing learning situations in order to promote the development of a comprehensive view of sexuality.

<b>1. Social changes</b>	
<b>Changes in the field of sexuality</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>1960s</b>	
<ul style="list-style-type: none"> <li>• The sexual revolution</li> </ul>	<ul style="list-style-type: none"> <li>• Access to contraception</li> <li>• Development of a hedonistic culture (focused on pleasure and the present)</li> <li>• Breakdown of traditional institutions (single-parent and blended families, celibacy, widowhood)</li> <li>• Protest movements (e.g. hippies, free love, birth control)</li> </ul>
<ul style="list-style-type: none"> <li>• Recognition by the State of the private nature of sexual acts between consenting adults (<i>Criminal Law Amendment Act, 1968-69</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Decriminalization of homosexuality</li> <li>• Emergence of gay and lesbian movements</li> </ul>
<b>1970s</b>	
<ul style="list-style-type: none"> <li>• Examination of and responsibility for personal sexual health</li> </ul>	<ul style="list-style-type: none"> <li>• Denunciation of violence, abuse and harassment</li> <li>• Perception of the dark side of sexuality</li> </ul>
<ul style="list-style-type: none"> <li>• Sex education from a health and prevention perspective</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of programs for groups most at risk, such as teenage girls facing unwanted pregnancy</li> <li>• Programs in schools to prevent the transmission of STIs (formerly STDs) and early pregnancies</li> <li>• Nurse-led campaigns to raise awareness of contraception</li> </ul>
<b>1980s and 1990s</b>	
<ul style="list-style-type: none"> <li>• Compulsory sex education in elementary and secondary schools</li> </ul>	<ul style="list-style-type: none"> <li>• Personal and Social Education (PSE) - 1984</li> </ul>
<ul style="list-style-type: none"> <li>• HIV/AIDS epidemic</li> </ul>	<ul style="list-style-type: none"> <li>• More explicit discussion of risky sexual behaviour; sex education based on health</li> <li>• Fears about sexual encounters</li> <li>• Sexuality associated with death</li> </ul>
<ul style="list-style-type: none"> <li>• Sex education addressed openly, denunciation of violence and sexism in the media and on the Internet</li> </ul>	
<ul style="list-style-type: none"> <li>• Legalization of abortion in Canada</li> </ul>	

<b>2000s</b>	
<ul style="list-style-type: none"> <li>• Focus on comprehensive approach to sex education, taking all dimensions into account, while emphasizing its positive value</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and awareness-raising campaigns</li> <li>• Reform of sex education in schools, PSE abolished</li> <li>• Nondenominational school system</li> </ul>
<ul style="list-style-type: none"> <li>• Pervasive presence of human sexuality in all social and educational spheres</li> </ul>	<ul style="list-style-type: none"> <li>• Media discourse about the sexualization of the public sphere</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in STBBIs</li> </ul>	<ul style="list-style-type: none"> <li>• Chlamydia, gonorrhea, syphilis</li> <li>• Success of triple therapy in treating HIV: trivialization of the epidemic</li> </ul>
<ul style="list-style-type: none"> <li>• Legal changes                             <ul style="list-style-type: none"> <li>– Gay marriages recognized legally, but not by the Catholic Church</li> <li>– Age of consent raised</li> </ul> </li> </ul>	
<b>2. Concepts integral to the frame of reference</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Dimensions of sexuality: Appendix 1</b>	
<ul style="list-style-type: none"> <li>• Biological dimension</li> <li>• Psychological, affective and relational dimension</li> <li>• Sociocultural dimension</li> <li>• Moral, spiritual and religious dimension</li> <li>• Ethical and legal dimension</li> </ul>	
<b>Motivation cycle: Appendix 6</b>	
<ul style="list-style-type: none"> <li>• Knowledge of the problem</li> <li>• Awareness of the problem (risk)</li> <li>• Emotion (being affected)</li> <li>• Information search</li> <li>• Motivation</li> <li>• Decision to change</li> <li>• Assessment of gains and losses</li> <li>• Adoption and maintenance of preventive behaviour</li> <li>• Eventual relapse</li> </ul>	

<b>3. Biological dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Male and female anatomy and physiology</b>	
<ul style="list-style-type: none"> <li>• Sex organs</li> </ul>	<ul style="list-style-type: none"> <li>• Erogenous zones (genitals and other parts of the body)</li> <li>• Body and genital hygiene</li> <li>• Breast and testicle self-examination</li> </ul>
<ul style="list-style-type: none"> <li>• Reproductive system</li> </ul>	<ul style="list-style-type: none"> <li>• Gynecological and urogenital examinations</li> <li>• Aging of the body (andropause and menopause)</li> </ul>
<b>Physical reactions to sexual stimulus</b>	
<ul style="list-style-type: none"> <li>• Sexual arousal, orgasm, sex drive</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual dysfunctions (e.g. sexual desire disorders, erectile dysfunction, orgasm disorders)</li> </ul>
<ul style="list-style-type: none"> <li>• Changes in the body's reactions under the influence of substances or circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Under the influence of:                             <ul style="list-style-type: none"> <li>– drugs and alcohol</li> <li>– disease</li> <li>– medication</li> <li>– age</li> <li>– stress</li> <li>– emotions</li> <li>– aphrodisiacs</li> </ul> </li> </ul>
<b>Family planning</b>	
<ul style="list-style-type: none"> <li>• Fertility cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy and trimesters of pregnancy</li> </ul>
<ul style="list-style-type: none"> <li>• Contraception: methods and use</li> </ul>	<ul style="list-style-type: none"> <li>• Obstacles to contraception (e.g. compliance)</li> <li>• "Morning-after" pill</li> <li>• New methods of contraception to improve compliance by younger girls (e.g. Nuvaring, Mirena)</li> <li>• Elective abortion (termination)</li> </ul>
<b>STBBIs</b>	
<ul style="list-style-type: none"> <li>• Modes of transmission and preventive measures                             <ul style="list-style-type: none"> <li>– Types of infection, symptoms and absence of symptoms</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Double protection (STBBIs and contraception)</li> <li>• Medical examinations and regular screening tests</li> </ul>

<b>4. Psychological, affective and relational dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Gender identity</b>	
<ul style="list-style-type: none"> <li>• Distinction between “gender identity” and “sexual orientation”</li> </ul>	
<ul style="list-style-type: none"> <li>• Formation of gender identity (male and female)</li> </ul>	<ul style="list-style-type: none"> <li>• Gender identity disorders: transsexualism, transvestism</li> </ul>
<b>Sexual orientation</b>	
<ul style="list-style-type: none"> <li>• Sexual orientation: homosexuality, bisexuality, heterosexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Kinsey scale (attraction, fantasy and behaviour)</li> </ul>
<ul style="list-style-type: none"> <li>• Development of sexual orientation and coming out (revealing or disclosing of sexual orientation)</li> </ul>	<ul style="list-style-type: none"> <li>• Lifestyles of homosexuals, bisexuals, transvestites and transsexuals (e.g. affirmation, gay community, sexual relations, family, couple, parenthood, consequences of homophobia and stigmatization)</li> </ul>
<b>Body image</b>	
<ul style="list-style-type: none"> <li>• Construction of body image</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of body image for self-esteem, self-confidence and assertiveness</li> </ul>
<b>Feelings, emotions and affects related to sexuality</b>	
<ul style="list-style-type: none"> <li>• Impact of feelings, emotions and affects on sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Emotion management strategies</li> </ul>
<b>Sensuality, genitality, eroticism and pornography</b>	
<ul style="list-style-type: none"> <li>• Distinction between “sensuality,” “genitality,” “eroticism” and “pornography,” based on their characteristics</li> </ul>	
<ul style="list-style-type: none"> <li>• Emotional and sexual intimacy</li> </ul>	<ul style="list-style-type: none"> <li>• Role of foreplay, use of all five senses</li> <li>• Desire, pleasure, satisfaction</li> <li>• Fantasies</li> <li>• Use or non-use of erotic or pornographic materials</li> <li>• Management of desire</li> </ul>
<b>Communication in interpersonal relations and assertiveness</b>	
<ul style="list-style-type: none"> <li>• Communication, assertiveness and negotiation strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Characteristics of effective communication (e.g. speaking, listening, answering, asking questions, making requests, expressing criticism, accepting criticism, saying “no”)</li> <li>• Management of risky situations</li> </ul>

<ul style="list-style-type: none"> <li>• Obstacles to communication and assertiveness</li> </ul>	
<b>Commitment, couple relationships and family</b>	
<ul style="list-style-type: none"> <li>• Expression of sexual attraction, ways of establishing a relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Methods of expressing sexual attraction</li> <li>• Established codes for men and women</li> <li>• Contexts in which seduction occurs</li> </ul>
<ul style="list-style-type: none"> <li>• Development of life as a couple</li> </ul>	<ul style="list-style-type: none"> <li>• Passion, love, romantic relationship, development of intimacy</li> <li>• Forms of intimate relationships (e.g. being single, common-law union, marriage, couple)</li> </ul>
<ul style="list-style-type: none"> <li>• Management of couple relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Management of conflict, routine, projects and obligations, reconciliation of life as a family and as a couple</li> <li>• Difficulties in love life (e.g. jealousy, emotional dependency, unfaithfulness, breakup, separation, divorce)</li> <li>• Parenthood (e.g. desire to have or not to have children, consequences of having a child, role as parents, adoption)</li> </ul>
<b>5. Sociocultural dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Media and sexuality</b>	
<ul style="list-style-type: none"> <li>• Representations of men and women, love and sexuality in the media</li> </ul>	<ul style="list-style-type: none"> <li>• Types of media (e.g. television, radio, movies, songs, music videos, newspapers, magazines, journals, the Internet, advertising)</li> <li>• Representations of men and women in the fashion and beauty industries</li> <li>• Sex education and prevention and awareness campaigns</li> </ul>
<ul style="list-style-type: none"> <li>• Social consequences of messages in the media</li> </ul>	<ul style="list-style-type: none"> <li>• Examples: pornography, hypersexualization, trivialization of sexuality, performance anxiety</li> </ul>
<b>Significant persons with regard to sexuality</b>	
<ul style="list-style-type: none"> <li>• Identification of significant persons and their influence</li> </ul>	<ul style="list-style-type: none"> <li>• Types of significant persons (e.g. family, peers, spouse, sexual partner)</li> <li>• Sex education, messages conveyed</li> <li>• Strategies to deal with pressure from peers and other significant persons</li> </ul>

<b>Gender roles and stereotypes</b>	
<ul style="list-style-type: none"> <li>• Sociocultural representations of male and female gender roles and sexual stereotypes</li> </ul>	
<b>Rites of passage linked to the body and sexuality</b>	
<ul style="list-style-type: none"> <li>• Rites of passage connected with the body and sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Rites of passage (e.g. puberty [first menstruation, first ejaculation], first sexual relations with or without vaginal penetration, fellatio, homosexual and bisexual behaviour by heterosexuals, kissing, tattoos, body piercing, circumcision, female genital mutilation)</li> </ul>
<ul style="list-style-type: none"> <li>• Sociocultural meaning of rites of passage connected with the body and sexuality</li> </ul>	
<b>Commercialization of sexuality</b>	
<ul style="list-style-type: none"> <li>• Different types of commercialization of sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Types of commercialization (e.g. dancing, prostitution, pornography)</li> </ul>
<ul style="list-style-type: none"> <li>• Sociocultural perceptions of different types of commercialization of sexuality</li> </ul>	
<b>Cybersexuality</b>	
<ul style="list-style-type: none"> <li>• Types of virtual relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual <i>versus</i> real identity (e.g. abusers, false identity, disappointment when meeting a person in reality)</li> </ul>
<ul style="list-style-type: none"> <li>• Sociocultural perceptions of cybersexuality</li> </ul>	
<b>6. Moral, spiritual and religious dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Personal values, principles, beliefs and myths regarding sexuality</b>	
<ul style="list-style-type: none"> <li>• Clarification of personal values</li> </ul>	<ul style="list-style-type: none"> <li>• Reference values and preferred values</li> <li>• Personal <i>versus</i> collective choices</li> <li>• Mores, conventions, codes, personal <i>versus</i> collective taboos</li> <li>• Search for meaning</li> </ul>

<b>Personal responsibility with regard to sexuality in general and one's own sexuality in particular</b>	
<ul style="list-style-type: none"> <li>• Personal responsibilities, respect for oneself and for others</li> </ul>	<ul style="list-style-type: none"> <li>• Respect for oneself, one's body, needs and health; respect for others</li> </ul>
<ul style="list-style-type: none"> <li>• Shared responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Examples: family planning, pregnancy, STBBIs, sexual relations, couple, family</li> </ul>
<b>7. Ethical and legal dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Acceptable sexual behaviour</b>	
<ul style="list-style-type: none"> <li>• Conditions for acceptable sexual behaviour                             <ul style="list-style-type: none"> <li>– Consent</li> <li>– Free choice</li> <li>– Legal age</li> <li>– Outside a relationship of authority</li> </ul> </li> </ul>	
<b>Reprehensible sexual behaviour</b>	
<ul style="list-style-type: none"> <li>• Conditions for reprehensible sexual behaviour</li> <li>• Lack of consent</li> <li>• Pressure, intimidation, threats</li> <li>• Power</li> </ul>	<ul style="list-style-type: none"> <li>• Use of substances with disinhibiting or violence-inducing effects, date-rape drugs</li> </ul>
<ul style="list-style-type: none"> <li>• Forms of sexual violence</li> </ul>	<ul style="list-style-type: none"> <li>• Examples: incest, pedophilia, spousal abuse, domestic violence, violence in intimate relationships, sexual harassment, sexual assault, child pornography, cybercrime</li> </ul>
<b>Civil and collective responsibility with regard to sexuality</b>	
<ul style="list-style-type: none"> <li>• Victims, witnesses, perpetrators</li> </ul>	<ul style="list-style-type: none"> <li>• Report (unveiling), complaint and denunciation</li> <li>• Duty to report sexual abuse or situations in which the security or development of children or adolescents is compromised (<i>Youth Protection Act</i>)</li> <li>• False accusations</li> </ul>

<b>Human rights in matters related to sexuality</b>	
<ul style="list-style-type: none"> <li>• Human rights and freedoms</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Canadian Charter of Rights and Freedoms</i> and <i>Québec Charter of Human Rights and Freedoms</i> (e.g. gender equality, non-discrimination on grounds of sexual orientation, partner choice, consent to union, consent to sexual relations, physical integrity, respect for a person's body, respect for a person's choices and opinions, protection against all forms of violence, protection against sexual exploitation)</li> <li>• Declaration of the Rights of the Child (e.g. physical integrity, respect for a child's body, protection against all forms of violence, protection against sexual exploitation, responsibilities of parents and adults, right to health and education)</li> <li>• Age at first sexual relations</li> <li>• Responsibilities relating to relationships (e.g. physical integrity, respect, sharing of property, responsibilities in the event of separation or divorce)</li> </ul>
<ul style="list-style-type: none"> <li>• Ethics and confidentiality in sexual matters</li> </ul>	<ul style="list-style-type: none"> <li>• Example: right to consult a physician confidentially from the age of 14, consultation with a professional</li> </ul>
<b>8. Public and community support services (concerning sexuality)</b>	
<p>In this course, the teacher will propose support services available to adults and help adult learners acquire the skills they need to access these services (e.g. explore Web sites with adult learners, visit organizations, bring magazines and other publications to class, go to the library to consult reference books, invite guest speakers, etc.).</p> <p><b>Although the consultation of resources providing assistance is prescribed, the examples provided are not.</b></p>	
<p>The list of resources proposed here is by no means exhaustive and should be completed by a list of the resources available in the region concerned. These resources may be useful in referring teachers and adult learners to regional resources. In this program, other resources are listed for the course <i>Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)</i> and for the <i>Preventing Dependency on Substances</i> course of the Preventing Dependency program.</p>	
<ul style="list-style-type: none"> <li>• Québec's health and social services network                             <ul style="list-style-type: none"> <li>❖ Health and social service centres (CSSS)</li> <li>❖ Info-Santé hotline of the CSSS in the region: 811</li> <li>❖ The SexEducator (magazine): <a href="http://www.casexprime.gouv.qc.ca/en/acueil">http://www.casexprime.gouv.qc.ca/en/acueil</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Examples of organizations providing assistance, support and information                             <ul style="list-style-type: none"> <li>❖ Tel-jeunes: 1-800-263-2266 <a href="http://teljeunes.com">http://teljeunes.com</a></li> <li>❖ Line for parents: 1-800-361-5085</li> <li>❖ Centre de référence du Grand Montréal 514-527-1375</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Health Canada             <ul style="list-style-type: none"> <li>❖ <a href="http://www.hc-sc.gc.ca/">http://www.hc-sc.gc.ca/</a></li> </ul> </li> <li>• Adult education             <ul style="list-style-type: none"> <li>❖ Centre de documentation sur l'éducation aux adultes et la condition féminine <a href="http://catalogue.cdeacf.ca">http://catalogue.cdeacf.ca</a></li> </ul> </li> <li>• Professional associations             <ul style="list-style-type: none"> <li>❖ Association des sexologues du Québec <a href="http://www.associationdessexologues.com/">http://www.associationdessexologues.com/</a></li> <li>❖ Regroupement professionnel des sexologues du Québec <a href="http://www.rpsq.org/accueil.php">http://www.rpsq.org/accueil.php</a></li> <li>❖ Association des intervenants en toxicomanie du Québec (see the list of prevention tools, activities and programs for sexuality and STBBIs) <a href="http://www.aitq.com/">http://www.aitq.com/</a></li> <li>❖ Ordre professionnel des travailleurs sociaux du Québec <a href="http://www.optsq.org/fr/index.cfm?month=11-05-2009&amp;suiv=10-04-2009">http://www.optsq.org/fr/index.cfm?month=11-05-2009&amp;suiv=10-04-2009</a></li> <li>❖ Ordre des psychologues du Québec <a href="http://www.ordrepsy.qc.ca">http://www.ordrepsy.qc.ca</a></li> <li>❖ Association des obstétriciens et gynécologues du Québec <a href="http://www.gynecoquebec.com/gynecologie/">http://www.gynecoquebec.com/gynecologie/</a></li> </ul> </li> <li>• Community organizations in the region and internal resources             <ul style="list-style-type: none"> <li>❖ Spousal abuse, sexual abuse and family violence (perpetrators or victims, men or women, heterosexuals, bisexuals and homosexuals), support, shelters with or without children</li> <li>❖ Family planning, (contraception, pregnancy, abortion) and parenthood</li> <li>❖ STBBIs and HIV/AIDS</li> <li>❖ Condom distribution</li> <li>❖ Homosexuality and bisexuality</li> <li>❖ Prostitution</li> <li>❖ Emotional dependency</li> <li>❖ Anorexia and bulimia</li> <li>❖ Material needs, support, homelessness</li> <li>❖ Mourning, loss of a child</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❖ Gai Écoute 1-888-505-1010 <a href="http://www.gai-ecoute.qc.ca/">http://www.gai-ecoute.qc.ca/</a></li> <li>❖ Centre d'aide et de lutte contre les agressions à caractère sexuel (CALACS) in their own region: <a href="http://www.rqcalacs.qc.ca/">http://www.rqcalacs.qc.ca/</a></li> <li>❖ Crime Victims Assistance Centre (CAVAC) <a href="http://www.cavac.qc.ca/english/index.html">http://www.cavac.qc.ca/english/index.html</a></li> <li>❖ S.O.S Violence conjugale: 1-800-363--9010 <a href="http://www.sosviolenceconjugale.ca/">http://www.sosviolenceconjugale.ca/</a></li> <li>❖ Suicide Action Montréal (SAM): 1-866-APPELLE (277-3553) <a href="http://suicideactionmontreal.org/index.php?page=home">http://suicideactionmontreal.org/index.php?page=home</a></li> <li>❖ S.O.S Grossesse 1-877-662-9666 <a href="http://www.sosgrossesse.ca/">http://www.sosgrossesse.ca/</a></li> <li>❖ Agressions sexuelles 1-888-933-9007 <a href="http://www.agressionssexuelles.gouv.qc.ca/en/index.php">http://www.agressionssexuelles.gouv.qc.ca/en/index.php</a></li> <li>• Québec Native Women Inc. <a href="http://www.faq-qnw.org/old/about.html">http://www.faq-qnw.org/old/about.html</a></li> <li>• General Web sites for information and answers to questions             <ul style="list-style-type: none"> <li>❖ <a href="http://www.msss.gouv.qc.ca">http://www.msss.gouv.qc.ca</a></li> <li>❖ <a href="http://sexualityandu.ca/en/">http://sexualityandu.ca/en/</a></li> <li>❖ <a href="http://www.youngandhealthy.ca/caah">http://www.youngandhealthy.ca/caah</a></li> <li>❖ InfoSexoWeb <a href="http://blaf.ntic.qc.ca">http://blaf.ntic.qc.ca</a></li> <li>❖ Élysa <a href="http://elysa.uqam.ca/elysa.htm">http://elysa.uqam.ca/elysa.htm</a></li> <li>❖ web sexo uqam <a href="http://elysa.uqam.ca/websexo.htm">http://elysa.uqam.ca/websexo.htm</a></li> <li>❖ Media Awareness Network <a href="http://www.education-medias.ca">http://www.education-medias.ca</a></li> </ul> </li> </ul>
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<ul style="list-style-type: none"> <li>❖ Suicide, support and prevention</li> <li>❖ Drug abuse, rehabilitation, syringe exchange, mobile units</li> </ul>	
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➤ **Cultural References**

The examples of cultural references help adult learners examine social issues related to sexuality. These examples address different problems, involve people in a variety of contexts, and make reference to myths and beliefs in order to fuel the process of reflection, help adult learners understand the issues in question and highlight the importance of adopting safe and responsible sexual behaviour.

The examples of cultural references used in this course are:

- Unwanted pregnancy
- Seduction and first sexual relations
- Breaking up
- Cybersexuality
- Gay marriage
- Sexual harassment

The examples given are fictional, which allows adult learners to address the issues studied without making them too personal. Thus, adult learners will be able to transfer their learning and apply it in real-life situations.

Although the use of cultural references in the classroom is prescribed, the examples provided in this course are not.

**Example of a cultural reference: Unwanted pregnancy****Roxanne's Choice**

Roxanne is pregnant. She has been to see the nurse because her period was late. She has been going out with Andrew for almost a month, but they have only made love twice. Both times they had sex, they didn't use any protection because their desire for each other was so strong they weren't able to stop long enough to use a condom. In fact, Roxanne doesn't even know if Andrew had any condoms with him.

Roxanne has been taking the pill since the age of 14. She doesn't understand how she can be pregnant because she thinks that, even if she forgets to take the pill, her body is so used to the contraception that it should work anyway. Also, she was right at the beginning of her menstrual cycle, and it seems to her that the only time there's a risk of getting pregnant is when she's ovulating!

