

# Transformations, Butterflies, Passions... and All Sorts of Questions



Parents' guide  
for discussing  
sexuality with  
their teens

Québec 



**The Quebec Federation of Parents' Committees is proud to support the distribution of this brochure.**

**Coordinated by:**

Richard Cloutier, Direction générale de la santé publique, Service de lutte contre les maladies transmises sexuellement et par le sang, ministère de la Santé et des Services sociaux

**Text by:**

Julie Pelletier, M.A., sexologist

**In cooperation with:**

Anik Simard, Direction générale des services sociaux, Service aux jeunes et aux familles, ministère de la Santé et des Services sociaux

**Graphic design and illustrations:**

Oblik Communication-design

**Translation:**

Sylvie Gauthier

We wish to thank the many parents whose valuable comments were very helpful. We would also like to thank the following individuals for their comments and suggestions:

- Catherine Denis, Director General, S.O.S Grossesse
- Isabelle Côté, Direction générale des services de santé et médecine universitaire, Direction des services médicaux généraux et préhospitaliers, ministère de la Santé et des Services sociaux
- Lise Durocher, sexologist and counsellor, Centre jeunesse de Montréal – Institut universitaire
- Expert Comity on Family Planning of the Institut national de santé publique du Québec
- Linda Gosselin, Quebec Federation of Parents' Committees
- Claude Laberge, medical consultant, Service de lutte contre les maladies transmises sexuellement et par le sang, ministère de la Santé et des Services sociaux
- Diane Miron, ex-president, Quebec Federation of Parents' Committees
- Sylviane Proulx, Coordination of complementary services, Direction générale de la formation des jeunes, ministère de l'Éducation, du Loisir et du Sport
- Lorraine Rondeau, social health planning and programming agent, Direction de santé publique de Montréal
- Carole Thabet, sexologist and lecturer, Department of Sexology, Université du Québec à Montréal
- Annie Thibodeau, Quebec Federation of Parents' Committees

Brochure produced by:

**Direction des communications du ministère de la Santé et des Services sociaux du Québec**

This document can be:

- Ordered by e-mail at:  
**diffusion@msss.gouv.qc.ca**,
- Consulted or ordered at:  
**msss.gouv.qc.ca/itss** by clicking English, **Documentation** and then **Parents**, or
- Ordered by regular mail at:  
Ministère de la Santé et des Services sociaux  
Direction des communications  
1075, chemin Sainte-Foy, 16<sup>e</sup> étage  
Québec (Québec) G1S 2M1

This brochure is available at your local health and social services centre or your regional public health department.

Masculine pronouns are used generically in this document.

To give your opinion about the brochure, go to:  
**[www.msss.gouv.qc.ca/itss/evaluation](http://www.msss.gouv.qc.ca/itss/evaluation)**

Legal deposit  
Bibliothèque et Archives nationales du Québec, 2008  
Library and Archives Canada, 2008

ISBN: 978-2-550-48837-8 (print version)  
ISBN: 978-2-550-48838-5 (PDF)

Reprint, May 2008  
Second Edition

All rights reserved for all countries. Any reproduction whatsoever, translation or dissemination, in whole or in part, is prohibited unless authorized by Les Publications du Québec. However, reproduction in whole or in part for personal, non-commercial purposes is permitted solely in Québec, provided the source is mentioned.

© Gouvernement du Québec, 2008



# Table of contents

Talk about sexuality with your teen.....	5	4. <b>Avoiding slip-ups</b> .....	25
<b>A bridge between generations</b> .....	6	Avoiding sexually transmitted infections and unplanned pregnancies.....	25
The family: primary site for sexuality education .....	6	Preventing sexually transmitted infections.....	26
Is each new generation so different? .....	6	Preventing unplanned pregnancy .....	27
When sexuality is in the headlines.....	7	Prevention tools .....	28
<b>1. Young people today: a brief introduction</b> .....	8	The essential condom.....	28
Adolescence, a period of changes in the psyche... 8		Being an adolescent and having an STI .....	29
... and in the body.....	9	Being an adolescent and becoming a parent.....	29
Youth and sexuality: a gradual awakening.....	10	In short.....	29
Discovering romantic feelings .....	11	<b>5. Overview of contraception</b> .....	30
Exploring sex .....	11	Barrier methods .....	30
What if my child is homosexual?.....	12	Hormonal methods.....	31
Sexually active earlier now than in previous generations? .....	13	Intrauterine methods.....	31
In short.....	13	<b>6. Sexually transmitted infections</b> .....	32
<b>2. A few “preliminary” notions: preparing to talk about sex with your adolescent</b> .....	14	Viruses: infections that can be treated but that are not always cured.....	32
A question of timing.....	14	Bacteria: infections that can be treated.....	34
You may not know it but you are already a sex educator .....	15	Parasites: company you can get rid of.....	35
Communicating is sharing.....	15	<b>7. Resources</b> .....	36
Reflecting on sexuality as a whole before talking about the dangers.....	16	Books for young people .....	36
When our fears take a front-row seat.....	16	Books for parents.....	36
Educating girls and boys about sexuality: is it up to the father or the mother? .....	18	People and groups to contact .....	36
<b>3. More suggestions for talking about sex with your adolescent</b> .....	20	Free brochures.....	37
Adolescents’ questions and concerns.....	21	Videos .....	37
Situations that can be tricky .....	22	Web sites .....	38
In short.....	24	References.....	41



# Talk about sexuality with your teen

Your child is about to start secondary school. This stage of life is often a source of concern for parents who see their child heading into adolescence, a period characterised by a greater thirst for independence as well as the onset of puberty and, therefore, a gradual sexual awakening. While your child is increasingly looking forward to growing up, you think about what he or she will meet on the path to adulthood and you ask yourself what you can do to help along the way.

Ideally, earlier is better, even before the first changes of puberty and first romantic encounters. Parents are the initial sex educators for their children; the way they take on this role depends on their own cultural background, the degree to which they feel comfortable with sexuality and their ability to assume the role. If you are unable to take on this role, it is important that you find someone you trust who can.

Educating about sexuality is more akin to being a guide or lending an attentive ear than being an expert on the topic. The goal of this brochure is to provide you with tools that can guide you and that you can use when you think about adolescent sexuality.

As you read on, you will notice “capsules” that suggest issues to think about and offer information as well as tips and tricks.

## Questions to consider



Clarify your own values and feelings about sexuality; take the time to form an opinion on different situations. These are important assets for parents who wish to discuss the issue of sexuality with their teenagers.

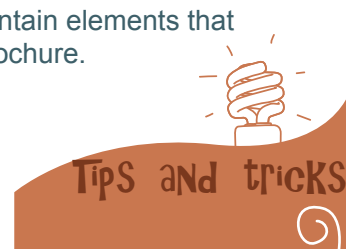
Through different questions and information, the **Considerations** capsules will help you progress along this road. The topics proposed can also be used to initiate discussion on sexuality with your adolescent.

## Information



You don't need to know everything to talk about sexuality with your adolescent. If you have enough knowledge, however, you will be in a better position to intervene effectively.

The **Information** capsules contain elements that complement the text in the brochure.



## Tips and tricks

There is no miracle formula to being a sensitive and compassionate sex educator. Nonetheless, there are a few simple tricks you can use, depending on the circumstances.

The **Tips and tricks** capsules provide concrete examples and suggestions related to your adolescent's sexuality education.



# A bridge between generations

## The family: primary site for sexuality education

**I**t is within the family that children become aware of male and female sex roles<sup>1</sup> and family values related to sexuality (respect, love, equality, protection, etc.). Sexuality education begins early in a child's life and does not refer only to a discussion of genitals, sexual relations and prevention of problems such as unplanned pregnancy and sexually transmitted infections (STI); it also includes relationships and emotional aspects.

The school also plays a leading role in sexuality education by allowing adolescents to discuss different aspects with each other and with professionals, while respecting varied levels of development. However, as parents, you have a clear advantage over educators who are working with 30 young people at a time: you know your child's personality, fears, aspirations and sensibilities. You have been developing a bond of trust since he or she was very young, which puts you in a privileged position. Take advantage of it!

## Is each new generation so different?

When it comes to adolescent sexuality, we have to recognise that from one decade to the next, many things do not change: with puberty comes first attractions, first intimate relationships and first sexual contacts. What changes is the context in which these events take place. This is often where the generation gap manifests itself, where both parents and adolescents feel they are from different planets. Getting in touch with changes in the society in which your adolescent lives is one way to bridge the gap which, in the end, may not be as wide as it seems.

Telling your children that you want to learn from them and understand what is going on in their lives can initiate a dialogue and will undoubtedly lead to exchanges that are rewarding for parents as well as their children.





## When sexuality is in the headlines

Every culture has its own norms, conceptual references and representations related to sexuality. Consequently, our way of perceiving and living our sexuality is coloured by the culture in which we grow up<sup>2</sup>. Presently, one of the particularities of our society is probably the large amount of information available about sex, and images of a sexual nature that we see every day. Advertising, magazines, television shows, films and the Internet all expose us to increasingly sexualised and explicit images and comments. Our adolescents, both boys and girls, are as aware as we are of the importance currently given to sexuality.

In this context, talking about sexuality to one's adolescent can prove to be an enormous challenge. Perhaps you do not know where to start, the words to use to support your adolescent, or how to help your child make sense of these sometimes contradictory messages on sexuality. Your role as parent will often be to guide your adolescent and give perspective to the messages conveyed rather than to transmit information yourself.

