




Relationships and Sexuality Education Year 2

Designed to support the Junior Cycle
SPHE short course (2023)

Activities to
support the
teaching of the
updated Junior
Cycle SPHE
Curriculum 2023



An Roinn Oideachais
Department of Education

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This unit of learning was developed by HSE Health and Wellbeing (the Sexual Health and Crisis Pregnancy Programme and the Education Programme) and is supported by the Department of Education and the National Council for Curriculum and Assessment.

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Oide

Unwrapping Brilliance

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Introduction

The aim of the SPHE as set out in the NCCA SPHE specification for Junior Cycle is to:

“build students’ self-awareness and positive self-worth; to develop the knowledge, understanding, skills, dispositions and values that will enable them to lead fulfilling and healthy lives: empower them to create, nurture and maintain respectful and loving relationships, with self and others; and enhance their capacity to contribute positively to society”.

Relationships and Sexuality Education (RSE) is an integral part of SPHE and is of particular importance for young people at this stage of their lives. They are making sense of their own life experiences, messages, images and information about relationships and sexuality from a range of informal sources such as their peers, family, the media and online sources. Having the opportunity to think about and discuss relationships and sexuality with their peers within a safe classroom setting with a skilled teacher is vitally important learning at this stage in their lives. Relationships and social awareness are two key elements of Social and Emotional Learning programmes.

This unit of learning mainly links to Strand 3: Relationships and sexuality. It also addresses some of the learning outcomes from Strand 2: Making healthy choices. Activities 1-3 focus on healthy and unhealthy relationships, including healthy and unhealthy relationship break-ups. Activities 4-7 focus on various aspects of consent within relationships, including some basic information about the law. Activities 8-10 focus on aspects of reproductive health.

There are suggested video clips listed throughout the unit. It is essential that these are previewed and used in accordance with the students’ learning needs and school policies. It is advised that this unit is taught in either Term 2 or Term 3 of second year.

These activities are designed to be taught with reference to the SPHE/RSE Toolkit, developed by the NCCA. It includes guidance on teaching SPHE in a safe and effective way and includes an explanation of the experiential learning cycle that is recommended for use in SPHE and is the framework used in the activities in this resource.

All learning in SPHE is underpinned by three cross-cutting elements that are foundational for effective teaching and learning in SPHE; awareness, dialogue, and reflection and action. It is important that the teacher is consciously creating opportunities for the students to become more self-aware and aware of others; creating lots of opportunities for classroom dialogue and prompting students to reflect on what they are learning and what it means for their lives now or in the future.



The activities presented here are a guideline only. Every classroom is different and teachers are best placed to decide on what will be most effective in their classroom.

Worksheets: Where possible, consider projecting worksheets for classroom use, rather than printing unnecessarily.

RSE resources for parents

Making the 'Big Talk' many small talks is a series of booklets by the HSE that is aimed at supporting conversations between parents and children about relationships and healthy sexuality development. Currently, there are 3 booklets published for parents/carers of children aged: 4–7, 8–12, and 13–18 years. All of the above are available to order and download, in both English and Irish, from www.healthpromotion.ie and to download from www.sexualwellbeing.ie.

N.B. Medical and legal content within RSE 2 was proofed before publication (2023) but is subject to change. All information within the resource is for educational purposes only and should not be interpreted as legal or medical advice.



Strand	Learning outcomes (LOs)
Making healthy choices	<p>2.4 demonstrate skills and strategies to help make informed choices that support health and wellbeing and apply them in real-life situations that may be stressful and/or involve difficult peer situations</p> <p>2.7 assess the benefits and difficulties associated with their online world and discuss strategies for dealing with a range of scenarios that might arise</p> <p>2.9 explore why young people share sexual imagery online and examine the risks and consequences of this</p>
Relationships and sexuality	<p>3.1 reflect on the values, behaviours and skills that help to make, sustain and end relationships respectfully with friends, family and romantic/ intimate relationships</p> <p>3.2 examine benefits and difficulties experienced by young people in a range of relationships – friendships, family relationships, and romantic/ intimate relationships</p> <p>3.3 identify signs of healthy, unhealthy and abusive relationships</p> <p>3.4 appreciate the importance of setting healthy boundaries in relationships and consider how to show respect for the boundaries of others</p> <p>3.5 consider the importance of taking care of their reproductive health</p> <p>3.7 explore the pressures to become sexually intimate and discuss ways to show respect for people's choices</p> <p>3.8 appreciate the importance of seeking, giving and receiving consent in sexual relationships, from the perspective of building caring relationships and from a legal perspective</p> <p>3.9 explain the importance of safer sexual activity with reference to methods of contraception and protection against sexually transmitted infections (STIs)</p>

Learning activities

- **In activity 1, The qualities that count**, (LO 3.1) students will consider the values and behaviours that are important to them in different relationships, and why they are important. Students will also consider how different, or similar, are the qualities that are needed for friendships, family relationships, and romantic/attraction-based relationships and they will identify the qualities required for all healthy relationships.
- **In activity 2, Signs and signals in relationships**, (LOs 3.1, 3.2, 3.3, 3.4) students will consider behaviours and signals that might indicate what is actually going on in romantic/attraction-based relationships. Often when we are in a relationship, we may overlook the things that we do, or that the other person does, that are unhealthy and disrespectful. This activity gives the students the opportunity to consider how they might assess if their future relationships are respectful, trusting and healthy.
- **In activity 3, Breaking up**, (LOs 3.1, 3.2) the students will be encouraged to explore the different ways to end a romantic relationship, and the advantages and disadvantages of each approach. The previous activity examined what makes for healthy and unhealthy relationships and it is important for students to understand that sometimes relationships need to come to an end. This may be because they are fundamentally unhealthy or for various other reasons. Here, students will consider what makes for a respectful break-up, and they will identify possible supports that could help them through a break-up, whether or not they are the instigator.
- **In activity 4, Consent**, (LOs 2.4, 3.4) students will have an opportunity to better understand what is meant by 'consent'. People often think that consent is only important when it comes to sexual activity. However, asking for consent is about respecting personal and emotional boundaries. By seeking appropriate consent in everyday situations, we show that we value the rights and choices of others.
- **In activity 5, Sexual consent and the law**, (LOs 3.7, 3.8) students will continue their learning from the previous activity with a specific focus on the law in relation to sexual consent. Although it may be assumed that students are familiar with the legal age of sexual consent, feedback from teachers has shown this not to be the case. It is important that young people have a basic understanding of what is and is not legal as this will support them in decision-making when it comes to engaging in various kinds of sexual activity or asking others to do so.
- **In activity 6, Alcohol and sexual consent**, (LOs 2.4, 3.8) students begin to explore the impact of alcohol on decision-making, and on the issue of consent with regard to relationships and sexual health. Students will reflect on consent, not only in its legal sense but also more broadly in terms of respecting other people's boundaries and dignity.



- **In activity 7, Selfies, sexting and safety**, (LOs 2.7, 2.9, 3.7, 3.8) students gain a better understanding of the risks and consequences of sending or forwarding naked or sexualised images online, and will be introduced to the law on this topic.
- **In activity 8, Female reproductive health - menstrual well-being**, (LO 3.5) students will learn the importance of menstrual well-being and the role it plays with regard to reproductive and overall health. This is important whether or not they themselves menstruate as they are surrounded by people who do, and their attitude to menstruation is shaped by, and contributes to, societal norms. As part of this activity students will also have the opportunity to examine the negative narrative that historically and currently exists around menstruation, and they will look critically at the impact of this on menstrual well-being and menstrual health. The value and power of having this knowledge, and the confidence to share it, empowers young people to talk openly and appropriately about menstruation and reproductive health.
- **In activity 9, Male reproductive health**, (LO 3.5) students will learn how male reproductive health is an important element of overall sexual health and how it sometimes gets overlooked in the conversation about sexual and reproductive health. Reproductive health is more than just a female issue or something to be considered only at the point when a person may wish to have children. Many behaviours and habits that begin when a person is young can have long-lasting effects on health in adulthood. In this activity, in addition to considering male fertility, students are introduced to the topic of testicular health and self-checking, an issue that is relevant for this age group.
- **In activity 10, Reproductive health- contraception**, (LO 3.9) students will be introduced to the topic of contraception as an element of reproductive health. They will learn about the range of contraception types available, the myths associated with contraception will be dispelled, and students will discuss potential barriers to discussing contraception with a future partner.



Sample assessment task 1

Evaluate attitudes, skills and values that help to make, maintain and end friendships respectfully

Relationships, whether that be a friendship, a romantic relationship or a family relationship, are based on respect. Consider different ways that you could show respect while in a friendship or romantic relationship and highlight how you could continue to show respect if that relationship ended for some reason.

Use one of the formats below to capture your thoughts and reflections on the importance of respect within relationships and even at the point of a relationship coming to an end.

- Write a short story (no more than 500 words).
- Write a piece of poetry, a song or a video script. Alternatively select a range of existing lyrics, poems or video clips and use these to illustrate your thoughts.
- Make a collage/digital collage using images.

Sample assessment task 2

Individually or in small groups, design a poster, create a video, or use another creative means to present the key learnings you have gained on one of the following topics: a. the meaning of consent, b. how to take care of my reproductive health, c. signs of healthy and unhealthy relationships.



Activity 1 – The qualities that count (LO 3.1)

In this activity, the students will consider the values and behaviours that are important to them in different relationships, and why they are important. Students will also consider how different, or similar, are the qualities that are needed for friendships, family relationships, and romantic/attraction-based relationships and they will identify the qualities required for all healthy relationships.

Step 1: Brainstorm

Divide the students into pairs or small groups, and ask them to discuss:

- What is the most important thing in a relationship? (E.g. honesty, trust, kindness, humour etc.)

Document their feedback on the whiteboard and revisit it as part of concluding the class.

Step 2: The qualities that count



Distribute the **Worksheet – The qualities that count** and invite the students to read through each of the qualities and behaviours in the left-hand column.

Ask them to tick the box beside the relevant quality/behaviour if they feel that it is important in each of the three types of relationships (i.e. friendships, family relationships, and romantic/attraction-based relationships). Students can add additional examples at the bottom of the worksheet.

When they have completed the worksheet, encourage students to list the three most important values, qualities or behaviours in all relationships.

Suggested discussion points

- Compare the list on the board with your responses on the worksheet - what strikes you? (*differences, similarities etc.*)
- What things did you identify as important in some types of relationships but not others? (*e.g. physical attraction in romantic/attraction-based relationships but not in friendships.*)
- Do you notice any patterns in the things that you think are important in all relationships? What are they?

This short video from the HSE, 'Healthy Relationships' may be used as a stimulus for discussion at various points during the activity or to summarise at the end. Use the standard type processing questions to discuss the video such as 'what do you think are the key messages within this video?'



HSE video '[Healthy Relationships](#)' (Duration: 1 minute, 33 seconds)

Step 3: Additional classroom or home activity

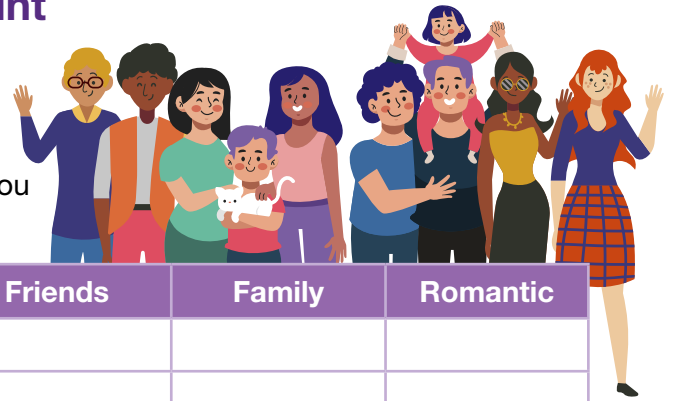


Think about a relationship in your life that is important to you. List the positive qualities and behaviours that the person brings to the relationship. List the positive qualities and behaviours that you believe you contribute to the relationship. How do both sets of qualities and behaviours contribute to the health of the relationship?



Worksheet – The qualities that count

Tick the appropriate box if you feel that any of the qualities and behaviours listed below are important in friendships, family relationships, and/or romantic/ attraction-based. Add any additional examples that you feel should be included (see boxes 20–23).



	Friends	Family	Romantic
1. They are kind to me.			
2. They are physically attractive.			
3. They are thoughtful.			
4. They dress well.			
5. They are popular.			
6. They say nice things to me and about me.			
7. We have the same hobbies/interests.			
8. They are very honest.			
9. I can trust them to keep a secret.			
10. They make me laugh.			
11. They are sensitive to my feelings.			
12. They are good listeners.			
13. They text/message me every day.			
14. They have all the latest games/clothes.			
15. They stick up for me.			
16. They care about how I feel.			
17. They are patient with me.			
18. They forgive me.			
19. I can be myself with them.			
20.			
21.			
22.			
23.			