When she went to see the nurse, she was asked to take an STBBI screening test. She agreed even though she didn't see the need, because Andrew swore to her that he was safe. He loves her and she trusts him completely. In addition, she's not used to choosing sexual partners who don't look clean! While she was waiting for the screening test results, she was confident, but she has just learned that she has a chlamydia infection. She is very upset and doesn't know what to think of Andrew any more. She doesn't know if she wants to keep the baby. She hasn't talked to Andrew about it yet. Roxanne is against abortion, but she's still at school and doesn't have much money. Her own mother got pregnant in similar circumstances, and Roxanne knows that she did not have an easy time. Her grandmother never accepted that her daughter got pregnant while still a student and didn't want to help her. Roxanne has always promised herself that she won't go through what her mother went through.

She wonders about various things. Will her mother agree to let her stay at home to help her during her studies? Should she go to live with Andrew? Will Andrew want to keep the baby, or will he ask her to have an abortion? Will he abandon her? Does he love her enough to have a child with her? Should she talk to him about the chlamydia infection? Is it dangerous for someone who's pregnant? Roxanne is confused and doesn't know what to think.

## Example of a cultural reference: Seduction and first sexual relations

### Sarah's Crush

Sarah has a crush on Gabriel, a funny, straightforward, attentive and charming boy who's always been nice to her. Physically, he doesn't conform to current standards of male beauty—he's not very muscular and not very athletic. However, Sarah is not that concerned about physical appearance. She herself is pretty, driven, ambitious and even-tempered. She is very popular. She often gets approached by physically attractive boys, but she never finds them as interesting as Gabriel.

On Friday, her best friend Karine is having a party. She knows that Gabriel will be there. She thinks that Gabriel is interested in her, but she's not sure, and she doesn't really know how to behave with him. She thinks maybe she should try to kiss him at the party, to see how he reacts, but she's afraid of being rejected.

At the party, she discusses the situation with Karine and some other girls. Karine and the others encourage her to seize the opportunity to try something with Gabriel. But she's a girl—can she really take the first step? She's too shy and afraid of rejection, and so she decides to wait for Gabriel to show his interest—which he does.

They start talking and get closer and closer to each other during the party. She's certain now that he feels attracted to her, but she still wonders if Gabriel is just interested in her for the same reason as all the other boys, in other words, for sex? She feels ready, but she doesn't just want to have sex, because she has feelings for him. Also, she doesn't want people to think she's easy, a girl who agrees to sex on the first date. On the other hand, if she says no, she might appear too straight. She doesn't know what to do, and she wonders what the "rules" are in this type of situation. She decides to drink another beer: maybe alcohol will help her decide!

The next day, Sarah can't remember anything. She's wondering about a lot of things: did she have sex with Gabriel? Did they use protection? Why can't she remember anything? Did someone put drugs in her drink? What does Gabriel think of her now? How does she feel about the situation? What will happen to her relationship with Gabriel?

**Example of a cultural reference: Breaking up****Steven's Separation**

Steven recently started divorce proceedings. He has been married to Annabelle for two years and they have two children: William, three, and Jasmine, five. Their relationship has been quite difficult for the last year. They often argue, do not agree on certain aspects of their children's education, and even have sexual difficulties. Steven no longer feels like making love with Annabelle, because the tension in their relationship has reduced his desire. In fact, at a party a few months ago, Steven cheated on his wife. He tried to talk about this to Annabelle, but it only made things worse. Steven can no longer live like this and has asked for a divorce.

Annabelle really resents Steven for being unfaithful, but can't imagine life without him. In fact, she's terrified... She would agree to anything if only he would come back, and would even forgive him for being unfaithful. She's also frightened about looking after the children on her own, about not having enough money, and about not being able to finish her high school diploma at the adult education centre as she has planned. Annabelle consulted a caseworker at the CSSS in the region to help her get through this difficult period. She realizes that she is very emotionally dependent and finds it difficult to manage.

Despite Steven's decision to ask for a divorce, he feels lost. First of all, he doesn't feel competent to bring up the couple's children, but he doesn't want to lose custody. He doesn't even know if he will be able to answer all their questions about life. For example, the other day, Jasmine asked him where children come from and he didn't know what to answer. He doesn't know if he will be a good role model and if he will be able to support his children financially.

He still loves Annabelle, but is no longer happy to be with her. He knows that Annabelle wants to forgive him for his unfaithfulness. Steven feels guilty about having enjoyed being with another woman. At the same time, he thinks that he needed it, given the circumstances. He would like Annabelle to understand what he's feeling, and to understand that his unfaithfulness is perhaps the trigger, but not the only reason for their separation. Did he make a mistake when he talked about it to Annabelle? If they separate, what will happen to the children? Will he be able to find someone else to love? And what about Annabelle? Will she have enough money to live alone with the children? And Steven? He doesn't know what to do or what to think.

## Example of a cultural reference: Cybersexuality

### Charles' Cyber Encounter

Charles works in a convenience store, hoping to earn enough money to leave his parents' home. He goes to classes at an adult education centre but is not sure about what trade he would like to learn. For now, he's trying to finish Secondary V. In terms of his love life, Charles does not have a lot of experience. . . . He has been out with a few girls, but nothing serious. For the last few months, though, he has been going out with Caroline and is really in love. Charles is a bit of a loner and has only one close friend, Alex.

Alex is single and a computer genius. He spends most of his time chatting or playing games online with Charles. Alex is also addicted to pornography and cybersex. Even his parents are open about their use of pornography.

Charles has a computer in his bedroom. His parents bought it for him to encourage him to finish his secondary school diploma at the adult education centre. He chats online every evening until late at night. He has sometimes tried to flirt with girls online but nothing more. Recently, Alex told him he had found a great site where girls posed naked in front of their webcams. Charles has read a few pornographic magazines, but he's never seen a girl posing for a webcam!

One evening, when his parents are out, Charles and Alex check out the Web site. They're sure they won't be caught and decide to explore some of the possibilities. A 32-year-old named Camelia attracts their attention—an experienced older woman. They think she's beautiful and sexy and decide to see if she will respond to their requests. . . . Charles thinks about Caroline, but for him, using the Internet is not the same as being unfaithful. He's not touching, just looking! Camelia seems willing to spend some virtual time with the two friends. First, she asks them their names and ages, saying that she likes younger boys. Alex and Charles decide to tell her they are both 21, so they don't seem like beginners! They ask her to show them some of the sex acts she likes best... Charles is surprised at how easy it has been to make contact with Camelia and for him and Alex to pass themselves off as older and, most importantly, single. He decides to try it again, but without Alex, to have more privacy with his virtual partner, because he got an erection when he saw Camelia undress.

The next day, Caroline comes over and says that, during a sex education course, the students discussed the influence of music videos, magazines, TV and the Internet on young people's sex lives. She explains that, for her, a guy who looks at pornographic Web sites or magazines is being unfaithful. She considers that faithfulness and trust are essential in a couple and asks him if he has ever had any cyber experiences. . . . What should Charles say? What will Caroline think about his actions?

**Example of a cultural reference: Gay marriage****The Story of David and Justin**

David has always known he's gay. When he "came out," his parents were very understanding and gave him a lot of support at a crucial stage in his life. His close friends also reacted well and remained present in his life. But at school, he suffered a lot because he was teased and beaten up. He felt very alone and soon dropped out of school. Today, he feels more comfortable with himself and has decided to finish his secondary education at the adult education centre. He would like to become a social worker to help young people through difficult times in their lives.

Justin had a homosexual encounter at a party after winning a hockey match in his city's hockey championship. It was an initiation, and he quickly realized that he was attracted by the other boys on the team. He first announced that he was gay to his parents. The experience was a disaster. His father, who said he could not live with a "faggot," threw him out, and his mother did not even try to get him to stay. She still thinks that her son is "sick" because she was not a good enough mother to him. Today, Justin works in a garage and has never told his coworkers that he is gay. He is very tall and has an athletic build; he also has a very masculine attitude. He knows that he does not look gay in the way that most people imagine.

David and Justin met at a friend's house for a birthday party. They swapped phone numbers and saw each other a few times. Quickly, they discovered that they got on really well and started living together in David's apartment.

They have been a couple for three years now and want to solidify their relationship by getting married. Today, they are drawing up their guest list. Although Justin is sure of his decision, he is wondering how certain people around him will react. The thought of the wedding makes him a little nervous, because he knows that nobody from his family will be there for him. He also realizes that he has never introduced his parents to David, because they do not agree with his chosen lifestyle. Religion plays an important role in the life of Justin's parents, and they think that Justin's way of living goes against all their beliefs.

Justin realizes that David and he have taken different paths through life and that preparing to get married will not be as simple as he had hoped. He doesn't feel like talking to David about it.

David knows that Justin is uneasy with the wedding preparations and wonders how to broach the subject and offer help. He wonders why Justin doesn't want to talk about what he's feeling. How can Justin remedy the situation with his parents and family? David, too, has concerns about the wedding: how will the people around him react to the announcement of a marriage between two people of the same sex? Does getting married in a nonreligious ceremony, when you are religious, mean going against your values? Will the commitment they are about to make change their relationship in any way?

## Example of a cultural reference: Sexual harassment

### Rose's Misfortune

Rose recently became single again. She went through a difficult breakup and found it hard to get over it. Sometimes she still thinks about Arnold, her ex. Physically, she is very attractive and boys at the adult education centre often flirt with her. Martin, who is in her math class, is attracted to her. Rose is Asian, and Martin has always been attracted to Asian women, who are both pretty and delicate. Rose thinks that Martin is good-looking and interesting, but she is not ready to commit to someone new right away. She's afraid of getting hurt again.

In the classroom, Martin sits behind Rose, who feels that he is looking at her all the time. He often tries to talk to her, even though the teacher has warned him repeatedly to keep quiet. She tries to concentrate more on her class work and forget that he's there.

However, Martin has started trying to pass notes to Rose in class. One day, Rose decides to read one of the notes: it's an invitation to go with Martin to a party at a friend's house. The note also says that he thinks she's really pretty and that he'd like to get to know her better. Since the message is friendly, she accepts the invitation, telling herself that she is just going to a party, not making a commitment.

At the party, Martin wants to get closer to Rose, but doesn't know how to go about it. He is so attracted to her that he knows he wouldn't be able to accept it if she rejected his love. He believes she must also feel something for him, because she looks at him often during class and she accepted his invitation. Martin decides to take a little cocaine that a friend offers. This small dose gives him the confidence he needs to get closer to Rose. First, he tries to kiss her, but she resists. He tries to kiss her again later but she ends up leaving, upset that he doesn't understand that she's not interested in kissing him. Martin tells himself that she is too shy and that she just needs a bit of time. Rose tells herself that she should never have accepted the invitation and that she shouldn't have worn such a low-cut top and short skirt.

Martin sends Rose several e-mails over the next few days. He also writes her a love letter. When he runs into her at the adult education centre, he often winks at her and smiles. Rose finds all this invasive. She tells him so in an e-mail, but he doesn't seem concerned about what she thinks. He has also started calling her and often passes in front of her house. It appears that he has even told his friends that he managed to kiss Rose, that they had sex and that they've been going out ever since. Rose is tired of Martin harassing her and wonders what she can do to make it stop. She also wonders how Martin will react.

## 6.6 Families of Learning Situations

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Learning situations that are related to each other or share common characteristics are grouped together into families, which present contexts that give meaning to adults' learning. In this course, the families of learning situations are:

- Risky sexual behaviour
- Relationships and dating
- Media and the Internet
- Sexual rights and prohibitions

The learning situation provided as an example for this course is from the family *Relationships and dating*.

## 6.7 Broad Areas of Learning

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The course *Sexuality in All Its Dimensions* has connections with all the broad areas of learning in the program. Each area raises a number of questions that can be used to develop learning situations.

The learning situation proposed for this course, *Sarah's Crush*, is related to the educational aim of the broad area of learning Health and Well-Being, which is to *encourage adult learners to take responsibility for adopting good living habits*. The focus of development *Knowledge of the impact of his/her choices on health and well-being* helps adult learners understand the importance of adopting safe, responsible behaviour with respect to their sexuality, for their own well-being and for the well-being of others.

## 6.8 Example of a Learning Situation

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Learning situations place adult learners at the heart of the action and help them develop competencies, construct knowledge and mobilize a wide variety of resources. Each situation is based on a pedagogical aim that is connected to different elements of the program and course.

The learning situation presented below, *Sarah's Crush*, includes:

- 1) a reference to the elements of the program and course
- 2) the context: initial situation and situational problem
- 3) the pedagogical aim, activities and connection with the subject-specific competencies

1) Reference to the elements of the program and course	
<b>Broad area of learning</b>	Health and Well-Being
<b>Cross-curricular competencies</b>	Uses information Exercises critical judgment Communicates appropriately
<b>Family of learning situations</b>	Relationships and dating
<b>Cultural reference</b>	Seduction and first sexual relations
<b>Categories of knowledge</b>	Social changes Concepts integral to the frame of reference Biological dimension Psychological, affective and relational dimension Sociocultural dimension Moral, spiritual and religious dimension Ethical and legal dimension Public and community support services
<b>Subject-specific competencies</b>	Examines situations involving sexuality Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour Makes healthy lifestyle choices with regard to sexuality

## 2) The context: initial situation and situational problem

### Sarah's Crush

Sarah has a crush on Gabriel, a funny, straightforward, attentive and charming boy who's always been nice to her. Physically, he doesn't conform to current standards of male beauty—he's not very muscular and not very athletic. However, Sarah is not that concerned about physical appearance. She herself is pretty, driven, ambitious and even-tempered. She is very popular. She often gets approached by physically attractive boys, but she never finds them as interesting as Gabriel.

On Friday, her best friend Karine is having a party. She knows that Gabriel will be there. She thinks that Gabriel is interested in her, but she's not sure, and she doesn't really know how to behave with him. She thinks maybe she should try to kiss him at the party, to see how he reacts, but she's afraid of being rejected.

At the party, she discusses the situation with Karine and some other girls. Karine and the others encourage her to seize the opportunity to try something with Gabriel. But she's a girl—can she really take the first step? She's too shy and afraid of rejection, and so she decides to wait for Gabriel to show his interest—which he does.

They start talking and get closer and closer to each other during the party. She's certain now that he feels attracted to her, but she still wonders if Gabriel is just interested in her for the same reason as all the other boys, in other words, for sex? She feels ready, but she doesn't just want to have sex, because she has feelings for him. Also, she doesn't want people to think she's easy, a girl who agrees to sex on the first date. On the other hand, if she says no, she might appear too straight. She doesn't know what to do, and she wonders what the "rules" are in this type of situation. She decides to drink another beer: maybe alcohol will help her decide!

The next day, Sarah can't remember anything. She's wondering about a lot of things: did she have sex with Gabriel? Did they use protection? Why can't she remember anything? Did someone put drugs in her drink? What does Gabriel think of her now? How does she feel about the situation? What will happen to her relationship with Gabriel?

<b>3) Pedagogical aim, activities and connection with the subject-specific competencies</b> <b>Pedagogical aim:</b> <b>Help adult learners reflect on sexuality in all its dimensions</b>	
Activities	Subject-Specific Competencies
<p><b>Preparation</b></p> <p>To understand Sarah’s situation, adult learners begin by identifying the issue. They do this by recognizing social changes related to the expression of sexual attraction, ways of establishing relationships between men and women, and established codes and sexual stereotypes in society from the sexual revolution to the present day. They also update their frame of reference for the dimensions of sexuality and their connections, and extend their knowledge about flirting, communications in interpersonal relationships, gender roles and stereotypes in a flirting context, rites of passage, acceptable and unacceptable sexual behaviour and the prevention of pregnancy and STBBIs. Next, they identify resources providing assistance in the community, based on their field of intervention. To do this, adult learners:</p> <ul style="list-style-type: none"> <li>• gather information</li> <li>• process a variety of relevant, credible documents</li> <li>• present a description of the situation, either orally or in writing</li> </ul>	<p><b>Examines situations involving sexuality</b></p>
<p><b>Performance</b></p> <p>Adult learners then analyze Sarah’s situation in more detail, from the standpoint of safe, responsible or risky sexual behaviour: by identifying the issues raised, establishing connections between the influencing factors, and identifying causes and effects. Next, they consider solutions that promote the adoption of safe and responsible sexual behaviour by examining plausible solutions in the context and selecting the best solution on the basis of probable results. To do this, adult learners:</p> <ul style="list-style-type: none"> <li>• list the issues involved, taking into account the context and people concerned: <ul style="list-style-type: none"> <li>– expression of sexual attraction (methods, contexts, codes)</li> <li>– managing desire in a situation like Sarah’s</li> <li>– rites of passage (connected with flirting, kissing, first sexual relations with a new partner)</li> <li>– STBBIs and pregnancy prevention in a context like Sarah’s</li> <li>– responsibility for one’s body, health, needs and personal limits</li> </ul> </li> <li>• look for credible information on the factors involved in a situation like Sarah’s: <ul style="list-style-type: none"> <li>– role stereotypes linked to methods of expressing sexual attraction and ways of establishing relationships with members of the opposite sex; established codes among men and women</li> <li>– the feelings and emotions involved (e.g. love, shyness, fear of rejection)</li> <li>– significant individuals (the influence of these individuals on Sarah’s choices and behaviour)</li> </ul> </li> </ul>	<p><b>Establishes a relationship between the factors influencing the adoption of safe and responsible sexual behaviour</b></p>

<b>3) Pedagogical aim, activities and connection with the subject-specific competencies</b> <b>Pedagogical aim:</b> <b>Help adult learners reflect on sexuality in all its dimensions</b>	
Activities	Subject-Specific Competencies
<ul style="list-style-type: none"> <li>– communication, in a flirting context, to establish a relationship with a member of the opposite sex (characteristics of effective communications, obstacles to communication, risk management strategies)</li> <li>– personal values, principles, beliefs and myths involved in Sarah's situation</li> <li>– use of disinhibiting substances to establish a relationship in a context of seduction</li> <li>• provide an explanation for the causes and effects involved in the situation experienced by Sarah:                             <ul style="list-style-type: none"> <li>– management of desire in connection with flirting and establishment of a relationship with Gabriel</li> <li>– use of disinhibiting substances to establish a relationship in a context of seduction</li> <li>– questions about rites of passage (in connection with seduction, kissing, first sexual relations with a new partner) and possible acting out</li> <li>– Sarah's responsibilities with regard to her body, health, needs and personal limits</li> <li>– lack of prevention of STBBIs and pregnancy</li> <li>– possibility of reprehensible sexual behaviour (date-rape drug)</li> </ul> </li> <li>• justify the relevance of the solutions proposed for Sarah's situation</li> <li>• present critical arguments to support the solution proposed</li> </ul>	<p><b>Establishes a relationship between the factors influencing the adoption of safe and responsible sexual behaviour</b></p>
<p><b>Integration and application of learning</b></p> <p>Lastly, adult learners consider their own potential for action by expressing their opinion concerning human rights and civil and collective responsibility in sexual matters, and determining their responsibility for their own body, health and sexuality, as well as their responsibility to respect themselves and others. They take a position on safe and responsible sexual choices by establishing a relationship between self-respect and respect for others, the needs to be met and the limits that must not be exceeded, and by discussing the benefits of a healthy sexual lifestyle. They also consider the role played by resources providing assistance in the community, and assess the effectiveness of the methods made available to the public in the field of sex education and prevention. To do this, they:</p> <ul style="list-style-type: none"> <li>• explain their understanding of human rights and civil and collective responsibility with regard to sexuality</li> <li>• give their opinion about their responsibility for their body, health, sexuality and respect for themselves and for others</li> <li>• give examples of limits that must not be exceeded to maintain safe, responsible behaviour in a seduction context</li> <li>• explain the benefits of a healthy sexual lifestyle</li> </ul>	<p><b>Makes healthy lifestyle choices with regard to sexuality</b></p>

<b>3) Pedagogical aim, activities and connection with the subject-specific competencies</b> <b>Pedagogical aim:</b> <b>Help adult learners reflect on sexuality in all its dimensions</b>	
Activities	Subject-Specific Competencies
<ul style="list-style-type: none"> <li>• present their personal position on seduction (methods, contexts), gender roles and stereotypes for men and women in a seduction context, communications in a seduction context and the establishment of a relationship with a member of the opposite sex, rites of passage in connection with flirting, kissing, first sexual relations with a new partner, the prevention of pregnancy and STBBIs in a situation like Sarah's, and the effectiveness of the methods made available to the public in the field of sex education and prevention</li> <li>• formulate a critical point of view on flirting and sexuality</li> <li>• take stock of what they have learned</li> <li>• recognize situations in which they could transfer their learning</li> </ul>	

## 6.9 End-of-Course Outcomes

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The end-of-course outcomes describe what is expected of adult learners at the end of the course for each subject-specific competency. The subject-specific competencies complement one another and are developed in connection with one another.

By developing the competency *Examines situations involving sexuality*, adult learners learn to demonstrate interest, curiosity and intellectual rigour. They identify issues pertaining to sexuality and gather information to consider their various aspects. They recognize various social changes by exploring the world of sexuality from the sexual revolution to the present day. Then, to update their frame of reference for sexuality, they establish a relationship between the five dimensions of sexuality, distinguish between them and present their connections. They also learn about the motivation cycle, in order to adopt or maintain safe and responsible sexual behaviour. They broaden their knowledge about sexual issues, and locate resources in their community that provide assistance in sexual matters, identifying the specific field of intervention of each resource. They consider sexuality using a comprehensive, interdimensional approach.

By developing the competency *Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour*, adult learners learn to use rigorous research and information-processing techniques. They find answers to their questions by supporting their observations with formal arguments. They use credible data to support their reflection and justify their ideas using critical arguments. They analyze sexual issues by identifying the questions raised, establishing connections between the dimensions of sexuality and the influencing factors, and identifying causes and effects. They consider ways to promote the adoption of safe and responsible sexual behaviour by examining plausible solutions in light of the context and selecting the best solution with all its implications.

By developing the competency *Makes healthy lifestyle choices with regard to sexuality*, adult learners learn to exercise critical judgment. They take into consideration their own frame of reference to take a position. They form an opinion, express it, qualify it, put it in perspective and consider the situation as a whole. In addition, they learn to manage how they communicate, use language that is appropriate to the context, and apply appropriate communication techniques in every circumstance. They also use strategies that promote self-assertiveness, negotiation and the presentation of arguments concerning their own sexuality. They consider the possibility of having a safe and enjoyable sex life, without coercion, discrimination or violence. To do this, they consider their potential for action by examining various credible points of view concerning human rights and civil and collective responsibility in sexual matters, and by determining their responsibility for their own body, health and sexuality and their responsibility for respecting themselves and others. Adult learners take a position concerning safe and responsible sexual choices, establishing a relationship between self-respect and respect for others, values, needs and limits. They discuss the benefits of a healthy sexual lifestyle and also consider the role and preventive actions of resources providing assistance in sexual matters, assessing the effectiveness of the methods made available to the public in the field of sex education and prevention.

## 6.10 Evaluation Criteria

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To support the learning of adult learners and evaluate subject-specific competencies at the end of the course, the teacher bases his or her judgment on the evaluation criteria.