Educating your child about sexuality also involves sharing your values (respect for oneself and others, love, authenticity, pleasure, etc.) and to set guiding principles and limits. Talking about sexuality and undertaking a process of reflection with your adolescent does not mean you should be totally permissive. Adolescents need to be heard and to have a greater sense of autonomy, but they also need boundaries to develop a healthy and satisfying sexuality. Parental support helps an adolescent take responsibility. It is important to strike a balance between the times when you support your child and the times when you leave him or her alone<sup>3</sup>.



# 1 Young people today: a brief introduction

**A**dolescence is a time of exploration and experimentation, a time to discover oneself and others, and to develop one's tastes and needs. It is also a time of sexual awakening (first love, first sexual encounters such as kissing and fondling, first sexual relations). All these new experiences begin at puberty, a period defined as a set of physical and psychic changes that occur during the transition from childhood to adulthood<sup>4</sup>. (The term "psychic" refers to the mind and to psychological and emotional life).



## Adolescence, a period of changes in the psyche...

During this period, adolescents feel the need to redefine their roles within the family<sup>5</sup> and to acquire more independence, more power to act and more decision-making abilities. They slightly distance themselves emotionally from their parents and gradually act more autonomously<sup>6,7</sup>. They want to shop for their own clothes (often with friends); they participate less in family activities and become more secretive.

Nevertheless, the family remains central in adolescents' lives despite their distancing efforts. The fact that your child is more secretive and distant does not mean that you have been relegated to second place. It only means that they are becoming more autonomous, and exploring values and views that differ from those of their families. The broad questions they are asking themselves, such as "Who am I?" and "Am I normal?", are important to them. They must get to know themselves, assert themselves, and form their own values and opinions. In short, they have to define their own personalities. They question the values passed on by their parents; peers and friends become very important and their influences are felt. Some of the tasks that adolescents have to accomplish involve discovering their interests and passions, and experimenting with their limits.

For many parents, therefore, the challenge is to live with their child being distant and to maintain reassuring emotional connections with him or her. Adolescence is a time when the parent/child relationship changes. At first, the relationship was one of dependence and authority; it is now evolving toward a mutually reciprocal and cooperative relationship. The more parents and adolescents work at developing trust and mutual understanding, the easier it will be to take their distance, and the more respectful discussions and exchanges will be<sup>8</sup>. It is important to know that the majority of adolescents will not experience major conflicts with their parents<sup>9</sup>.



## ... and in the body

Human beings are sexual from birth. Therefore, sexuality is an integral part of the lives of girls and boys. During adolescence, it takes up more space in their lives: this is absolutely natural given all the changes that are occurring at the same time.

During puberty, boys and girls go through a series of physical changes over a five- to six-year period<sup>10</sup>. In Québec, almost all 13-year-old girls and boys have started puberty<sup>11</sup>. By the age of 16, one third of girls, but only 3% of boys, have completed puberty<sup>12</sup>. This means that boys and girls do not develop at the same rate.

## Information

Puberty begins between the ages of 8 and 17 years in girls ♀, and between 10 and 18 in boys ♂.

### In girls:

- ♀ Breasts and uterus develop.
- ♀ Pubic hair appears, followed by underarm hair.
- ♀ Hips grow wider; menstrual periods begin.

### In boys:

- ♂ Pubic hair appears, penis and testicles grow bigger.
- ♂ Spontaneous erections and first ejaculations occur.
- ♂ Underarm and facial hair appear.
- ♂ Voice deepens.



The changes brought on by puberty require certain adjustments and bring adolescents to take a closer look at themselves<sup>13</sup>, as can be observed by the time they spend in front of the mirror. Most young people welcome these changes; for others, they are more difficult to accept.

## CONSIDERATIONS

Fashions and beauty standards influence how young people see their bodies. For example, in societies where being thin is valued, some pubertal changes, such as hips widening in girls, can be more difficult to accept.

Be attentive to your child's feelings toward the transformations that are occurring so you can help him or her have a positive body image.

## Youth and sexuality: a gradual awakening

It is during adolescence that the first sexual and emotional relationships occur. Concurrent with forming their personalities, adolescents learn to reach out to others and engage in reciprocal emotional relationships where each person brings something to the other. They also feel a desire for closeness, tenderness, and physical contact.

All the changes that occur during puberty cause some young people to feel anxious about their appearance; others float around feeling intensely romantic, while some question their sexual orientation, are afraid they will never please, or are not at all interested in sexuality. In other words, adolescents who are all quite different from one another deal with an array of situations.



## Discovering romantic feelings

Going out with someone is an important event in adolescent development. By the age of 13, over half of young Quebecers will have had at least one boyfriend or girlfriend<sup>14</sup>. This proportion rises to 80% among 16-year-olds. Although some adults may think first relationships are unimportant or trivial, young people take them very seriously. They can experience emotional intimacy with someone who has similar interests and to whom they are attracted.

## Exploring sex

A kiss is the first sexual act that most young people will experience. As a general rule, non-genital touching, genital petting and then sexual relationships with penetration follow<sup>15</sup>. In Québec, it is estimated that by the age of 16, just over 50% of young people have already had their first sexual relation with vaginal penetration<sup>16</sup>.

Boys will often experiment with masturbation before having their first sexual contacts with a partner. For girls, the inverse is more common: they will first engage in sexual relations with a partner before discovering masturbation<sup>17</sup>. Today, masturbation is still fairly taboo. Yet, masturbation enables people to explore their bodies and become aware of their sexual needs, two elements that are central to the development of a fulfilling sexual life. Due to the intimate character of this practice, some adolescents will not bring up the topic with their parents. In this context, discretion would be appropriate to ensure your adolescent's need for privacy is respected. On the other hand, if your child asks you questions about this subject, being open to discussing it will help him or her perceive this act as natural and acceptable.



## INFORMATION

**In order of importance, the three main reasons why secondary III and V students have not yet had sexual relations<sup>18</sup>:**

### Girls:

- 1) not ready;
- 2) have not met the right person;
- 3) want to remain virgins before marriage.

### Boys:

- 1) have not had the opportunity yet;
- 2) have not met the right person;
- 3) not ready.

**In order of importance, the reasons why boys and girls say they have had their first sexual relation<sup>19</sup>:**

- 1) love for the partner;
- 2) curiosity;
- 3) to attain adult status;
- 4) to satisfy their sex drive.



## What if my child is homosexual?

Some young people might experiment sexually with someone of the same sex without necessarily defining themselves as homosexual. A Québec survey revealed that 3% of 13-year-old boys and girls have had homosexual experiences<sup>20</sup>. Sometimes, these experiences are linked to the need to explore typical issues of adolescence rather than an indication of homosexual orientation. On the other hand, about 10% of boys and 8% of girls will discover they are homosexual at some point during their lives.

On average, these boys and girls feel their first attractions to someone of the same sex at age 11; for others, it can be earlier or later<sup>21</sup>. Nonetheless, although some youth may become aware of their homosexuality in early adolescence, others may only discover their sexual orientation later on or not until adulthood.



### INFORMATION

Young homosexuals are just as likely to have fulfilling love and sexual lives as young heterosexuals. Like other adolescents, they learn to handle their first sexual attractions and wish to become emotionally involved with someone. On the other hand, they risk running into more obstacles. Some of these young people will keep their loves and desires to themselves to avoid being mocked by their friends. The more homosexuality is accepted in their environment, the more homosexual adolescents will be inclined to develop positive self-esteem. Fortunately, society as a whole tends to be increasingly accepting of various sexual orientations, but more work needs to be done.





## Sexually active earlier now than in previous generations?

Some social messages suggest that young people today have numerous sex partners, start having sex earlier and earlier, and have more marginal sexual practices. However, the profile that emerges from studies of young Canadians is more nuanced. Between 1989 and 2002, the proportions of young people who experimented with various sexual acts have remained constant<sup>22</sup>. Sexually active youth aged 14 to 17 years have had three sex partners on average<sup>23</sup>, although 10% to 20% of them have had six partners or more<sup>24</sup>. This latter group does not form the majority but must be taken into account since the fact of changing sexual partners can place adolescents at greater risk of contracting sexually transmitted infections (STI).

## In short

Adolescents gradually learn to know themselves and to deal with emotional relationships through their first emotional connections and sexual experiences. These experiences help them acquire the skills to develop emotional and sexual intimacy with a partner.

In the context of these new feelings and experiences, it is pertinent for you to:

- listen to your child's questions and concerns about sexuality;
- avoid trivialising your child's first emotional connections. Your adolescent will greatly appreciate the significance you give to this important aspect of his or her life;
- think about your own perceptions of sexuality in general or of the sexuality of adolescents (reserves, fears, interests, hopes, etc.). Why not talk about it with other parents?

## Considerations

- How is your adolescent's perception of and experiences with sexuality similar to or different from yours when you were that age? Note the points you have in common and the ones that differ.
- What would your perception of sexuality be if you were an adolescent in today's world?
- What aspects of your adolescent's sexuality are of concern to you?
- What aspects are reassuring to you?
- What would you like for your child concerning his or her sexuality?



## 2 A few “preliminary” notions: preparing to talk about sex with your adolescent

**A**s parents, we have many questions when it comes to how to teach sexuality. How do we bring up such a delicate subject with adolescents? And whose responsibility is it to talk about sex with a child, the mother’s or the father’s? Is it better to split the task along the mother-daughter and father-son dyads? Obviously, it is tempting to get it over with quickly, to briefly touch on the dangers of unprotected sexual relations, leave condoms in the bathroom cabinet and wait... and hope that all goes well.

Your children have been asking you questions and talking to you about sexuality since they were very young. But adolescence also brings about its share of concerns... both for them and for you! Since the onset of their puberty, you may be vacillating between feeling happy to see your children becoming adults and concerned about them struggling with a broken heart or getting involved in a relationship that may not be the best for them, or you may be worried because they have had unprotected or poorly protected sex. How do you situate yourself within all of that? To act effectively and sensitively, a little preparation is required.