List what you think are the three most important qualities or behaviours in all relationships and explain why they are particularly important to you. What does this tell you about your values when it comes to relationships?

- 1.
- 2.
- 3.

Activity 2 – Signs and signals in relationships (LOs 3.1, 3.2, 3.3, 3.4)

In this activity students will consider behaviours and signals that might indicate what is actually going on in romantic/attraction-based relationships. Often when we are in a relationship, we may overlook the things that we do, or that the other person does, that are unhealthy and disrespectful. This activity gives the students the opportunity to consider whether the relationships they might find themselves in the future are respectful, trusting, and healthy.

Teacher's note

It is important to spend time processing the disrespectful behaviours outlined in activity 2, so that the students can fully understand why these behaviours are not healthy.

Acknowledge that many students do not have romantic/attraction-based relationships at this stage in their lives, but these activities, with a focus on romantic/attraction-based relationships, are designed to help them to begin to understand the emotions that can come with physical attraction.

For more information on healthy and unhealthy relationships, see <https://www2.hse.ie/healthy-you/walk-away-from-the-relationship-monster.html>

Step 1: Brainstorm

Ask the students to divide into pairs or small groups, or to work individually, and ask them to answer the following questions:

- What behaviours or actions might suggest that a person likes or fancies another person?
- Document their feedback or keywords on the whiteboard. Ask the students if there are any behaviours that might have a different meaning in a different context. (*Perhaps the reason someone is ignoring another person is because they fancy them, or they are too shy to talk to them...or perhaps it is someone disrespecting them.*)

Step 2: How do I know?

Invite the students to divide into smaller groups comprising three or four students.



Give each group a copy of the **Worksheet – How do you know?** Groups can cut this worksheet up into cards. Their task is to discuss the behaviour cards in their groups and place each one under the most appropriate heading ('Likes', 'Fancies', 'Not interested', and 'Disrespects').



When all groups are ready, write the four headings on the whiteboard and, taking each behaviour card in turn, ask the students where it should be placed and why. Tease out answers in order to question the possible motivations behind each of the behaviours and the possible impact on the person at the receiving end. Write the answers on the whiteboard under the heading most commonly chosen by students.

Alternatively, instead of creating card sets, project the **Worksheet – How do you know?** on to the whiteboard and ask each group to write the headings on a sheet of paper and discuss and list where each behaviour card should be placed.

Suggested discussion points

- In addition to the behaviours described on the cards, what other things might young people do which show that they like, fancy, are not interested in, or disrespect another person?
- Do you think it is easy or difficult to read these signals? (*Explain that some behaviours are difficult to read; this is one of the reasons why it is helpful to know the other person a little and not get too emotionally or physically involved early on.*)
- How might someone figure out if a person fancies them or not? (*For example, look for more than one signal; a combination of behaviours that indicate 'likes' and 'fancies' would potentially lead to a positive relationship.*)
- What can people do to look after themselves if they fancy someone who does not fancy them? Document the students' feedback on the whiteboard.
- What can people do to look after themselves if someone fancies them and they do not fancy that person? Document the students' feedback on the whiteboard.
- What might people do to support themselves if they are in a relationship where they feel disrespected? Where might they get help if needed? **Note:** this does not necessarily have to be a romantic relationship. Document the students' feedback on the whiteboard.



Conclude the activity by showing this video clip from AMAZE.org, [‘What makes a relationship healthy?’](#) (Duration: 2 minutes, 16 seconds).



These short HSE videos, [‘Toxic relationships’](#) (Duration: 1 minute, 15 seconds) and [‘Looking after your mental health’](#) (Duration: 1 minute, 28 seconds) may be used as a stimulus for discussion at various points during the activity or to summarise at the end.

Suggested discussion points

- What are some of the signs that a relationship is unhealthy?
- Why might it not always be easy for someone in a relationship to spot these signs?
- What might friends do to help? **Note:** It isn’t always productive to repeatedly point out the poor behaviours of the other person if your friend is not willing or able to accept it, but it is important to let your friend know that you are always there for them and to reassure them that they are deserving of love and respect. It is always important to seek the help of a trusted adult if you think someone is in emotional or physical danger.

Step 3: Additional classroom or home activity



Ask the students to select one of the behaviours under the heading ‘Disrespects’ and write a paragraph about how they would best manage this situation within a relationship. This can be a friendship, a family relationship, or a romantic/attraction based relationship. Ask the students to think about, or research, where they might access trustworthy advice and support if they were experiencing relationship problems.



Worksheet – How do you know?

Headings:

FANCIES	LIKES
NOT INTERESTED	DISRESPECTS



Behaviour cards:

Wants to spend time with you.	Asks you out.	Shares their feelings and secrets with you.
Does not want you to hang out with your friends.	When you say what you really think, they make you feel ok and do not threaten to dump you.	Copies your homework.
Wants to hold your hand.	Kisses you.	Keeps you a secret from their friends.
Holds your hand when no one is around.	Shares their problems with you.	Laughs with you.
Keeps secrets from you.	Invites you to be their friend on social media.	Laughs at you.
Sends someone to tell you that they like you.	Calls you by your name.	Spends time getting to know your friends.
Does not ask you out.	Avoids you at the disco.	Gives short replies to your texts.
Helps you with your homework.	Sits next to you.	Will not sit next to you.
Ignores your social media friend requests.	Kisses your friend.	Spends time getting to know your family.
Texts you.	Gets jealous when you talk to other people.	Listens to you.
Criticises what you are wearing.	Checks your phone.	Puts you down.
Does not return your phone calls.	Ignores you at school.	Wants to 'go further' with you.



Activity 3 – Breaking up (LOs 3.1, 3.2)

The purpose of activity 3 is to encourage students to explore the different ways to end a romantic relationship, and the advantages and disadvantages of each approach. The previous activity examined what makes for healthy and unhealthy relationships and it is important for students to understand that sometimes relationships need to come to an end. This may be because they are fundamentally unhealthy or for various other reasons. Here, students will consider what makes for a respectful break-up, and they will identify possible supports that could help them through a break-up, whether or not they are the instigator.

Teacher's note

Most people will experience the ending of a romantic relationship in their lifetime. The ending of a relationship can be the result of a mutual decision but, more often than not, the attachment within the relationship is uneven and only one half of the couple will wish to end it. Depending on the circumstances, both parties involved can experience a range of emotions in the lead-up to, and following, a break-up. Such emotions may include guilt, shame, humiliation, anger, hurt, and relief.

Although teenage relationships may be dismissed by adults as being 'crushes' or 'young love', they can involve intense feelings and can impact greatly on the confidence, self-esteem and emotional health of the people involved. Therefore, it is important that young people learn how to have a healthy break-up, and how to take care of themselves and seek the necessary support in the aftermath of such an event.

Following a break-up, people derive comfort from different things at different times. Some people need to surround themselves with friends and family, whereas others need to be alone for a while. It is important that everyone has a toolbox of coping strategies that they can rely on. You can draw the students' attention to how normal it is for both parties to feel bad after a break-up, and you can signpost sources of support, such as family, friends, school, and youth organisations. It is good for students to discuss alternative ways of filling their time after a break-up, such as spending more time with friends, or to take physical exercise, which releases the 'happy hormones' and can help people feel better. It is important to note that a LGBT+ couple might not receive the same level of support if they were not 'out' before the break-up, if people did not know about the relationship, or if family disapproved of it.

Students who are experiencing emotional trauma can be directed to the school's pastoral support team. Other supports include: their GP, counselling services within local youth services (BeLonG To offers support to LGBTQ+ young people), Childline and the Samaritans.

You will notice that in the **Handout – The break-up of Sam and Jordan**, the characters have been given gender-neutral names. This is designed to help you facilitate a discussion around the presumptions the students may make about the gender and sexual orientation of Sam and Jordan, and if the assumed gender and sexual orientation of the characters influenced the nature of the break-up in any way. This conversation can be facilitated with the aid of the **Suggested discussion points**.



Step 1: Breaking up is hard to do

In preparation for this activity, ask the students to find examples of break-up songs (from different gender/sexual orientation perspectives if possible). Alternatively, provide your own examples. Play short extracts from a sample of break-up songs, or use the song lyrics to facilitate the discussion.

Suggested discussion points

- What are the messages about why the break-up is happening?
- What is the singer's feeling about the break-up?
- Are there different patterns to the way in which men and women performers describe, and react to, their break-ups?
- Do any of the lyrics show respect or disrespect within the relationship, or in the way the relationship was ended? Give examples.
- Do any of the song lyrics talk about the strategies or supports the person is using to get them through the break-up? Give examples.
- Most, if not all, love songs and break-up songs are about heterosexual couples. What impact might this have on people in other types of relationships?

Step 2: How to end a relationship



Divide the class into eight groups (or choose fewer than eight strategies and divide the class accordingly) and give each group one card from the **Worksheet – Breaking up strategy cards**. Explain to the students that you are going to discuss the advantages and disadvantage of various ways to end a relationship. Project the story on the whiteboard and read it out to the class. Ask the groups to read and discuss the strategy cards they were given and answer the accompanying questions. Take feedback from each group, then invite the rest of the class to comment on the break-up strategy in question. As the groups respond, list on the whiteboard the various communication methods used – face-to-face, phone, email, text and social media.

Suggested discussion points

- What are the steps that contribute to a healthy break-up? (*Consider the other person's feelings; be true to yourself and be honest with the other person; without being harsh; consider the best communication method to use so that the message is clear; and, if necessary, consider personal safety.*)
- Looking at the various communication methods used, what do you think are the benefits or drawbacks of each? (*Less direct methods might include a consideration of not being able to read tone or body language, and how this can impede/limit dialogue. In addition, social media raises the issue of breaking up as a spectator sport. More direct methods, such as face to face, are more personal and might show respect. However, it might raise questions of personal safety in some circumstances.*)
- Do you think the gender of the people involved in a relationship influences the break-up option chosen? (*Explore the students' gender-related assumptions and judgements about breaking-up behaviours. Is it ok if there are different expectations of people because of their gender?*)
- How might a young person support themselves after a break-up? (*What might they do? Who might they tell?*)
- If you break up with someone, and irrespective of whether you or the other person ended the relationship, what steps can you take to avoid experiencing (or causing) any additional hurt? (*Give each other a bit of space to adjust, delete photos/emails/texts which might prolong the hurt or be used against the other person. Avoid checking up on an ex on social media or slagging each other to friends or online.*)
- How might the learning from this activity about healthy break-ups also apply to friendship break-ups?

To end this activity show one of the videos below:



A short video from AMAZE.org, '[Dealing With Rejection: What's the Best Way?](#)'. (Duration: 1 minute, 31 seconds).



A short HSE video '[Breakups](#)' (Duration: 1 minute, 15 seconds).

When the students have viewed the video, ask them why they think it is hard for people to deal with feeling rejected. Who or what might help?

Step 3: Additional classroom or home activity



On the basis of the class discussion and your own learning, prepare a worksheet titled 'The dos and don'ts of a healthy break-up'. Alternatively, imagine it as a play script, and write the scene dialogue for Jordan and Sam as they end the relationship as well as possible.



Handout – The break-up of Sam and Jordan

Sam and Jordan have been going to the same school since first year and have always flirted with each other, but it was not until the Junior Cert party that they got together. They have been dating for more than three months.

Sam is pretty happy going out with Jordan. They fancy each other and Jordan is cool with Sam's mates. Lately, Jordan has not been around as much, but they have both been busy with different Transition Year stuff. Jordan's birthday is coming up and Sam is trying to find the perfect gift – something that is enough to say 'you are special', but not so much that Sam looks desperate.

Jordan has begun to feel unhappy in the relationship. Jordan's friends think that Sam is hot, but Jordan is not very attracted to Sam anymore and gets really irritated by all the time Sam spends talking about sci-fi books and films; things that Jordan is not into. Jordan would like to be single again and go out more with friends. Jordan's birthday is coming up and the plan is to break up with Sam before Sam buys Jordan a birthday present. That would make it even harder to end the relationship.



Worksheet – Breaking up strategy cards

(To be copied into separate cards and one given to each group.)



Breaking up strategy 1

Jordan chooses to play it cool and decides to delay in answering texts, to be busy when Sam asks to do something together, and to hang around with friends at lunchtime instead of hanging around with Sam, in order to create some distance between them and prevent them getting too close.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Breaking up strategy 2

Jordan decides to change their relationship status on social media and unfriend Sam.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Breaking up strategy 3

Jordan decides to give Sam a hard time for the next while and that way Sam will probably end the relationship first.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Breaking up strategy 4

Jordan decides to text Sam “This isn’t working. Sorry.”

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?