Competencies	Evaluation Criteria
<b>Examines situations involving sexuality</b>	Appropriate treatment of information gathered on situations involving sexuality
<b>Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour</b>	Establishment of appropriate relationships among the information on sexuality in order to draw conclusions
<b>Makes healthy lifestyle choices with regard to sexuality</b>	Relevant, coherent arguments to support his/her position, using a range of credible sources of information on sexuality

## Chapter 7



**Course PRS-5202-2**  
***Prevention of Sexually Transmitted***  
***and Blood-Borne Infections (STBBIs)***



## 7.1 Introduction

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The aim of the course *Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)* is to encourage adult learners to reflect on various issues relating to STBBIs and help them adopt or maintain safe and responsible sexual behaviour.

The course is part of a preventive and educational approach designed to promote the adoption of behaviours to prevent the transmission of STBBIs. It guides adult learners through a process of reflection that will help them maintain, acquire or apply healthy lifestyle habits and behaviours with respect to their sexuality in general, and STBBIs in particular. In concrete terms, this involves considering people in their environment, examining the elements that may influence risk taking, and preventing the transmission of infections through the use of appropriate methods of protection.<sup>8</sup> These elements are also explored in the five dimensions of sexuality: the biological dimension; the psychological, emotional and relational dimension; the sociocultural dimension; the moral, spiritual and religious dimension; and the ethical and legal dimension.

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<sup>8</sup> Because some concepts refer to aspects relating to the use of psychotropic drugs, it may be appropriate to consider the course *Preventing Dependency on Substances* of the Preventing Dependency program to document certain teaching activities, especially those dealing with STBBIs.

## 7.2 Subject-Specific Competencies

This course targets the development of the program’s three subject-specific competencies. The table below presents an overview of the subject-specific competencies, along with their key features and manifestations.

**Overview of the Subject-Specific Competencies, Key Features and Manifestations**

Competency 1	Competency 2	Competency 3
<p><b>Examines situations involving sexuality</b></p>	<p><b>Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour</b></p>	<p><b>Makes healthy lifestyle choices with regard to sexuality</b></p>
<ul style="list-style-type: none"> <li>• <b>Identifies issues pertaining to sexuality</b> <ul style="list-style-type: none"> <li>– Recognizes the social changes that have occurred since the sexual revolution</li> <li>– Updates his/her frame of reference for sexuality</li> <li>– Broadens his/her knowledge about issues pertaining to sexuality</li> </ul> </li> <li>• <b>Locates resources in the community that provide assistance in sexual matters</b> <ul style="list-style-type: none"> <li>– Recognizes the field of intervention of each resource providing assistance in sexual matters</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Analyzes issues involving the adoption of safe and responsible or risky sexual behaviour</b> <ul style="list-style-type: none"> <li>– Identifies the issues raised</li> <li>– Establishes connections between factors influencing the issues</li> <li>– Identifies causes and consequences</li> </ul> </li> <li>• <b>Considers solutions to promote the adoption of safe and responsible sexual behaviour</b> <ul style="list-style-type: none"> <li>– Examines plausible solutions in light of the context</li> <li>– Chooses the best solution with all its implications</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Considers his/her potential for action with respect to sexuality</b> <ul style="list-style-type: none"> <li>– Examines points of view concerning human rights and civil and collective responsibility in sexual matters</li> <li>– Determines his/her responsibility for his/her own body, health and sexuality as well as for respecting himself/herself and others</li> </ul> </li> <li>• <b>Takes a position concerning safe and responsible sexual choices</b> <ul style="list-style-type: none"> <li>– Establishes a relationship between self-respect and respect for others, values, needs and limits for safe and responsible sexual choices</li> <li>– Discusses the benefits of healthy lifestyle choices with regard to sexuality</li> </ul> </li> <li>• <b>Considers the role and preventive actions of resources providing assistance in sexual matters</b> <ul style="list-style-type: none"> <li>– Assesses the effectiveness of the methods made available to the public in the field of sex education and prevention</li> </ul> </li> </ul>

## 7.3 Research Process

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To progress in their learning, mobilize resources and develop competencies, adult learners use a research process that encourages them to reflect on and examine issues in order to make safe, responsible choices in connection with sexuality.

The research process is divided into five interrelated, complementary steps. Adult learners must:

- become familiar with a sexual issue
- plan their research
- gather and organize information
- process and analyze information
- communicate the results

Appendix 2, *Research Process*, sets out the steps in this process.

## 7.4 Cross-Curricular Competencies

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Although the course draws on all the cross-curricular competencies in the program, to varying degrees, it is important to identify those that best meet the requirements of the tasks to be carried out in each learning situation developed by the teacher.

For example, the learning situation *Ishmael meets Martina* in section 7.8 makes use of three cross-curricular competencies: *Uses information*, *Exercises critical judgment* and *Communicates appropriately*.

When adult learners *use information*, they find information on STBBIs and ensure that their sources are credible. They compare this information and determine whether or not it is valid or relevant, before organizing, synthesizing and using it.

When adult learners *exercise critical judgment*, they form, express and qualify their opinion of STBBIs by answering the questions raised as they debate and confirm their healthy lifestyle choices with regard to sexuality.

When adult learners *communicate appropriately*, they express ideas, emotions and intuitions, but also raise questions, reason and argue their position concerning STBBIs. They also use specific terms, rules, and communication conventions and codes.

## 7.5 Subject-Specific Content

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The subject-specific content of the course *Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)* includes categories of knowledge and their content as well as cultural references.

The prescribed elements of the course are the subject-specific competencies, key features and manifestations; the categories of knowledge and their content; the families of learning situations and the cultural references. Although the use of cultural references is prescribed, the examples provided are not.

### ➤ Categories of Knowledge

There are eight categories of knowledge: social changes; concepts integral to the frame of reference; the biological dimension; the psychological, affective and relational dimension; the sociocultural dimension; the moral, spiritual and religious dimension; the ethical and legal dimension; and public and community support services (concerning sexuality).

The following table presents the categories and their content under two separate headings: prescribed knowledge and suggested knowledge. Teachers must take the prescribed knowledge into account when preparing learning situations, and all these elements will, where appropriate, be evaluated at the end of the course. Suggested knowledge can be used as examples to help adult learners research a subject in more depth or examine a subject of interest in more detail. Suggested knowledge is optional and will not be evaluated at the end of the course. All the elements shown between parentheses are also given as examples or to clarify the scope of the subject-specific content. They are not prescribed.

The numbering given to the categories of knowledge does not reflect any particular sequence. They may therefore be addressed in any order.

In this course, the dimensions of sexuality are used specifically for issues linked to STBBIs. The spheres of influence to be connected to these dimensions include the individual and his or her family and friends and sociocultural environment. They refer to risk taking (Appendix 4: *Risk Taking*) and to risk and protective factors for the transmission of STBBIs (Appendix 5: *Risk Factors and Protective Factors*).

<b>1. Social changes</b>	
<b>Changes in issues related to STBBIs</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>1960s and 1970s</b>	
<ul style="list-style-type: none"> <li>• The sexual revolution</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of sexual partners</li> <li>• Variety of sexual practices</li> <li>• Changing relationship models</li> <li>• Use of injectable drugs</li> </ul>
<ul style="list-style-type: none"> <li>• Syphilis epidemic</li> </ul>	
<b>1980s</b>	
<ul style="list-style-type: none"> <li>• Changes in drug use</li> </ul>	<ul style="list-style-type: none"> <li>• Use of cocaine</li> </ul>
<ul style="list-style-type: none"> <li>• Start of HIV (human immunodeficiency virus) epidemic</li> </ul>	<ul style="list-style-type: none"> <li>• Presence of HCV (hepatitis C virus)</li> </ul>
<b>1990s</b>	
<ul style="list-style-type: none"> <li>• Decrease in STBBIs</li> </ul>	<ul style="list-style-type: none"> <li>• Different strategies aimed at preventing STBBIs</li> <li>• Fear of HIV/AIDS (acquired immune deficiency syndrome): individual accountability and protection</li> <li>• Social context surrounding calls for prevention practices in the context of sexual behaviour</li> <li>• Injection of significant amounts of money to prevent STBBIs</li> </ul>
<b>2000s</b>	
<ul style="list-style-type: none"> <li>• Increase in STBBIs</li> </ul>	<ul style="list-style-type: none"> <li>• Chlamydia, gonorrhoea, syphilis and HCV</li> <li>• Success of HIV treatment: trivialization of the epidemic</li> <li>• Start of the HCV epidemic</li> </ul>
<ul style="list-style-type: none"> <li>• Synthetic drugs: GHB (date-rape drug)</li> </ul>	
<ul style="list-style-type: none"> <li>• Pervasive presence of human sexuality in the social sphere</li> </ul>	<ul style="list-style-type: none"> <li>• Media discourse about the sexualization of the public sphere</li> </ul>
<b>Statistical data</b>	
<ul style="list-style-type: none"> <li>• Current statistical data</li> </ul>	<ul style="list-style-type: none"> <li>• Number of cases</li> <li>• Prevalence and occurrence of STBBIs in the most affected population groups</li> <li>• Ignorance of status as a carrier</li> <li>• Notions of “pandemic” and “epidemic”</li> </ul>

<b>2. Concepts integral to the frame of reference</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Risk taking with regard to STBBIs: Appendix 4</b>	
<ul style="list-style-type: none"> <li>• Individual/environment/behaviour = risk</li> </ul>	
<b>Risk factors and protective factors with regard to the transmission of STBBIs: Appendix 5</b>	
<ul style="list-style-type: none"> <li>• Individual factors                             <ul style="list-style-type: none"> <li>– Knowledge</li> <li>– Attitudes, beliefs and perceptions</li> <li>– Personal habits</li> <li>– Psychosocial characteristics</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Factors relating to the individual’s family and friends                             <ul style="list-style-type: none"> <li>– Significant persons</li> <li>– Living conditions (of the individual and his/her family and friends)</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Factors relating to the sociocultural environment                             <ul style="list-style-type: none"> <li>– Living environment (e.g. school environment, social environment, work environment, in detention, others)</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Factors relating to sociocultural standards and values</li> </ul>	
<b>Motivation cycle: Appendix 6</b>	
<ul style="list-style-type: none"> <li>• Knowledge of the problem</li> <li>• Awareness of the problem (risk)</li> <li>• Emotion (being affected)</li> <li>• Information search</li> <li>• Motivation</li> <li>• Decision to change</li> <li>• Assessment of gains and losses</li> <li>• Adoption and maintenance of preventive behaviour</li> <li>• Eventual relapse</li> </ul>	

<b>3. Biological dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Myths and beliefs with regard to STBBIs</b>	
<ul style="list-style-type: none"> <li>• Myths and beliefs concerning biological knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Examples:                             <ul style="list-style-type: none"> <li>– “If I don’t have symptoms, then I don’t have an STBBI.”</li> <li>– “Once I’ve had an STBBI, I can’t catch it again.”</li> <li>– “All STBBIs can be dealt with and are easy to cure.”</li> <li>– “There are drugs available to cure AIDS.”</li> <li>– “If I want to be less at risk, I can just reduce my number of partners.”</li> <li>– “With all my sexual and injection partners, I rely on my common sense, so I’m not at risk.”</li> <li>– “A single time without a condom or sterile needle is not dangerous.”</li> <li>– “There’s never any danger the first time without a condom or sterile needle.”</li> <li>– “When two people love one another, there’s no risk in having sex without a condom.”</li> <li>– “When two people love one another, there’s no risk in sharing a needle.”</li> <li>– “I can stop my treatment when I start feeling better.”</li> <li>– “The morning-after pill protects you from STIs.”</li> </ul> </li> </ul>
<b>Modes of transmission of STBBIs</b>	
<ul style="list-style-type: none"> <li>• Sexual transmission                             <ul style="list-style-type: none"> <li>– Vaginal</li> <li>– Anal</li> <li>– Oral</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Blood-related transmission                             <ul style="list-style-type: none"> <li>– Sharing of nonsterile equipment</li> <li>– Sharing of personal hygiene items</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of nonsterile equipment (e.g. syringes, needles, injections, inhalations, tattoos and body piercing)</li> <li>• Sharing of personal hygiene items (e.g. toothbrush, razor, nail-clippers, toothpick)</li> </ul>
<ul style="list-style-type: none"> <li>• Mother-child transmission                             <ul style="list-style-type: none"> <li>– During pregnancy</li> <li>– During birth</li> <li>– During breastfeeding</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>• Specific transmission of hepatitis B virus             <ul style="list-style-type: none"> <li>– Saliva</li> <li>– Tears</li> <li>– Urine</li> </ul> </li> </ul>	
<p><b>Origin of infectious agents and possible treatments</b></p>	
<ul style="list-style-type: none"> <li>• Bacterial origin: treatment and cure</li> </ul>	<ul style="list-style-type: none"> <li>• STBBIs:             <ul style="list-style-type: none"> <li>– syphilis</li> <li>– gonorrhea</li> <li>– chlamydia</li> <li>– LGV (lymphogranuloma venerium)</li> <li>– vaginal candidiasis</li> </ul> </li> <li>• Treatments:             <ul style="list-style-type: none"> <li>– course of oral antibiotics</li> <li>– course of intravenous antibiotics for syphilis</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Viral origin: treatment but no cure</li> </ul>	<ul style="list-style-type: none"> <li>• STBBIs:             <ul style="list-style-type: none"> <li>– genital herpes</li> <li>– HIV</li> <li>– HCV and HBV</li> <li>– HPV (human papilloma virus)</li> </ul> </li> <li>• Treatment:             <ul style="list-style-type: none"> <li>– preventive vaccine against HBV and HPV</li> <li>– palliative treatment (HIV, HBV, HCV)</li> <li>– treatment of lesions to relieve symptoms and reduce the likelihood of transmission (HPV, genital herpes)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Parasitic origin: treatment and cure</li> </ul>	<ul style="list-style-type: none"> <li>• STBBIs:             <ul style="list-style-type: none"> <li>– trichomoniasis</li> <li>– pubic lice</li> <li>– scabies</li> </ul> </li> <li>• Treatment:             <ul style="list-style-type: none"> <li>– course of oral or intravaginal antibiotics</li> <li>– application of cream, lotion or antifungal agent</li> </ul> </li> </ul>
<p><b>Biomedical consequences of STBBIs for the person infected, family and friends</b></p>	
<ul style="list-style-type: none"> <li>• Biomedical consequences relating to pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Complications during pregnancy and birth</li> <li>• Possibility of transmission to the baby</li> </ul>

<ul style="list-style-type: none"> <li>• Biomedical consequences relating to sexuality and the pelvic region</li> </ul>	<ul style="list-style-type: none"> <li>• Pain during intercourse (herpes, trichomoniasis, syphilis)</li> <li>• Sexual problems (e.g. loss of desire, loss of pleasure)</li> <li>• Infertility or sterility (gonorrhoea, chlamydia)</li> <li>• Prostatitis, urethritis</li> <li>• Cervical cancer (HPV)</li> <li>• Pelvic inflammatory disease</li> </ul>
<ul style="list-style-type: none"> <li>• Biomedical consequences relating to the vital organs</li> </ul>	<ul style="list-style-type: none"> <li>• Heart and brain damage (syphilis)</li> <li>• Cirrhosis, liver cancer (HCV, HBV)</li> <li>• Death (AIDS, HCV, HBV)</li> </ul>
<ul style="list-style-type: none"> <li>• Biomedical consequences specific to STBBIs</li> </ul>	<ul style="list-style-type: none"> <li>• Higher risk of coinfection with another STBBI, including HIV and HCV</li> <li>• Side effects of antiretrovirals (HIV/AIDS)</li> </ul>
<p><b>Prevention methods (risk reduction) and safe practices with regard to STBBIs</b></p>	
<ul style="list-style-type: none"> <li>• Regular screening tests for STBBIs</li> </ul>	
<ul style="list-style-type: none"> <li>• Proper use of condoms every time during sex</li> </ul>	<ul style="list-style-type: none"> <li>• Stop using a condom if:             <ul style="list-style-type: none"> <li>– the screening tests are negative for both partners <b>AND</b> <ul style="list-style-type: none"> <li>○ both partners are faithful <b>OR</b></li> <li>○ have protected sex outside the couple</li> </ul> </li> </ul> </li> <li>• Safe practices for condom use             <ul style="list-style-type: none"> <li>– purchase</li> <li>– storage</li> <li>– handling</li> <li>– use</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Total abstinence from sex</li> </ul>	
<ul style="list-style-type: none"> <li>• Methods of preventing blood-related transmission</li> </ul>	<ul style="list-style-type: none"> <li>• Less risky methods (injection and inhalation)             <ul style="list-style-type: none"> <li>– use of sterile equipment</li> <li>– no sharing of sharp objects or personal hygiene items</li> </ul> </li> <li>• Safe practices for the use of tattoo and body piercing equipment             <ul style="list-style-type: none"> <li>– supply source</li> <li>– storage</li> <li>– handling</li> <li>– use</li> </ul> </li> <li>• Stop using</li> </ul>
<ul style="list-style-type: none"> <li>• Recognition of the severity of the STBBI problem</li> </ul>	<ul style="list-style-type: none"> <li>• Unfavourable elements:             <ul style="list-style-type: none"> <li>– perception depending on whether or not the STBBI can be cured</li> <li>– perception depending on the extent of the consequences</li> </ul> </li> </ul>

<b>4. Psychological, affective and relational dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Psychosocial consequences of STBBIs for the person infected, family and friends</b>	
<ul style="list-style-type: none"> <li>• Consequences relating to sex</li> </ul>	<ul style="list-style-type: none"> <li>• Abstinence</li> </ul>
<ul style="list-style-type: none"> <li>• Consequences relating to relations with the partner</li> </ul>	<ul style="list-style-type: none"> <li>• Conflict within the couple</li> <li>• Loss of partner's trust and possibility of rejection, fear of transmitting an STBBI to the partner</li> </ul>
<ul style="list-style-type: none"> <li>• Consequences relating to self-image</li> </ul>	<ul style="list-style-type: none"> <li>• Negative feelings (e.g. shame, guilt, anger, hostility, doubt, mistrust, fear, anxiety, phobia)</li> <li>• Depression</li> <li>• Poor body image</li> <li>• Loss of confidence in his/her ability to seduce someone</li> </ul>
<b>Psychological attitudes and characteristics conducive to the adoption of safe, responsible behaviour with regard to STBBIs</b>	
<ul style="list-style-type: none"> <li>• Sense of personal efficacy, self-efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to protect himself/herself (e.g. purchase and use condoms, faithfulness, screening test)</li> <li>• Ability to obtain and use sterile injection and tattoo equipment</li> <li>• Motivation</li> </ul>
<ul style="list-style-type: none"> <li>• Awareness of his/her needs and limits</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of what is expected of the other person, with regard to general and specific relationships, and in romantic and sexual relations</li> <li>• Self-knowledge (e.g. listening to his/her needs, limits and body, being willing to give and to receive)</li> <li>• Self-knowledge with regard to love and sexuality</li> </ul>
<ul style="list-style-type: none"> <li>• Positive body image</li> </ul>	<ul style="list-style-type: none"> <li>• Self-confidence and positive self-esteem</li> <li>• Sufficient acknowledgment of his/her self-worth to believe in the importance of protection</li> </ul>
<ul style="list-style-type: none"> <li>• Management of emotions and desire</li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledgment and rationalization of impulsive emotions likely to lead to risky behaviour</li> <li>• Carefully considered, as opposed to compulsive, sexuality</li> </ul>

<ul style="list-style-type: none"> <li>• Absence of psychological problems</li> </ul>	<ul style="list-style-type: none"> <li>• E.g. emotional dependency, performance anxiety and sexual bravado, fatalistic attitude towards life, mental health problems</li> </ul>
<p><b>Perception of condom use and use of sterile needles and materials</b></p>	
<ul style="list-style-type: none"> <li>• Perception of the effectiveness:             <ul style="list-style-type: none"> <li>– of condoms</li> <li>– of screening tests</li> <li>– of the use of sterile needles and injection or tattoo and body piercing materials</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Perceived advantages:             <ul style="list-style-type: none"> <li>– of condom use</li> <li>– of the use of sterile needles and materials</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Peace of mind</li> <li>• Protection against STBBIs transmitted sexually or through the blood</li> <li>• Self-respect and respect for others</li> <li>• Specific advantages of using a condom:             <ul style="list-style-type: none"> <li>– extension of pleasure and delayed ejaculation</li> <li>– double protection (STBBI, pregnancy)</li> <li>– low cost</li> </ul> </li> <li>• Specific advantages of using sterile needles and materials:             <ul style="list-style-type: none"> <li>– fewer skin infections and heart infections (endocarditis)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Perceived obstacles:             <ul style="list-style-type: none"> <li>– to condom use</li> <li>– to the use of sterile needles and injection materials</li> <li>– to the use of sterile tattoo and body piercing materials and needles</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Specific obstacles to condom use:             <ul style="list-style-type: none"> <li>– use of the contraceptive pill</li> <li>– self-consciousness, shyness, shame, fear of being judged</li> <li>– use of alcohol, drugs or medication</li> <li>– fear of losing his/her partner</li> <li>– fear of losing the other person's trust</li> <li>– partner's refusal or fear of partner's refusal</li> <li>– difficulty in broaching the subject and negotiating</li> <li>– absolute trust in his/her partner</li> <li>– fact of not having a condom on hand and relying on his/her partner</li> <li>– difficulty incorporating condoms into sexual games</li> <li>– unanticipated sexual encounters</li> <li>– fear of losing an erection</li> </ul> </li> <li>• Specific obstacles to the use of sterile needles and injection materials:             <ul style="list-style-type: none"> <li>– fact of already having the drug on hand</li> <li>– use of a shooting gallery</li> <li>– fact of already being under the influence</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>– urgent need to use</li> <li>– no access to sterile materials</li> <li>– fear of being identified as a drug addict when visiting needle exchange facilities</li> <li>– frequency of use of specific drugs (cocaine)</li> <li>– alcohol use (multiple use)</li> <li>– an injection ritual conducive to sharing of needles</li> <li>– confidence in his/her partners</li> <li>– pressure from partner</li> <li>• Specific obstacles to the use of sterile tattoo and body piercing needles and materials:             <ul style="list-style-type: none"> <li>– ripple effect from peers</li> <li>– spontaneity and urgency</li> <li>– confidence in his/her peers</li> <li>– use of alcohol, drugs or medications</li> <li>– no access to sterile materials</li> </ul> </li> </ul>
<b>Perception of personal vulnerability to STBBIs</b>	
<ul style="list-style-type: none"> <li>• Vulnerability relating to knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of knowledge about how STBBIs are transmitted and how to prevent them</li> <li>• Magical thinking or distorted thinking: feeling invulnerable, thinking it will only happen to other people</li> </ul>
<ul style="list-style-type: none"> <li>• Vulnerability relating to different types of relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Casual relationships</li> <li>• Multiple partners</li> </ul>
<ul style="list-style-type: none"> <li>• Vulnerability relating to sensation-seeking</li> </ul>	<ul style="list-style-type: none"> <li>• Seeking pleasure first</li> <li>• High sensation-seeking</li> </ul>
<ul style="list-style-type: none"> <li>• Awareness of belonging to a higher-risk group</li> </ul>	
<b>Communication strategies and self-assertion</b>	
<ul style="list-style-type: none"> <li>• Communication, assertiveness and negotiation strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Characteristics of effective communication (e.g. speaking, listening, answering, asking questions, making requests, expressing criticism, accepting criticism, saying “no”)</li> <li>• Ability to say “no” without feeling guilty</li> <li>• Direct, open discussions</li> </ul>
<ul style="list-style-type: none"> <li>• Impacts of effective communication and assertiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Respect for oneself and for others</li> <li>• Positive relationships with others</li> <li>• Self-satisfaction</li> <li>• Greater sexual satisfaction</li> </ul>