### CONSIDERATIONS

- Under what circumstances could discussions about sexuality be most beneficial and pleasant between you and your child?
- Do you find it difficult to bring up the topic of sexuality with your adolescent? Are you comfortable in this role?
- Have you ever talked about sexuality with your adolescent? What specific aspects have you discussed?
- In what kinds of atmosphere did these discussions about sexuality take place?
- How would you qualify your experiences with sexuality education?

### A question of timing

Preadolescence is an opportune moment to lay down the basis of mutual trust and establish respectful and effective means of communication. Young people are more often willing to discuss sexuality with their parents during preadolescence, that is, between the ages of 9 and 12. They are less secretive at that age and confide in their parents more readily. Young people perceive interactions with their parents less favourably when they are 16 than when they are 13, undoubtedly because they are going through a more turbulent period of adolescence. Also at this time, they feel the need for more distance from their parents. This is why it is important to initiate dialogue early<sup>25</sup>.

## You may not know it but you are already a sex educator

As parents, you are male or female role models and, as such, you are already sex educators. Without even bringing up the subject specifically, your actions have said a lot about your values and attitudes toward sexuality. Do not underestimate the role model you are for them. Sexuality education is not only done through discussion: preaching by example rather than words is also a promising avenue<sup>26</sup>. Moreover, sexuality is a topic that often comes up unexpectedly. Adolescents spontaneously give their opinions on issues without voicing clear preoccupations. Take advantage of these moments to listen and find out what they think.



### TIPS AND TRICKS

#### When adolescents reach out

When your adolescent talks to you about friends' emotional relationships, he or she is trying to work out emotional dynamics. Listen to what your child is saying without judging his or her perceptions. Take advantage of this moment of exchange, just for the pleasure of discussing. Perhaps your adolescent is trying, indirectly, to find out what you think.

Adolescents often take to heart their parents' opinions about sexuality. Indeed, nearly half of Canadian adolescents aged 14 to 17 consider their parents to be the most reliable source of information about sexuality<sup>27</sup>.

#### Car therapy<sup>30</sup>

Parents have noticed that driving their children to an activity (hockey, soccer, going out with friends, etc.) is often a good time to have a discussion. Let them talk about their game or the time they have spent with their friends. Discuss with them just for the pleasure of exchanging and sharing a special moment. You will be surprised to see them open up even more.

Do simple activities with which your adolescent feels comfortable. These occasions are often good times to bring up something that is bothering you both.

## Communicating is sharing<sup>29</sup>

To communicate, each person has to be open and ready to discuss. To make it easier, try to choose moments when your child will feel like opening up or having a discussion with you. Respect your adolescent's need for isolation when something is not going well<sup>30</sup>. After spending a bit of time alone, your child might feel like talking. Do not force exchanges: follow your adolescent's rhythm. Also be careful not to judge your child's experience and understanding of the messages he or she receives about sexuality. This does not necessarily mean that you endorse his or her opinions. Rather, try to use the opportunity to better understand the way your child sees things.





Talking about sex can be more difficult for adults whose parents did not educate them about sexuality. To make up for the absence of a role model, you can think about the way you would have liked your parents to bring up the topic with you. It is not a matter of trying to be perfect but only to seize the moment to talk about it, to express your feelings, perceptions<sup>31</sup> and values sincerely, and to talk with your teens not only when you are worried but also when you are proud of them.



## Considerations

- What were your parents' attitudes toward sexuality?
- Did your parents talk to you about sexuality when you were an adolescent?
- If they did, what did you discuss? In what kind of atmosphere did these discussions take place?
- If they did not, would you have liked to talk about sexuality with them?
- What would you have liked to discuss with them, more specifically?
- What is the difference between the sexuality education you had and the one you would like to give your adolescent?

## Reflecting on sexuality as a whole before talking about the dangers

Talking about sexuality by evoking problems related to it before discussing its positive aspects is a bit like describing the risks of an amusement park instead of the fun you can have. There is a good chance that adolescents think about how much fun rides in amusement parks are rather than being afraid they will get hurt. This is totally natural since an amusement park is synonymous with fun. On the other hand, we tend to choose rides that we know are safe. Similarly, chances of having a fulfilling sexual life are better when sex is safe.

## When our fears take a front row seat

The first messages we pass on to our adolescents regarding sexuality are often tainted with our own fears about sex: for example, the fear they will contract an STI or have an unwanted pregnancy. While your child is crazy in love with the boy or girl of his or her dream, you may be going crazy too, but for other reasons. "What if they make love too soon?" "What if they become parents?" "What if they catch an STI?". Since young girls are the ones who often experience the consequences of having unprotected sex, such as pregnancy, parents tend to talk about sexuality with girls in terms of prevention<sup>32</sup>. These discussions often revolve around the negative consequences of sexuality rather than what girls should know to better understand their psychosexual development (puberty, intimate relationships, their needs and values, etc.).





## TIPS AND TRICKS

### From sexuality education to sexuality

Imagine:

- A mother who listens to her son whose heart is broken...
- An adolescent girl who comes upon her father covertly reading the instruction sheet from a box of tampons so he can better understand how they are used...
- A father who tells his son the story of his first love.



Discussions about sexuality are more valuable when they are positive. We have observed that girls whose mothers had presented the first menstruation as a normal stage in development were more likely to accept and acknowledge bodily changes and had a better perception of puberty<sup>33</sup>. Boys whose fathers were close to them and gave them attention had more flexible attitudes regarding gender roles and tasks that are attributed to boys and girls<sup>34</sup>. Adolescents' relationships with their parents also have a significant influence on sexual behaviours. Indeed, according to some studies, the first sexual experiences of girls who had discussed sexuality with their parents were more positive than of those who had not<sup>35</sup>.

Still, it is normal that you would have fears and concerns. You may find it difficult to hear certain questions or to witness certain events in your children's sexual lives, for example, when they want to invite their girlfriend or boyfriend to stay overnight. On the other hand, the older they get, the more likely they are to perceive the fears and hopes you may have concerning them<sup>36</sup>. Therefore, they are able to understand your worries regarding various situations such as the time they come home, who their friends are, etc.





## TIPS AND TRICKS

### Want ads


If you have tried to talk but did not succeed, you are wondering how to establish contact. Leave a want ad on your child's desk or bedroom door suggesting you meet to talk about a given situation. For example:

- *"Slightly awkward but well-intentioned mother would like to discuss the question her son asked last Thursday. Suggests meeting on Friday after school over hot chocolate."*
- *"Father who has never had a period would nonetheless be interested in discussing it so he can better understand his adolescent girl. She can come to the living room any evening this week, at her convenience. Anything discussed will remain confidential."*

## Educating girls and boys about sexuality: is it up to the father or the mother?


The majority of parents whose adolescents are aged 13 to 16 say they are comfortable talking about sexuality with their children<sup>37</sup>. In addition, two thirds of parents say they talk about sexuality-related topics very often or quite often with their adolescents. This statistic is rather surprising because even though a majority of young people think it is useful that their parents discuss sexuality with them<sup>38</sup>, barely one out of five adolescents says he or she has talked about sexuality with the parents<sup>39</sup>. Parents and adolescents do not seem to have the same perception<sup>40</sup>.





It appears that mothers are the ones who mostly take the first steps and bring up the topic of sexuality: almost 70% of mothers raise the subject with their daughters<sup>41</sup>. Also, boys and girls confide in their mothers before talking about sexuality with their friends; the family environment is the first source of information on the subject. However, adolescents of both sexes confide in their friends more than in their fathers<sup>42</sup>. Therefore, adolescents discuss sexuality less often with their fathers than with their mothers;<sup>43</sup> consequently, father-daughter and father-son combinations for discussions about sex are less common<sup>44</sup>. Yet, fathers and mothers both have important roles to play in the sexual education of their sons and daughters.

Boys have fewer opportunities to talk about sexuality with either of their parents<sup>46</sup> and are much more inclined to get information from their peers. Young people who count on their group of friends for their primary source of information about sexuality are more likely to have risky sexual behaviours<sup>47</sup>. The same applies to sources such as the Internet. It is undoubtedly because the information circulating in an adolescent's peer group or on the Internet is not always accurate. Moreover, there are good and bad sides to using the Internet. Some sites provide quality information and resources on sexuality (see the list on p. 38). Unfortunately, other sites provide unrealistic images of sexuality; sensationalistic and sometimes violent commentary and images are far from being positive references for adolescents. Besides, the Internet should be accessed in a common room in the house, which lets parents better manage access and, in particular, reduces surfing on pornographic sites. Sexuality education implies that parents can help adolescents develop a critical sense of the information that is circulating on the topic (for more information, go to the following Web site [education-medias.ca](http://education-medias.ca)).



## TIPS AND TRICKS

### **A suggestion for boys<sup>45</sup>**

Your son comes in slamming the door because his best friend is going out with the girl he was in love with.

When emotions seem to be too close to the bone to start a discussion with their sons, some fathers suggest going out to shoot baskets together, or doing another activity that will let the dust settle a bit.

By doing this, you are expressing empathy with what your adolescent is going through and you are giving him the opportunity to "digest" the situation. You can then propose to talk it over together in a more favourable atmosphere.

# 3 More suggestions for talking about sex with your adolescent



## Tips and tricks

### When their questions catch you off guard

Some questions or statements can render you speechless or seem impossible to answer. Do not give up. Ask them to be indulgent. If you do not have the knowledge required to answer their questions or if you have never thought about the situation they are describing, consult resources with them. This exchange can be beneficial for both you and your children.