Breaking up strategy 5

Jordan decides to meet with Sam and outline all the things that are not working in their relationship, and then end it.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Breaking up strategy 6

Jordan decides to meet up with Sam in a public place. Having taken some time to think about what they want to say and how it might affect Sam, Jordan is determined to be as gentle but as honest as possible about why the relationship is not working.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Breaking up strategy 7

Jordan decides to message Sam outlining all the positive things about their time together, but adding that the relationship has now run out of energy and it would be best to end it rather than let things drift on.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Breaking up strategy 8

Jordan decides to phone Sam to talk about how things have been going. Jordan does not want to hurt Sam's feelings any more than necessary.

- Will Sam get the message?
- How might Sam feel? What might be the impact?
- How might Jordan feel? What might be the impact?
- Is this approach likely to end the relationship well?
- Are there any other situations where this method might be useful/not useful?

Activity 4 – Consent (LOs 2.4, 3.4)

In this activity students will better understand what is meant by ‘consent’. People often think that consent is only important when it comes to sexual activity. However, asking for consent is about respecting personal and emotional boundaries, and is an important part of all relationships. By seeking appropriate consent in everyday situations, we show that we value the rights and choices of others.

Teacher’s note

In any relationship, each person has a responsibility to be honest about their feelings, a right to express those feelings, and a right for those feelings to be heard and respected by the other person. It can take time to develop the skills to express our feelings and wants confidently and to be able to accept a ‘no’ if our request is not in line with the other person’s feelings and wants.

Consent occurs when one person voluntarily agrees to the proposal or desires of another. Consent is about one person asking permission and the other person giving or refusing permission. It may involve **negotiation and compromise**, but it is not true consent if either person is harassed or pressurised.

At the heart of consent is respect, both for oneself and for the other person. Everyone has the right to respectfully ask for what they want from someone else, but with that comes the responsibility to accept and respect the response.

On the other side, everyone has the right to say ‘yes’ and consent to suggested behaviours within parameters set down by the law, and as appropriate to a young person’s development, to say ‘no’ and refuse consent to something that they do not want to do, or which is unsafe for them. They are not responsible for other people’s reactions to their ‘no’.

This activity allows the students to explore the issue of trying to pressurise someone into saying ‘yes’, as well as the issue of maintaining a boundary in the face of such pressure. It is important that the scripts, written in response to the Worksheet – Saying ‘no’ scenarios, end with the ‘no’ being accepted. You should point out to the students that the topic of consent is obviously more complex than just saying ‘no’, and that it needs to be addressed on many levels throughout young people’s school years. This topic will be developed further in the next few activities.

When discussing sexual consent, inform the students that the legal age of consent to sexual activity is 17 years, rising to 18 years if the older person is or has been in a position of authority over the young person. A person is legally unable to give consent if they are aged under 17 years.

To read more on sexual consent, visit:

- [sexualwellbeing.ie/consent](https://www.sexualwellbeing.ie/consent)
<https://www.sexualwellbeing.ie/sexual-health/sexual-consent/sexual-consent/>
- [drcc.ie/consent](https://www.drcc.ie/consent)
<https://www.drcc.ie/policy-advocacy/consent/>
- [consenthub.ie](https://www.consenthub.ie/)
<https://www.consenthub.ie/>



Step 1: The meaning of consent

Ask the students to divide into pairs or small groups, or to work individually, and ask them to answer the following questions:

- What does 'consent' mean?
- Give some examples of everyday situations where you might give or withhold consent.
- In what ways can consent (or lack of consent) be communicated? *(When discussing the issue of consent, it is very important to consider body language as well as verbal communication. Often when people do not have the confidence to communicate verbally their response might only be noticeable in their body language.)*

Take feedback from each of the groups.

- Show the video 'What is Consent?', which demonstrates how we use consent in everyday scenarios. When the students have finished watching it, ask them why it is important to seek consent in these type of situations.



The video '[What is Consent?](#)' created by Rise Above highlights that 'no' means 'no' and that 'yes' comes with conditions (Duration: 4 minutes, 28 seconds).

Step 2: Saying 'no'/hearing 'no'

Note: Use all or a selection of the scenarios as appropriate and relevant to your class.



Invite the class to divide into pairs and allocate a scenario from the **Worksheet – Saying 'no' scenarios** to each pair. Ask each pair to write/roleplay a script of a realistic conversation between the characters in their scenario, where one person is repeatedly pushing the other person to do something, and the other person is saying 'no' in various ways. If possible, both people must try to maintain the relationship, and the scenario **must end** with the first person **eventually** accepting the other person's 'no'. The key is to encourage the students to consider as many ways as possible to communicate their 'no'.

Ask a few pairs to read their script to the class or act out their roleplay. Ask the rest of the class for their opinion on the conversation. How realistic is the conversation, and is there anything they might add to the pressurising arguments and to the rebuttals? Ensure that the students de-role after completing this exercise.



Note: If your class are slower to engage in discussion and activities, consider projecting the **Handout- Tips for saying 'no'** onto the whiteboard prior to handing out the scenarios in an effort to stimulate conversation within the small groups.

If students are reluctant to write scripts, encourage them to discuss the scenarios and role play their scenes.



Project the **Handout – Tips for saying ‘no’** onto the whiteboard and ask the students to comment on which, if any, of these tactics were used in their scripts, and which would have been useful/useless in their particular scenario.

Suggested discussion points

For the person saying ‘no’:

- In what direct and indirect ways did you communicate ‘no’?
- What tactics did you use to push back against the other person?
- How difficult was it for you to hold your ground/maintain your boundary?
- How did it feel when:
 - a. The other person did not accept your ‘no’?
 - b. The other person finally accepted your ‘no’?

For the person asking for consent:

- How did it feel when you heard ‘no’ to your request?
- What tactics did you use to try to get the other person to change their mind?
- What did it feel like to:
 - a. Persist with your request?
 - a. Eventually accept the ‘no’?

For everyone:

What are the key skills, behaviours and values required for consent to work? (*Emphasise that respect is crucial. It is important to respect a person’s right to ask for what they want and equally important to respect a person’s response. Although a person is free to negotiate for what they want to a point, manipulating the other person or trying to wear them down through persistence is not okay.*)

Step 3: Additional classroom or home activity



“When you are saying ‘yes’ to someone else, make sure you are not saying ‘no’ to yourself.”

(Paulo Coelho)

Consider what this quote means and write a paragraph on an example of how it applies to you.



Worksheet - Saying 'no' scenarios

Dara asks James for his French homework every morning. James has had enough and does not want to pass over his work each day.

Aisling is pressuring Shauna to go out to a club with her at the weekend. Shauna really does not want to go.

Carl has sent Jordan a nude selfie and is asking Jordan for one in return. Jordan did not ask for the image, does not want it, and does not want to send one back.

Sam and Charlie have been going out for a few months. Sam is pressuring Charlie to go a bit further physically. Charlie likes Sam, but wants to take things slowly.

Tom is pressuring Sahid to skip school with him on Friday. Sahid really does not want to.



Handout - Tips for saying 'no'

Body language

Remember that your body language is very important when communicating. Stand tall, keep your head up and maintain eye contact. Believe in yourself!

Plan the conversation

Decide what you want to say beforehand. This helps you feel in control of the conversation. Use short, clear sentences. This prevents you from losing your train of thought and rambling.

Time and place

If possible, think of a place and a time that you would feel comfortable having this conversation and arrange to have it there. It will be easier to communicate your point clearly if there are no distractions around, but it is also important to stay within easy reach of other people if you have concerns about your safety.

Say something positive first

It is not necessary in all cases but, if it is appropriate and factually correct, you may want to begin the conversation by saying something positive first. For example:

“I really like you, but...”

“You are my friend, but...”

You do not need to give a reason

Avoid being manipulated into giving further explanations. If the person requests a reason, repeat a short, clear statement, such as:

“Because I said I don’t want to.”

“Because, as I told you already...”

Do not make it worse

Do not accuse the other person or blame them for anything. Simply state your views and wishes. Listen to what they say and acknowledge their point of view:

“Yes, I hear what you are saying, but I am not going to...”

Expect them to accept what you are saying

If this person cares about you, they will accept what you are saying and will not continue to pressurise you. In situations where you are not being heard, or where your safety is under threat, get support from a trusted adult.





Activity 5 – Sexual consent and the law (LOs 3.7, 3.8)

In this activity students will continue their learning from the previous activity with a specific focus on the law in relation to sexual consent. Although it may be assumed that students are familiar with the legal age of sexual consent, feedback from teachers has shown this not to be the case. It is important that young people have a basic understanding of what is and is not legal as this will support them in decision-making when it comes to engaging in various kinds of sexual activity or asking others to do so.

Teacher's note

Consent to sexual activity

Ethically, in all circumstances where we are physically intimate with someone, consent needs to be established first. Sexual consent is an agreement between people that they definitely want to have sex, or do any sexual act. Everyone needs to fully and clearly agree to it and their consent must be continuous for the duration of the activity. This means that they have the right to change their mind at any time, for any reason and without any consequences. Consent can be expressed with words and as actions and body language. It should be enthusiastic, conscious and voluntary. Consent should be given freely without any manipulation, convincing, coercion or threats, and should never be assumed to exist. The ethics of sexual consent are underpinned by Section 48 of the [Criminal Law \(Sexual Offences\) Act 2017](#) (this contains a positive definition of consent and a non-exhaustive list of situations in which there is no consent).

Criminal Law (Sexual Offences) Act 2017 - Section 48

9. (1) A person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act.
- (2) A person does not consent to a sexual act if—
- (a) he or she permits the act to take place or submits to it because of the application of force to him or her or to some other person, or because of the threat of the application of force to him or her or to some other person, or because of a well-founded fear that force may be applied to him or her or to some other person,
 - (b) he or she is asleep or unconscious,
 - (c) he or she is incapable of consenting because of the effect of alcohol or some other drug,
 - (d) he or she is suffering from a physical disability which prevents him or her from communicating whether he or she agrees to the act,
 - (e) he or she is mistaken as to the nature and purpose of the act,
 - (f) he or she is mistaken as to the identity of any other person involved in the act,
 - (g) he or she is being unlawfully detained at the time at which the act takes place,
 - (h) the only expression or indication of consent or agreement to the act comes from somebody other than the person himself or herself.

Teacher's note (continued)

The legal age of sexual consent

The legal age of consent to a sexual act is specified within the 2017 law as 17 years, and pertains to people of every sexual orientation and gender. Young people aged under 17 years are deemed more vulnerable and considered unable to make fully informed decisions with regard to sexual activity. Penalties for having sex with a minor increase as the age of the minor decreases; the penalty for having sex with someone under 15 is higher than had they been between 15 and 17. A number of factors may influence the way in which the law is interpreted, such as: the nature of the act, the ages of the people concerned and the power differential between them. Some of these nuances are explored in the quiz and more information can be found in the notes at the end of this lesson. However, it is important to note that it is difficult to be absolutely certain about how the law will be applied since each case is highly individual.

Sexting

It is illegal for anyone over the age of criminal responsibility (12 for this kind of offence) to post, send or share pictures of the genitalia of people under 18, or images of them engaged in sexual activity, or images of them witnessing sexual activity, as this is classified as child pornography under Section 12 the Criminal Law (Sexual Offences) Act 2017. This is true even if a person under 18 sends a sexual picture of themselves.

Note that it is also an offence under Section 8(2) of the 2017 Act to send “sexually explicit material” through information and communications technology to anyone under the age of 17.

The Harassment, Harmful Communications and Related Offences Act 2020 (Coco’s Law) also includes image-based abuse. It is now an offence to:

- Distribute, publish or threaten to distribute or publish intimate images of another without consent, intending to cause harm to that person, or being reckless as to whether harm would be caused to him/her.
- Record, distribute or publish intimate images of another without consent without a requirement that the person intended to, or was reckless whether, s/he would cause harm to that other person.

Note: The prosecution of a minor is subject to the discretion of the Director of Public Prosecutions as the law is not intended to criminalise young people unnecessarily.

Further details on the two laws referenced in this activity may be found at:

- Criminal Law (Sexual Offences) Act 2017
<http://www.irishstatutebook.ie/eli/2017/act/2/enacted/en/html>
- Harassment, Harmful Communications and Related Offences Act 2020
<http://www.irishstatutebook.ie/eli/2020/act/32/enacted/en/print.html>



Step 1: The legal age of sexual consent

This activity can be done as a whole-class activity or alternatively you can divide the students into pairs or small groups and ask them to discuss the following questions:

- What does the legal age of sexual consent refer to?
- Why do you think a legal age of sexual consent exists? *(The law is there to protect young people. It also aims to prevent older people from taking advantage of younger people. It is a crime to engage in a sexual act with a person who has not yet reached the age of 17. The law regards sexual activity with a person who is under 15 even more seriously and the penalties for this crime are greater.)*

Step 2: Is it legal?