<b>Risk management with regard to STBBIs</b>	
<ul style="list-style-type: none"> <li>• Recognizing risky situations</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiating preventive behaviours before being placed in a risky situation</li> <li>• Having sterile materials on hand</li> <li>• Having condoms on hand</li> </ul>
<b>5. Sociocultural dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Consequences of some STBBIs for the person infected and family and friends</b>	
<ul style="list-style-type: none"> <li>• Socioeconomic consequences</li> </ul>	<ul style="list-style-type: none"> <li>• General cost of treatments</li> <li>• Costs relating to new fertility techniques</li> <li>• Higher health-related expenses</li> <li>• Absenteeism and lost productivity</li> <li>• Job loss or reduced income</li> <li>• Difficulty finding a job</li> <li>• Difficulty obtaining life insurance</li> </ul>
<ul style="list-style-type: none"> <li>• Difficulty carrying out social and cultural activities</li> </ul>	<ul style="list-style-type: none"> <li>• Reluctance to reveal condition for fear of being ostracized</li> </ul>
<ul style="list-style-type: none"> <li>• Consequences specific to HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Possibility of rejection and discrimination (e.g. by partners, friends, family members and employers)</li> <li>• Possibility of exclusion and isolation</li> </ul>
<b>Influence of significant persons</b>	
<ul style="list-style-type: none"> <li>• Family or intergenerational protective factors: parents and family</li> </ul>	<ul style="list-style-type: none"> <li>• Sound rules for everyday organization</li> <li>• Positive view of sexuality and sexual orientation</li> <li>• Constructive communication, possibility of self-assertiveness, debating and negotiation</li> <li>• Positive reinforcement of self-esteem and self-confidence</li> <li>• Reinforcement of respect for oneself and for others</li> <li>• Mutual help and support</li> </ul>
<ul style="list-style-type: none"> <li>• Relational risk factors: peers, sexual partner or drug use partner</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of mutual help and support</li> <li>• Value given to risky behaviour</li> <li>• Power play and manipulation</li> <li>• Spousal, psychological, physical or sexual violence</li> <li>• Breakup, separation and divorce</li> <li>• Type of sexual partner: casual, anonymous, regular, with acquaintances (e.g. <i>friends with benefits</i>)</li> </ul>

<ul style="list-style-type: none"> <li>• Strategies to resist social pressure and pressure on a partner who is reluctant to use protection</li> </ul>	<ul style="list-style-type: none"> <li>• Self-confidence and self-esteem so as not to be influenced</li> <li>• Capacity to refuse risky behaviour, self-assertiveness</li> <li>• Refusal or postponement of sex</li> <li>• Debate and negotiation of safe behaviour</li> </ul>
<p><b>Living conditions and environments</b></p>	
<ul style="list-style-type: none"> <li>• Risk factors relating to living conditions and living environments (e.g. school, society, workplace, detention centre, in the street, other)</li> </ul>	<ul style="list-style-type: none"> <li>• Economic situation/income <ul style="list-style-type: none"> <li>– poverty</li> </ul> </li> <li>• Geographic location <ul style="list-style-type: none"> <li>– no access to resources</li> </ul> </li> <li>• Level of education <ul style="list-style-type: none"> <li>– illiteracy</li> </ul> </li> <li>• Homelessness <ul style="list-style-type: none"> <li>– isolation</li> </ul> </li> <li>• Relationship status <ul style="list-style-type: none"> <li>– exclusive or nonexclusive couple, single</li> </ul> </li> <li>• Use of alcohol, drugs or medications <ul style="list-style-type: none"> <li>– inhibition of critical thinking and the ability to think and use protection</li> </ul> </li> <li>• Level of stress and anxiety <ul style="list-style-type: none"> <li>– urgent need to use</li> </ul> </li> <li>• Delinquency <ul style="list-style-type: none"> <li>– substance dependency (rule of effect)</li> </ul> </li> <li>• Exclusion <ul style="list-style-type: none"> <li>– isolation and vulnerability</li> </ul> </li> <li>• Circulation of incorrect information in the living environment <ul style="list-style-type: none"> <li>– popular myths, messages conveyed</li> </ul> </li> </ul>
<p><b>Standards and values of the sociocultural environment with regard to sexual behaviour and drug use</b></p>	
<ul style="list-style-type: none"> <li>• Environmental risk factors with regard to: <ul style="list-style-type: none"> <li>– sexual behaviour</li> <li>– drug use</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• With regard to sexual behaviour <ul style="list-style-type: none"> <li>– lack of models of prevention in the media</li> <li>– reluctance to adopt preventive behaviours</li> <li>– stereotypes, sociosexual roles and gender inequality</li> <li>– homophobia, heterosexism and racism</li> <li>– prostitution</li> <li>– sex-based social sites (e.g. bars, clubs, the Internet, saunas)</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• With regard to drug use <ul style="list-style-type: none"> <li>– clandestinity, marginality</li> <li>– lack of access to needle and material exchange facilities</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Environmental protective factors with regard to:             <ul style="list-style-type: none"> <li>– sexual behaviour</li> <li>– drug use</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motivation and encouragement</li> <li>• Personal involvement in the community</li> <li>• Positive, caring support from friends and family</li> <li>• Access to condoms and sterile materials in the community, or access to help and resources providing assistance, needle exchange facilities and distributors of sterile materials and condoms</li> </ul>
<ul style="list-style-type: none"> <li>• Intervention and support in Québec with regard to STBBIs</li> </ul>	<ul style="list-style-type: none"> <li>• Interference between public health and public safety measures concerning sex work and drug use (harm reduction versus repression)</li> <li>• Support programs:             <ul style="list-style-type: none"> <li>– program providing access to HBV and HPV vaccinations</li> <li>– program providing free medications to treat sexually transmitted infections</li> <li>– intervention program for people infected with HCV</li> <li>– support program for community organizations (shelters for people living with HIV/AIDS (PLWHA))</li> </ul> </li> </ul>
<b>6. Moral, spiritual and religious dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Personal responsibility with regard to STBBIs</b>	
<ul style="list-style-type: none"> <li>• Personal responsibility, respect for oneself and for others</li> </ul>	<ul style="list-style-type: none"> <li>• Responsibility towards self, for his/her body, needs and health, and towards others, in terms of preventing STBBIs and when a person realizes he or she has contracted an STBBI</li> </ul>
<ul style="list-style-type: none"> <li>• Shared responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• E.g. Negotiation of condom use, refusal to share injection, tattoo or body piercing materials in order to prevent STBBIs and when a person realizes he or she has contracted an STBBI</li> </ul>

<b>Personal values, principles, beliefs and myths regarding STBBIs</b>	
<ul style="list-style-type: none"> <li>• Clarification of personal values</li> </ul>	<ul style="list-style-type: none"> <li>• Personal meaning given to sexuality and drug use                             <ul style="list-style-type: none"> <li>– meaning given to STBBIs, protected sexual behaviour and drug use</li> <li>– personal meaning given to the injection, tattoo and body piercing ritual</li> <li>– meaning given to flirting, affection, tenderness, love, friendship, pleasure, sexuality, faithfulness, commitment, multiple partners, pregnancy, elective abortion, romantic and sexual relations, marriage</li> </ul> </li> </ul>
<b>Spiritual consequences of STBBIs at the personal level</b>	
<ul style="list-style-type: none"> <li>• Questions relating to the meaning of life</li> </ul>	<ul style="list-style-type: none"> <li>• Resilience or loss of meaning in his/her life</li> <li>• Fear of dying (in the case of HIV/AIDS or HBV and HCV)</li> </ul>
<b>7. Ethical and legal dimension</b>	
<b>Prescribed knowledge</b>	<b>Suggested knowledge</b>
<b>Civil and collective responsibility with regard to STBBIs</b>	
<ul style="list-style-type: none"> <li>• Responsibility of individuals infected with SSTBBIs to prevent transmission to others</li> </ul>	<ul style="list-style-type: none"> <li>• Responsibility to inform his/her partners about the STBBI (partner notification)</li> <li>• Responsibility of those carrying an STBBI (including HIV) to practise protected sex</li> </ul>
<ul style="list-style-type: none"> <li>• Notifiable diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Syphilis</li> <li>• Gonorrhoea</li> <li>• Chlamydia</li> <li>• LGV (lymphogranuloma venerium)</li> <li>• HIV/AIDS</li> <li>• HCV and HBV</li> </ul>
<ul style="list-style-type: none"> <li>• Legal and ethical aspects specific to HIV and PLWHA (people living with HIV/AIDS)</li> </ul>	<ul style="list-style-type: none"> <li>• E.g. blood transfusion, organ donation, mandatory partner notification, accidental injection—in hospitals for example—obligations for pregnant women (e.g. cesarean section, status declaration)</li> </ul>
<b>Human rights in matters related to STBBIs</b>	
<ul style="list-style-type: none"> <li>• <i>Canadian Charter of Rights and Freedoms and Québec Charter of Human Rights and Freedoms</i></li> </ul>	<ul style="list-style-type: none"> <li>• E.g. physical integrity, respect for the person, respect for a person's choices</li> </ul>
<ul style="list-style-type: none"> <li>• Ethics and confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• E.g. right to consult a physician confidentially from the age of 14, confidentiality of screening tests, consultations with professionals</li> </ul>

## 8. Public and community support services (concerning sexuality)

In this course, the teacher will propose support services available to adults and help adult learners acquire the skills they need to access these services (e.g. explore Web sites with adult learners, visit organizations, bring magazines and other publications to class, go to the library to consult reference books, invite guest speakers, etc.).

**Although the consultation of resources providing assistance is prescribed, the examples provided are not.**

The list of resources proposed here is by no means exhaustive, and should be completed by a list of the resources available in the region concerned. These resources may be useful in referring teachers and adult learners to regional resources. It may also be appropriate to consult the course *Sexuality in All Its Dimensions* and the *Preventing Dependency on Substances* course of the Preventing Dependency program.

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| <ul style="list-style-type: none"> <li>• Québec's health and social services network                             <ul style="list-style-type: none"> <li>❖ Health and social service centres (CSSS)</li> <li>❖ Ministère de la santé et des services sociaux (MSSS), section "The Fight against STI", under the headings: "List of SIDE P" and "Help and Resources":<br/><a href="http://www.msss.gouv.qc.ca/sujets/prob_sante/itss/index.php?home">http://www.msss.gouv.qc.ca/sujets/prob_sante/itss/index.php?home</a></li> <li>❖ Canadian Aids Society:<br/><a href="http://www.cdn aids.ca">http://www.cdn aids.ca</a></li> </ul> </li> <li>• Health Canada                             <ul style="list-style-type: none"> <li>❖ <a href="http://www.hc-sc.gc.ca">http://www.hc-sc.gc.ca</a></li> </ul> </li> <li>• Community organizations                             <ul style="list-style-type: none"> <li>❖ Centre associatif polyvalent d'aide hépatite C (CAPAHC): <a href="http://www.capahc.com/">http://www.capahc.com/</a></li> <li>❖ Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-AIDS): <a href="http://www.cocqsida.com">http://www.cocqsida.com</a></li> </ul> </li> <li>• Association des intervenants en toxicomanie du Québec (see the directory of prevention tools and activities and programs relating to sexuality and STBBIs) <a href="http://www.aitq.com/">http://www.aitq.com/</a></li> <li>• Canadian HIV/AIDS Legal Network:<br/><a href="http://www.aidslaw.ca">http://www.aidslaw.ca</a></li> </ul> | <ul style="list-style-type: none"> <li>• Telephone help lines                             <ul style="list-style-type: none"> <li>❖ Tel-jeunes: 1-800-263-2266</li> <li>❖ Line for parents: 1-800-361-5085</li> <li>❖ Info-Santé helpline run by the regional health and social services centre (CSSS): 811</li> <li>❖ Gai Écoute 1-888-505-1010<br/><a href="http://www.gai-ecoute.qc.ca/">http://www.gai-ecoute.qc.ca/</a></li> <li>❖ S.O.S grossesse 1-877-662-9666<br/><a href="http://www.sosgrossesse.ca/">http://www.sosgrossesse.ca/</a></li> </ul> </li> <li>• Websites                             <ul style="list-style-type: none"> <li>❖ Tel-jeunes <a href="http://en.teljeunes.com/home">http://en.teljeunes.com/home</a></li> <li>❖ Health and Social Services Québec<br/><a href="http://www.msss.gouv.qc.ca/">http://www.msss.gouv.qc.ca/</a></li> <li>❖ À bien y penser <a href="http://itss.gouv.qc.ca/">http://itss.gouv.qc.ca/</a></li> <li>❖ <a href="http://www.sexualityandu.ca">sexualityandu.ca</a><br/><a href="http://www.sexualityandu.ca/en/">http://www.sexualityandu.ca/en/</a></li> <li>❖ <a href="http://www.youngandhealthy.ca">youngandhealthy.ca</a><br/><a href="http://www.youngandhealthy.ca/caah">http://www.youngandhealthy.ca/caah</a></li> <li>❖ Media Awareness Network:<br/><a href="http://www.education-medias.ca">http://www.education-medias.ca</a></li> </ul> </li> <li>• Others                             <ul style="list-style-type: none"> <li>❖ The SexEducator (magazine), issues 4 and 14:<br/><a href="http://www.casexprime.gouv.qc.ca/en/accueil">http://www.casexprime.gouv.qc.ca/en/accueil</a></li> </ul> </li> </ul> |
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### ➤ Cultural References

The examples of cultural references help adult learners examine social issues related to STBBIs. They address different problems, involve people in a variety of contexts, and make reference to myths and beliefs in order to fuel the process of reflection, help adult learners understand the issues in question and highlight the importance of adopting safe and responsible sexual behaviour.

The examples of cultural references used in this course are:

- HIV infection
- Unfortunate sexual encounter
- Sex, drugs and STBBIs
- Coinfection
- STIs and pregnancy
- Absence of symptoms and STBBIs

The examples given are fictional, which allows adult learners to address the issues studied without making them too personal. Thus, adult learners will be able to transfer their learning and apply it in real-life situations.

Although the use of cultural references in the classroom is prescribed, the examples provided in this course are not.

## Example of a cultural reference: HIV infection

### Bad News

Vincent is 22 years old, studies part-time and works in a restaurant. Peter is 30 years old and has recently lost his full-time job as a computer technician because his boss complained that he was often absent from work. Peter and Vincent are a couple and have been living together for some time. Before they were together, they each had a number of sexual partners. The first time they saw one another, they fell in love—it truly was love at first sight! All their close friends say they're made for one another!

Their first night together was really special, as though they'd known each other for ever! Peter remembers it well: Vincent offered to use a condom and had one with him. However, Peter looked him in the eyes and said "no." Neither of them insisted, not wanting to spoil the moment. Peter preferred not to use the condom because he was afraid of losing his erection and not being able to perform, "especially since it was our first time." The pleasure was the main thing! So Peter and Vincent didn't use a condom, that night or ever since.

A few weeks ago, Peter got a telephone call from Paul, a former lover who had since become a good friend. Paul told him: "I went for STBBI screening and I'm waiting for the results. You should go too." Peter thought about it a lot in the days following his conversation with Paul.

Eventually, he arranged an appointment at a specialized clinic. After asking questions about Peter's general health and risky sexual behaviour, the physician proposed a series of tests, including some for sexually transmissible infections. Peter agreed, because he wanted to know everything about his health status.

This morning, before leaving for work, Vincent told Peter that his physician's secretary had phoned while he was in the shower and wanted Peter to call her back right away. As soon as Vincent had gone, Peter called the secretary, and she told him the physician wanted to see him, the sooner the better. Peter decided to go at once.

Once in the doctor's office, Peter learned that he had HIV. Peter was shocked and dismayed, because he'd never really had any symptoms. He did feel very tired and often had a cold, but that was all. And he'd always used his common sense when choosing his sexual partners, opting for men who were handsome, intelligent and clean, like Paul and his lover Vincent. Not only that, but in recent years he'd taken a preventive approach by reducing the number of sexual partners!

Completely demoralized, Peter went home. He had a lot to think about. He was very annoyed, but he was also torn; he wanted to talk to Vincent, to tell him about the situation and get his support, but at the same time he was terrified of losing him. When he arrived at his front door, he touched the keys in his pocket and hesitated before going in . . . .

## Example of a cultural reference: Unfortunate sexual encounter

### Ishmael Meets Martina

Ishmael is 20 years old, single, and works full-time as a carpenter for a well-known company. Although he seems very self-assured, he finds it difficult to talk about his emotions. This particular evening, after work, Ishmael is going directly to Stephen's house for his birthday party.

Martina is 18 years old and has been single for a few months now. Since her last breakup, she hasn't looked for another serious relationship. She works full-time as a waitress in a nice café. She's an extrovert, always looks happy and finds it easy to communicate. This particular evening, she is also going to Stephen's house—he's a childhood friend, and she would never miss his annual birthday party!

Early in the evening, Ishmael and Martina check one another out, and later, as they have a drink and dance together, they talk and have fun. They're very attracted to one another. At one point, Stephen calls Ishmael over, hands him a joint and says: "Take this, it'll do you good, you seem a bit nervous with Martina!" Ishmael agrees and accepts the joint.

Towards the end of the evening, Ishmael and Martina find themselves alone in the living room. Under the effects of alcohol and marijuana, Ishmael loses his usual nervousness and eventually kisses Martina. As things progress, it becomes clear that they want one another and Martina becomes aroused. She wonders if Ishmael has a condom, because she hasn't brought one and isn't on the pill. Usually, she finds it easy to say what she wants, but this time, she can't bring herself to ask Ishmael about the condom. The further things go, the more she realizes how much Ishmael wants her. It makes her feel good about herself, and beautiful. She doesn't dare ask about the condom because she's afraid he'll reject her, judge her or won't trust her.

Martina goes over everything they said to one another during the evening. She thinks Ishmael is intelligent and kind, and he certainly looks healthy. And so she decides there's nothing to worry about: he's a good guy. Not only that, but he's a good friend of Stephen, so she feels she can trust him. And because Martina doesn't suggest using a condom, Ishmael thinks she's on the pill, and for fear of stirring doubts in her mind about himself, he decides not to mention anything about a condom either, because it might break the mood. He thinks he's safe, especially as he's cut back on the number of sexual partners in the last few months. In any case, all that matters to him is pleasure! He and Martina decide to have one last drink, and as things heat up they both decide to trust their instincts and don't use a condom.

A few weeks later, Martina is worried because she hasn't had her period and she's been experiencing an unusual vaginal discharge. Her gynecologist gives her a urine test and tells her that not only is she pregnant, but she also has chlamydia. She's surprised, because she's already had chlamydia in the past. As for Ishmael, he's never even wondered about it, because he doesn't have any symptoms . . .

## Example of a cultural reference: Sex, drugs and STBBIs

### Lingering Effects of a Party

Nicolas and Mary have known one another for several months and spend a lot of time together, because Nicolas is unemployed and Mary's time is essentially her own; in fact, she's a sex worker.

Mary generally uses protection with her clients, but it's different with Nicolas. There are two things that separate him from her clients. First, she loves him so much that she trusts him fully; and second, he's very kind to her. She's not afraid that he'll hit her, as some of her clients do. In fact, she's sometimes so frightened of being hit that she doesn't always make her clients wear a condom.

Nicolas likes the fact that Mary is kind and understanding. When he was a child, he was physically abused and suffered a lot of emotional abuse as well. Mary and Nicolas both agree that they're good together, especially as they both lack self-confidence.

Nicolas doesn't use a condom when he has sex with Mary. He's not afraid of "catching something" because he's been vaccinated against hepatitis B. In addition, he's already had gonorrhoea and doesn't think he can catch it again. When he got infected, the treatment was very short. He felt so much better after a few days that he decided to stop the treatment. In his mind, sexually transmitted and blood-borne infections (STBBIs) are very easy to cure.

One evening, Mary meets Nicolas unexpectedly in the street, and they're both very happy to see one another. Nicolas tells her he's glad he bumped into her because there's an all-night party that day. He gives Mary his keys and tells her to wait for him at his apartment, saying that he needs to go and get something to make sure they'll have fun all night! He often shoots cocaine, and having looked in his bag, he's realized he only has one sterile needle left. He knows HIV and hepatitis C are transmitted through the blood and wants to be careful because he knows there will be a lot of people shooting drugs that night. So he decides to go to the local needle exchange facility to get some sterile supplies.

On the way, Nicolas meets his regular dealer, Philip. "It's the night for chance meetings," he says. Philip invites Nicolas back to his apartment to get some drugs, and Nicolas quickly agrees because he urgently needs a shot. Then, because he now has drugs on him, he decides not to go to the needle exchange clinic in case people think he's a drug addict, or in case he's arrested by the police.

Instead, he goes to join Mary at his apartment. He shows her the drugs and needle and tells her: "Tonight's your lucky night. I have a present for you!" He prepares the needle and injects himself first. Mary hesitates, wondering if it's safe, but Nicolas is insistent. He's delighted to be able to give her a gift, and he's very persuasive. He prepares another shot using the same needle and hands it to Mary. He sees her hesitation and wonders if it's her first time. To make things easier for her, he offers to inject her. Mary wonders if it's all right, because she knows the risks. In the end, however, she decides that Nicolas loves her and wouldn't want to infect her. And in any case, the needle looks very clean. Mary tells herself it's a ritual and she shouldn't question it too much. In any case, "there's no risk the first time." Trusting him, she holds out her arm.

Several months later, Nicolas is starting to worry, because he can see that Mary isn't feeling well. She sleeps nearly all the time and doesn't work any more. Both he and Mary think she'll feel better if she gets some rest, as people do when they get a cold, but this time it doesn't work—her condition grows worse every day. Today, they've decided to go together to their local health and social services centre (CSSS) to see what's wrong . . . .

## Example of a cultural reference: Coinfection

### A Story of Two Inmates

Johnny is 24 years old and has been in prison for 13 months. Recently, he's been feeling very tired. His neck is swollen, and he suffers from night sweats. He decides to see the prison nurse, who takes urine, blood and throat samples.

Three weeks later, the nurse comes back with the results. She has bad news for Johnny: not only does he have HIV, but he also has hepatitis C. Johnny is completely floored!