**R**elying on dialogue and maintaining a climate of trust and openness are essential starting points. But what exactly should we discuss with our adolescents? What questions should we expect? How should we react to a thorny situation that occurs unexpectedly? Some knowledge of themes to bring up and questions most often asked by adolescents are additional tools for having enriching exchanges on sexuality. Here are a few more points to guide you.



## CONSIDERATIONS

- Think of two questions about sexuality that your adolescent has asked you.
- How did you answer these questions?
- What feelings did these questions bring up in you?



## Adolescents' questions and concerns

	Events that find expression in adolescence by...	Examples of questions they ask
<b>Pubertal changes</b>	<p>A certain impatience or apprehension, embarrassment or pride in their changing bodies.</p> <p>Concerns about pubertal development.</p> <p>Questions on beauty standards and criteria.</p>	<ul style="list-style-type: none"> <li>• I'm 13 years old and I still don't have periods. Is this normal?</li> <li>• What is the normal size of a penis?</li> <li>• Do people find me handsome? Beautiful?</li> </ul>
<b>Emotional and sexual awakening</b>	<p>First feelings of love, and desire for emotional intimacy with someone.</p> <p>Questions on how to attract someone or make contact with someone they like.</p> <p>Questions on elements of a satisfying and reciprocal loving relationship.</p> <p>The discovery of physical manifestations of sexual arousal (spontaneous erections, ejaculation, lubrication).</p> <p>Questions and increasing curiosity about sexuality and sexual acts.</p> <p>Questions and fervour related to first emotional connections and sexual contacts.</p> <p>Questions on realities such as pornography, sexual violence, etc.</p> <p>New awareness of multiple facets of sexuality and curiosity regarding sexuality in general.</p>	<ul style="list-style-type: none"> <li>• How do you know when you're in love for real?</li> <li>• How do you survive a broken heart?</li> <li>• Can girls and boys be "just friends"?</li> <li>• What does "doing a blow job" mean?</li> <li>• Why does prostitution exist?</li> <li>• Why do some people sexually abuse others?</li> </ul>
<b>Engaging in sexual acts</b>	<p>Anticipation of and first sexual experiences (from kissing to sexual relation with penetration).</p> <p>Concerns about sexual know-how.</p> <p>Concerns about contraception and protection against STI.</p>	<ul style="list-style-type: none"> <li>• Can my girlfriend/boyfriend sleep over?</li> <li>• What is a successful kiss?</li> <li>• How do you know when you're ready to make love?</li> <li>• Will my boyfriend/girlfriend find me beautiful/ handsome enough?</li> <li>• At what age is it normal to make love?</li> <li>• How do you catch AIDS?</li> </ul>



## Situations that can be tricky

In addition to questions related to sexuality, other particular situations also come up.

For example:

- Your 14-year-old son wants to invite his girlfriend to sleep over.
- Your 13-year-old girl is getting ready to go to a film with friends and is wearing clothes that you find too suggestive.
- Your 12-year-old son listens to songs that convey sexist ideas.
- You discover that your 13-year-old girl is going onto chat sites, where she has sexually explicit discussions with other people.
- You are worried about the intensity of your 15-year-old son's relationship.
- You surprise your 11-year-old boy masturbating in the bathroom.

Some situations require short-term reactions while others require a bit of time to reflect. But there is no miracle solution for either. The chart below proposes steps to help you clarify your thoughts and guide your intervention, depending on the situation.



## CONSIDERATIONS

- Think about a situation related to your adolescent's sexuality into which you intervened or could have intervened.
- How did you react to this situation?
- What feelings did this situation bring up in you?





### To improve your intervention

### Examples of questions to ask yourself

Clarify your own attitudes, perceptions and opinions about the situation.

- What do you think about this situation? What feelings and emotions does this situation bring up in you?
- What are your fears or concerns related to your adolescent's well being in this situation?
- With what aspects of this situation do you agree or disagree? Feel comfortable or uncomfortable? Why?

Clarify the role you should play in this situation (sometimes there are more than one).

- What should your role be in this situation?
- Accompany or support your adolescent;
  - Answer a request for information;
  - Allow, refuse or reevaluate a privilege;
  - Correct inaccurate information;
  - Encourage a change in attitude;
  - Help your adolescent become more aware;
  - Set limits and establish points of reference;
  - Pass on or share your values;
  - Other.

Consult resources and shed light on your decision.

- What books, Internet sites or people could you consult to help you? (See Section 7 for examples).

Assess the best way to intervene.

- Given your values and beliefs as well as your child's personality and needs, what would be the best solution in this situation?
- Why? (Your adolescent will need to understand the reasons behind your intervention or decision).

Act.

At this stage, make sure you choose the right moment to intervene with your adolescent (See Section 2).

## In short

Talking about sexuality to adolescents contributes to their being better informed, fulfilled and able to make choices regarding sexuality. You do not need to have expert knowledge on the topic to succeed. The parents' role is to interact with their adolescents so that together, they can reflect on how their children want to live out their sexuality rather than to talk about more specialized knowledge concerning sexuality and sexual savoir-faire.

- Your son or daughter is now between the ages of 11 and 14. Do not rush things. Let your child savour the excitement of a first sexual attraction and share it with you. Try to be supportive and reassuring at this time of preadolescence, when questions like "Who am I?" and "Am I normal?" come up. Talk plainly about the positive aspects of sexuality. Help your child develop respect for his or her body, appreciate the fact of being a boy or a girl and be in touch with his or her feelings. Talk about STI and unplanned pregnancy. These initiatives will help you strengthen the feelings of trust that are necessary to support your child through the upcoming stages of psychosexual development.
- Your adolescent is between 15 and 17 years old. Maybe you have already talked about sexuality together. If not, it is not too late. Nothing prevents you from looking back and making up for lost time... and preparing for what is to come! You are witnessing a multitude of significant events in the emotional and sexual life of your adolescent. Continue to bring up sexuality beyond discussions about the genitals. Talk about the joys of emotional and sexual relationships and the stakes involved (connection, attraction, seduction, desire, pleasure...). Encourage discussion and critical reflection on how sexuality is portrayed in our society. Pay attention to your child's concerns regarding sexual acts. Talk about the importance and ways of preventing STI and pregnancy. Also, keep talking with your adolescent for the simple pleasure of sharing with him or her.

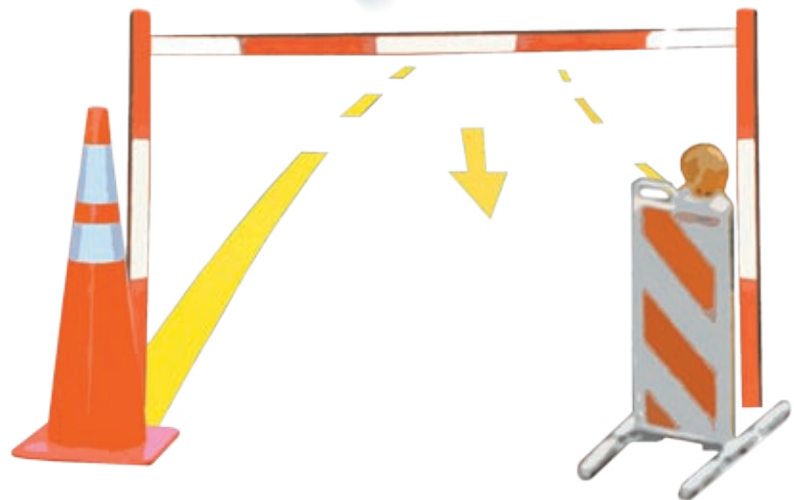


## 4 Avoiding slip-ups

**A** person's sexual life brings much happiness and pleasure. But problems and difficulties can also arise, such as sexually transmitted infections (STI) and unplanned pregnancies. Parents are well placed to prepare their adolescents for obstacles they may face when they are discovering and learning about their sexuality.

### Avoiding sexually transmitted infections and unplanned pregnancy

A person's first sexual relation is not a trivial matter. It is often exhilarating, sometimes a bit stressful. It is an event mixed with excitement and apprehension: there is the other person and the relationship one has with him or her, discovering someone else's body and having to deal with one's own, which is not always perfect, discovering desire and arousal... in addition to the need to protect oneself against sexually transmitted diseases (STI) and pregnancy. It is quite a challenge! But with STI rates increasing in Québec, especially rates of chlamydia among 15 to 24-year-olds<sup>48</sup>, and teen pregnancy rates that are not decreasing, it is vital to be aware of the importance of having protected sexual relations.



### INFORMATION

#### STI

STD, sexually transmitted diseases, have a new name. They are now called "STI", which stands for sexually transmitted infections. The term "disease" is often associated with the presence of symptoms experienced by the infected person. The term "infection" comprises both realities, that is, cases where a person who is infected has symptoms and cases where a person has no symptoms. Someone can be infected with an STI and spread it, even though they do not feel sick.



## Preventing sexually transmitted infections

STI can have serious consequences such as infertility and ectopic pregnancy (in the Fallopian tubes). Moreover, they increase the risk of developing uterine cancer and can facilitate transmission of human immunodeficiency virus (HIV), the virus that causes AIDS. These days, AIDS can be treated but unfortunately there is still no cure.

Some parents might think that saying they do not agree with sexual relations during adolescence could bring their adolescents to postpone being sexually active. But this approach does not appear to be very effective. Indeed, less than 2% of young Canadians questioned referred to parents' or friends' disapproval, or fear of HIV, other STI or pregnancy as reasons not to have sexual relations<sup>49</sup>. This does not mean that adolescents are heedless of the risks associated with poorly protected or unprotected sexual relations. Young people live with a certain fear of contracting HIV or another STI. However, adolescents have little knowledge of the risks and consequences associated with some STI. Almost 70% of sexually active youth do not know that STI can be transmitted through oral-genital contact<sup>50</sup>, while about 80% have never heard about the virus that causes condylomas (genital warts), one of the most common STI. In addition, young people feel less vulnerable to HIV today than in the past. Compared with youth interviewed in 1989, those questioned in 2002 knew less about how HIV is transmitted<sup>51</sup>.