Distribute or project the **Worksheet – Sexual consent and the law quiz** and explain to the class that the purpose of this activity is to assess their current understanding of the laws regarding consent and to correct any misinformation they might have. Allow students to work in pairs to complete the quiz. Take feedback on each question and hear reasons for their answers and clarify the answers using the quiz answer sheet.



To end activity 5, show the short video entitled '[Consent – it's as simple as tea](#)' from the Thames Valley Police courtesy of Blue Seat Studios, which explains the concept of sexual consent in simple terms (Duration: 2 minutes, 50 seconds). When the class has finished watching ask them to call out the key messages they took from the video.

Note: If students are already familiar with this video, there are others easily available on YouTube but, as always, it is necessary to preview for suitability.



Suggested discussion points

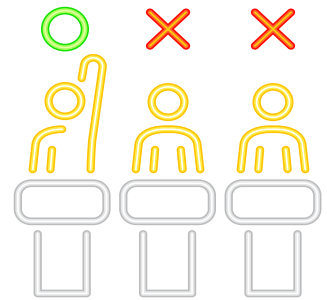
- Is it enough just to have legal consent in a sexual relationship? What are the advantages of mutual and clear consent? *(The law is only one aspect of consent; in addition to legal issues, people engaged in sexual activity should want it to be a good experience for each other and to be enjoyable so should be actively checking for verbal and non-verbal signs that this is the case.)*
- Leaving aside the law, what are some of the possible consequences when active, ongoing consent is absent from a sexual encounter? *(Some of the possible consequences can include long lasting emotional and physical damage and distress, such as regret, guilt, fear and self-blame, etc.)*
- Is consent as simple as the 'Tea' video suggests? *(Yes and no. When it comes to sexual activity, it's absolutely clear that you shouldn't expect or pressurise someone to do something sexual based on their previous behaviour, nor should you take advantage of them being unable to make an informed decision. However, there may be situations where it's not so clear-cut and the only way that the people involved in sexual activity can be sure that it's consensual is to pay close attention to each other, communicating through words and body language that they want the experience to be mutually agreed and enjoyable.)*

Step 3: Additional classroom or home activity



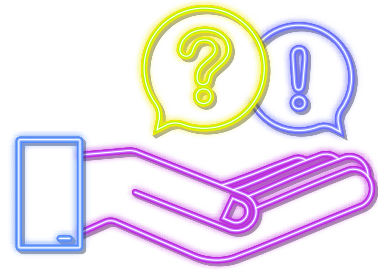
Reflecting on activities and discussions note the five key messages you are taking from the session on the topic of consent.

QUIZ



Worksheet - Sexual consent and the law quiz (give reasons for your answer).

1.	In Ireland, what is the age that someone can legally agree to sex? A) 16 years B) 17 years C) 18 years
2.	Is there a difference in the seriousness of the offence between these two cases: a. an 18-year-old having sex with a 16-year-old b. a 17-year-old having sex with a 14 year-old? A) Yes B) No
3.	If one person in a couple had previously been in a position of authority over the other (sports coach, teacher, employer) at what age could the younger person legally consent to a sexual relationship with the older person? A) 17 years B) 18 years C) 19 years
4.	If someone says “yes” to sex initially, do they have the right to change their mind at any time? A) Yes B) No
5.	What is the safest way to be sure that someone has given consent to sex? A) Ask them directly. B) Assume that they have given consent if they have not pushed you away.
6.	From what age can someone legally choose to sext (send sexual or naked/semi-naked images of themselves)? A) 17 years B) 18 years C) 19 years
7.	It is not a crime to pass on sexual images of someone who is over the age of consent if they sent them to you in the first place. A) True B) False
8.	You must be aged at least 17 years (the legal age of sexual consent) to buy condoms in Ireland. A) True B) False



Worksheet - Sexual consent and the law quiz: answers and explanation

1.	<p>In Ireland, what is the age that someone can legally agree to sex?</p> <p>B) 17 years The age at which someone can legally agree to sex (vaginal, anal or oral sex) is 17 years regardless of gender and sexual orientation.</p>
2.	<p>Is there a difference in the seriousness of the offence between these two cases:</p> <p>a. an 18-year-old having sex with a 16-year-old b. a 17-year-old having sex with a 14-year-old?</p> <p>A) Yes It is judged to be an even more serious offence if the young person is aged 15 years or under. It is also a more serious offence if the age difference between the two people is greater than two years, if there is a significant power difference between the two people, or if the two people concerned were in a relationship that was intimidatory or exploitative of the child.</p>
3.	<p>If one person in a couple had previously been in a position of authority over the other (sports coach, teacher, employer) at what age could the younger person legally consent to a sexual relationship with the older person?</p> <p>B) 18 years If one of the couple has previously been in a position of authority over the other, then the age of consent is raised to 18 years. In real-life, in addition to the law on consent, many organisations ban sexual activity between staff members and their students/clients or service users at any age, as it would be seen as an imbalance of power and as interfering in the proper focus and purpose of the relationship.</p>
4.	<p>If someone says “yes” to sex initially, do they have the right to change their mind at any time?</p> <p>A) Yes A person has the right to both morally and legally change their mind. The law clearly states that a person has the right to withdraw consent to sexual activity at any point before or during a sexual act.</p>
5.	<p>What is the safest way to be sure that someone has given consent to sex?</p> <p>A) Ask them directly and check in with them (verbally and by paying attention to their body language) to make sure they are enjoying and happy to continue with whatever the activity is.</p>



6.	<p>From what age can someone legally choose to sext (send sexual or naked/semi-naked images of themselves)?</p> <p>B) 18 years, provided that the recipient is over 17 years.</p> <p>Sending or sharing a sexual image of someone under 18 is regarded as a Child Pornography offence contrary to Section 12 of the 2017 Act – even if the person sends it of themselves. It is also a separate offence under Section 8(2) to send such an image, or any other “sexually explicit material”, to an under 17 year old.</p> <p>People may confuse this with the age of sexual consent at 17, so it is vital for people to understand that the law is a bit different when it comes to sending sexual images. Broadly, to be within the law with regard to sexual images:</p> <ul style="list-style-type: none"> • The activity shown must be legal • Everyone in the sexual image must be 18 or over • Everyone to whom the image is sent, must be 17 and over • The person (18 years of age or over) shown in the image must have given consent for the image to be taken, and for it to be distributed or published in this way. • The people receiving it (17 years of age and over) must have agreed to receive it (repeated sending of sexual images to someone without their consent, may be considered harassment) <p>N.B. Just because it is legal for adults to agree to send and receive sexts, it doesn't mean that they should go ahead, unless they've given it a lot of thought. It is <u>extremely important</u> that people consider the possible consequences of releasing sexual images of themselves at any age, as there is no guarantee of retrieving or controlling the use of the images once they have been sent.</p>
7.	<p>It is not a crime to pass on sexual images of someone who is over the age of consent if they sent them to you in the first place.</p> <p>B) False</p> <p>It is a crime to share sexual images of someone without their consent, no matter how you received the images. This is regardless of the age of the person in the images. However, if the person in the images is aged under 18 years it can also be regarded as distributing child pornography.</p>
8.	<p>You must be aged at least 17 years (the legal age of sexual consent) to buy condoms in Ireland.</p> <p>False</p> <p>There is no law barring the sale of condoms to people of any age.</p>

Additional teacher's note on sexual consent and the law

What is the legal age of sexual consent?

The law states that a person must be 17 years of age and over to consent to (or agree to) have sexual intercourse (vaginal, anal or oral sex). The age of consent in relation to these acts is the same regardless of the gender and sexual orientation of the people involved.

What does this law mean?

This means that, under the age of 17, a person cannot legally agree to have sexual intercourse. This also means that, in certain circumstances, someone who has sex with someone else under the age of 17, may be prosecuted by An Garda Síochána.

Why does this law exist?

This law exists to protect people under the age of 17, who are likely to be more vulnerable than those aged 17 and over. People aged under 17 years are not considered by the law to be able to make a fully informed decision to consent to sex. The law aims to protect young people. It also aims to prevent older, more experienced people from taking advantage and influencing the decision of those younger than themselves.

If one person in a couple is 15 or 16 years of age and the other is 17, what happens?

A person aged 17 has reached the age when they can legally agree to have sex. If the other person is 15/16 then the 17 year old may be prosecuted for an offence often called "defilement", which, in simple terms, means having sex with somebody under the age of 17. It is not a defence to this crime to say that the 15 or 16 year old involved consented, even if they said they wanted to have sex, unless these 3 additional conditions all apply, namely the 17 year old; must not be in a position of authority over the 15/16 year old, the 17 year old is no more than 2 years older, and the relationship is not one which is intimidatory or exploitative of the 15/16 year old. This is sometimes called the proximity of age defence. The Criminal Law (Sexual Offences) Act 2017 sets out these provisions in section 17 which replaces section 3 of the 2006 Act.

As an alternative, the defendant might be able to prove that they were reasonably mistaken as to the age of the 15/16 year old, and that a reasonable person in their position would also have believed that the 15/16 year old was actually 17 years old and legally able to consent to sex. However, whether a jury accepts either of these defences would be dependent on the circumstances of each case.

If one person is aged under 15 years and the other is 18 years or older, what happens?

In the eyes of the law, it is more serious for an adult to have sex with someone under the age of 15 than with someone aged 15 or 16, as those under 15 are considered even more vulnerable. It is also treated more seriously if there is more than a two year age difference between the two people.



Teacher's note (continued)

Does this mean that a couple will go to jail if they have sex aged under 17 years?

This question cannot be answered for certain. It depends on a number of factors. Both young people, strictly speaking, can be prosecuted for having sex with someone under 17- if so, either may be able to put forward the defence of consent. This will apply only if both are over 15, there is no more than two years difference between them, neither is in a position of authority with regard to the other, and the relationship between the two of them was not one which was intimidatory or exploitative of the person under 17. The Director of Public Prosecutions generally does not decide to prosecute young people for engaging in consensual under-age sex where there is no evidence of intimidation or exploitation. The welfare of the young person is always the most important issue, so the law does not aim to punish teenagers unnecessarily.

Can a person get the pill, or other methods of contraception from a doctor, if they are under the legal age of sexual consent (17)?

If a young person is sexually active and at risk of becoming pregnant, they should always talk to a doctor about contraception. If someone under 17 years of age wants a prescription, the doctor will first establish that there is no concern of abuse ([Children's First Guidance](#)). If they are under 16, the doctor will encourage them to involve their parents/guardians. However, taking into account the young person's circumstance and maturity, a doctor can prescribe without parental/guardian involvement if they decide that it is in the best interest of the young person. ([National Consent Policy](#))

Remember, just because the legal age of sexual consent is 17, this does not mean that all young people want to, or are ready to have sex at age 17.

Note: Young people are entitled to consent to medical treatment once they are 16 years of age (Section 23 Non-Fatal Offences Against the Person 1997).

Can you consent to sexual intercourse if you have been drinking or taking drugs?

The law says that a person cannot consent if their ability to make a free and fully informed choice is impaired by alcohol or drug use. Unless a person is obviously intoxicated or high it can be difficult to know to what extent they are affected, so it is always safer for everyone involved to be sober when agreeing to sex.

Activity 6 – Alcohol and sexual consent (LOs 2.4, 3.8)

In this activity students will explore the impact of alcohol on decision-making and the issue of consent with regard to relationships and sexual health. Students will reflect on consent, not only in its legal sense but also more broadly in terms of respecting other people's boundaries and dignity.

Step 1: Introduction

Introduce the activity by reminding students that, in order for sexual consent to be possible in any situation, the following conditions have to be in place. Write or project them onto the board for reference.

Consent must be freely given, and can be withdrawn at any time, by people who are:

- aged over 17 years (18 years if the other person in the relationship is, or has been, in authority over them or if it involves being featured in sexual images)
- capable of understanding what they are being asked to do and the possible consequences
- capable of communicating their agreement
- are not deceived about the identity of the other person or the sexual activity

Inform students that the activity that follows will look at how being intoxicated by alcohol might affect people's thinking and their behaviour with regard to consent. Point out that this is true at any stage of life, but even more so during adolescence when the brain is still developing.

Referring to the necessary conditions for sexual consent on the board, ask students to give examples of how being intoxicated might interfere with each.



Step 2: What has consent got to do with it?

Inform the students that they are going to explore a number of scenarios looking at issues of behaviour and consent when people are intoxicated.



Ask the students to get into groups of three or four and give each group one scenario. Using the prompt questions below each one, ask them to discuss and list any possible consent issues that might be relevant. Take feedback from each group, establish if there is a range of opinions in the group and encourage the whole class to contribute to the discussion on each scenario.

Note: Use all or a selection of the scenarios as appropriate and relevant to your class.