He thinks about what he's done in the last few months and can't figure out how he became infected. The only thing that comes to mind is a tattoo that he had done by Steve, a fellow inmate, whom he trusts. Steve was really pleased when Johnny agreed to get a tattoo; he'd been trying to persuade Johnny for months. And as opportunities like that are rare, Johnny decided to go for it, saying "It's now or never!" Even though Steve was planning on using the same needle he used on himself, Johnny thought the needle looked clean.

Johnny is furious and can't see how he'll be able to live with the two diseases, even when he gets out of prison. Mainly, he's afraid that people will find out and that he'll be rejected, isolated and discriminated against. As an ex-con, it's hard enough to find work, and he thinks that with the two infections it'll be impossible!

Johnny vaguely remembers hearing about STBBIs many years ago, but he thought that if a needle was clean, there was no danger of infection. In any case, as he was getting his tattoo, he told himself that the worst disease out there was AIDS, and even that could be cured with the right medication.

Steve is 30 years old and has been in prison for a few months. He has low self-esteem and finds it hard to manage his emotions. He often feels high levels of stress and anxiety. In his mind, life is meaningless. And so he spends time with a group of prisoners, so that he can forget about his past, the psychological and physical abuse he suffered at home, and the lack of help or support. Steve and his fellow prisoners get their kicks shooting cocaine. However, it's hard to get needles, and usually when one group member has a needle, he's nice enough to share it with the others. What Steve likes about the group is the fact that they all trust one another.

Some time later, Johnny can no longer keep his feelings to himself and decides to confront Steve. Steve panics and starts to have doubts about his own health . . . .

## Example of a cultural reference: STIs and pregnancy

### Once Is Enough

Rosemary has been single for a few months. Her two best friends, William and Melissa, decide to introduce her to someone and take her out to dinner in a restaurant, where she meets Simon, one of William's childhood friends. Simon and William have recently got back in touch with one another through a social network site. Just before dinner, Melissa tells Rosemary that Simon is very handsome and seems intelligent and attentive. It's an impression that Rosemary confirms in her own mind during dinner.

Simon has already told William that he doesn't want to commit to a relationship, but William insisted on introducing him to Rosemary. She's a beautiful girl, very bright and charming. Simon agrees, but he remains set on not having a steady girlfriend for the time being. He thinks he's too young to commit for the long term and enjoys his freedom. Even so, he's interested in starting a sexual relationship with Rosemary.

That same evening, Rosemary goes back to Simon's place. She has no idea what will happen, but she intends to live for the moment. After all, it's been a while since anyone has been interested in her. Shortly after they get to Simon's home, they give in to their desire without using a condom. The subject of protection never comes up at all. When Rosemary leaves to go home, she's still shocked at how quickly she agreed to have sex and she's very thoughtful. She's angry with herself for not saying she wanted a condom. In fact, she feels so uncomfortable that she doesn't want to see Simon again.

Today, Rosemary has gone to see her physician. He's told her she's pregnant and also has chlamydia. The physician explains that chlamydia can be treated with antibiotics. However, if she decides to go through with the pregnancy, there may be side effects from the treatment, including premature birth, miscarriage or ectopic pregnancy. There may also be complications for the baby at birth. Rosemary is shocked and doesn't know how she feels or how to react. She'd always thought she'd be pleased to be pregnant, but in this case it seems more like bad news. And a treatable STI doesn't seem as serious, even though it might have some serious consequences. It's been a while since she had sex with Simon, and the chlamydia hasn't been treated during all that time. She had no symptoms; it was the pregnancy that brought her to see the physician.

Rosemary remembers the evening she spent with Simon. She didn't know it was possible to get pregnant and catch an STI at the same time, especially when it was the first time with a new partner. She remembers her feelings of guilt, and how she convinced herself that Simon was safe. After all, he looked clean and intelligent, and he was one of William's friends. He'd have said something if he'd had an STI.

She has a lot of questions. Should she go through with the pregnancy even though she has an STI and knows there may be serious consequences? Why did neither of them ever bother mentioning protection? Why wasn't she able to tell Simon she had condoms in her purse? She now has to tell him about what's happened and about the importance of using protection and getting tested.

## Example of a cultural reference: Absence of symptoms and STBBIs

### Felix's STI

Felix and Mary have known one another for a while. They say they aren't in love with each other, but they spend a lot of time together, chatting, playing sports or going out. Felix has been dating another girl since the beginning of the school year. However, one night when he and Mary are together at her place, the attraction between them gets stronger and they end up petting and kissing. They both want sex, and talk about the need for protection against STBBIs. Mary says she's safe because she's just had a PAP test a few weeks ago and wasn't diagnosed with an STI. Felix said he has no symptoms that might suggest any kind of infection. That night, they have sex without a condom.

Over the next few weeks, Felix and Mary have sex on a regular basis. They never use protection, because they both think they are safe, and they are sure there will be no pregnancy because Mary is on the pill.

However, yesterday a very painful sore appeared on Felix's penis, and it hurts to urinate. He's never heard of anything like that and checks on the Internet to see if it might be serious and what to do to get rid of it. He consults a Web site on sexuality and finds descriptions of different STIs. Although he doesn't think it's possible for him to have an STI, he decides to read the information anyway. He doesn't believe he's infected, because in the last few weeks he's only had sex with one person: Mary.

Today, he's decided to go and see a nurse at the local CSSS. The sore looks exactly like one of the descriptions on the Web site, for the herpes simplex virus. Felix is very, very worried, first because he didn't think he was at risk, and second because he doesn't know how he could have caught it.

While he's waiting to see the nurse, Felix starts wondering about a lot of things. Should he talk to Mary? What should he say to her? Is the infection serious? The Web site said there is no cure for herpes, but there are drugs that can relieve the symptoms, reduce the duration and frequency of outbreaks and reduce the risk of transmission. What does it all mean? Could he transmit herpes to his sexual partners? Could it have serious consequences? Will the sore always be as painful? Will it affect his ability to have an erection? Will he be able to make love with Mary again? And will she still want him?

## 7.6 Families of Learning Situations

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Learning situations that are related to each other or share common characteristics are grouped together into families, which present contexts that give meaning to adults' learning. In this course, there are two families of learning situations:

- Risky behaviour and the transmission of blood-borne infections
- Risky sexual behaviour

The learning situation provided as an example in the course is from the family *Risky sexual behaviour*.

## 7.7 Broad Areas of Learning

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The course *Prevention of Sexually Transmitted and Blood-Borne Infections (STBBIs)* has connections with all the broad areas of learning in the program. Each area raises a number of questions that can be used to develop learning situations.

The learning situation proposed for this course, *Ishmael Meets Martina*, is related to the educational aim of the broad area of learning Environmental Awareness and Consumer Rights and Responsibilities, which is to *develop an active relationship with their environment while maintaining a critical attitude toward consumption and the exploitation of the environment*. The focus of development *Responsible use of goods and services* helps adult learners to recognize the difference between wants and needs, learn about influences on consumption, and take a critical stance toward advertising and other forms of propaganda and manipulation.

## 7.8 Example of a Learning Situation

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Learning situations place adult learners at the heart of the action and help them develop competencies, construct knowledge and mobilize a wide variety of resources. Each situation is based on a pedagogical aim that is connected to different elements of the program and course.

The learning situation presented below, *Ishmael Meets Martina*, includes:

- 1) a reference to the elements of the program and course
- 2) the context: initial situation and situational problem
- 3) the pedagogical aim, activities and the connection with the subject-specific competencies

<b>1) Reference to the elements of the program and course</b>	
<b>Broad area of learning</b>	Environmental Awareness and Consumer Rights and Responsibilities
<b>Cross-curricular competencies</b>	Uses information Exercises critical judgment
<b>Family of learning situations</b>	Risky sexual behaviour
<b>Cultural reference</b>	Unfortunate sexual encounter
<b>Categories of knowledge</b>	Social changes Concepts integral to the frame of reference Biological dimension Psychological, affective and relational dimension Sociocultural dimension Moral, spiritual and religious dimension Ethical and legal dimension Public and community support services
<b>Subject-specific competencies</b>	Examines situations involving sexuality Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour Makes healthy lifestyle choices with regard to sexuality

## 2) The context: initial situation and situational problem

### Ishmael Meets Martina

Ishmael is 20 years old, single, and works full-time as a carpenter for a well-known company. Although he seems very self-assured, he finds it difficult to talk about his emotions. This particular evening, after work, Ishmael is going directly to Stephen's house for his birthday party.

Martina is 18 years old and has been single for a few months now. Since her last breakup, she hasn't looked for another serious relationship. She works full-time as a waitress in a nice café. She's an extrovert, always looks happy and finds it easy to communicate. This particular evening, she is also going to Stephen's house—he's a childhood friend, and she would never miss his annual birthday party!

Early in the evening, Ishmael and Martina check one another out, and later, as they have a drink and dance together, they talk and have fun. They're very attracted to one another. At one point, Stephen calls Ishmael over, hands him a joint and says: "Take this, it'll do you good, you seem a bit nervous with Martina!" Ishmael agrees and accepts the joint.

Towards the end of the evening, Ishmael and Martina find themselves alone in the living room. Under the effects of alcohol and marijuana, Ishmael loses his usual nervousness and eventually kisses Martina. As things progress, it becomes clear that they want one another and Martina becomes aroused. She wonders if Ishmael has a condom, because she hasn't brought one and isn't on the pill. Usually, she finds it easy to say what she wants, but this time, she can't bring herself to ask Ishmael about the condom. The further things go, the more she realizes how much Ishmael wants her. It makes her feel good about herself, and beautiful. She doesn't dare ask about the condom because she's afraid he'll reject her, judge her or won't trust her.

Martina goes over everything they said to one another during the evening. She thinks Ishmael is intelligent and kind, and he certainly looks healthy. And so she decides there's nothing to worry about: he's a good guy. Not only that, but he's a good friend of Stephen, so she feels she can trust him. And because Martina doesn't suggest using a condom, Ishmael thinks she's on the pill, and for fear of stirring doubts in her mind about himself, he decides not to mention anything about a condom either, because it might break the mood. He thinks he's safe, especially as he's cut back on the number of sexual partners in the last few months. In any case, all that matters to him is pleasure! He and Martina decide to have one last drink, and as things heat up they both decide to trust their instincts and don't use a condom.

A few weeks later, Martina is worried because she hasn't had her period and she's been experiencing an unusual vaginal discharge. Her gynecologist gives her a urine test and tells her that not only is she pregnant, but she also has chlamydia. She's surprised, because she's already had chlamydia in the past. As for Ishmael, he's never even wondered about it, because he doesn't have any symptoms . . .

<b>3) Pedagogical aim, activities and connection with the subject-specific competencies</b>	
<b>Pedagogical aim: Adult learners learn about the issue of STBBIs</b>	
<b>Activities</b>	<b>Subject-Specific Competencies</b>
<p><b>Preparation</b></p> <p>To understand the situation in which Ishmael and Martina find themselves, adult learners begin by identifying the issue. They do this by recognizing social changes related to STBBIs since the sexual revolution, and by updating their frame of reference for risk taking and for risk and protective factors for STBBI transmission. They also update their knowledge of the motivation cycle, in order to promote the adoption or maintenance of safe and responsible sexual behaviour. In doing this, they broaden their knowledge of STBBI transmission methods, especially sexual transmission, of chlamydia and other STBBIs, of the methods available to prevent STIs, of safe sexual practices involving the use of a condom, of the spheres of influence concerning the prevention or transmission of STBBIs and of the potential consequences of STBBIs for themselves, for their friends and family, and for society in general. They then identify the resources in the community that provide support in connection with STBBIs, and recognize each resource’s field of intervention. To do this, adult learners:</p> <ul style="list-style-type: none"> <li>• gather information</li> <li>• process a variety of relevant, credible documents</li> <li>• present a description of the situation, either orally or in writing</li> </ul>	<p><b>Examines situations involving sexuality</b></p>
<p><b>Performance</b></p> <p>Adult learners then analyze Ishmael’s or Martina’s situation in more detail, from the standpoint of safe, responsible or risky sexual behaviour: by identifying the issues raised, establishing connections between the influencing factors, and identifying causes and effects. Next, they consider solutions that promote the adoption of safe and responsible sexual behaviour by examining plausible solutions in the context and selecting the best solution on the basis of probable results. To do this, adult learners:</p> <ul style="list-style-type: none"> <li>• list the issues involved, taking into account the context and people concerned:                             <ul style="list-style-type: none"> <li>– prevention of STBBIs during the first sexual encounter; use of a condom</li> <li>– the ability to recognize a risky situation before becoming involved</li> <li>– management of risk, emotions and desire</li> </ul> </li> <li>• look for credible information on the factors involved in a situation such as Ishmael’s and Martina’s:                             <ul style="list-style-type: none"> <li>– obstacles to condom use</li> <li>– the attitudes and psychological characteristics of the people concerned and their impact on the adoption of preventive or risky behaviours</li> </ul> </li> </ul>	<p><b>Establishes a relationship between the factors influencing the adoption of safe and responsible sexual behaviour</b></p>

<ul style="list-style-type: none"> <li>– Ishmael and Martina’s perceptions of the severity of the problem, their own vulnerability in the situation, and their ability to recognize a risky situation</li> <li>– Ishmael and Martina’s myths and beliefs concerning the situation</li> <li>– communication during the first sexual encounter and concerning the use of protection; the strategies to adopt with a partner who is reluctant to use protection</li> <li>– management of risk, emotions and desire</li> <li>– significant individuals (their influence on motivation and the adoption of preventive or risky behaviour)</li> <li>– use of disinhibiting substances to establish a relationship, and the factors leading to the decision not to use protection</li> <li>• provide an explanation for the causes and effects of the meeting between Ishmael and Martina:             <ul style="list-style-type: none"> <li>– Ishmael and Martina’s incorrect perception of the severity of the problem and of their own vulnerability in the situation</li> <li>– failure to recognize a risky situation</li> <li>– Ishmael’s and Martina’s myths and misconceptions</li> <li>– lack of communication regarding the use of protection</li> <li>– lack of strategies to deal with a partner who is reluctant to use protection</li> <li>– difficulty in managing risk, emotions and desire</li> <li>– use of disinhibiting substances to establish a relationship, and the factors leading to the decision not to use protection</li> <li>– the consequences (psychosocial, biomedical, moral and spiritual) for themselves and for friends and family</li> </ul> </li> <li>• justify the relevance of the solutions proposed for Ishmael’s and Martina’s situation</li> <li>• present critical arguments to support the chosen solution</li> </ul>	
<p><b>Integration and application of learning</b></p> <p>Lastly, adult learners consider their own potential for action by expressing their opinion concerning human rights and civil and collective responsibility in sexual matters, and determining their own responsibility for their body, health and sexuality as well as their responsibility to respect themselves and others. They take a position on safe and responsible sexual choices by establishing a relationship between self-respect and respect for others, the needs to be met and the limits that must not be exceeded, and by discussing the benefits of a healthy sexual lifestyle. They also consider the role and preventive actions of resources providing assistance in the community and assess the effectiveness of the methods made available to the public in the field of sex education and the prevention of STBBIs. To do this, they:</p> <ul style="list-style-type: none"> <li>• explain their understanding of human rights and civil and collective responsibility with regard to sexuality, in particular with regard to the prevention of STBBIs</li> <li>• give their opinion about their responsibility for their body, health, sexuality, respect for themselves and for others, and about the prevention of STBBIs</li> </ul>	<p style="text-align: center;"><b>Makes healthy lifestyle choices with regard to sexuality</b></p>

<ul style="list-style-type: none"><li>• give examples of limits that must not be exceeded to maintain safe, responsible sexual behaviour during first sexual encounters</li><li>• show whether preventive methods are useful or not, and establish communication strategies conducive to negotiation, debate and management of emotions with a person who is reluctant to use protection</li><li>• explain the benefits of a healthy sexual lifestyle</li><li>• present their personal position regarding whether or not a condom should be used systematically for every sexual encounter, the transmission of information to partners concerning the possibility of an infection, and the effectiveness of the methods available to the public to prevent the transmission of STBBIs</li><li>• formulate a critical point of view on issues related to STBBIs</li><li>• take stock of what they have learned</li><li>• recognize eventual situations in which they could transfer their learning</li></ul>	
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## 7.9 End-of-Course Outcomes

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The end-of-course outcomes describe what is expected of adult learners at the end of the course for each subject-specific competency. The subject-specific competencies complement one another and are developed in connection with one another.

By developing the competency *Examines situations involving sexuality*, adult learners learn to demonstrate interest, curiosity and intellectual rigour in order to understand the importance of sexually transmitted and blood-borne infections. They identify issues of a sexual nature and gather information to consider their various aspects. They recognize social changes that have occurred with respect to STBBIs since the sexual revolution. Then, to update their frame of reference for sexuality, they establish a relationship between the conceptual aspects of risk taking, and those related to the risk and protective factors for the transmission of STBBIs. They also learn about the motivation cycle, in order to adopt or maintain safe and responsible sexual behaviour. They broaden their knowledge about sexual issues, and locate resources in the community that provide assistance in sexual matters, identifying the specific field of intervention of each resource. In doing so, they learn to take a preventive approach to STBBIs.

By developing the competency *Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour*, adult learners learn to use rigorous research and information-processing techniques. They find answers to their questions by supporting their observations with formal arguments. They use credible data to support their reflection and justify their ideas using critical arguments. They analyze issues involving STBBIs by identifying the questions raised, establishing connections between the factors influencing the prevention or transmission of STBBIs and identifying the causes and effects of problems affecting the adoption of safe behaviours. They consider ways to promote the adoption of safe and responsible sexual behaviour by examining plausible solutions in light of the context and selecting the best solution with all its implications.

By developing the competency *Makes healthy lifestyle choices with regard to sexuality*, adult learners learn to exercise critical judgment concerning the prevention of STBBIs. They take into consideration their own frame of reference to take a position. They form an opinion, express it, qualify it, put it in perspective and consider the situation as a whole. In addition, they learn to manage how they communicate, use language that is appropriate to the context, and apply appropriate communication techniques in every circumstance. They also use strategies that promote assertiveness, negotiation and the presentation of arguments concerning their own sexuality. They consider the possibility of having a safe and enjoyable sex life, among other things by preventing the transmission of STBBIs. To do this, they consider their potential for action by examining various credible points of view concerning human rights and civil and collective responsibility in sexual matters, and by determining their responsibility for their own body, health and sexuality, and self-respect and respect for others, among other things by adopting safe behaviour to prevent the transmission of STBBIs. They define a position concerning their safe and responsible sexual choices, establishing a relationship between self-respect and respect for others, values, needs and limits. They discuss the benefits of a healthy sexual lifestyle, and also consider the role and

preventive actions of resources providing assistance, assessing the effectiveness of the methods made available to the public in the field of education and the prevention of STBBIs.

## 7.10 Evaluation Criteria

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To support the learning of adult learners and evaluate subject-specific competencies at the end of the course, the teacher bases his or her judgment on the evaluation criteria.

Competencies	Evaluation Criteria
<b>Examines situations involving sexuality</b>	Appropriate treatment of information gathered on situations involving STBBIs
<b>Establishes a relationship between factors influencing the adoption of safe and responsible sexual behaviour</b>	Establishment of appropriate relationships among the information on STBBIs in order to draw conclusions
<b>Makes healthy lifestyle choices with regard to sexuality</b>	Relevant, coherent arguments to support his/her position using a range of credible sources of information on STBBIs



## APPENDIXES





## Appendix 1

### Comprehensive Approach to and Dimensions of Sexuality

Comprehensive Approach to and Dimensions of Sexuality	
<b>1) BIOLOGICAL DIMENSION</b>	This dimension concerns male and female anatomy and physiology, reproductive capacity, sexual health and how to maintain it, and physiological responses to sexual and sensual stimuli.
<b>2) PSYCHOLOGICAL, AFFECTIVE AND RELATIONAL DIMENSION</b>	This dimension concerns the psycho-affective aspects that are approached through perceptions, attitudes, emotions and feelings concerning oneself and others (self-esteem, body image, etc.). Gender identity is at the core of human sexuality: as men and women, we all convey concepts of love, masculinity, femininity, flirting, romance, pleasure, conjugality, commitment, family and so on. In addition, because human beings are basically relationship-oriented, this dimension covers a host of attitudes and behaviours conditioned by imagination and desire. Communication codes and methods, behaviours and approaches to commitment also reflect our representations or conceptions of sexuality.
<b>3) SOCIOCULTURAL DIMENSION</b>	This dimension mainly stems from the society in which we live. Attitudes and behaviours influence relationships between people of the same gender and between people of different genders. We receive messages concerning sexuality from the family environment (peers, colleagues, spouses) and the general environment (school, workplace, media, etc.). Sexuality also develops from knowledge, ways of thinking and various conceptions that derive from social norms and cultural mores.
<b>4) MORAL, SPIRITUAL AND RELIGIOUS DIMENSION</b>	This dimension is shaped by values, principles, myths and beliefs. It is developed through a personal and collective search for meaning. The moral or spiritual world can be based on a humanist or pragmatic view of sexuality, and also on religious beliefs. It encompasses the morals, conventions and codes that make relationships more comfortable. Similarly, every person has a personal responsibility to himself or herself and to other people, and must deal with this aspect.
<b>5) ETHICAL AND LEGAL DIMENSION</b>	This dimension takes into account the laws adopted by different societies to govern sexuality. The laws establish a frame of reference that allows society to distinguish between what is acceptable and what is not. As far as sexuality is concerned, this may concern sexual violence, child and youth protection, the production of indecent sexual material, and so on. Similarly, ethics, human rights and civil and collective responsibilities ensure the well-being of individuals and the community in general.

Source: Adapted from Québec, Ministère de l'Éducation, Direction de la formation générale des adultes. *Guide to Promote Reflection on Sexuality in the Adult Education Sector, Discussion for Adult Education Personnel*, Québec, Gouvernement du Québec, 2005, 62 p.



## Appendix 2 Research Process

The proposed research process is divided into five interrelated and complementary steps. It allows adult learners to complete various tasks that are not necessarily sequential. At any point they may, if necessary, go back and review a previous task.

The following table illustrates the process as a whole. The left-hand column presents the various stages, while the right-hand column proposes examples of tasks.

Research Process	
Step	Tasks (examples)
Become familiar with an issue	Formulate questions Organize the questions in a logical sequence Select the most useful questions Reflect and draw on knowledge and experience as a source of observation and reflection Define the problem(s) (research hypothesis)
Plan the research	Establish a research plan Identify the elements to be analyzed Consider research strategies
Gather and organize the information	Gather information from a variety of credible sources Select the most relevant information Distinguish fact from opinion Classify and compare the information, based on its importance
Process and analyze the information	Make sure the information is realistic, credible and relevant Select the most relevant documents and information
Communicate the results	Take a position Exchange points of view Express one's opinion and defend it clearly, concisely and coherently Qualify one's remarks, if necessary



## Appendix 3

### Connections Between the Dimensions of Sexuality

The following table presents connections between the knowledge used to study the dimensions of sexuality. These connections must be considered in order to foster the development of a comprehensive approach to sexuality.