## CONSIDERATIONS



- What is your perception of sexually transmitted infections, or STI?
- How would you react if you found out your adolescent has had poorly protected or unprotected sex and may have an STI?
- How would you react if you found out your adolescent girl is pregnant? How about your son's girlfriend?

Although some STI can seem less serious than HIV/AIDS, it is important to know that being a carrier of an STI makes the body more vulnerable to other STI, including HIV. STI include parasites (crabs and scabies), bacteria (such as chlamydia, gonorrhoea and syphilis) and viruses (such as human papilloma virus (HPV), which can cause condylomas, herpes, hepatitis B and HIV). They are described in more detail in Section 6.

It is important to remember that when treated, infections caused by parasites and bacteria can be cured and, if treated early, complications can be avoided. On the other hand, treatments for HIV and other viruses such as herpes can only relieve symptoms or prevent certain complications. There are preventive vaccines but only for hepatitis B and certain types of human papilloma virus. Therefore, to reduce the risk of contracting an infection, condom use should be seriously considered<sup>52</sup>. A person who has engaged in risky behaviour should undergo screening tests.

## Preventing unplanned pregnancy

Prevention of teen pregnancy presents an unusual problem: it is not about preventing a health problem, as is the case with STI. The birth of a child is, in and of itself, an extraordinary human experience. But teen pregnancy stirs up mixed opinions among parents, health professionals and adolescents themselves. For some people, it is a condition to avoid. Indeed, being an adolescent and becoming a parent are stages in life that can be difficult to go through simultaneously; the former is characterised by a need for independence while the latter creates a feeling of responsibility toward the child<sup>53</sup>. Other people think that with the support of family and friends, teen pregnancy can be a positive experience. However, we know that adolescents who decide to continue their pregnancies and become mothers are at higher risk of dropping out of school, living in precarious economic conditions and becoming single parents<sup>54</sup>. Children of these young parents run more risks of having behavioural problems and developmental retardation<sup>55</sup>.

In Québec, out of a thousand 15- to 19-year-old girls, 34 become pregnant<sup>56</sup>. Among them, about two-thirds choose to terminate the pregnancy. Fertility can be a very abstract notion, especially during adolescence. Some girls do not always use their chosen method of contraception consistently for a variety of reasons (forget to take the pill, have a fear of adverse effects, or a conscious or subconscious wish to get pregnant, etc.). However, to avoid unplanned pregnancies, not only must an effective method be chosen but it must also be used regularly and according to the instructions provided by health professionals. In addition, it is essential to discuss contraception with a partner before engaging in sexual contacts since the consequences of poorly or unprotected sex concerns both people.

If an adolescent has poorly protected or unprotected sexual relations, it is recommended that she takes an emergency contraceptive pill as soon as possible. The emergency contraceptive pill prevents pregnancy and does not cause induced abortion. It is not effective if a girl is already pregnant.



## INFORMATION

### When should you use the emergency contraceptive pill?

- if the condom broke;
- if you missed two or more birth control pills in a row;
- if you were late for your contraceptive injection or with your contraceptive patch;
- if no contraceptive method was used.

### The sooner it is taken, the more effective it is.

It is very effective if it is taken within 24 hours after having unprotected or poorly protected sex. But it can be taken up to 5 days after.

### Where can you get it?

Emergency contraceptive pills are available in CLSCs, youth clinics and from school nurses; they are also available without prescription from pharmacists. The cost of the pill is reimbursed by Québec's drug insurance programme and by most private insurance companies.



## Prevention tools

The prevention of STI and unplanned pregnancies among young people depends on utilisation of appropriate protection and contraceptive methods. Protection methods (male and female condom) act as barriers against STI, while contraceptive methods (oral contraceptive, intrauterine device, contraceptive patch, etc.) are only designed to prevent pregnancy. Protection methods can also prevent pregnancy. It is important to choose methods that have been proven to be effective and correspond to one's needs, and to use them correctly. Since contraceptive methods do not protect against STI, combined use of condoms and hormonal contraceptive is preferable for adolescents. This combination suggests that boys and girls share responsibility, and prevents both STI and pregnancy. An intrauterine device is an interesting option for young women who are relatively sure of not contracting an STI (for example, those who are in a stable relationship with one partner).



It has been shown that a greater proportion of 16-year-olds whose parents have discussed sexuality with them use pregnancy prevention methods than adolescents whose parents have only talked with them a bit or not at all<sup>57</sup>.

## The essential condom

Many parents ask themselves if they should give their adolescents condoms or let them buy them on their own. This decision depends on your values and how comfortable you are with these situations. It is important, however, to take the time to talk about protection against STI and pregnancy prevention while stressing the importance of using condoms. Having unplanned sexual relations was the main reason given by secondary III students who did not use condoms<sup>58</sup>. Since sexual relations do not always occur in circumstances that have been planned, it is better to always have condoms readily available.

Lack of self-esteem and self-confidence<sup>59</sup>, and alcohol and drug consumption are other factors that can increase the risk of having poorly protected or unprotected sex<sup>60</sup>. Moreover, being under the influence of alcohol can cause some young people to have sexual contacts they did not really want. Therefore, the idea should be reinforced of exploring sexuality in a context where they feel they are aware of their desires and needs and where they are able to protect themselves and their partner.

The proportion of young Quebecers who protect themselves when they have their first sexual relation is increasing<sup>61</sup>. This is an important point because young people who use a condom during the first sexual relation are more likely to continue using it. Consequently, it is better to instil early the reflex to protect oneself against STI and prevent pregnancy. Young people who say they use condoms do so for 7 out of 10 sexual relations, on average<sup>62</sup>. The proportion of youth who use both birth-control pills and condoms is increasing. Sexuality education that stresses the importance of having protected sexual relations is bearing fruit.



## INFORMATION

### Being an adolescent and having an STI

Many young people say they would be too embarrassed to consult a professional if they had an STI<sup>63</sup>. If you have opened a dialogue with your adolescent about sex, he or she will probably seek your help in case of trouble. Of course, it is tough to learn that your adolescent has contracted an STI; but it is not easy for your child to confide in you either. Above all the emotions that you may feel, remember that your adolescent has confided in you because he or she wants your help. Your child may be feeling shame, regret, sadness or anger<sup>64</sup>. Try to be reassuring and see to it that he or she gets a reliable diagnosis and appropriate treatment. Your child's sex partner or partners should also be notified so they can get treated. Once these steps have been taken, you should then discuss the issue of condom use with your adolescent to prevent this situation from occurring again.

### Being an adolescent and becoming a parent

It is also true that in cases of unplanned pregnancy, adolescents hesitate to ask for help out of fear of being judged<sup>65</sup>. However, getting help early means having access to more options in addition to having more time to think clearly about the outcome of the pregnancy. Becoming a parent during adolescence presents many challenges: besides dealing with realities associated with adolescence, the young person also has to come to terms with having adult responsibilities and obligations<sup>66</sup>. As a parent yourself, you risk feeling various, even contradictory, emotions when you learn that your adolescent daughter or your son's girlfriend is pregnant. Indeed, should your child choose to become a parent, this decision will have repercussions on your own life<sup>67</sup>. In this context, it is a good idea to ask for support from resource persons who can provide assistance to adolescents: they can talk to them about the realities of becoming parents and support them in the choices they are making. They can also support you and provide information that you will need.

Adolescents over the age of 14 can consult a health professional without their parents being advised.

If this wasn't the case, young people could be reluctant to visit a health care professional. The goal of this measure is to encourage young people to use health services, particularly for emergency oral contraception or sexually transmitted infections screening.

### In short

Before your adolescent becomes sexually active, you can tell him or her about the body's reproductive powers and the related responsibilities and consequences. You can help your children perceive this responsibility as something positive that enables them to have control over their lives and to be thriving as they move into adulthood.



# 5 Overview of contraception



**W**hat contraceptive methods are best adapted to adolescents? How can they be obtained? This section groups together contraceptive methods to help you gain a clearer understanding of the contraceptives that are best suited to adolescents. When used correctly, all these methods to prevent pregnancy are effective. Choice of method depends on the young person who will be using it. There are contraindications, benefits, inconveniences and possible complications associated with each method, and they should be considered before making a choice. It is important to talk it over with a health professional (doctor or nurse) before choosing a method; you can also visit the Internet sites listed on p. 38.

## Barrier methods\*

Type of method	Accessibility	A few details
<p><b>Male condoms</b></p> <p>Latex contraceptive that is rolled on to the erect penis before sexual contact.</p>	<ul style="list-style-type: none"> <li>• In pharmacies.</li> <li>• From school nurses or the CLSC youth clinic.</li> <li>• From some youth workers.</li> <li>• From parents.</li> </ul>	<p><b>Male condoms provide excellent protection against most STI.</b></p> <p><b>The condom should be put on at the beginning of foreplay.**</b></p> <p>Most condoms are made of latex but some are made of polyurethane and can be used by people who are allergic to latex.</p>
<p><b>Female condom</b></p> <p>Polyurethane contraceptive in the shape of a small narrow bag that is inserted in the vagina before sexual contact.</p>	<ul style="list-style-type: none"> <li>• In pharmacies.</li> </ul>	<p><b>This condom is more complex to use than the male condom and is more expensive.</b></p> <p><b>It is an interesting option for people who are uncomfortable with male condoms.</b></p> <p>For people who are allergic to latex, this type of condom is more accessible than polyurethane male condoms.</p>

\* Barrier methods prevent sperm from coming into contact with the ovum.