Suggested discussion points

- How might drinking alcohol affect sexual behaviour? *(Possibly affects judgment, more risk-taking, more aggressive behaviour, harder to stick with decisions about boundaries, being less able to recognise risky situations and so potentially more vulnerable to being taken advantage of, etc.)*
- Is it an excuse for someone to say they were impaired by alcohol when they disregarded the need for sexual consent? *(No, neither morally nor legally. A person is just as responsible for their actions when intoxicated.)*
- Is a person who allows themselves to become intoxicated responsible for being sexually assaulted? *(No, a person in this situation is never responsible for the other person's criminal actions.)*
- How might young people reduce alcohol-related risks when socialising? *(They should consider: waiting until they are older before consuming alcohol; not drinking large amounts of alcohol; and, if drinking, staying close to friends and watching out for each other.)*

Step 3: Additional classroom or home activity



Alcohol use, romance and sex are often linked in music, TV and film. Find and describe an example of this and, based on your learning from this activity, explain why this sexual activity could be said to be consensual or non-consensual.

Worksheet – What has consent got to do with it?

Copy and cut out enough scenarios to allow for one scenario for each group to discuss.



1. A group of friends are at a party and have quite a bit to drink. They dare each other to go up to someone they fancy and just kiss them.
 - If you had to guess, what gender would you say the characters are and why?
 - Are there any legal implications here with regard to consent?
 - Even beyond the law, do you think it's ok to kiss someone without their consent? Why/ why not?
2. A young person has a weekend job collecting glasses in a local bar. Every weekend a particular group of people meet up to socialise and, after a few drinks, they think it is hilarious to slap the young person's bottom as they walk past.
 - If you had to guess, what gender would you say the characters are and why?
 - Are there any legal implications here with regard to consent?
 - Even beyond the law, do you think it's ok to touch someone in this way without their consent? Why/ why not?
3. While dancing with friends at a school disco, a student is felt up by another student who seems intoxicated.
 - If you had to guess, what gender would you say the characters are and why?
 - Are there any legal implications here with regard to consent?
 - Even beyond the law, do you think it's ok to touch someone in this way without their consent? Why/ why not?
4. A person gets intoxicated with a group of friends, and during the night gets naked and dances for a laugh. A 'friend' takes a video and posts it on social media; other people then pass it on to their contacts.
 - If you had to guess, what gender would you say the characters are and why?
 - Are there any legal implications here with regard to consent?
 - Even beyond the law, do you think it's ok to take photos of someone in a vulnerable state and post them or share them, without the person's consent? Why/ why not?
5. A person is intoxicated and sends a nude photo to someone in their class.
 - If you had to guess, what gender would you say the characters are and why?
 - Are there any legal implications here with regard to consent?
 - Even beyond the law, do you think it's ok for someone to send a sexual image to someone else without their consent? Why/ why not?





Teacher's notes on scenarios

N.B. The gender of the people in each scenario is not specified so that students can be facilitated to tease out assumptions about the gender most likely to engage in particular behaviours, and how the response to the behaviour might be different based on the gender of the people involved. E.g. in scenario 2 it might be considered less serious if it's a group of women slapping a young man's bottom as he collects glasses. Key message: Women and girls are hugely, and disproportionately, affected by sexual and gender-based violence. However, it should also be acknowledged that other people are also victimised, and the behaviour is unacceptable regardless of the gender of the perpetrator or victim.

A group of friends are at a party and have quite a bit to drink. They dare each other to go up to someone they fancy and just kiss them.

- If you had to guess, what gender would you say the characters are and why? (*E.g. there may be the assumption that the group of friends are girls. There may also be the assumption that if it is a boy being kissed by a girl, it's just fun and he won't object.*)
- Are there any legal implications here with regard to consent? (*In this scenario, the age of sexual consent is not relevant as the activity doesn't fall into the legal definitions of sex. However it may well be deemed sexual assault if consent to kiss hasn't been looked for or given.*)

A young person has a weekend job collecting glasses in a local bar. Every weekend a particular group of people meet up to socialise and, after a few drinks, they think it is hilarious to slap the young person's bottom as they walk past.

- If you had to guess, what gender would you say the characters are and why? (*There may be the assumption that this is just harmless fun, regardless of the gender, or that the gender of the young person and the group dictates the seriousness of the incident.*)
- Are there any legal implications here with regard to consent? (*In this scenario, the age of sexual consent is not relevant as the activity doesn't fall into the legal definitions of sex. However it is sexual assault and could be reported to the Gardaí and to the employer who has a duty of care for their employees.*)

While dancing with friends at a school disco, a student is felt up by another student who seems intoxicated.

- If you had to guess, what gender would you say the characters are and why? (*E.g. there may be the assumption that this is just harmless fun, that the student should be flattered by the attention regardless of their gender, or that the perpetrator is male and that this behaviour is to be tolerated, even if not exactly welcomed, from intoxicated men. There may be little recognition by students of the existence or impact of same-gender inappropriate or illegal sexual behaviour.*)
- Are there any legal implications here with regard to consent? (*As in the first scenario, this is sexual assault and could be reported to the school management and to the Gardaí.*)

Teacher's notes on scenarios (continued)

A person gets intoxicated with a group of friends, and during the night gets naked and dances for a laugh. A 'friend' takes a video and posts it on social media; other people then pass it on to their contacts.

- If you had to guess, what gender would you say the characters are and why? *(This behaviour might not be associated with any one gender, but there might be a more negative or hostile response to the person in the image if it's a girl.)*
- Are there any legal implications here with regard to consent? *(In this scenario, if the person videoed was under the age of 18, the friend could be prosecuted for "the production and distribution of child pornography" and the people who passed it on could be prosecuted for the distribution of child pornography; both offences carry serious consequences for the offender.)*
- If the person videoed was aged over 18 years this would still be an offence both for the person who produced and shared the image originally and for those who then passed it on, under the [Harassment, Harmful Communications and Related Offences Act 2020](#) as the material was produced and distributed without the permission or consent of the person videoed.
- Even if the person videoed was over 18, was aware that they were being recorded, was happy to be recorded, and even waved at the camera, they did not give consent for the image to be distributed and furthermore, they were intoxicated.

A person is intoxicated and sends a nude photo to someone in their class.

- If you had to guess, what gender would you say the characters are and why? *(It may be assumed this is a boy sending a photo to a girl and that it is just harmless fun. On the other hand, girls who send photos of themselves are more likely to receive negative attention, and to be blamed and shamed if the image becomes more public, even if it is shared without their consent.)*
- Are there any legal implications here with regard to consent? *(As in the first scenario, this is sexual assault and could be reported to the school management and to the Gardaí. The photo was sent without the consent of the person who received it. This could be considered harassment if it is repeated several times and/or forms part of a pattern of different acts of harassment, not all of which have to be sexual in nature. Under Section 10 of the Non-Fatal Offences against the Person Act 1997 as amended, the maximum penalty for harassment is now 10 years.)*

If the person to whom it is sent is under the age of 17, the sender may also be guilty of sending sexually explicit material by ICT (Information Communication Technology). This is an offence, this time contrary to Section 8(2) Criminal Law (Sexual Offences) Act 2017.

If the person in the photo is under the age of 18, the sender of the image may be accused of producing and distributing child pornography. If the person who receives it passes it on to others, they may be accused of distributing child pornography.



Activity 7 – Selfies, sexting and safety (LOs 2.7, 2.9, 3.7, 3.8)

The purpose of this activity is to give the class the opportunity to discuss why young people send sexual images online. They will also discuss the risks and consequences of sending or forwarding naked or sexual images online and they will be introduced to the law on this topic.

This is an introduction to sexting. It is recommended that following this activity you complete the [Lockers](#) module on Webwise.ie, a social, personal and health education (SPHE) resource developed to engage second and third year students on the topic of non-consensual image sharing. The resource includes two short animations, six lessons and information for school leaders.

Teacher's note

There are many reasons why young people might engage in sexting. They might share sexual images because they believe they are in a trusting relationship; they may do it to prompt sexual and romantic interest, to find validation for their appearance or to initiate sexual activity¹.

Irish research, carried out by Dublin City University in conjunction with the National Anti-Bullying Research and Resource Centre² shows that almost half of secondary school students have been asked to send a sexually explicit image. Although a high proportion had been asked to send sexually explicit images, the percentage that actually participated in sexting was relatively small (16.9%). This research also found that boys were more likely to receive sexually explicit images after they had requested them, whereas girls were more likely to receive sexual images that they had not requested.

Young lesbian, gay, bisexual, transgender, and queer (LGBTQ+) adolescents were more likely to engage in two-way (sending and requesting) sexting than their heterosexual counterparts. It is thought that young LGBTQ+ adolescents may feel freer to express their sexuality through sexting, rather than in face-to-face situations where they may feel vulnerable and potentially discriminated against because of their sexuality.

It is important that students understand the risks associated with sexting so they can take measures to keep themselves as safe as possible. However, it is even more important to promote a culture where it is socially unacceptable to pressurise someone to send sexual images, and equally unacceptable to pass on any images received, without the consent of the person featured.

For many boys, it can be seen as normal to request and receive sexual images and those that receive sexts might gain popularity by sharing them with their male peers.

Teacher's note (continued)

Girls may be expected to be responsive to sexting requests and often feel pressure to send sexts. However, girls who engage in sexting experience more severe criticism than their male counterparts or those who pass on the sext without consent, and are often vilified².

In the context of schools, sexting and the non-consensual sharing of images between young people is considered a form of bullying and is an issue that is becoming more and more of a concern for schools. Although the incidents often happen outside of school, the consequences can filter into the school environment¹.

It is important, when dealing with sexting incidents in school, that teachers and school managers do not default to victim-blaming, and recognise that the sender may be the victim of non-consensual dissemination by their peers. The action of blaming the sender for engaging in sexting can lead to victims of this form of sexual violence not reporting the crime and dealing with it alone¹.

The law

When it comes to sexting, and particularly when it involves minors, there are two principal statutes containing relevant criminal offences:

- Criminal Law (Sexual Offences) Act 2017 (which amends the Child Trafficking and Pornography Act 1998 and includes the full range of “child pornography” offences).
- Harassment, Harmful Communications and Related Offences Act 2020.

The **Criminal Law (Sexual Offences) Act 2017** builds on the 1998 Act to include a wide range of child pornography offences and new offences involving the use of information and communication technology (ICT) to facilitate sexual exploitation of a child. A child is, usually, but not always, defined as a person under the age of 18. The Act states that a person who—

- (a) knowingly produces any child pornography
- (b) knowingly distributes, transmits, disseminates, prints or publishes any child pornography ...shall be guilty of an offence...

Separately a person, who by means of information and communication technology sends sexually explicit material to a child under the age of 17, shall be guilty of an offence contrary to Section 8(2) CLSOA 2017 and shall be liable up to five years imprisonment. Sexually explicit material refers to any indecent or obscene images or words.

1. Sciacca B, Mazzone A, O'Higgins Norman J and Foody M (2021) Blame and responsibility in the context of youth produced sexual imagery: The role of teacher empathy and rape myth acceptance. *Teaching and Teacher Education*, 103. Available at <http://doras.dcu.ie/25972/1/Sciacca>

2. Foody M, Mazzone A, Laffan DA, Loftsson M and O'Higgins Norman J (2021) “It's not just sexy pics”: An investigations into sexting behaviour and behavioural problems in adolescents. *Computers in Human Behaviour*, 117. Available at <https://www.sciencedirect.com/science/article/pii/S074756322030409X>

Teacher's note (continued)

Image-based sexual abuse (often erroneously referred to as 'revenge porn') refers to the sharing of intimate images without consent and has been illegal in Ireland since the enactment of the **Harassment, Harmful Communications and Related Offences Act 2020** (also known as Coco's Law). This law is breached if the images meet the definition of "intimate image" under the Act and if the images have been taken, distributed or published without consent. This is regardless of the age of the person in the photos. The Act allows for prosecution whatever the motivation of the perpetrator, however, if they are now or have previously been in an intimate relationship with the person featured, the sentence may be more severe. **Note:** Even threatening to share intimate images of another person is a crime with potentially serious consequences.

Under this Act intimate images include any photograph or video of: a person's genitals, buttocks or anal region (and, in the case of women, their breasts); the underwear covering these parts of the body; a naked person; a person engaged in any form of sexual activity. A topless boy would not meet the definition of an intimate image under the 2020 Act, but if he was under 18 then it is possible it would be deemed to be child pornography as the Act states that any picture that suggests a child is available for sexual exploitation is illegal.

N.B. It is not the intent of the Act to unduly punish a minor, therefore any prosecution of a child under 17 years of age under the Act can only be brought with the consent of the Director of Public Prosecutions.