The connections shown in the table are those that exist between the knowledge used for each of the five dimensions. It would also be appropriate to identify connections between the knowledge used for a single dimension—for example, between the impact of significant people and the rites of passage. This category of connections is not shown in the table, but teachers may choose to incorporate it into their learning situations.

<b>1. Biological dimension</b>		
<b>Prescribed knowledge for the biological dimension</b>	<b>Suggested knowledge for the biological dimension</b>	<b>Connections between dimensions</b>
<b>Male and female anatomy and physiology</b>		
<ul style="list-style-type: none"> <li>• Sex organs</li> </ul>	<ul style="list-style-type: none"> <li>• Erogenous zones (genitals and other parts of the body)</li> <li>• Body and genital hygiene</li> <li>• Breast and testicle self-examination</li> </ul>	<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Body image</li> <li>- Distinctive anatomical and physiological characteristics of men and women and their connection with gender identity</li> <li>- Sensuality, genitality, eroticism and pornography</li> <li>- Communication through the body (nonverbal, kinesthetic)</li> <li>- Seduction methods using one's body, gestures</li> </ul>
		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Cult of the body and beauty in the media</li> <li>- Gender roles and stereotypes</li> </ul>
<ul style="list-style-type: none"> <li>• Reproductive system</li> </ul>	<ul style="list-style-type: none"> <li>• Gynecological and urogenital examinations</li> <li>• Aging of the body (andropause and menopause)</li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding one's body and regarding the male and female body</li> <li>- Personal responsibility for one's own body and health, respect for oneself and for others</li> </ul>

		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Right to consult a physician from the age of 14</li> </ul>
<b>Physical reactions to sexual stimulus</b>		
<ul style="list-style-type: none"> <li>• Sexual arousal, orgasm, sex drive</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual dysfunctions (e.g. sexual desire disorders, erectile dysfunction, orgasm disorders)</li> </ul>	<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Sensuality, genitality, eroticism and pornography</li> <li>- Feelings, emotions and affects relating to stimulation and the body's reaction</li> </ul>
		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Representation of sexuality and sexual relations in the media</li> <li>- Sexual stimulation and cybersexuality</li> </ul>
<ul style="list-style-type: none"> <li>• Changes in the body's reactions under the influence of certain substances or circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Under the influence of:                             <ul style="list-style-type: none"> <li>– drugs and alcohol</li> <li>– disease</li> <li>– medication</li> <li>– age</li> <li>– stress</li> <li>– emotions</li> <li>– aphrodisiacs</li> </ul> </li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding one's body and regarding the male and female body</li> <li>- Personal responsibility for one's own body and health, respect for oneself and for others</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Body's reaction to sexual stimulation in the context of an undesired or reprehensible relationship</li> <li>- Age of consent</li> </ul>
<b>Family planning</b>		
<ul style="list-style-type: none"> <li>• Fertility cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy and trimesters of pregnancy</li> </ul>	<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Negotiations regarding contraception, choices relating to pregnancy, abortion and children</li> <li>- Feelings and emotions of men and women during pregnancy and in connection with abortion</li> <li>- Parenthood</li> </ul>

		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of abortion, contraception and parenthood</li> <li>- Influence of significant persons on family planning</li> </ul> <p>Management of pressure from peers and other significant persons</p>
		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding life, parenthood and free choice</li> <li>- Individual and shared responsibilities with regard to family planning</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Right to contraception and abortion</li> <li>- Possibility of abortion before the 20th week of gestation</li> </ul>
<b>STBBIs</b>		
<ul style="list-style-type: none"> <li>• Modes of transmission and preventive measures                             <ul style="list-style-type: none"> <li>– Types of infection, symptoms and absence of symptoms</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Double protection (STBBIs and contraception)</li> <li>• Medical examinations and regular screening tests</li> </ul>	<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Negotiation of sexual relations and condom use; negotiation of condom use in different types of relationships (stable, casual, exclusive, non-exclusive, etc.)</li> <li>- Obstacles to condom use (e.g. perception that it is not effective, embarrassment at buying one, trust in partner)</li> <li>- Risky sexual behaviour (e.g. non-use of condom, multiple or casual partners, early sexual behaviour, perception of own vulnerability, use of disinhibitors such as alcohol or drugs)</li> <li>- Feelings, attitudes and emotions linked with condom use, personal vulnerability and the fact of knowing one has an STBBI</li> <li>- Risk management strategies</li> </ul>
		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Prevention campaigns and messages</li> </ul>

		<ul style="list-style-type: none"> <li>- Sociocultural perceptions of condoms and STBBIs</li> <li>- Influence of significant persons on risk management and condom use</li> <li>- Management of pressure from peers and other significant persons</li> </ul>
		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding sexuality, commitment, faithfulness and protected sex</li> <li>- Personal and shared responsibility for the prevention of STBBIs or when a person realizes he or she has an STBBI</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Responsibilities in connection with STBBIs and HIV, partner notification and notifiable diseases</li> </ul>
<b>2. Psychological, affective and relational dimension</b>		
<b>Prescribed knowledge for the psychological, affective and relational dimension</b>	<b>Suggested knowledge for the psychological, affective and relational dimension</b>	<b>Connections between dimensions</b>
<b>Gender identity</b>		
<ul style="list-style-type: none"> <li>• Distinction between “gender identity” and “sexual orientation”</li> </ul>		<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Distinctive anatomical characteristics of men and women and their connection with gender identity</li> </ul>
		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural representations of male and female gender roles</li> <li>- Consequences of rigid gender roles: sexual stereotypes, sexism</li> </ul>
<ul style="list-style-type: none"> <li>• Formation of gender identity (male and female)</li> </ul>	<ul style="list-style-type: none"> <li>• Gender identity disorders: transsexualism, transvestism</li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding male and female gender and gender equality</li> </ul>

		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Gender equality (<i>Canadian Charter of Rights and Freedoms</i> and <i>Québec Charter of Human Rights and Freedoms</i>)</li> </ul>
<b>Sexual orientation</b>		
<ul style="list-style-type: none"> <li>• Sexual orientation: homosexuality, bisexuality, heterosexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Kinsey scale (attraction, fantasy and behaviour)</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Absence of distinct biological characteristics (myth)</li> </ul> <p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of homosexuality and bisexuality</li> <li>- Influence of significant persons on sexuality, coming out and lifestyle</li> <li>- Management of pressure from peers and stigmatization by peers and other significant persons</li> <li>- Rites of passage (first sexual relations, coming out)</li> </ul>
<ul style="list-style-type: none"> <li>• Development of sexual orientation and coming out (revealing or disclosing of sexual orientation)</li> </ul>	<ul style="list-style-type: none"> <li>• Lifestyles of homosexuals, bisexuals, transvestites and transsexuals (e.g. affirmation, gay community, sexual relations, family, couple, parenthood, consequences of homophobia and stigmatization)</li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding homosexuality, bisexuality, couples and partner choice</li> </ul> <p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Recognition of rights (e.g. <i>Canadian Charter of Rights and Freedoms</i> and <i>Québec Charter of Human Rights and Freedoms</i>)</li> <li>- Union, marriage, parenthood and adoption for homosexuals</li> </ul>
<b>Body image</b>		
<ul style="list-style-type: none"> <li>• Construction of body image</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of body image for self-esteem, self-confidence and assertiveness</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Male and female anatomy and physiology</li> <li>- Impacts of the body/beauty cult on body image and health (e.g. anorexia, bulimia, competition)</li> </ul> <p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Representation of body image and beauty in the media: hypersexualization (e.g.</li> </ul>

		<p>hyperseduction, early sexuality, type of clothing), body/beauty cult, aesthetics, surgery</p> <ul style="list-style-type: none"> <li>- Construction of sexual stereotypes</li> </ul> <p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding beauty and body image</li> <li>- Personal responsibilities and respect for oneself, for one's body and for other people</li> </ul> <p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Ethical look at body image and advertising, magazines, videos, digital photo manipulation, false representation of reality</li> </ul>
<b>Feelings, emotions and affects related to sexuality</b>		
<ul style="list-style-type: none"> <li>• Impact of feelings, emotions and affects on sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Emotion management strategies</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Influence of body perception, pregnancy, abortion and condom use on feelings, emotions and affects</li> <li>- Influence of feelings, emotions and affects on prevention of STBIs and undesired pregnancies</li> </ul> <p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Influence of messages and various representations of men, women, love and sexuality in the media on feelings, emotions and affects</li> <li>- Influence of opinions and positions of significant persons in connection with sexuality, love and various forms of sexual behaviour</li> </ul> <p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Influence of religious values, principles, beliefs and myths on feelings, emotions and affects linked to different situations involving sexuality</li> </ul>

		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Implicit emotional blackmail in harassment and other forms of sexual assault</li> <li>- Influence of reprehensible forms of sexual behaviour on the feelings, emotions and affects of the victim and of the aggressor</li> </ul>
<b>Sensuality, genitility, eroticism and pornography</b>		
<ul style="list-style-type: none"> <li>• Distinction between “sensuality,” “genitility,” “eroticism” and “pornography,” based on their characteristics</li> </ul>		<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Reproductive organs <i>versus</i> erogenous zones</li> <li>- Physical reactions to sexual stimulus</li> </ul>
		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of various sexual behaviour and messages, eroticism and pornography, and performance</li> <li>- Commercialization of sexuality and cybersexuality</li> </ul>
<ul style="list-style-type: none"> <li>• Emotional and sexual intimacy</li> </ul>	<ul style="list-style-type: none"> <li>• Role of foreplay, use of all five senses</li> <li>• Desire, pleasure, satisfaction</li> <li>• Fantasies</li> <li>• Use or non-use of erotic or pornographic materials</li> <li>• Management of desire</li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding different sexual behaviour</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Acceptable and reprehensible behaviours in connection with pornography and eroticism</li> </ul>
<b>Communication in interpersonal relations and assertiveness</b>		
<ul style="list-style-type: none"> <li>• Communication, assertiveness and negotiation strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Characteristics of effective communication (e.g. speaking, listening, answering, asking questions, making requests, expressing criticism, accepting criticism, saying “no”)</li> <li>• Management of risky situations</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Types of communication: body language, verbal, nonverbal, kinesthetic</li> <li>- Different contexts involving negotiation in sexuality (e.g. negotiation of contraception, condom use and sexual relations)</li> </ul>
		<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of communication and different communication styles of men and women</li> </ul>

<ul style="list-style-type: none"> <li>• Obstacles to communication and assertiveness</li> </ul>		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding communication</li> </ul>
<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Conditions of acceptable sexual behaviour: concepts of consent and free choice</li> <li>- Conditions of reprehensible sexual behaviour: lack of consent, pressure, power, intimidation, threats</li> </ul>		
<p><b>Commitment, couple relationships and family</b></p>		
<ul style="list-style-type: none"> <li>• Expression of sexual attraction, ways of establishing a relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Methods of expressing sexual attraction</li> <li>• Established codes for men and women</li> <li>• Contexts in which seduction occurs</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Role of birth control and STBBI prevention in relationships</li> <li>- Impact of physical health problems on sexual and intimate relations (e.g. aging and sexuality, menopause, STBBIs, HIV infection, sterility, sexual dysfunctions, breast cancer, testicle cancer)</li> <li>- Use of disinhibiting substances to achieve intimacy in a seduction context, or to achieve peace in difficult relationships</li> </ul>
<ul style="list-style-type: none"> <li>• Development of life as a couple</li> </ul>	<ul style="list-style-type: none"> <li>• Passion, love, romantic relationship, development of intimacy</li> <li>• Forms of intimate relationships (e.g. being single, common-law union, marriage, couple)</li> </ul>	<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of love and sexuality, commitment, marriage and other types of relationships/partner-ships</li> <li>- Influence of significant persons on sexuality</li> </ul>
<ul style="list-style-type: none"> <li>• Management of couple relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Management of conflict, routine, projects and obligations, reconciliation of life as a family and as a couple</li> <li>• Difficulties in love life (e.g. jealousy, emotional dependency, unfaithfulness, break up, separation, divorce)</li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding love and sexuality, commitment, marriage and other types of relationships/partnerships</li> <li>- Personal and shared responsibilities in connection with commitment, life as a couple, management of couple relationships, problems in one's love life, and parenthood</li> </ul>

	<ul style="list-style-type: none"> <li>• Parenthood (e.g. desire to have or not to have children, consequences of having a child, role as parents, adoption)</li> </ul>	<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Forms of sexual violence (e.g. family abuse, spousal abuse, abuse in relationships)</li> <li>- Types of relationships and responsibilities (e.g. living together, marriage, separation, divorce)</li> <li>- Polygamy</li> </ul>
<b>3. Sociocultural dimension</b>		
<b>Prescribed knowledge for the sociocultural dimension</b>	<b>Suggested knowledge for the sociocultural dimension</b>	<b>Connections between the dimensions</b>
<b>Media and sexuality</b>		
<ul style="list-style-type: none"> <li>• Representations of men, women, love and sexuality in the media</li> </ul>	<ul style="list-style-type: none"> <li>• Types of media (e.g. television, radio, movies, songs, music videos, newspapers, magazines, journals, the Internet, advertising)</li> <li>• Representations of men and women in the fashion and beauty industries</li> <li>• Sex education and prevention and awareness campaigns</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of contraception, condoms, abortion, STBBIs, parenthood and sexuality</li> <li>- Messages conveyed in the media on contraception, condoms, abortion, STBBIs, parenthood and sexuality</li> <li>- Consequences of messages conveyed by different media on health and sexuality</li> </ul>
		<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Feelings, emotions and affects linked to different representations of men and women, love and sexuality in the media, and with messages conveyed in the media on contraception, condoms, abortion, STBBIs, parenthood and sexuality</li> <li>- Affective and emotional impacts of messages conveyed in the different media</li> <li>- Role of sensuality, genitality, eroticism and pornography, and related characteristics</li> </ul>
<ul style="list-style-type: none"> <li>• Social consequences of messages in the media</li> </ul>	<ul style="list-style-type: none"> <li>• Examples: pornography, hypersexualization, trivialization of sexuality, performance anxiety</li> </ul>	<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles,</li> </ul>

		<p>beliefs and myths regarding different representations of men and women, love and sexuality in the media</p>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Normalization and trivialization of certain forms of sexual behaviour (e.g. violence, harassment)</li> </ul>
<p><b>Significant persons with regard to sexuality</b></p>		
<ul style="list-style-type: none"> <li>• Identification of significant persons and their influence</li> </ul>	<ul style="list-style-type: none"> <li>• Types of significant persons (e.g. family, peers, spouse, sexual partner)</li> <li>• Sex education, messages conveyed</li> <li>• Strategies to deal with pressure from peers and other significant persons</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural perceptions of contraception, condoms, abortion, STBBIs, parenthood and sexuality</li> <li>- Media messages about contraception, condoms, abortion, STBBIs, parenthood and sexuality</li> <li>- Consequences of messages conveyed by the media on health and sexuality</li> </ul> <p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Feelings, emotions and affects linked to different representations of men and women, love and sexuality in the media, and with messages conveyed in the media on contraception, condoms, abortion, STBBIs, parenthood and sexuality</li> <li>- Affective and emotional impacts of messages conveyed in different media</li> <li>- Role of sensuality, genitality, eroticism and pornography, and related characteristics</li> </ul> <p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding different representations of men and women, love and sexuality in the media</li> </ul>

		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Normalization and trivialization of certain forms of sexual behaviour (e.g. violence, harassment)</li> </ul>
<b>Gender roles and stereotypes</b>		
<ul style="list-style-type: none"> <li>• Sociocultural representations of male and female gender roles and sexual stereotypes</li> </ul>		<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Male and female anatomy and physiology, and gender roles</li> <li>- Consequences of gender stereotypes on the body and health</li> </ul>
		<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Distinction between “gender identity,” “sexual orientation” and “gender roles”</li> <li>- Sensuality, genitality and eroticism based on roles or role stereotypes assigned to oneself or to other people</li> <li>- Role stereotypes linked to seduction methods, ways of entering into relationships with people of the opposite sex or of the same sex</li> <li>- Body image</li> <li>- Psychoaffective consequences of sexual stereotypes</li> </ul>
		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding roles of men and women, and gender equality</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Gender equality (<i>Canadian Charter of Rights and Freedoms</i> and <i>Québec Charter of Human Rights and Freedoms</i>)</li> </ul>

<b>Rites of passage linked to the body and sexuality</b>		
<ul style="list-style-type: none"> <li>• Rites of passage connected with the body and sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Rites of passage (e.g. puberty [first menstruation, first ejaculation], first sexual relations with or without vaginal penetration, fellatio, homosexual and bisexual behaviour by heterosexuals, kissing, tattoos, body piercing, circumcision, female genital mutilation)</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Rites of passage connected with the body (e.g. tattoos, body piercing, female genital mutilation, circumcision)</li> <li>- Consequences of certain rites of passage on health and sexuality</li> </ul> <p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Feelings, emotions and affects linked to sexual behaviour and rites of passage</li> <li>- Rituals linked to seduction and forming a relationship</li> <li>- Emotional and affective impacts of certain rites of passage</li> <li>- Use of various substances (alcohol or drugs) as disinhibitors or triggers</li> </ul>
<ul style="list-style-type: none"> <li>• Sociocultural meaning of rites of passage connected with the body and sexuality</li> </ul>		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding sexual behaviour</li> <li>- Search for meaning in sexual rites and behaviours</li> <li>- Religious aspects of certain rites of passage</li> </ul> <p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Conditions for acceptable sexual behaviour: concept of consent</li> <li>- Prohibition of female genital mutilation in Canada</li> </ul>
<b>Commercialization of sexuality</b>		
<ul style="list-style-type: none"> <li>• Different types of commercialization of sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Types of commercialization (e.g. dancing, prostitution, pornography)</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Consequences of the commercialization of sexuality on the health and sexuality of a person who sells his or her body, and the client</li> </ul>

		<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Sensuality, genitality, eroticism and pornography</li> <li>- Feelings, emotions and affects linked to sexual behaviour</li> <li>- Characteristics of ways of establishing a relationship in the context of different forms of commercialization of sexuality</li> <li>- Emotional and affective impacts of the commercialization of sexuality on a person who sells his or her body, and the client</li> </ul>
<ul style="list-style-type: none"> <li>• Sociocultural perceptions of different types of commercialization of sexuality</li> </ul>		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding sexuality, sexual behaviour, respect for others and equality</li> <li>- Personal responsibility and self-respect in the context of different forms of commercialization of sexuality</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Conditions for reprehensible behaviour and related offences</li> </ul>
<b>Cybersexuality</b>		
<ul style="list-style-type: none"> <li>• Types of virtual relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual <i>versus</i> real identity (e.g. abusers, false identity, disappointment when meeting a person in reality)</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Consequences of the commercialization of sexuality on the health and sexuality of a person who sells his or her body, and the client</li> </ul>
		<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Sensuality, genitality, eroticism and pornography</li> <li>- Feelings, emotions and affects linked to different forms of sexual behaviour</li> <li>- Characteristics of ways of establishing a relationship in the context of different forms of commercialization of sexuality</li> </ul>

		<ul style="list-style-type: none"> <li>- Emotional and affective impacts of the commercialization of sexuality on a person who sells his or her body, and the client</li> </ul>
<ul style="list-style-type: none"> <li>• Sociocultural perceptions of cybersexuality</li> </ul>		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding sexuality, sexual behaviour, respect for others and equality</li> <li>- Personal responsibility and self-respect in the context of different forms of commercialization of sexuality</li> </ul>
		<p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Conditions for reprehensible behaviour and related offences</li> </ul>
<p><b>4. Moral, spiritual and religious dimension</b></p>		
<p><b>Prescribed knowledge for the moral, spiritual and religious dimension</b></p>	<p><b>Suggested knowledge for the moral, spiritual and religious dimension</b></p>	<p><b>Connections between the dimensions</b></p>
<p><b>Personal values, principles, beliefs and myths regarding sexuality</b></p>		
<ul style="list-style-type: none"> <li>• Clarification of personal values</li> </ul>	<ul style="list-style-type: none"> <li>• Reference values and preferred values</li> <li>• Personal <i>versus</i> collective choices</li> <li>• Mores, conventions, codes, personal <i>versus</i> collective taboos</li> <li>• Search for meaning</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding one's body, the male and female bodies, life, parenthood, free choice, sexuality, commitment, faithfulness, and protected sexual behaviour</li> </ul>
		<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding male and female genders, gender equality, homosexuality, bisexuality, couples, partner choice, love and sexuality, commitment, marriage and other types of relationships, beauty and body image, different forms of sexual behaviour, and communication</li> <li>- Influence of religious values, principles, beliefs and myths on</li> </ul>

		<p>the feelings, emotions and affects generated by different situations involving sexuality</p> <p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Historical, cultural and geographic context as it affects values</li> <li>- Personal values, principles, beliefs and myths regarding different representations of men and women or love and sexuality in the media, the opinions and positions of significant persons with regard to sexuality, the role of men and of women, gender equality, respect for other people and different forms of sexual behaviour</li> <li>- Search for meaning in sexual rites and behaviours, and the religious aspect of certain rites of passage</li> </ul> <p><b>Ethical and legal dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding different forms of sexual behaviour and certain reprehensible forms of sexual behaviour</li> <li>- Role of morals, good and evil</li> </ul>
<p><b>Personal responsibility with regard to sexuality in general and one’s own sexuality in particular</b></p>		
<ul style="list-style-type: none"> <li>• Personal responsibilities, respect for oneself and for others</li> </ul>	<ul style="list-style-type: none"> <li>• Respect for oneself, one’s body, needs and health; respect for others</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Personal responsibility for one’s body and health, for self-respect and respect of others, for birth control and the prevention of STBBIs, and for one’s conduct upon learning that one has contracted an STBBI</li> </ul> <p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Personal responsibilities and respect for oneself and for one’s body</li> <li>- Personal and shared responsibility with regard to commitment, life as a couple, management of couple</li> </ul>

		relationships, problems in one's love life, and parenthood
<ul style="list-style-type: none"> <li>• Shared responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Examples: family planning, pregnancy, STBBIs, sexual relations, couple, family</li> </ul>	<b>Sociocultural dimension</b> <ul style="list-style-type: none"> <li>- Personal responsibility in reaction to messages received through the media or from significant persons</li> <li>- Responsibilities shared with those close to oneself</li> <li>- Personal responsibility and self-respect in the context of rites of passage, different forms of commercialization of sex, cybersexuality and cyber encounters</li> </ul>
		<b>Ethical and legal dimension</b> <ul style="list-style-type: none"> <li>- Exploration of one's responsibilities towards oneself, other people and society, and the values associated with these responsibilities</li> </ul>
<b>5. Ethical and legal dimension</b>		
<b>Prescribed knowledge for the ethical and legal dimension</b>	<b>Suggested knowledge for the ethical and legal dimension</b>	<b>Connections between the dimensions</b>
<b>Acceptable sexual behaviour</b>		
<ul style="list-style-type: none"> <li>• Conditions for acceptable sexual behaviour:                             <ul style="list-style-type: none"> <li>– Consent</li> <li>– Free choice</li> <li>– Legal age</li> <li>– Outside a relationship of authority</li> </ul> </li> </ul>		<b>Biological dimension</b> <ul style="list-style-type: none"> <li>- Positive consequences associated with acceptable sexual behaviour on health</li> </ul>
		<b>Sociocultural dimension</b> <ul style="list-style-type: none"> <li>- Sociocultural representations of acceptable sexual behaviour, of men and women and of normality in the media</li> </ul>
		<b>Psychological, affective and relational dimension</b> <ul style="list-style-type: none"> <li>- Positive psychoaffective consequences associated with acceptable sexual behaviour</li> <li>- Feelings, emotions and affects associated with acceptable sexual behaviour</li> </ul>