\*\* You can get information on how to use condoms correctly from the [jcapote.com](http://jcapote.com) Web site (in French) or the brochure *Play it safe!* published by the ministère de la Santé et des Services sociaux.

## Hormonal methods\*

Type of method	Accessibility	A few details
<b>Birth-control pill:</b> Oestrogen and progesterone pill taken orally every day.	<ul style="list-style-type: none"> <li>From a doctor</li> <li>From a nurse**</li> </ul>	Pill has to be taken every day at the same time (21 or 28 day cycle).  There is also an oral contraceptive that contains progesterone only and that can be an interesting option for some adolescent girls.
<b>Contraceptive patch (Evra®):</b> Patch that is placed on the skin and that releases oestrogens and progesterone for seven days.	<ul style="list-style-type: none"> <li>From a doctor</li> <li>From a nurse**</li> </ul>	The patch must be replaced every week; it is used for three weeks and removed the fourth week. Works like the pill.  Interesting method for young women who tend to forget to take a pill daily.
<b>Vaginal ring (Nuvaring®):</b> Flexible ring that is inserted in the vagina and that releases oestrogen and progesterone for three weeks.	<ul style="list-style-type: none"> <li>From a doctor</li> <li>From a nurse**</li> </ul>	The ring is kept in place for three weeks, taken out for one week and then replaced with a new ring. Works like the pill.  Discreet and interesting method for young women who tend to forget to take a pill daily.
<b>Contraceptive injection (Depo-provera®):</b> Progesterone contraceptive injected in the arm or buttocks.	<ul style="list-style-type: none"> <li>From a doctor</li> <li>From a nurse**</li> </ul>	Injection every three months. Periods stop after a year in half of users, and after two years in two-thirds of users.  Contraceptive that can be an interesting option for some adolescents.
<b>Emergency contraceptive pill:</b> Previously called morning-after pill, this oral contraceptive has to be taken within 5 days after unprotected sex or contraceptive failure.	<ul style="list-style-type: none"> <li>From a pharmacist, without prescription</li> <li>From a doctor</li> <li>From a nurse**</li> </ul>	The sooner it is taken after having sex, the more effective it is.  This is not a regular birth control method.  Emergency contraceptive pills can be obtained beforehand, just in case.

## Intrauterine methods\*\*\*

<b>Cooper Intra Uterine Device****</b> T-shaped device, wrapped in copper wire, that is inserted into the uterus.	<ul style="list-style-type: none"> <li>In pharmacies, with a prescription</li> <li>Has to be inserted and removed by a doctor</li> </ul>	Contraceptive method that may interest young women because it remains in place for five years. It does not require day-to-day compliance.
<b>Intra Uterine Device Mirena®****</b> T-shaped device that is inserted into the uterus and that releases progesterone.	<ul style="list-style-type: none"> <li>In pharmacies, with a prescription</li> <li>Has to be inserted and removed by a doctor</li> </ul>	Contraceptive method that may interest young women because it remains in place for five years. It does not require day-to-day compliance.  After a year, 20% to 30% of women will no longer have periods.

\* These methods are efficient to avoid pregnancy but do not protect against sexually transmitted infections. They are all reimbursed by Québec's public prescription drug insurance plan and by most private insurance companies.

\*\* Some nurses, especially those who work in CLSC, youth clinics or schools, can initiate hormonal contraception in healthy young women, for a period of six months.

\*\*\* Intrauterine methods protect against pregnancy but not against STI.

\*\*\*\* Only some private insurance companies cover copper IUDs; Mirena® IUDs are reimbursed by Québec's public prescription drug insurance plan and by most private insurance companies.

# 6 Sexually transmitted infections

**A**mong sexually transmitted infections (STI), formerly called STD (for sexually transmitted diseases), some can be cured easily and some less so, some cause symptoms and some do not... It is difficult to make sense of all this information! Here are some details to help you clarify your understanding of the modes of transmission and symptoms of STI and their treatments.

## Viruses: infections that can be treated but not always cured

Modes of transmission	Symptoms	Treatment	Additional information
<p><b>HIV</b> (human immunodeficiency virus):</p> <ul style="list-style-type: none"> <li>• contact between the genitals or a wound and the blood, sperm or vaginal secretions of a person who is a carrier of the virus;</li> <li>• blood-to-blood contact;</li> <li>• transmission from a mother to her infant during pregnancy and childbirth.</li> </ul>	<p>A person can have the infection for many years, even without symptoms.</p> <p>First probable symptoms (when there are some):</p> <ul style="list-style-type: none"> <li>• heavy sweating during the night;</li> <li>• extreme fatigue;</li> <li>• significant weight loss;</li> <li>• swollen lymph glands in the neck, armpits or groin;</li> <li>• diarrhoea, fever or persistent cough.</li> </ul> <p>More serious manifestations follow, such as pneumonia, some types of cancers, etc.</p>	<p>Antiretroviral therapy combines medications taken on a daily basis; these drugs slow down virus evolution but do not eliminate it completely. To be effective, treatment cannot be interrupted.</p> <p>There is no cure for HIV infection or AIDS, nor is there a vaccine to protect against this disease.</p>	<p>HIV infection cannot be cured. It can cause AIDS (acquired immune deficiency syndrome) and eventually lead to death.</p>
<p><b>Hepatitis B:</b></p> <ul style="list-style-type: none"> <li>• through contact between the genitals or a wound and the blood, sperm, or vaginal secretions of an infected person;</li> <li>• blood-to-blood contact;</li> <li>• transmission from a mother to her infant during pregnancy and childbirth.</li> </ul>	<p>Possible symptoms (some people have no symptoms):</p> <ul style="list-style-type: none"> <li>• fatigue;</li> <li>• fever;</li> <li>• abdominal pain;</li> <li>• loss of appetite;</li> <li>• occasionally: nausea, vomiting, jaundice.</li> </ul>	<p>A person is cured only if the virus spontaneously disappears on its own. If it does not, the infection can be chronic.</p> <p>Hepatitis B can be treated with drugs.</p> <p>A person needs medical follow-up, rest and a good diet. Also avoiding drugs and alcohol can prevent exacerbation of liver disease.</p>	<p>Some people continue to carry the virus and can spread it.</p> <p>In Québec, hepatitis B vaccine is offered to all grade 4 primary school students.</p>



## Viruses: infections that can be treated but not always cured (continued)

Modes of transmission	Symptoms	Treatment	Additional information
<p><b>Genital herpes:</b></p> <ul style="list-style-type: none"> <li>through sexual contact (with or without penetration) with an infected person;</li> <li>in some cases, transmission from a mother to her infant during pregnancy and childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>When visible, painful water blisters on genitals and the anus (sometimes in the vagina).</li> <li>Burning sensation when urinating.</li> <li>Vaginal discharge.</li> <li>Sometimes, abnormal discharge from the penis.</li> <li>Fever, headaches, aches and pains.</li> </ul>	<ul style="list-style-type: none"> <li>Currently, there is no effective cure for this infection.</li> <li>Outbreaks can occur periodically.</li> <li>Some medications can relieve symptoms and reduce the frequency and duration of recurrent episodes. Sexual relations should be avoided for the entire duration of an episode.</li> </ul>	<ul style="list-style-type: none"> <li>There are 2 types of herpes: 1 and 2.               <ul style="list-style-type: none"> <li>Herpes type 1, commonly called “cold sores”, are more often found on the mouth.</li> <li>Herpes type 2 is usually found on the genitals.</li> </ul> </li> <li>However, both types of herpes can be transmitted to the genitals or mouth.</li> <li>Transmission can occur even in the absence of visible lesions.</li> </ul>
<p><b>Human papilloma virus:</b></p> <ul style="list-style-type: none"> <li>through sexual contact (with or without penetration) with an infected person.</li> </ul>	<p><b>Condylomas:</b></p> <ul style="list-style-type: none"> <li>When visible, small wart-like bumps on the genitals, anus and, less often, in the mouth. Occasional irritation and itching.</li> </ul>	<p><b>Condylomas:</b></p> <ul style="list-style-type: none"> <li>See a doctor who will use treatment appropriate to severity (liquid nitrogen, surgery, etc.). In most cases, lesions disappear spontaneously after several months.</li> </ul>	<p>There is a vaccine to protect against condylomas and precancerous uterine, vulva and vaginal lesions associated with certain types of human papilloma virus. This vaccine doesn't protect against all HPV.</p>
<p>2 types of manifestations, caused by different types of virus.</p>	<p><b>Infection of the uterus:</b></p> <ul style="list-style-type: none"> <li>Usually no symptoms, but presence of lesions not visible to the eye but that can be detected with cervical cytology (PAP test).</li> </ul>	<p><b>Infection of the uterus:</b></p> <ul style="list-style-type: none"> <li>In most women, the infection lasts only a short time.</li> <li>In some women, it can become chronic and cause precancerous lesions of the cervix. Treatment varies according to severity of lesions.</li> </ul>	