Under **Data Protection Act 2018** individuals have the right not to have their personal data, including their image, collected and published without consent. Anyone who publishes private intimate content online could be seen to be violating data protection laws or copyright laws and could have a civil lawsuit brought against them. If the people involved are aged under 18 years, the images could also be considered child pornography. Sharing explicit images of minors could result in prosecution for the distribution of child pornography. Penalties can include jail time and inclusion on the sex offenders' register. Repeated sharing of images could be considered as harassment.

Step 1: Sexting is...

Divide the class into small groups and ask each group to define what is meant by sexting by completing this sentence:

“Sexting is...”

Document the feedback from each group on the whiteboard and share the correct definition of what sexting is with the class. Let students know that this exercise will focus on image-based sexts.

Sexting is the sharing of sexual text, video, and photographic content using mobile phones, apps, social networking services and other internet technologies.

Suggested discussion points

- Why might young people share sexual images of themselves or of others online, even though most people know it's risky for all sorts of reasons? *(Some possible responses to sharing images of themselves might be that: it's ok to send them to a partner, because their partner asked, because their partner sent them one of themselves, because everyone is apparently doing it, because they felt they had to. Some possible responses as to why young people share sexualised images of other people might include that: it's expected, it's a bit of fun, it's no harm.)*

Step 2: To share or not to share?



Project the **Worksheet – Choices and actions, risks and consequences** onto the whiteboard and have someone in each group copy the headings down onto a blank sheet. Alternatively print and give one worksheet to each group. Assign story A, B or C to the groups. Tell them that each group will be getting a short story about sexting, sentence by sentence. Their task will be to discuss the questions below after each sentence of their story:

- What do you think might be going on?
- What more information would you like to know in order to understand the situation?



Cut out individual sentences from the **Handouts - Sexting story cards**. Give each group sentence one of their allocated story and allow them a few minutes to discuss, with reference to the questions above. Then hand each group sentence two and repeat the process until each group has received all four sentences; encourage them to discuss the same two questions outlined above each time they get more information on their story. When they have read all the sentences ask them to complete the **Worksheet – Choices and actions, risks and consequences** for their story. Once the groups have completed this, ask them to give their story an ending using no more than five sentences.



Ask a volunteer from each group to read their story card and their ending. Then take feedback on their completed worksheet. Invite the rest of the class to contribute to what was written on the worksheet.

Alternative method: Project **Handout - Sentence 1 sexting story card** on the whiteboard and ask each group to read the sentence from whichever story was assigned to their group. Allow them a few minutes to discuss the questions before repeating the process using **Handout - Sentence 2 sexting story card**. Repeat the process again until each group has read all four sentences associated with their assigned story. When they have read all the sentences ask them to complete the **Worksheet - Choices and actions, risks and consequences** for their story.

Suggested discussion points

- Is the reaction to a shared sexual photo different depending on whether the image is of a girl or a boy? *(Research tells us that girls are more often shamed and blamed by others when sexual images of them become publicly available, whether or not it is with their knowledge and permission. Boys sending unrequested pictures of their genitals is often downplayed as 'messaging around', rather than the harassment it is.)*
- In story A, would the consequences and impact be any different if Sam and Chris were both 18 years old? *(Yes, if they were both consenting, it would be legal, because the person in the image (Sam) is over 18 and the person to whom it is being sent (Chris) is over 17.)*
- What do you know about the law in relation to sexting and the non-consensual sending of intimate images? *(Hear what the students say and fill in the gaps with reference to the background information. Emphasise that even threatening to pass on intimate images without the subject's permission is a crime, and that sharing intimate images of an under-18 year old is illegal, regardless of whether or not they have agreed to it.)*
- *What might be the impact of being convicted of such a crime? (Fine, possible imprisonment, difficulty getting a visa to travel to certain countries, possible difficulty in getting particular jobs etc. N.B. Highlight that a prosecution of under 17s can only be taken with the agreement of the Director of Public Prosecutions.)*
- Leaving the law aside, what might be the emotional and social impact of sharing a sexual image that was sent to you? *(Consider the possible impact on a. the person in the image and b. the sender.)*
- Where could a young person who found themselves in this situation, either as the person in the image or the person who sent the image, look for help? *(Some options might be to talk to a trusted adult (parents, older relation, teacher, youth worker etc.), go to Hotline.ie to report online illegal content or webwise.ie for information and advice on a range of internet safety issues and concerns. Childline /Samaritans can offer anonymous advice and support in the first instance.)*



To end the lesson, show the short video from Webwise '[Just For Fun](#)', which highlights, the potential pressure experienced by young people to request and send sexualised images and some of the possible consequences involved (Duration: 3 minutes, 14 seconds).

Suggested discussion points:

- Do students think the situation shown in the video reflects common behaviour in Irish schools, sports' clubs etc?
- Do you think the type of behaviour shown in the video is specific to young men? Why/Why not?
- If it happened in real life, who else might be investigated by the Gardai under 'Coco's law' 2020?

Step 3: Additional classroom or home activity



Reflect on the story cards from class.

- List the steps that you would take if you received an unrequested sexual image.
- List the steps that you would advise a friend to take if they sent a sexual image (whether it was of themselves or someone else) and regretted it.



Handout – Sentence 1 sexting story card

After each line discuss:

- what do you think might be going on?
- what more information would you like to know in order to understand the situation?

STORY A

1. Chris sends a nude selfie to Sam.



STORY B

1. Ali is walking home from school when she gets a text. It is a topless pic of a girl in 5th year.



STORY C

1. Charlie sends a photo of his penis to his girlfriend Luca.



Handout – Sentence 2 sexting story card

After each line discuss:

- what do you think might be going on?
- what more information would you like to know in order to understand the situation?

STORY A

2. Sam thinks “Yes, finally!” as Sam had been asking Chris for a photo for weeks now.



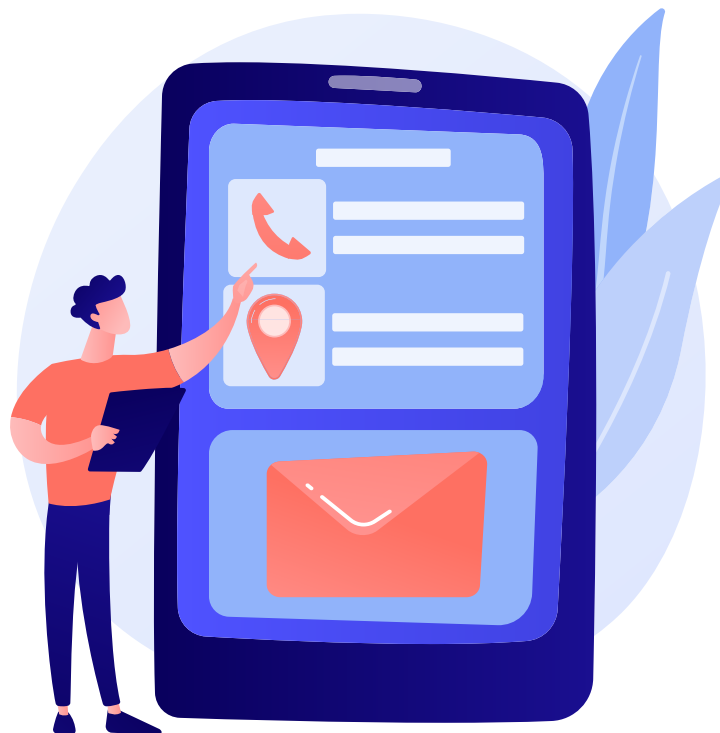
STORY B

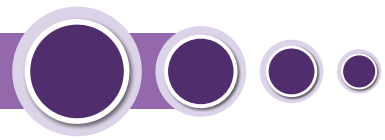
2. Ali shares it with a number of her friend groups.



STORY C

2. Luca is surprised. This doesn't seem like Charlie- they haven't ever talked about sexting.





Handout – Sentence 3 sexting story card

After each line discuss:

- what do you think might be going on?
- what more information would you like to know in order to understand the situation?

STORY A

3. Sam shares the photo with three best friends who definitely will not share it with anyone else.



STORY B

3. Ali's cousin texts back. "Seriously?? Don't send me this stuff. Just delete the photo. There are enough people circulating it without you doing it too."



STORY C

3. Luca texts back. "Uh! That's a bit random. Don't be expecting one back and I'm deleting this!"



Handout – Sentence 4 sexting story card

After each line discuss:

- what do you think might be going on?
- what more information would you like to know in order to understand the situation?

STORY A

4. Sam's friend, Dara, does not have his phone when the photo arrives. His mum does!

STORY B

4. A few days later the Gardaí arrive at the school following up on a complaint of illegal image-sharing from parents of the girl in the photo.

STORY C

4. Charlie is annoyed at himself. His mates pushed him into sending the photo, but he had been really unhappy about it. He is relieved that Luca has deleted the photo but upset that she is now mad with him.





Handout – The complete sexting stories

STORY A

1. Chris sends a nude selfie to Sam.
2. Sam thinks “Yes, finally!” as Sam had been asking Chris for a photo for weeks now.
3. Sam shares the photo with three best friends who definitely will not share it with anyone else.
4. Sam’s friend, Dara, does not have his phone when the photo was sent through. His mum does!

STORY B

1. Ali is walking home from school when she gets a text. It is a topless pic of a girl in 5th year.
2. Ali shares it with a number of her friend groups.
3. Ali’s cousin texts back. “Seriously?? Don’t send me this stuff. Just delete the photo. There are enough people circulating it without you doing it too.”
4. A few days later the Gardaí arrive at the school following up on a complaint of illegal image-sharing from parents of the girl in the photo.

STORY C

1. Charlie sends a photo of his penis to his girlfriend Luca.
2. Luca is surprised. This doesn’t seem like Charlie- they haven’t ever talked about sexting.
3. Luca texts back. “Uh! That’s a bit random. Don’t be expecting one back and I’m deleting this!”
4. Charlie is annoyed at himself. His mates pushed him into sending the photo, but he had been really unhappy about it. He is relieved that Luca has deleted the photo but upset that she is now mad with him.

Worksheet – Choices and actions, risks and consequences

Consider the two main characters from your story and complete the worksheet based on their choices and actions taken.



Character name:	Character name:
Choices and actions	Choices and actions
Risks and possible consequences Emotional: Social: Legal:	Risks and possible consequences Emotional: Social: Legal:
Other points to note:	Other points to note:



Activity 8 – Female reproductive health – menstrual well-being (LO 3.5)

In this activity students learn the importance of menstrual well-being and the role it plays with regard to reproductive and overall health. This is important whether or not they themselves menstruate as they are surrounded by people who do, and their attitude to menstruation is shaped by, and contributes to societal norms. As part of this activity, students will also have the opportunity to examine the negative narrative that historically and currently exists around menstruation, and they will look critically at the impact of this on menstrual well-being and menstrual health. The value and power of having this knowledge, and the confidence to share it, empowers young people to talk openly and appropriately about menstruation and reproductive health.

Teacher's note

Menstrual well-being is an important element of reproductive health and overall sexual health. It is important for society and for individuals to improve menstrual literacy and talk more about reproductive health.

When we talk about males and females from a biological perspective, it is important to note that we are also referring to people with male and female reproductive organs who might not necessarily identify as a man or a woman.

Menstruation

The narrative around menstruation, although slowly changing, has always been one of taboo and secrecy. Words like 'fresh', 'discreet', 'hygienic', 'no hassle', and 'protection' are still being used to sell menstrual wear products, thus strengthening the cultural taboo that surrounds talking about menstruation. Despite the fact that billions of people around the world have periods on a regular basis, many still feel embarrassed to talk openly about their periods. Years of not talking openly about periods or menstrual cycles have resulted in many menstruating women suffering in silence to the detriment of their reproductive health. One of the key objectives of activity 8 is to empower young people to seek support and medical advice if they experience ongoing menstrual-related pain and discomfort that interferes with everyday life.

Teacher's note (continued)

The menstrual cycle

A menstrual cycle begins **on the first day of the period bleed and ends the day before the next period begins**. Most people's menstrual cycles are between 21 and 35 days, but this can be longer for young people, as it takes time for their menstrual cycle to regulate. A period, or menstrual bleed, generally lasts between 2 and 7 days. A 28-day average cycle is often used for the purpose of explaining how the menstrual cycle and ovulation works. Many individuals have either a shorter or longer cycle.

It is useful for young people to understand the basics of when ovulation occurs within the menstrual cycle (when the egg is released and the person is at their most fertile). Even though fertility is at its peak just after ovulation, conception has been known to happen on every day of the cycle apart from day 1 and day 2. Also, because a sperm can survive for approximately 5 days while waiting for an egg to be released, and because an egg can survive for up to 2 days after ovulation it is important to always use contraception if one wants to avoid an unplanned pregnancy.