		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, beliefs and myths regarding sexual behaviour</li> <li>- Personal responsibilities and respect for oneself and for others</li> <li>- Role of morals, good and evil</li> </ul>
<b>Reprehensible sexual behaviour</b>		
<ul style="list-style-type: none"> <li>• Conditions for reprehensible sexual behaviour:                             <ul style="list-style-type: none"> <li>– Lack of consent</li> <li>– Pressure, intimidation, threats</li> <li>– Power</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use of substances with disinhibiting or violence-inducing effects, date-rape drugs</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Physical and health-related consequences of reprehensible sexual behaviour for the victim and the aggressor</li> </ul>
		<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Psychoaffective consequences of reprehensible sexual behaviour for the victim and the aggressor</li> <li>- Feelings, emotions and affects associated with reprehensible sexual behaviour for the victim and the aggressor</li> </ul>
<ul style="list-style-type: none"> <li>• Forms of sexual violence</li> </ul>	<ul style="list-style-type: none"> <li>• Examples: incest, pedophilia, spousal abuse, domestic violence, violence in intimate relationships, sexual harassment, sexual assault, child pornography, cybercrime</li> </ul>	<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Sociocultural representations of sexual assault and other unacceptable forms of sexual behaviour for the victim and the aggressor</li> <li>- Reprehensible sexual behaviour relating to the commercialization of sexuality and cybersexuality</li> </ul>
		<p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Personal values, principles, myths and beliefs regarding certain forms of reprehensible sexual behaviour</li> <li>- Personal responsibilities and respect for oneself and for others</li> <li>- Role of morals, good and evil</li> </ul>

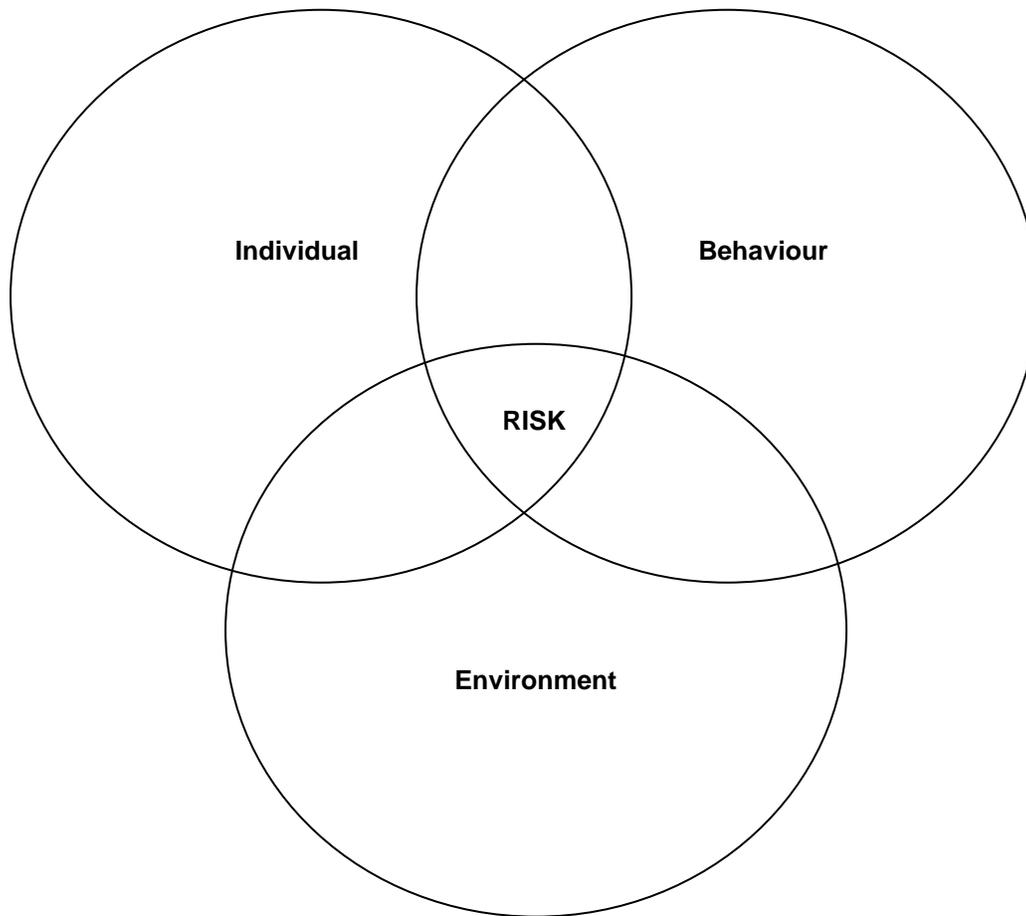
<b>Civil and collective responsibility with regard to sexuality</b>		
<ul style="list-style-type: none"> <li>• Victims, witnesses, perpetrators</li> </ul>	<ul style="list-style-type: none"> <li>• Report (unveiling), complaint and denunciation</li> <li>• Duty to report acts of sexual abuse or situations in which the security or development of children or adolescents is compromised (<i>Youth Protection Act</i>)</li> <li>• False accusations</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Responsibility towards one's own body and health and that of others</li> </ul> <hr/> <p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Social representations of the aggressor and victim</li> </ul> <hr/> <p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Feelings, emotions and affects associated with reports (unveiling), denunciations, complaints, and the roles of victim, witness or aggressor</li> <li>- Psychoaffective impacts associated with reports (unveiling), denunciations, complaints or false accusations on the victim, witness or aggressor</li> </ul> <hr/> <p><b>Moral, spiritual and religious dimension</b></p> <ul style="list-style-type: none"> <li>- Exploration of the values associated with responsibility towards oneself, other people and society in general</li> </ul>
<b>Human rights in matters related to sexuality</b>		
<ul style="list-style-type: none"> <li>• Human rights and freedoms</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Canadian Charter of Rights and Freedoms</i> and <i>Québec Charter of Human Rights and Freedoms</i> (e.g. gender equality, non-discrimination on grounds of sexual orientation, partner choice, consent to union, consent to sexual relations, physical integrity, respect for a person's body, respect for a person's choices and opinions, protection against all forms of violence, protection against sexual exploitation)</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Human rights in health and sexual matters (e.g. consulting a physician, abortion, contraception, partner notification)</li> </ul>

	<ul style="list-style-type: none"> <li>• Declaration of the Rights of the Child (e.g. physical integrity, respect for a child's body, protection against all forms of violence, protection against sexual exploitation, responsibilities of parents and adults, right to health and education)</li> </ul>	<p><b>Psychological, affective and relational dimension</b></p> <ul style="list-style-type: none"> <li>- Human rights in specific situations related to sexuality (e.g. sexual orientation, marriage, breakup)</li> </ul>
	<ul style="list-style-type: none"> <li>• Age at first sexual relations</li> </ul>	<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Human rights in specific situations related to sexuality</li> </ul>
	<ul style="list-style-type: none"> <li>• Responsibilities relating to relationships (e.g. physical integrity, respect, sharing of property, responsibilities in the event of separation or divorce)</li> </ul>	<p><b>Biological dimension</b></p> <ul style="list-style-type: none"> <li>- Human rights in health and sexual matters (e.g. consulting a physician, abortion, contraception, partner notification)</li> </ul>
<ul style="list-style-type: none"> <li>• Ethics and confidentiality in sexual matters</li> </ul>	<ul style="list-style-type: none"> <li>• Example: right to consult a physician confidentially from the age of 14, consultation with a professional</li> </ul>	<p><b>Sociocultural dimension</b></p> <ul style="list-style-type: none"> <li>- Human rights in specific situations related to sexuality (e.g. gender equality, partner's rights, family's rights, rights related to the commercialization of sexuality)</li> </ul>



## Appendix 4 Risk Taking

Diagram of Risk Taking



Source: Adapted from Brisson, P. *Le phénomène-drogue et les jeunes. Facteurs susceptibles d'influencer les effets et les conséquences de l'usage des psychotropes substances*. Diagram prepared by the Association des intervenants en toxicomanie du Québec (AITQ), December 2006.

To understand risk taking, a situation must be considered as a whole, on the basis of three key features: the individual, his or her behaviour and the environment. Analysis of only one of these key features is not sufficient to identify all the factors that trigger risk taking in situations involving sexuality.

The following are some of the aspects to consider when attempting to understand a situation involving risk taking:

- **Individual:**
  - Knowledge of risks
  - Psychological conditions: state of mind, self-control, values, attitudes, beliefs, perceptions, etc.
  - Identity-related conditions: self-esteem, self-confidence, personal skills, etc.
  - Lifestyle habits: use of psychoactive substances (alcohol, drugs, medications), etc.
  - Past experiences
  - Other
- **Behaviour:**
  - Characteristics of behavioural manifestations
  - Pace and duration of the behaviour
  - Interactions between different behaviours
  - Recurrence of behaviours
  - Importance of the behaviour in the individual's life
  - Other
- **Environment:**
  - Sociocultural environment: living environment and social, economic or cultural frame of reference; standards and values (risk and protective factors)
  - Friends and family: significant people and living conditions associated with poverty, stress, housing, etc.
  - Social life: interpersonal relationships, social network
  - Other

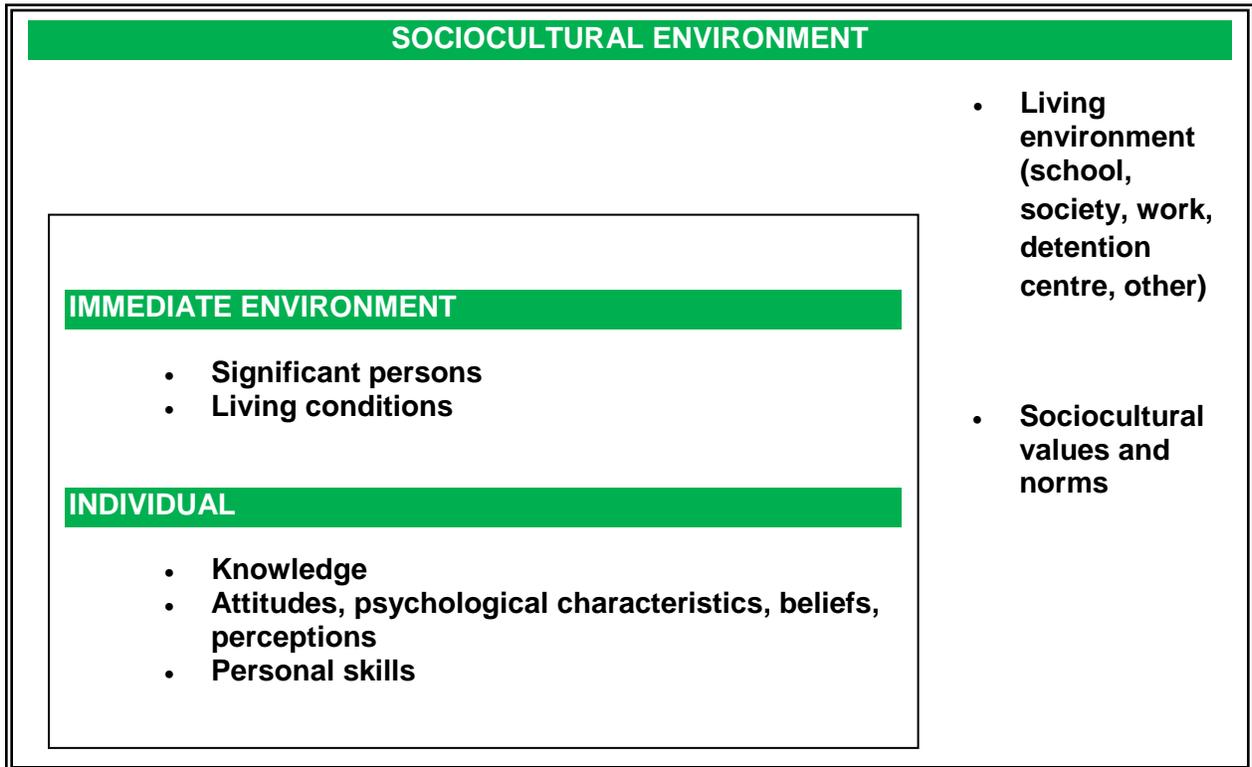
It is important to associate each aspect with one of the key features. Some aspects may relate to more than one key feature of risk taking.

The central portion of the diagram shows that the key features are interrelated and interdependent. In addition, activation of a key feature can increase or decrease the level of risk.

When considering a situation as a whole, risk taking will vary according to the level of control that an individual is able to exercise, and the extent of the influence of the individual's immediate environment. The goal is to achieve a balance and adopt responsible and safe sexual behaviour.

## Appendix 5 Risk Factors and Protective Factors

### Diagram of Risk Factors and Protective Factors



Source: Adapted from the model entitled *L'adoption d'un comportement préventif face au VIH* created by Benoît Robillard, educational sexologist, and Alain Godmaire, coordination of the Education/Prevention branch of the Bureau régional d'action sida (BRAS) (October 1997). Diagram: Valérie Lépine, educational sexologist, for the Association des intervenants en toxicomanie du Québec (AITQ), 2007.

The diagram of risk factors and protective factors also involves considering a situation as a whole. It allows for the following aspects to be taken into account:

- the psychosocial and cultural elements of prevention, based on individuals and their interpersonal relationships
- an individual's vulnerability to influences from his or her living environment
- bio-psychosocial impacts
- an individual's social, cultural and family environment

The three key features to be considered when studying risk factors and protective factors are the individual, his or her immediate environment and the sociocultural environment. Each key feature

involves specific elements that have a direct impact on the development of risky behaviours or preventive behaviours.

## Individual

### ➤ **Knowledge:**

- Modes of transmission of infections and levels of risk
- Types of infections
- Methods of preventing sexually transmissible infections
- Methods of preventing blood-borne infections

### ➤ **Attitudes, psychological characteristics, beliefs and perceptions:**

- Benefits of and obstacles to condom use
- Benefits of and obstacles to the use of sterile needles and materials
- Myths and beliefs
- Attitudes and psychological characteristics conducive to preventive behaviour
- Perception of the severity of the problem and his/her own vulnerability
- Perception of the effectiveness of prevention methods

### ➤ **Personal skills:**

- Communication and self-assertion strategies
- Values, needs and limits
- Preventive behaviours
- Negotiation with a partner who is reluctant to use protection
- Resistance to social pressure
- Management of emotions
- Management of risk
- Condoms, tattoo and body piercing materials (safe practices)

## Immediate environment

### ➤ **Significant persons:**

- Parents and family members (family or intergenerational protective factors)
- Peers, sexual partner, drug use partner (relational risk factors)

### ➤ **Living conditions:**

- Level of education
- Economic situation and income
- Access or lack of access to condoms and sterile materials
- Geographical situation and housing
- Use or non-use of alcohol, drugs or medications

- Level of stress and anxiety
- Presence or absence of delinquent attitudes and behaviours
- Impulsivity versus reflectivity
- Presence or absence of hedonistic behaviours and attitudes

### Sociocultural environment

- **Living environment (school, society, work, detention centre, other):**
  - Presence or absence of violence and misuse of power by the individual and in the environment
  - Ease of access to condoms and sterile materials
  - Incorrect information or information not provided
  - Exclusion or not
- **Norms and values:**
  - Risk factors associated with sexual behaviour
  - Risk factors associated with drug use
  - Protective factors associated with sexual behaviour and drug use
  - Protective factors associated with ethics

It is important to consider all the risk and protective factors that may be at work in a situation involving sexual behaviour or drug use, or a combination of the two. These factors are interdependent and mutually inclusive.

In concrete terms, this means taking into account the context in which the individual lives, and considering the elements that have an impact on whether or not he or she takes risks. For example, the fact that it is difficult to obtain prevention materials in prisons means that prisoners are more vulnerable. Lack of self-esteem and self-confidence often influences a person's ability to assert his or her needs and negotiate preventive behaviours. In addition, psychosocial conditions (values, attitudes, etc.) and socioeconomic and cultural conditions also have a significant impact on the level of risk taken, both sexually and in connection with psychotropic drug use.

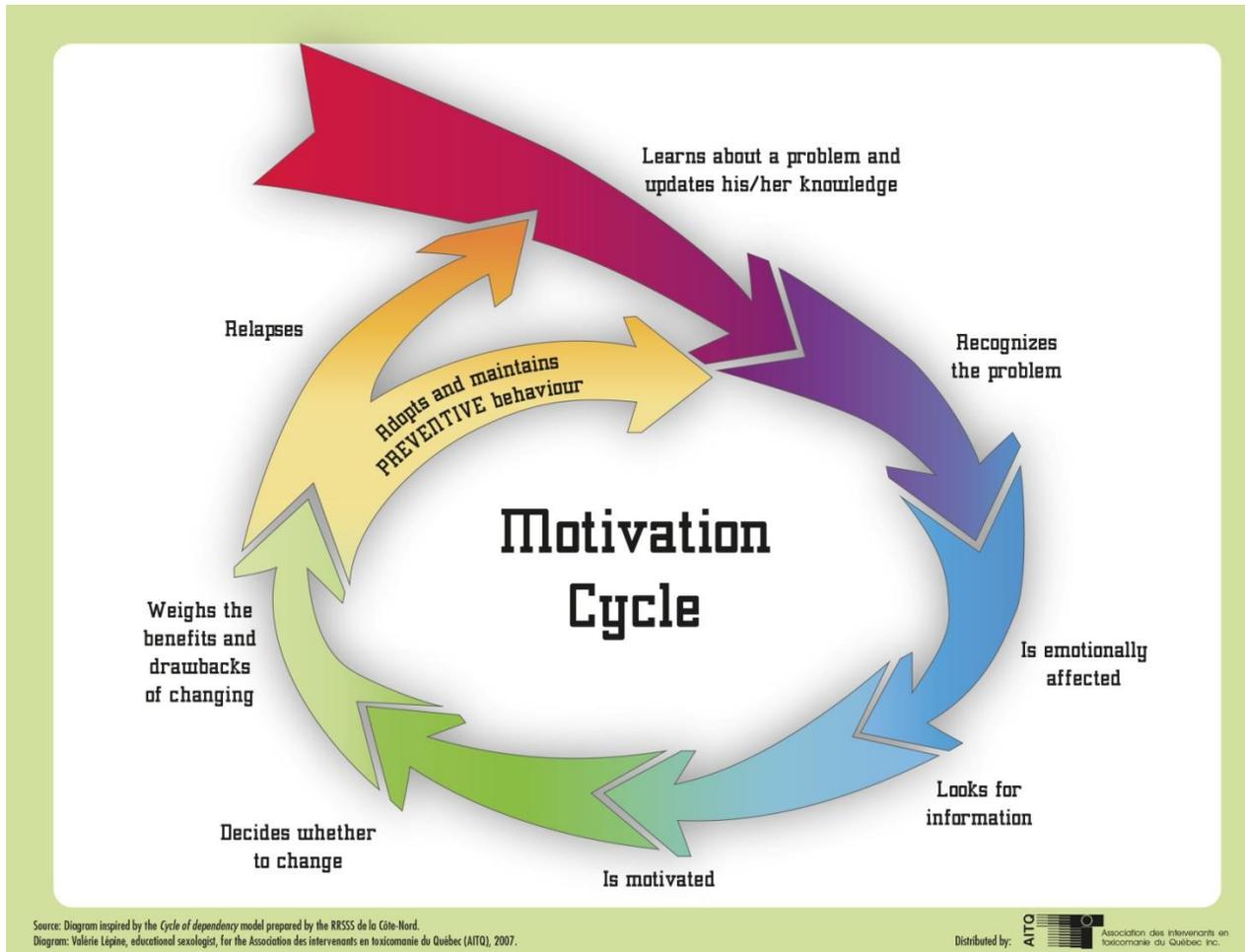
**One important aspect to consider** is that most STBBIs are asymptomatic. This means that individuals, after engaging in risky behaviour, may be infected but may not have symptoms to alert them to this fact. Even where there are no symptoms, it is still possible for the infection to be transmitted to other people.



## Appendix 6 Motivation Cycle

(Prerequisite for the adoption of preventive behaviour)

### Diagram of the Motivation Cycle



Throughout their lives, individuals are likely to find themselves in situations that may or may not be conducive to the adoption of preventive behaviours. A host of internal and external factors must be considered each time, and the person's past experience, prior life experience and socioeconomic and cultural context must always be taken into account.

The motivation cycle is a process that leads people to adopt preventive behaviour with regard to sexuality. They may move quickly or slowly from one stage to the next, or may stay at a given stage in the process for a longer period of time.

The process is briefly described below:

- First, the individual *learns about a problem* before changing a risky behaviour into a preventive behaviour, and then *updates his/her knowledge*.
- Once aware of the problem and the associated risks, the individual recognizes his/her own behaviour.
- Only when emotionally affected will the individual begin to seriously question the level of risk and try to learn more about the problem—for example, when he or she contracts an STBBI or loses a loved one to HIV/AIDS.
- The individual then looks for specific information on the problem.
- The individual becomes increasingly motivated to adopt preventive behaviour.
- The individual then decides whether or not to make changes in his/her life and change his/her risky behaviour.
- Once the choice has been made, the individual assesses the benefits and losses associated with the change.

At this point, the individual faces two possibilities: he or she may choose to adopt and maintain a preventive behaviour pattern, or may relapse and revert to the former risky behaviour.

**The individual's first choice is to adopt and maintain preventive behaviour:**

- This choice consists in changing a behaviour and developing or applying skills in order to obtain true satisfaction and a sense of confidence and competency. The methods used include taking stock of resources, taking action on oneself and on the environment, confidence and self-esteem.
- The individual's level of motivation will influence his or her ability to maintain the new, safe behaviour. Peace of mind and the assurance of pleasure are both motivating factors.
- A continuum is established—in other words, the cycle of motivation takes root. The individual is able to maintain the safe behaviour while remaining aware of the risks.

**The second choice is to relapse and revert to the former risky behaviour:**

- The individual may relapse at any time during the process of change. The emotions associated with the behaviour may generate pleasure or displeasure, and they may also create stress, anxiety and a sense of powerlessness, with the result that the person feels overwhelmed.
- A relapse is regarded as a normal stage in the process and is often accompanied by feelings of discouragement, guilt and personal failure. It may be an excellent opportunity for learning, or serve as an excuse to give up.
- It is important for the individual to understand exactly why he or she has relapsed, so as to be able to plan strategies that will allow him or her to deal with similar situations in the future.
- When an individual relapses and engages in risky behaviour, he or she may feel anxious. When this occurs, it is important to reapply the “motivation cycle” process.