## Bacteria: infections that can be treated

Modes of transmission	Symptoms	Treatment	Additional information	
<p><b>Chlamydia</b></p> <ul style="list-style-type: none"> <li>genital or anal contact with an infected person.</li> <li>transmission from a mother to her infant during childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>Often none.</li> <li>Occasionally: vaginal discharge, abnormal discharge from the penis, pain at urination, lower abdominal pain, pain during sexual intercourse.</li> </ul>	<p>Antibiotics taken until the prescription is finished, even if symptoms have disappeared.</p>	<p>If untreated, the bacteria can cause infertility, ectopic pregnancy in the Fallopian tubes and chronic lower abdominal pain.</p> <p>Gonorrhoea can also affect the throat or anus.</p>	
<p><b>Gonorrhoea</b></p> <ul style="list-style-type: none"> <li>oral/genital/anal contact with an infected person.</li> <li>transmission from a mother to her infant during childbirth.</li> </ul>				<p><b>Syphilis</b></p> <ul style="list-style-type: none"> <li>oral/genital/anal contact with an infected person;</li> <li>blood-to-blood contact with an infected person.</li> <li>transmission from a mother to her infant during childbirth.</li> </ul>
<p><b>Syphilis</b></p> <ul style="list-style-type: none"> <li>oral/genital/anal contact with an infected person;</li> <li>blood-to-blood contact with an infected person.</li> <li>transmission from a mother to her infant during childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup> stage: painless ulcer in the mouth, throat, genitals or anus.</li> <li>2<sup>nd</sup> stage: fever, flu-like syndrome, skin rash, swollen glands.</li> <li>3<sup>rd</sup> stage: severe neurological or cardiac disorders.</li> </ul>	<p>Antibiotics taken until the prescription is finished, even if symptoms have disappeared.</p>	<p>1<sup>st</sup> and 2<sup>nd</sup> stage symptoms disappear on their own without treatment but the bacteria is still active in the body.</p>	

## Parasites: company you can get rid of

Modes of transmission	Symptoms	Treatment	Additional information
<p><b>Crab lice:</b></p> <ul style="list-style-type: none"> <li>intimate contact with an infested person;</li> <li>skin-to-skin contact or contact with contaminated clothing or bedding.</li> </ul>	Itching and skin irritation especially in the pubic area.	Medicated lotions, creams and shampoos.	Clothing and bedding must be washed in very hot water or dry cleaned.
<p><b>Scabies:</b></p> <ul style="list-style-type: none"> <li>intimate contact with an infested person;</li> <li>close contact (family members).</li> </ul>	Itching and skin irritation especially in the pubic area particularly at night.	Medicated lotions, creams and shampoos.	Clothing and bedding must be washed in very hot water or dry cleaned.



# 7 Resources

**H**ere is a list of resources that can support you in your role as sex educator.

## Books for young people

HARRIS, Robie H. (2005). *Let's Talk About Sex!*, London, Walker Books, 89 p.

ROBERT, Jocelyne (2002). *Full sexuel: la vie amoureuse des adolescents*, Montréal, Éditions de l'Homme, 183 p.

## Books for parents

BEAUCHAMP, Denis; Dominique RENAUD; Colette THIBODEAU (1999). *With Dads around, Kids are sound, Father's manual*, Montréal, Éditions de l'Hôpital Sainte-Justine, 216 p.

[chu-sainte-justine.org/applications/editions](http://chu-sainte-justine.org/applications/editions)

BEAULIEU, Danie (1999). *Une centaine de trucs simples pour améliorer les relations avec votre adolescent*, 2<sup>nd</sup> edition, Québec, Académie Impact, 40 p.

BEAULIEU, Danie (2004). *52 cartes pour développer vos stratégies parentales*, Québec, Académie Impact.

BOISVERT, Céline (2003). *Parents d'ados: de la tolérance nécessaire à la nécessité d'intervenir*, Montréal, Éditions de l'Hôpital Sainte-Justine, 206 p.

[chu-sainte-justine.org/applications/editions](http://chu-sainte-justine.org/applications/editions)

DELAGRAVE, Michel (1999). *Les ados, mode d'emploi*, Beauport, MNH, 108 p.

DUCLOS, Germain, (2001). *Self-Esteem: A Passport For Life*, Montréal, Éditions de l'Hôpital Sainte-Justine, 110 p.

[chu-sainte-justine.org/applications/editions/](http://chu-sainte-justine.org/applications/editions/)

GOUVERNEMENT DU QUÉBEC (2003). *Sex Education in the Context of Education Reform*, Québec, ministère de l'Éducation, ministère de la Santé et des Services sociaux, 56 p.

ROBERT, Jocelyne (1999). *Parlez-leur d'amour... et de sexualité*, Montréal, Éditions de l'Homme, 185 p.

SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA (2006), *Sex Sense*, 2<sup>nd</sup> Edition.

[sogc.org/sexsense](http://sogc.org/sexsense)

## People and groups to contact

- LigneParents, help line for parents: 1 800 361-5085
- Gay Line, telephone help line: 1 888 505-1010
- Info Santé service of your health and social services centres (CSSS)
- S.O.S. Grossesse in Québec: 418 682-6222 or toll free: 1 877 662-9666. Web site: [sosgrossesse.ca](http://sosgrossesse.ca)
- S.O.S. Grossesse in the Eastern Townships: 819 822-1181 or toll free: 1 877 822-1181
- Grossesse-secours in Montréal: 514 271-0554



## Free brochures:

- *HIV is still around*
- *STD – Be aware and beware*
- *Play it safe!*
- *Safer sex for young gay and bisexual men*
- *Tips for smart love*
- *Tattoos and piercing... Protecting yourself from AIDS, hepatitis B and hepatitis C.*

You can obtain these brochures from CLSCs at health and social services centres (CSSS), AIDS community groups and your regional public health department. You can access them on the Web at [msss.gouv.qc.ca/itss](http://msss.gouv.qc.ca/itss) (Documentation section).

For more information on STI and screening services, contact the CLSC at your health and social services centre.

## Videos

SFRISO, Lisa (2005). *Les années papillon*. Video, 18 minutes 47 seconds, Vidéofemmes, Québec. ([videofemmes.org](http://videofemmes.org)). (in French only)

*The story of Jacynthe, Angela, Carole-Anne, Dylan, Ali and Bastien. Six teenage girls experience the emotions of their first love: boy-girl relationships, friendship, the feeling of having butterflies in your stomach the first time you fall in love, changing bodies, and sexuality. Why is it so complicated? Les années papillon is about the years of questions and discoveries, metamorphoses and changes in others and in ourselves.*



LEVIN, Mark (2005). *Little Manhattan*. Twentieth-Century Fox. United States. Romantic comedy, 1 hour 30 minutes.

*Gabe is an 11-year-old who loves playing basketball with his friends and hanging around his New York neighbourhood. He has no interest in girls until he meets Rosemary in his karate classes. Gabe is fascinated, even though he does not understand his feelings, which are both passionate and perturbing... When Rosemary tells him that she will soon be going off to summer camp and, even worse, that she will be going to another school in the fall, Gabe is devastated. Never in his young life has he had to deal with such an important issue: he has to do everything he can to hold on to his first love...*

*Sexual Responsibility* (2002) Teen Files series. [canlearn.com/catlogfr](http://canlearn.com/catlogfr)

*A Girl's Guide to Growing Up*, [marshmedia.com](http://marshmedia.com)

*A Girl's Guide to Puberty and Personal Safety*, [marshmedia.com](http://marshmedia.com)

*A Boy's Guide to Growing Up*, [marshmedia.com](http://marshmedia.com)

*A Boy's Guide to Puberty and Personal Safety*, [marshmedia.com](http://marshmedia.com)



### **sexpressions.ca**

Sexpression offers sexuality education for youth across Canada.

### **unites.uqam.ca/dsexo** (in French only)

This site was developed by a group of professors from the Department of Sexology at Université du Québec à Montréal. You will find ample information on sexuality published by sexologists who answer questions asked by people surfing the Internet. You can send them your own questions.

### **jparle.com** (in French only)

This site, produced by the ministère de la Santé et des Services sociaux, is devoted to parent-adolescent communication. You will find concrete, colourful tips on how to create and sustain a healthy and enriching dialogue. It is a favourite site of many surfers and a must-see.

### **youngandhealthy.ca**

Produced by the Canadian Association for Adolescent Health, this site is mostly geared towards young people. It contains an abundance of information on sexuality, love, contraception, STI, and pregnancy. Young people can ask questions about sexuality, answer quizzes to test their knowledge, or try out different creative activities. There is also a short section on communication intended for parents.

### **education-medias.ca**

This site is dedicated to media education and contains a section for parents. You will find information on a variety of media and current media issues. If you enter the word “sexuality” in the search engine you will access a number of texts on how sexuality is represented in music videos, representations of male/female relationships in the media, depictions of masculinity in male magazines, sexist song lyrics, etc.





## Web sites (continued)

### hc-sc.gc.ca/index\_f.html

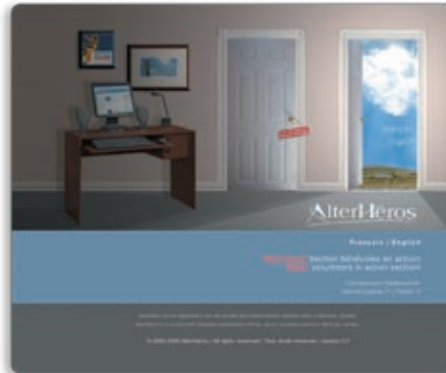
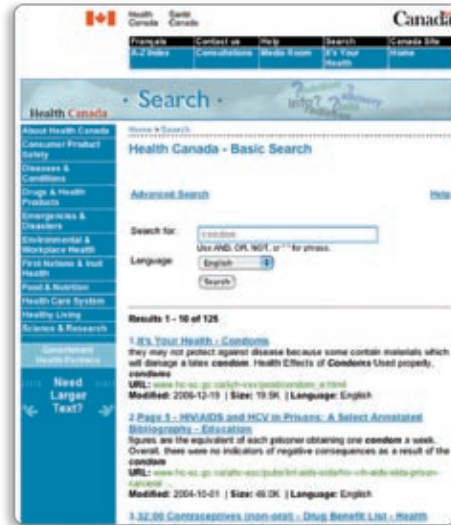
Health Canada site, the department that approves and posts warnings about medications sold in Canada. By entering the name of the medication or contraceptive in the “Search for” box, you can read the warnings and be better able to choose your contraceptive method.