The students need to understand that making simple calculations as to when ovulation occurs is not reliable enough to plan or avoid a pregnancy, as there are so many variables. Within the classroom discussions, the students may refer to the 'safe time'. This is a misleading term, there is no such thing in reality. Adults who have established regular menstrual cycles and are very meticulous about charting the various indicators of where they are in their cycle, may have 'safer' times to have sex without contraception. This method of contraception is still only 95% effective if perfectly used, so is only recommended to couples for whom a pregnancy wouldn't be a significant problem. Relying on a 'safe time' as a method of contraception is especially not appropriate for adolescents whose menstrual cycle may not yet be regular. There are also many life events, such as travel, illness, extreme weight fluctuation, or exercise, that can disrupt even a regular cycle.

Encourage the students to talk to a parent or significant adult if their periods stop for some reason or, by age 15, they have not yet begun to menstruate. It may not be a problem, but it should always be checked out. A GP consultation is also recommended for anyone who shows no sign of pubertal development by age 13.

It is important to be familiar with one's menstrual cycle. There are many useful apps which can help to track, understand, and recognise changes to one's cycle. This knowledge is useful in relation to overall health and reproductive health.



Step 1: The menstrual cycle

To recap on the basics of menstruation, especially if the class is mixed sex, select from one of the two short videos from AMAZE.org; 'Menstruation: What to Expect' and 'All About Getting Your Period'. The videos explain the menstrual cycle and outline what to expect during menstruation. Once the students have watched the video, facilitate a short discussion to ensure that they understand the menstrual cycle and ovulation. You can use the information in the Teacher's note to help guide this conversation. Project the **Handout – The menstrual cycle** onto the whiteboard and refer to it during the discussion.



['Menstruation: what to expect'](#) (Duration: 3 minutes, 18 seconds) or
['All About Getting Your Period'](#) (Duration: 2 minutes, 26 seconds)

Suggested discussion points

- Why do you think it is a good idea to track periods? *(If a person tracks their period, they will know when to expect it, so they will be prepared. They will then become familiar with their cycle and be in a better position to realise when things have changed.) Problems with menstrual health can be indicative of overall health.)*
- What would you suggest is a good way to track periods? *(There are several period apps available to download. Some even track symptoms of premenstrual syndrome (PMS) in the days leading up to a period. It is good for individuals to get into the habit of tracking their menstrual cycle as part of their self-care.)*
- What does it mean to have a 'regular' menstrual cycle? *(Most people's menstrual cycle settles into a pattern that is regular for them and even a regular cycle can vary up to 7 days a month. However, it may take a few years from the onset of menstruation to arrive at this point. Also, during adolescence and adulthood, periods can be disrupted for various reasons (outlined under the next bullet point). Encourage the students to talk to a parent or significant adult if their periods stop for some reason or, if by age 15, they have not yet begun to menstruate. It may not be a problem, but it should always be checked out.)*
- What can disrupt a regular menstrual cycle? *(There are many things that can disrupt a regular menstrual cycle. These include illness, stress, dieting, and extreme exercising, to name but a few.)*
- In what way might diet and exercise impact on how someone experiences their periods? How? *(Diet and exercise can improve how someone experiences their periods. Studies have shown that people who exercise regularly – and especially during their period – are less likely to suffer from menstrual pain, cramps, and mood disturbances. A growing body of evidence suggests that diets rich in omega-3 fatty acids such as fish, calcium and vitamin D, and diets low in animal fats, salt and caffeine may also reduce PMS symptoms.)*
- Is period pain just something that people have to put up with? *(Not everyone gets period cramps and most who do can manage them with over the counter pain killers and gentle heat on the abdomen. If students experience severe pain, very heavy bleeding, very frequent or irregular periods, their GP will be able to help them decide the most appropriate treatment from the many options available.)*

Step 2: The importance of language

In preparing for this activity you may wish to source more recent menstrual wear advertisements from both print and digital media to add to the discussion. Several advertisements are available online. The purpose of this activity is to examine the negative or, in more modern times, the fantastical narrative that exists around menstruation, therefore ensure any advertisements that you select reflects this.



Project the **Handout – Historic menstruation advertisements** onto the whiteboard. Alternatively, give each group the handout.

Ask the students to divide into pairs or small groups, and ask them to discuss the language used within the advertisements and highlight the words that could cause offence or that stigmatise menstruation.

Note: It is not necessary to read the entire advertisement. The key messages and tone of the language used can be derived from the headings and sub-headings.

- What do these words tell us about how menstruation was thought about? Do you think people still think about it in the same way? (*E.g. unhygienic, shameful and to be hidden- especially from men*)
- What might the impact of this language be on people who menstruate and on society as a whole? (*E.g. It can create a societal stigma and taboo around menstruation which can affect menstruating people's everyday lives, personal relationships, school and work performance and seeking help for reproductive health issues etc.*)

Step 3: Period shaming

Show the following video from Bodyform UK and discuss the issues of period ignorance and period shaming.



[Blood Normal - Fear Going to School Less](#)

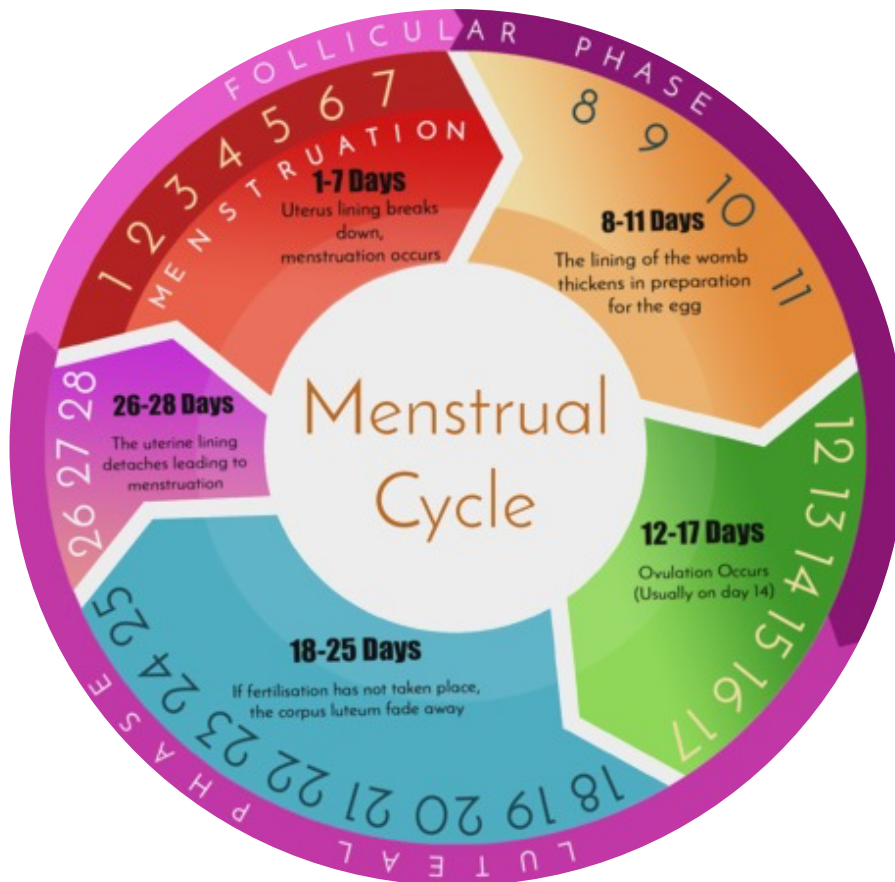
(Duration: 5 minutes, 36 seconds)

Suggested discussion points

- Do you think the level of ignorance about periods in the video is common amongst young people, regardless of gender?
- What's the value of everyone knowing about periods-even if they don't menstruate?
- How could this school make it easier for people on their period?



Handout – The menstrual cycle



Note: The above phases are estimated on an average 28-day cycle, but many people have longer or shorter menstrual cycles and some have irregular cycles.

Menstruation: from when the bleeding starts (first day of a period) to when the bleeding ends.

Ovulation: includes the phase when the egg (ovum) is released from one of the ovaries. Ovulation occurs 12–16 days before the next menstrual period begins and this is the most fertile time. A menstrual cycle can last from 21 to 40 days.

Post-Ovulation: the egg travels through the nearest fallopian tube into the uterus (womb). Meanwhile, the lining of the uterus continues to grow thick with blood and nutrient tissue. If the egg isn't fertilised by a male sperm cell, the lining will come away from the wall of the uterus and disintegrate. As it starts to leave your body, the whole cycle begins again with the menstrual phase, or menstrual period.

Factors that Influence Fertility

- The egg can survive for 12–24 hours.
- The sperm can survive for approximately 5 days.
- Some people have irregular cycles and others ovulate more than once during a month, thus there is really no safe time to have unprotected sex if you wish to prevent pregnancy.
- Factors that can change the cycle include: stress, smoking, exam pressures, poor diet, emotional upset, chronic illness, bereavement, a sexually transmitted infection, air travel, medication, shift work and excessive exercise.

Handout – Historic menstruation advertisements

2

HYGEIA for September, 1924

FREE SAMPLE TO NURSES
Clip and Mail Coupon Below



Solving Woman's Oldest Hygienic Problem in a New Way

Recommended by nurses, hospitals, health authorities—assuring millions of women immaculacy, charm, peace of mind

By ELLEN J. BUCKLAND, Graduate Nurse

Women who spend one-sixth of their time in a state of embarrassment, and often fear, welcome the word of the nurse who reveals to them this new, scientific way. Tell them how easily they may dispose of Kotex. Just like a piece of tissue. No embarrassment, no difficulty—a point all women appreciate. It means new freedom in all social and business activities, especially when away from home.

Let women know that Kotex is made of Cellulocotton—the super-absorbent. It is 5 times more absorbent than ordinary pads. Kotex absorbs 16 times its own weight in moisture instantly.

Kotex comes ready-prepared, ready for immediate use, in plain packages of 12 soft, fluffy, sterile folds. Women like its smooth, non-chafing coolness, its delightful comfort—something they have never known before.

Let women know
Kotex assures the extreme of sanitation, personal comfort and protection—with delicate regard for the niceties of daily life. It is a good health habit.

That is why you should recommend it in schools, colleges, factories, hospitals—wherever women congregate. Women appreciate this counsel.

They value your professional knowledge—your intimate advice which leads to radiant health. You are performing a noteworthy service when you tell them of the exclusive advantages of Kotex. The nurse who gives helpful service is the successful nurse—she develops an enthusiastic following.

It is but natural that you should sponsor Kotex. As a public health measure, urge the installation of Kotex Cabinets in rest-rooms, in offices and public buildings.

Ask for it by name
Obtain Kotex at your nearest drug store, without embarrassment. Simply ask for it by name. It comes in two sizes—regular and Kotex-Super.

As a nurse, as a woman—I feel that every nurse should try Kotex, at least. If you have never used this new way yourself, write me for the nurse's free test. Sent postpaid in plain, unmarked envelope. If you wish, I will send you a free copy of the new book—"Personal Hygiene for Women". Simply fill in coupon—forward to me.

KOTEX 

nymcenterforhistory.org

Your Allure

Don't imperil it . . . some days

• • •

This NEW way solves women's oldest hygienic problem so never a day's charm is lost

BEING fresh and charming every day has ever been the average woman's problem. But today . . . the modern woman meets it with a smile. Science has supplanted the uncertainty of the old-time sanitary pad with protection that is absolute.

You wear your filiciest frocks, your summery things in confidence. You motor for hours, you dance, you dine; you come in contact with others without a second thought.

The name is Kotex . . . a method scientifically right.

It absorbs 5 times the moisture of the ordinary cotton pad. And that means great protection. It is as easily disposed of as a piece of tissue—ending an old-time embarrassment. It is deodorized. And that prevents danger of offense.

You get it at any department store or drug store, just by saying "Kotex." And that banishes the embarrassment of asking for a "sanitary pad."

8 in every 10 women in the better walks of life have adopted it. Which proves its benefits.

It will mean much to you in health, in daintiness and protection. It proves old ways a needless folly.

KOTEX

PROTECTS—DEODORIZES



- 1 Protection: 5 times as absorbent as cotton pads. Absorbs 16 times its own weight in moisture—and scientifically deodorized.
- 2 No laundry. Discard as easily as a piece of tissue.
- 3 Easy to buy, anywhere. You ask for them by name. Many stores keep them ready-wrapped—help yourself, pay the clerk, that is all.

No laundry—discard as easily as a piece of tissue



Activity 9 – Male reproductive health (LO 3.5)

In this activity students will learn that although it often gets overlooked, male reproductive health is an important element of overall sexual health.

Traditionally, reproductive health was deemed to be a female concern, and something to be considered only at the point when a person wanted to have children. However, many behaviours and habits that begin when a person is young can have long-lasting effects on health in adulthood. In this activity, in addition to considering male fertility, students are introduced to the topic of testicular health and self-checking, an issue that is relevant for this age group.