To sum up, motivation is a core element of any change in behaviour and guides the development and maintenance of safe, responsible behaviour.



# Bibliography

## Sexuality references

Allgeier, Albert Richard and Elizabeth Rice Allgeier. *Sexualité humaine: dimensions et interactions*. Montréal: Centre éducatif et culturel, 1989.

Badeau, Denise. "La cinquantaine au masculin en regard de l'expression de la sexualité. Pistes pour une intervention sexologique." *Contrasexion* 15, no. 1 (1998): 5-22.

Desaulniers, Marie-Paule. *Faire l'éducation sexuelle à l'école*. Montréal: Éditions nouvelles, 1995.

———. "L'éducation sexuelle scolaire à la croisée des chemins." *Revue sexologique* 5, no. 2 (1997): 63-77.

Dorais, Michel and Daniel Sansfaçon. "À propos de l'orientation sexuelle." *Le Petit magazine de la formation personnelle et sociale* 4, no. 5 (1996): 1-6.

Duquet, Francine. "Les défis de l'éducation sexuelle dans le cadre du renouveau pédagogique au Québec." *Éducation Canada* 46, no. 2 (2006): 9-12.

———. "Trouver les mots justes; aller au-delà du malaise... Pourquoi est-ce si difficile de parler d'amour et de sexualité aux enfants et aux adolescents?" *Vie pédagogique*, April (2006): 33-36.

Duquet, Francine and Anne Quéniart. *Outils les jeunes face à l'hypersexualisation, Formation et outils didactiques*. Available online: <http://www.hypersexualisationdesjeunes.ugam.ca>.

Fernet, Mylène. *Amour, violence et adolescence*. Québec: Presses de l'Université du Québec, 2005.

Forman, Susan G. *Coping skills interventions for children and adolescents*. San Francisco: Jossey-Bass, 1993.

Frappier, J.-Y., N. Haley and C. Allard-Dansereau. *Abus sexuels*. Montréal: Les Presses de l'Université de Montréal, 1990.

Gagnier, Nadia. *Miroir, miroir... je n'aime pas mon corps! Le développement de l'image corporelle chez les enfants, les adolescents et les adultes*. Les Éditions La Presse, 2007.

Gaudreau, Louise. "Où va l'éducation sexuelle?" *Revue sexologique* 5, no. 2 (1997): 41-76.

Germain, B. and P. Langis. *La sexualité: regards actuels*. Laval: Éditions Beauchemin, 2003.

- Giroux, Émilie. *Analyse de besoins des jeunes décrocheurs/raccrocheurs en vue d'une intervention d'éducation à la sexualité sur la question du vécu amoureux et sexuel*, Rapport d'activités en sexologie. Montréal: Université du Québec à Montréal, 2006.
- Hedgepeth, E. and J. Helmich. *Teaching about sexuality and HIV principles and methods for effective education*. New York: University Press, 1996.
- Jeffrey, Denis. "Conduites à risque et rites de passage chez les jeunes." *Défi Jeunesse Revue professionnelle du Conseil multidisciplinaire*. Centre jeunesse de Montréal-Institut universitaire, XV, no. 2 (2009): 3-8 and XVI, no. 1 (2009): 34-40. Available online: [http://www.centrejeunessedemontreal.qc.ca/pub\\_revue.htm](http://www.centrejeunessedemontreal.qc.ca/pub_revue.htm).
- Le Breton, David. *Signes d'identité. Tatouages, piercings et autres marques corporelles*. Paris: Métailié, 2002.
- Otis, J. et al. *Le SIDA: aspects psychosociaux, culturels et éthiques*. Québec: Éditions du Méridien, 1997.
- Paradis, A.-F. and J. S. Lafond. *La réponse sexuelle et ses perturbations*. Boucherville: Éditions Vermette Inc., 1990.
- Public Health Agency of Canada. *Canadian Guidelines for Sexual Health Education*. Ottawa: Government of Canada, 2008.
- Québec. Gouvernement du Québec. *Prévenir, dépister, contrer la violence conjugale. Politique d'intervention en matière de violence conjugale*. Québec: Gouvernement du Québec, 1995.
- Québec. Ministère de l'Éducation. Direction générale de l'éducation des adultes. *Challenges. . . and Choices. Keeping Teenage Mothers in School*. Québec: Gouvernement du Québec, 1998.
- . Direction de la formation générale des adultes. Formation professionnelle et technique et formation continue. *Les situations de vie des adultes visés par la formation générale commune*. Québec: Gouvernement du Québec, 2003.
- . *Personal and Social Development, Sections I-II-III-IV-V-VI*. Québec: Gouvernement du Québec, 1989.
- Québec. Ministère de l'Éducation. Ministère de la Santé et des Services Sociaux. *Sex Education in the Context of Education Reform – Tools for Integrating Sex Education in the Context of Education Reform*. Québec: Gouvernement du Québec, 2003.

- Québec. Ministère de l'Éducation, du Loisir et du Sport. Direction de la formation générale des jeunes. *L'éducation à la sexualité en milieu scolaire: oui mais comment? Guide de soutien à la mise en œuvre d'une démarche préscolaire, au primaire et au secondaire*. Québec: Gouvernement du Québec, 2008.
- . Direction générale de l'éducation des adultes. Formation professionnelle et technique et formation continue. *Guide to Promote Reflection on Sexuality in the Adult Education Sector: Discussion for Adult Education Personnel*. Québec: Gouvernement du Québec, 2006.
- . Direction de la formation générale des jeunes. *L'éthique et la confidentialité en matière de violence et d'agression sexuelle. Participant's handbook, continuous training session*. Québec: Gouvernement du Québec, 2008.
- Québec. Ministère de la Santé et des Services sociaux. *Québec Public Health Program 2003-2012 – 2008 Update*. Québec: Gouvernement du Québec, 2008.
- . *Répertoire d'activités d'enseignement et d'apprentissage sur les MTS et le Sida*. Centre de coordination sur le sida. Québec: Gouvernement du Québec, 1996.
- . *The SexEducator*. (A magazine for interveners and educators who are offering sex-education activities for young people of secondary-school age.) no. 11 (Spring 2008). Available online: <http://casexprime.gouv.qc.ca/en/magazine/numero/11/>.
- Québec, Ministère de la Santé et des Services sociaux, Ministère de la Justice, Secrétariat à la condition féminine, Ministère de la Sécurité publique, Ministère de l'Éducation, Secrétariat à la famille. *Prévenir, dépister, contrer la violence conjugale. Politique d'intervention en matière de violence conjugale*. Québec, Gouvernement du Québec, 1995.
- Robert, J. *Le sexe en mal d'amour. De la révolution sexuelle à la régression érotique*. Québec: Les Éditions de l'Homme, 2005.
- . *Parlez-leur d'amour... et de sexualité*. Québec: Les Éditions de l'Homme, 1999.
- Society of Obstetricians and Gynecologists of Canada. *Sex Sense. Canadian Contraception Guide*. Ottawa: Society of Obstetricians and Gynecologists of Canada, 2000. (Update: [www.sogc.org](http://www.sogc.org))

## STBBI references

- Actions Toxicomanie Bois-Francs. *Spécial semaine de prévention 2*, no. 1 (2001).
- Association des intervenants en toxicomanie du Québec. *FX un magazine sur l'injection à risques réduits, guide d'accompagnement*. Longueuil: AITQ, 2001.
- Brisson, P. *Le phénomène-drogue et les jeunes. Facteurs susceptibles d'influencer les effets et les conséquences de l'usage des psychotropes*. Québec: Ministère de l'Éducation, 1987.
- Godin, G. "L'éducation pour la santé: fondements psychosociaux de la définition des messages éducatifs." *Sciences sociales et santé* 9, no. 1 (1991): 67-94.
- Jean, P. et al. *Formation pédagogique pour les formateurs en sciences de la santé et en santé de la reproduction: guide pratique, manuel du formateur*. Québec: Unité de santé internationale, Université de Montréal, in collaboration with FNUAP, 2000.
- Lacroix, Christine and Richard Cloutier. "Sexual Health: Protect It!" *The SexEducator* 4b (Spring 2010).
- Laprise-Mougeot, Marika. "Helping young people make informed choices with regard to screening tests for sexually transmitted and blood-borne infections." *The SexEducator* 14 (Winter 2010).
- Peele, S. *The Addiction Experience*. Center City, MN: Hazelden, 1980.
- Prochaska, O.J., E.G. Prochaska and M.D. Grimley. "Condom Use Adoption and Continuation: A Transtheoretical Approach." *Health Education Research* 12, no. 1 (1997).
- Québec. Comité permanent de lutte à la toxicomanie. *Drogues: Savoir plus risquer moins*. Québec: Gouvernement du Québec, 2003.
- Québec. Ministère de l'Éducation. Direction de la formation générale des adultes. *Les situations de vie des adultes visés par la formation générale commune*. Québec: Gouvernement du Québec, 2003.
- . Direction de la formation générale des adultes. *Prevention of HIV/AIDS and Other STDs: A General Guide to Implementing a Prevention Plan*. Québec: Gouvernement du Québec, 2003.
- Québec. Ministère de l'Éducation. Ministère de la Santé et des Services sociaux. *Sex Education in the Context of Education Reform*. Québec: Gouvernement du Québec, 2003.
- Québec. Ministère de l'Éducation, du Loisir et du Sport. *Developing the Inner Life and Changing the World, The Spiritual Care and Guidance and Community Involvement Service, Ministerial Framework*. Québec: Gouvernement du Québec, 2005.

- . Direction générale de l'éducation des adultes. *Guide to Promote Reflection on Sexuality in the Adult Education Sector*. Québec: Gouvernement du Québec, 2006.
- Québec. Ministère de la Santé et des Services sociaux. *Les infections transmissibles sexuellement et par le sang, l'épidémie silencieuse*. Quatrième rapport national sur l'état de santé de la population du Québec. Québec: Gouvernement du Québec, 2010.
- . *Québec Public Health Program 2003-2012 – 2008 Update*. Québec: Gouvernement du Québec, 2008.
- . *Stratégie québécoise de lutte contre l'infection par le VIH et le sida, l'infection par le VHC et les infections transmissibles sexuellement, Orientations 2003-2009*. Québec: Gouvernement du Québec, 2003.
- Roy, E. et al. *L'hépatite C et les facteurs psychosociaux associés au passage à l'injection chez les jeunes de la rue*. Rapport d'étape numéro 2. Montréal: Agence de la santé et des services sociaux de Montréal, Direction de santé publique, 2003.
- UNAIDS. *AIDS Epidemic Update*. New York: UN, December 2006.
- Welbourn, A. *Life Skills Manual*. Washington: Peace Corps. Publication no. M0061, Information Collection and Exchange, 2001.

### **Educational references**

- Astolfi, J. P. *L'erreur, un outil pour enseigner*. Paris: ESF Éditions, 1997.
- Barth, B.-M. *Le savoir en construction. Former à une pédagogie de la compréhension*. Paris: Retz, 1993.
- Brien, R. *Science cognitive et formation*, 3<sup>e</sup> éd. Québec: Presses de l'Université du Québec, 1998.
- Dufresne-Tassé, C. *Motiver des étudiants: une intervention clinique*. Montréal: Université de Montréal, 1981.
- Knowles, M.S. *The Adult Learner – A Neglected Species*. Houston: Gulf Publishing Company, 1990.
- Kolb, D. *Learning Styles Inventory: Self-Scoring Test and Interpretation Booklet*. Boston: McBer & Co., 1976.
- . *Organizational Behavior: An Experiential Approach*. Englewood Cliffs, NJ: Prentice Hall, 1995.

Legendre, R., ed. *Dictionnaire actuel de l'éducation*, 3<sup>e</sup> éd. Montréal: Guérin, 2005.

Meirieux, P. *Entre le dire et le faire*. Paris: ESF, 1995.

Morissette, D. and M. Gingras. *Enseigner des attitudes, planifier, intervenir, évaluer*. Sainte-Foy: Les Presses de l'Université Laval, 1989.

Québec. Ministère de l'Éducation. *Action Plan for Adult Education and Continuing Education and Training*. Québec: Gouvernement du Québec, 2002.

———. *Basic Adult General Education Regulation*. Québec: Gouvernement du Québec, 2000.

———. *Government Policy on Adult Education and Continuing Education and Training*. Québec: Gouvernement du Québec, 2002.

———. Direction de la formation générale des adultes. *The Basics of the Basic School Regulation*. Québec: Gouvernement du Québec, 1997.

———. Direction de la formation générale des adultes. *Les situations de vie des adultes visés par la formation générale commune*. Québec: Gouvernement du Québec, 2003.

Québec. Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche. Direction de l'éducation des adultes et de l'action communautaire. *Diversified Basic Education Program for Secondary II, IV and V*. Québec: Gouvernement du Québec, 2015.

Québec. Ministère de l'Éducation, du Loisir et du Sport. *Developing the Inner Life and Changing the World, The Spiritual Care and Guidance and Community Involvement Service, Ministerial Framework*. Québec: Gouvernement du Québec, 2005.

———. Direction de la formation générale des adultes. *Common Core Basic Education Program*. Québec: Gouvernement du Québec, 2007.

Tardif, J. *Le transfert des apprentissages*. Montréal: Les Éditions Logiques, 1999.

———. *Pour un enseignement stratégique: L'apport de la psychologie cognitive*. Montréal: Les Éditions Logiques, 1992.

## Glossary

**Andropause (male menopause):** All the biopsychosocial and sexual changes that occur in middle-aged men as testicular activity declines.

**Body image:** Personal relationship between a person and his or her body, and its appearance. Body image is the mental and symbolic representation that an individual has of his or her own body and its parts. Body image is one of the main elements in a person's identity.

**Coming out:** The act of disclosing one's sexual orientation to family, friends, etc.

**Competency:** Ability to act effectively by mobilizing a range of resources.

**Conduct:** Conscious, voluntary actions reflected in a set of behaviours.

**Contraception (birth control):** Reversible or irreversible means used by men or women to prevent conception and pregnancy. Methods of contraception include barrier methods (condom, diaphragm), natural methods (rhythm method), hormonal methods (birth control pill, vaginal ring, intrauterine device or IUD) or surgical methods (vasectomy, tubal ligation).

**Criminal Law Amendment Act, 1968-69:** Federal legislation passed to adapt Canadian criminal law to the values current in Canada at the time. The Act consisted of around 120 sections amending various elements of Canada's Criminal Code. It generated heated social debate, in particular because it decriminalized homosexual acts between consenting adults aged 21 or over. It also changed the law regarding abortion. Prime Minister Trudeau provided a concise summary of the spirit of the Act when he declared that, "there's no place for the state in the bedrooms of the nation."

**Cross-curricular competency:** Generic competency with a broader frame of reference and greater scope of action than a subject-specific competency.

**Cunnilingus:** Oral stimulation of the clitoris.

**Cybersexuality (or cybersex):** All Internet-related sexual activities, from the viewing of pornographic material to virtual sexual encounters and sexual discussions in chat rooms.

**Erogenous zone:** Area of the body that is particularly sensitive to stimulation and generates sexual pleasure.

**Eroticism:** The quality or character of anything related to the search for and satisfaction of sexual desire and pleasure.

**Family planning:** The process whereby a person or couple plans to have or not to have children, to control the number of children conceived and the time and circumstances of their birth, and to choose a contraceptive method.

**Fellatio:** Oral stimulation of the penis.

**Foreplay:** Sexual fondling involving the whole body, but excluding sexual intercourse (vaginal or anal penetration).

**Gender identity:** Recognition, by a person, that he or she possesses physical, psychological or symbolic attributes that are male or female. In other words, the feeling of belonging to the male or female gender, despite the coexistence of masculine and feminine elements within each human being. Gender identity is independent of biological sex and sexual orientation, but generally involves developing a self-image that matches a person's anatomical sex, although some people develop an opposite self-image. Gender identity also results from interactions between a person and the environment. Gender identity is often confused with "sexual orientation."

**Gender identity disorder:** Disorder involving strong and persistent feelings of belonging to the opposite sex, feelings of discomfort or inappropriateness about one's own biological sex, and a persistent desire to live as a person of the opposite sex.

**Gender role:** Public expression of gender identity through a set of attitudes and conduct considered socially appropriate for a man or a woman. In other words, a person's gender role reflects the social rules and expectations concerning what is considered to be masculine or feminine.

**Gender stereotypes:** Rigid or exaggerated opinion, behaviour or preconceived notion based on a predetermined idea of gender roles.

**Genitality:** Characteristics of the reproductive organs and sexual pleasure, and related activities.

**Heterosexism:** School of thought that considers heterosexuality to be the sole standard for sexual practices.

**Homophobia:** Fear or hatred of homosexuality in others, often exhibited by prejudice, discrimination, intimidation or acts of violence.

**Human sexual response cycle:** Set of psychophysiological and sexual reactions, grouped into separate phases.

**Hypersexualization:** Association of sexual characteristics with something that is not sexual, or premature attribution of sexual characteristics to a person.

**Issue:** Point of discussion raised when studying a given situation.

**Kinsey scale:** The surveys conducted by Alfred Kinsey in the 1950s led him to conclude that homosexuality and heterosexuality were not two mutually exclusively sexual orientations, but the opposite ends of a sexual continuum. According to Kinsey, every human being has a heterosexual and a homosexual component, which differ from person to person. Despite criticism of Kinsey's surveys, the continuum can be used to illustrate various possibilities for romantic and sexual

relations, whether homosexual or heterosexual, that take into account not only sexual behaviour, but also the role of emotions and sexual fantasies. The categories are not clear-cut.

1	Exclusively heterosexual
2	Predominantly heterosexual, only incidentally homosexual
3	Predominantly heterosexual, but more than incidentally homosexual
4	Equally heterosexual and homosexual (bisexual)
5	Predominantly homosexual, but more than incidentally heterosexual
6	Predominantly homosexual, only incidentally heterosexual
7	Exclusively homosexual

**Magical thinking:** Thinking or believing that events or problems can be avoided, or that some people are less exposed to events or problems.

**Menopause:** Phase in a woman's life when the menstrual cycle permanently ceases, one year after the last menstruation. May also designate the biopsychosocial and sexual changes that occur during premenopause, menopause and postmenopause.

**Normalization:** Process by which behaviours come to be seen as "normal."

**Orgasm:** Phase of the sexual response cycle that occurs at the peak of sexual tension and the beginning of resolution. Involves varying degrees of psychological, emotional and physical satisfaction. Often confused with "ejaculation."

**Partner notification:** Notification, for prevention or treatment purposes, of the sexual partner(s) of a person with an STBBI.

**Performance anxiety:** The fear of failure felt by a person focused on the successful completion of a sexual activity.

**Pornography:** Any writing, drawing, painting, photograph, film or show intended to produce sexual arousal but considered harmful or degrading to human dignity because of the explicit or implicit presence of constraint, physical or psychological violence, contempt, or an unequal power relationship.

**Prostitution:** The offering of sexual favours in return for payment.

**Psychoactive (psychotropic) substance:** A substance which acts on the psyche of a person by modifying his or her mental functions. It may cause changes in perception, mood, consciousness, behaviour and various psychological and organic functions.

**Risky sexual behaviour:** Sexual behaviour that involves a physical, mental or life-threatening risk for a person, and for anyone else directly involved in the activity (e.g. sexual relations without a condom, creating the risk of contracting an STBBI).

**Rite of passage:** A rite accompanying the passage of a person or group from one mental state to another, one identity to another, or social status to another.

**Sensuality:** Aptitude for enjoying pleasure through the senses and for being receptive to physical sensations, including sexual sensations.

**Sexology:** The study of all aspects of human sexuality, as displayed in children, adolescents, adults, seniors and specific groups (e.g. people with an intellectual impairment, victims of sexual assault).

**Sexting:** Sending sexually suggestive photos to another person by way of a cell phone or posting nude images of oneself on a social networking site. It specifically refers to tweens' and teens' use of cell phones or social networking profiles to distribute what is often considered lewd photos of one another.

**Sexual arousal (excitement):** Phase in the sexual response cycle that follows physical or psychological stimulation; the main signs of arousal are erection (of the penis) and lubrication (of the vagina).

**Sexual behaviour:** Voluntary or involuntary manner in which a person experiences or expresses sexuality and which may or may not involve risk (e.g. sexual relations with or without penetration).

**Sexual desire (libido):** Psychobiological energy or impulse that occurs before and during the arousal phase (excitement phase) and leads a person to interact sexually (physically or mentally) with another person in the search for sexual satisfaction; a phase in the sexual response cycle.

**Sexual dysfunction:** Psychological or physiological difficulty or disorder relating to the sexual response cycle.

**Sexual fantasy:** Mental image that generally leads to or accompanies sexual arousal.

**Sexual health:** State of physical, emotional, mental and social sexual well-being. This concept requires a positive, respectful approach to sexuality and sexual relations, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination or violence. Achieving and maintaining sexual health is based on the protection of the sexual rights of all individuals. Sexual health is influenced by a complex web of factors (such as sexual behaviour and attitudes connected with life in society).

**Sexual orientation:** The direction of one's sexual fantasies, desires and behaviour toward members of the same sex (homosexual orientation) or the opposite sex (heterosexual orientation). A person may also direct sexual fantasies, desires or behaviours towards members of both sexes (bisexual orientation).

**Sexual rights:** Sexual rights embrace human rights recognized in national laws. They include the right of all persons, free of coercion, violence or discrimination, to enjoy the highest attainable standard of sexual health, including access to sexual health care services; seek, receive and impart information related to sexuality; receive sex education; enjoy respect for bodily integrity; choose their partner; decide to be sexually active or not; have consensual sexual relations; enter into consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life. Sexual rights imply that all persons respect the rights of others.

**Sexual satisfaction:** Psychoaffective state and phase in the sexual response that generates a feeling of inner well-being, of varying intensity and duration, and that depends on a complex set of factors.

**STBBI:** Infection that is transmitted sexually or by blood contact: HIV, chlamydia, human papillomavirus, gonorrhea, syphilis, herpes, hepatitis B, pubic lice, and so on.

**Subject-specific competency:** Competency associated with a subject or program of study.

**Transgender:** A person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male and female.

**Transsexual:** A person who experiences intense personal and emotional discomfort with his or her biological sex and may undergo treatment (e.g. surgery or hormone therapy) to change sex.



## List of Acronyms Linked to STBBIs

<b>GHB</b>	<i>Gamma</i> -Hydroxybutyric acid
<b>STI</b>	Sexually transmitted infection (formerly “sexually transmitted disease” or STD)
<b>STBBI</b>	Sexually transmitted and blood-borne infection
<b>LGV</b>	Lymphogranuloma venereum
<b>IDU</b>	Injecting drug user
<b>PLWHA</b>	Person living with HIV/AIDS
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>SIDEP</b>	Services intégrés de dépistage et de prévention (integrated STBBI detection and prevention services)
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>HIV</b>	Human immunodeficiency virus
<b>HPV</b>	Human papillomavirus