### Alterheros.com

Site to help you understand the realities of gay people. It includes sections for parents and family, youth, and teachers and youth workers.

### cfsh.ca

Produced by the Canadian Federation for Sexual Health, the site is dedicated to promoting sexual and reproductive health and rights in Canada and internationally. There are sections for youth, parents and professionals working in health and social services.



# References

- 1 MINISTÈRE DE L'ÉDUCATION DU QUÉBEC (1985). *Personal and Social Education. Secondary School Curriculum*, Québec, ministère de l'Éducation du Québec, 359 p.
- 2 Sylvain RAMSAY (2005). "Embracing other cultures: Sex education for a multicultural clientele", *Sexpressions*, a production of the ministère de la Santé et des Services sociaux du Québec, winter 2006, 12 p., [Online]. [msss.gouv.qc.ca/itss]
- 3 Pierre TAP and Nathalie OUBRAYRIE-ROUSSEL (2001). "Dynamique transactionnelle et relations de pouvoir entre adolescents et parents (analyse critique de l'empowerment)", in E. Palacio-Quintin, J.M. Bouchard and B. Terisse, eds, *Questions d'éducation familiale*, Outremont, Les Éditions Logiques, p. 27-52.
- 4 Céline BOISVERT (2003). *Parents d'ados : de la tolérance nécessaire à la nécessité d'intervenir*, Montréal, Éditions de l'Hôpital Sainte-Justine, 206 p.
- 5 BELLEROSE et al. (2002). "Interaction parent-enfant", in Institut de la statistique du Québec, *Enquête sociale et de santé auprès des enfants et des adolescents québécois 1999*, Québec, Les Publications du Québec, p. 155-169.
- 6 *Ibid.*
- 7 Pierre TAP and Nathalie OUBRAYRIE-ROUSSEL, *op. cit.*
- 8 *Ibid.*
- 9 *Ibid.*
- 10 Céline BOISVERT, *op. cit.*
- 11 Mylène FERNET, Monique IMBLEAU and François PILOTE (2002). "Sexualité et mesures préventives contre les MTS et la grossesse", in Institut de la statistique du Québec, *Enquête sociale et de santé auprès des enfants et des adolescents québécois 1999*, Québec, Les Publications du Québec, "La santé et le bien-être", p. 274-291.
- 12 *Ibid.*
- 13 Céline BOISVERT, *op. cit.*
- 14 Mylène FERNET, Monique IMBLEAU and François PILOTE, *op. cit.*
- 15 Hughes LAGRANGE and Brigitte LHOMOND (1997). *L'entrée dans la sexualité. Le comportement des jeunes dans le contexte du sida*, Paris, La Découverte, coll. "Recherches", 431 p.
- 16 Christine LACROIX and Richard CLOUTIER (2006). "Sexual health: Protect it!", *Sexpressions*, a production of the ministère de la Santé et des Services sociaux du Québec, winter 2006, 24 p., [Online]. [msss.gouv.qc.ca/itss]
- 17 Hughes LAGRANGE (1997). "Puberté et masturbation", in Hughes Lagrange and Brigitte Lhomond, *L'entrée dans la sexualité. Le comportement des jeunes dans le contexte du sida*, Paris, La Découverte, coll. "Recherches", p. 59-80.
- 18 William BOYCE, Marianne DOHERTY, Christian FORTIN et al. (2003). *Canadian Youth, Sexual Health and HIV/AIDS Study. Factors influencing knowledge, attitudes and behaviours*, Ottawa, Council of Ministers of Education, Canada, Canadian Strategy on HIV/AIDS, 150 p.
- 19 *Ibid.*; Hugues LAGRANGE, *op. cit.*
- 20 Mylène FERNET, Monique IMBLEAU and François PILOTE, *op. cit.*
- 21 MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2001). *Pour une nouvelle vision de l'homosexualité*, Québec, ministère de la Santé et des Services sociaux, 203 p.
- 22 William BOYCE et al., *op. cit.*
- 23 CANADIAN ASSOCIATION FOR ADOLESCENT HEALTH (2006). *Survey of Canadian Teens and Mothers*, [Online]. [youngandhealthy.ca]
- 24 Mylène FERNET, Monique IMBLEAU and François PILOTE, *op. cit.*
- 25 C. BELLEROSE et al., *op. cit.*
- 26 William POLLACK (1998). *Real boys: Rescuing our sons from the myths of boyhood*, New York, Random House, 447 p.
- 27 CANADIAN ASSOCIATION FOR ADOLESCENT HEALTH, *op. cit.*
- 28 *Ibid.*
- 29 Jacques SALOMÉ and Sylvie GALLAND (1990). *Si je m'écoutais, je m'entendrais*, Montréal, Éditions de l'Homme, 327 p.
- 30 William POLLACK, *op. cit.*
- 31 *Ibid.*
- 32 Colleen DILORIO et al. (1999). "Communication about sexual issues: mothers, fathers and friends". *Journal of Adolescent Health*, vol. 24, no. 3, p. 181-189.
- 33 A.M. TEITELMAN (2004). "Adolescent girls' perspectives of family interactions related to menarche and sexual health", *Qualitative Health Research*, vol. 14, no. 9, November, p. 1292-1308.
- 34 William POLLACK, *op. cit.*
- 35 THOMPSON (1990), cited in Geneviève Boudreault (2002). *La communication entre parents et adolescents en matière de sexualité*, master's thesis in psychology, Sainte-Foy, Université Laval, 57 p.
- 36 Pierre TAP and Nathalie OUBRAYRIE-ROUSSEL, *op. cit.*
- 37 Mylène FERNET, Monique IMBLEAU and François PILOTE, *op. cit.*
- 38 CROP (2006). Attitudes et comportements de jeunes de secondaire 4 et 5 en matière de protection contre les ITS.



- 39 Impact recherche (2002). *Perception des parents de jeunes de 11 à 17 ans à propos de 6 thématiques : MTS et sida, détresse, agressions sexuelles, jeu excessif, tabac et toxicomanie*, prepared for the ministère de la Santé et des Services sociaux du Québec, 164 p.
- 40 Geneviève BOUDREAU, *op. cit.*
- 41 Léger Marketing (2006). *Report card on contraception 2006: executive summary*, survey conducted for Wyeth pharmaceuticals [Online]. [legermarketing.com/documents/SPCLM/060424ENG/pdf]
- 42 Colleen DILORIO et al., *op. cit.*
- 43 Geneviève BOUDREAU, *op. cit.*
- 44 *Ibid.*
- 45 Inspired by William POLLACK, *op. cit.*
- 46 Geneviève BOUDREAU, *op. cit.*
- 47 Colleen DILORIO et al., *op. cit.*
- 48 Christine LACROIX and Richard CLOUTIER, *op. cit.*
- 49 William BOYCE, Marianne DOHERTY, Christian FORTIN et al., *op. cit.*
- 50 CANADIAN ASSOCIATION FOR ADOLESCENT HEALTH, *op. cit.*
- 51 Christine LACROIX and Richard CLOUTIER, *op. cit.*
- 52 Mylène FERNET, Monique IMBLEAU and François PILOTE, *op. cit.*
- 53 Anne-Marie BÉRARD (2007). "Wanting or having a child during adolescence: Gaining a better understanding of what it means and of the issues involved". *The SexEducator*, no. 8, Québec, publication of the ministère de la Santé et des Services sociaux du Québec, [Online]. [msss.gouv.qc.ca]
- 54 C. GOSSELIN et al. (2003). "La grossesse à l'adolescence : Conséquences de la parentalité, prévalence, caractéristiques associées à la maternité et programmes de prévention en milieu scolaire", in Frank Vitaro and Claude Gagnon, eds., *Prévention des problèmes d'adaptation chez les enfants et les adolescents*, Tome II. *Les problèmes externalisés*, Sainte-Foy, Presses de l'Université du Québec, p. 461-492.
- 55 MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2004). *Les services intégrés en périnatalité et pour la petite enfance à l'intention des familles vivant en contexte de vulnérabilité*, Québec, ministère de la Santé et des Services sociaux, [Online]. [http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2004/04-836-02W.pdf], 79 p.
- 56 MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX (2007). Direction des études et analyses, based on the RAMQ'S fee-for service file and data from CLSC and institutions where abortions are provided as non-fee-for-service care.
- 57 Mylène FERNET, Monique IMBLEAU and François PILOTE, *op. cit.*
- 58 William BOYCE, Marianne DOHERTY, Christian FORTIN et al., *op. cit.*
- 59 Josée BLAIS (2005). "Teenage pregnancy: an ongoing phenomenon!" *Sexpressions*, a publication of the ministère de la Santé et des Services sociaux du Québec, 8 p. [Online]. [msss.gouv.qc.ca/its]
- 60 *Ibid.*
- 61 OTIS, in Fernet et al., *op. cit.*
- 62 Christine LACROIX and Richard CLOUTIER, *op. cit.*
- 63 William BOYCE, Marianne DOHERTY, Christian FORTIN et al., *op. cit.*
- 64 Christine LACROIX and Richard CLOUTIER, *op. cit.*
- 65 Julie POISSANT (2002), cited in Anne-Marie Bérard, *op. cit.* *Le discours des adolescentes mères sur les changements, les ressources mobilisées et leur adaptation durant la maternité*, doctoral thesis in psychology, Montréal, Université du Québec à Montréal, 121 p.
- 66 Anne-Marie BÉRARD, *op. cit.*
- 67 *Ibid.*







[www.msss.gouv.qc.ca/itss](http://www.msss.gouv.qc.ca/itss)

**Santé  
et Services sociaux**  
**Québec** 

08-307-01A