Teacher's note

When we talk about males and females from a biological perspective, it is important to note that we are also referring to people with male and female reproductive organs who might not necessarily identify as a man or a woman.

Fertility is defined as the natural capacity to conceive a child. There are a number of factors that can affect both male and female fertility, including health, the structure and function of the male or female reproductive systems, and hormonal or immune conditions. There are also several lifestyle factors that can affect fertility in both women and men, which can include nutrition, weight and exercise, environmental and occupational exposures, and substance and drug use. To understand more about fertility, visit: <https://www.sexualwellbeing.ie/sexual-health/contraception/fertility-facts/> and <https://www2.hse.ie/conditions/child-health/fertility-problems-and-treatments/types-of-fertility-problems.html>

Step 1: Brainstorm

Invite the students to share what comes to mind when they hear the term 'reproductive health'. Document their feedback on the whiteboard and highlight the answers that relate to male reproductive health. Ask the students why they think reproductive health is often deemed a female issue.

Step 2: Male fertility – What we know



This activity can be done as a whole-class activity. Read each of the statements, set out, below to the class. After each statement ask for a show of hands of those who agree with the statement, followed by those who disagree with the statement. Ask for a few volunteers to elaborate on why they either agree or disagree and encourage other students to contribute their opinions. Notes are provided on each statement

(see **Male reproductive health: Answer sheet**).

If you hold your social, personal and health education (SPHE) classes in an informal setting, you could facilitate this activity as a moving quiz, with one side of the room representing 'True' and the other side of the room representing 'False'.

Statements – True or false

1. Infertility can affect people equally regardless of gender.
2. Sitting with a laptop on the lap for a long period of time can reduce sperm quality.
3. Riding a bicycle can affect the quality of sperm.
4. Smoking cigarettes or vapes containing nicotine has no effect on sperm quality.
5. Sperm production stops in old age.
6. Steroid-use helps to produce stronger sperm.
7. There are roughly 200 sperm in the average ejaculation.
8. Alcohol can kill the healthy cells that produce sperm.
9. Sperm can survive for up to 24 hours inside a female body after unprotected sex.
10. Frequent masturbation can damage sperm production.

Suggested discussion points

- What new information, if any, did you learn from the statements?
- Is fertility something you have thought about before? Do you need to be thinking about it at your age? *(Students might need to consider that some lifestyle choices in youth may impact on male fertility in the long term.)*
- What things could a young person do now to protect their fertility in later life? *(Eat a balanced diet; do physical exercise; avoid excessive alcohol and unregulated drug-use, including steroids. N.B. Reassure students that possible damage to sperm quality through smoking, alcohol and drug use, it is usually reversible on discontinuation of the habit and can return to baseline over a number of months.)*
- What is the key message you are taking from this lesson?

Step 3: Testicular self-checking



Show this short video, '[Performing a Testicular Self Exam](#)', by Dr. Claudia Pastitdes from Babylon Health, which demonstrates how to do a testicular self-examination. Discuss the messages within the video clip (Duration: 1 minute, 28 seconds).



Alternatively, use this clip, '[Testicular Cancer NHS](#)', (Duration: show the first 4 minutes, 10 seconds).

Discuss the video with the class and highlight that testicular self-checking is another aspect of male health that is very relevant for this age group. It is important that people with testes are familiar with the look and feel of their testicles, so that they can identify any changes as they arise and seek advice or support in a timely manner.



Male reproductive health - Answer sheet

1. Infertility can affect people equally regardless of gender.

This is true. Fertility is about the ability to conceive and have children. In couples experiencing infertility, approximately 35% of cases are due to male factors, 35% are due to female factors, 20% have a combination of both male and female factors, and for the final 10% the causes are unknown. A lot of factors can contribute to the quality and quantity of sperm. Such factors include: age, weight, alcohol intake, smoking habits, drug use, diet, stress, and even occupation³.

2. Sitting with a laptop on the lap for a long period of time can reduce sperm quality.

This is true. Laptops emanate heat. Heat, in extreme amounts, can damage the testes and reduce semen quality. Regular exposure to prolonged heat around the testicular area can also damage the testes and reduce sperm concentration and quality. You should always sit a laptop on a cushion or tray rather than directly on your legs if using it for long periods of time⁴.

3. Riding a bicycle can affect the quality of sperm.

This is not true. A study of more than 5,000 males found no impact on fertility, even when they routinely cycled more than 8.5 hours per week. In fact, the study found that males who cycled between 3.76 and 5.75 hours per week had a decreased risk of infertility, as they were so healthy⁵.

4. Smoking cigarettes or vapes containing nicotine has no effect on sperm quality.

This is not true. Smoking can affect the quality of sperm by damaging the DNA contained in sperm and it can also affect the mobility/motility of sperm, causing them to become sluggish. Smoking can increase the rate of infertility in the male body by 30%⁶.

5. Sperm production stops in old age.

This is not true. There is no clear cut-off age for the production of sperm. The male body makes millions of new sperm every day. However, as the body ages, there is a decrease in the amount and quality of sperm produced, which reduces fertility and, if a pregnancy occurs, may impact on the health of the child⁷.

6. Steroid-use helps to produce stronger sperm.

This is not true. It is thought that the use of steroids has become one of the main causes of preventable infertility. Steroid-use can cause the testes to shrink, stopping sperm production. In fact, any illicit drug-use over a prolonged period of time can seriously affect fertility by causing sperm to become sluggish, resulting in abnormally developed sperm, and a lower sperm count⁸.

7. There are roughly 200 sperm in the average ejaculation.

This is not true. The World Health Organisation (WHO) have determined that healthy or normal semen analysis show a total sperm count in ejaculate of between 39 and 928 million⁹. Not all of these are necessarily healthy, but it only takes one sperm to fertilise an egg.

8. Alcohol can kill the healthy cells that produce sperm.

This is true. Alcohol, particularly large quantities of alcohol consumed on an ongoing basis, can kill the healthy cells that produce sperm, which can result in infertility¹⁰. In fact, the same can be said for illicit drug use, particularly over a prolonged period of time. This can seriously affect fertility by causing sperm to become sluggish, resulting in abnormally developed sperm, and a lower sperm count.

9. Sperm can survive for up to 24 hours inside a female body after unprotected sex.

This is not true. In fact, ejaculated sperm can live inside the female body for approximately 5 days. That is one of the reasons why it is possible in rare cases, for someone to get pregnant while menstruating. Although uncommon, if someone ovulates during, or shortly after, a period, the sperm may still be alive and can fertilise the egg¹¹.

10. Frequent masturbation can damage sperm production.

This is not true. Male masturbation appears to have little effect on sperm count or quality. Couples who are trying for a pregnancy may be advised to leave a gap of 2–3 days without ejaculation before trying to conceive, but the evidence to support this is variable¹².



3. HSE *Infertility in Men Factsheet* Available at: <https://www2.hse.ie/conditions/fertility-problems-treatments/infertility-men/>
4. Mortazavi, S.A.R. et al. (2016) *The Fundamental Reasons Why Laptop Computers Should Not Be Used on Your Lap* The Journal of Biomedical and Physics Engineering 6(4): 279–284. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5219578/>
5. Holingworth, M. et al. (2014) *An Observational Study of Erectile Dysfunction, Infertility, and Prostate Cancer in Regular Cyclists: Cycling for Health UK Study* Journal of Men's Health Vol.11 No. 2 Available at: <https://www.liebertpub.com/doi/pdf/10.1089/jomh.2014.0012>
6. Temidayo, S. et al. (2021) *The mutagenic effect of tobacco smoke on male fertility* Environmental Science and Pollution Research 29, 62055 – 62066 Available at: <https://link.springer.com/article/10.1007/s11356-021-16331-x>
7. Pino, V. et al. (2020) *The effects of ageing on semen parameters and sperm DNA fragmentation* JBRA Assisted Reproduction Vol 24 (1) Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6993171/>
8. Fronczak, CM. et al. (2011) *The insults of illicit drug use on male fertility* J Androl. 2012 Jul-Aug;33(4):515-28. doi: 10.2164/jandrol.110.011874. Epub 2011 Jul 28. PMID: 21799144. Available at: <https://pubmed.ncbi.nlm.nih.gov/21799144/>
9. World Health Organisation (2010) *WHO laboratory manual for the examination and processing of human semen*, 6th ed, Available at: <https://apps.who.int/iris/handle/10665/343208>
10. Finelli R. et al. (2021) *Impact of Alcohol Consumption on Male Fertility Potential: A Narrative Review*. Int J Environ Res Public Health. 2021 Dec 29;19(1):328. doi: 10.3390/ijerph19010328. PMID: 35010587; PMCID: PMC8751073. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8751073/>
11. HSE Sex when trying to get pregnant Available at: <https://www2.hse.ie/pregnancy-birth/trying-for-a-baby/sex-when-trying/>
12. Nhatu SN. Et al. (1991) *Effect of repeated semen ejaculation on sperm quality*. Clin Exp Obstet Gynecol. 1991;18(1):39-42. PMID: 2054949. Available at: <https://pubmed.ncbi.nlm.nih.gov/2054949/>



Activity 10 – Reproductive health - contraception (LOs 3.9)

In this activity, as a part of their reproductive health education, students will learn about the range of contraception types available. Some of the myths associated with contraception will be dispelled and the students will discuss potential barriers to discussing contraception with a future partner.

Teacher's note

Teachers should not feel that they need to know all the details of each type of contraception to teach this activity. At this point, the key message is that there are many different types of contraception available.



For information on the most commonly used contraceptives see the **Handout - Commonly used contraceptives..** at the end of this activity. Consider projecting the handout on to the whiteboard so that students can see what the different types of contraceptives look like. For more detail on each of them or for a more extensive list of contraceptives visit www.sexualwellbeing.ie

Highlight to the students that they do not need to know the details of how each contraceptive method works but, in general, the various methods do some combination of the following: stop the egg from being released from the ovary, stop the sperm and egg from meeting, or stop the fertilised egg from implanting into the uterus. The key point of this activity is that there is considerable choice when it comes to choosing the right contraceptive. With the wide range of contraceptive methods available, it is possible for the vast majority of people to find a method that best suits their health and lifestyle needs. Apart from male condoms, which are widely available and have no age restriction on buying them, the decision about which contraceptive method to use is usually reached after a consultation with a GP or Family Planning Clinic.

Teacher's note (continued)

Young people's access to sexually transmitted infection (STI) treatment and contraceptive services.

People of 16 and over can independently consent to medical treatment. This includes any tests or treatments that they may need in order to maintain their sexual health.

Under the age of 16 years, a young person can access any tests or treatments that they may need but the medical practitioners will generally require parental permission, unless the practitioner makes the decision that there is good reason not to do so.

Most forms of contraception require a prescription from a doctor. In Ireland, contraception is free to women, girls, trans and non-binary people, aged 17-30 years, who need prescription or emergency contraception (correct as of Sept. 2023). They must live in the country and have a PPS number. The contraception scheme covers the full cost of prescription contraception, including the cost of:

- necessary consultations with medical professionals;
- fitting and/or removal of various types of long-acting reversible contraception (LARCs);
- providing the wide range of contraceptive options available to GMS (medical) card holders including contraceptive injections, implants, IUS and IUDs (coils), the contraceptive patch and ring, and various forms of oral contraceptive pill, including emergency contraception.

For updates and more information on the Free Contraception Scheme see: www.sexualwellbeing.ie

For more information on medical consent to sexual health treatment, go to: <https://www.childrensrights.ie/content/know-your-rights-my-right-health>

For most people, the main barrier method of contraception is a condom. However, there are other barrier methods, such as the cap and the diaphragm, that are not commonly used by young people, so it is unlikely that they will be named in the brainstorm (see **Step 1: Brainstorm**). For the purpose of activity 10, it is okay to focus on the condom as the main barrier method of contraception, but you may choose to mention the other methods.

All methods, when used correctly and consistently, have a good rate of effectiveness, but none are 100% effective. Condoms will also give the best available protection against STI transmission. When there is a risk of pregnancy, it is advisable to use both a condom and a form of hormonal contraception to give the best protection against pregnancy and STI transmission.

Contraception is the responsibility of both sexual partners. They should talk about it and decide what to use in advance of any sexual activity that could result in a pregnancy.

Please visit www.sexualwellbeing.ie for more detailed information on contraception.



Step 1: Brainstorm

Ask students what they understand by the word 'contraception', clarifying as necessary with reference to the teacher's note.

In pairs, ask students to list as many forms of contraceptives as they can.

While the students are working on their lists, draw two columns on the board with the headings 'Hormonal' and 'Non-hormonal'.

Checking that students understand what hormones are (using the teacher's note provided), explain that most contraception methods fall into these two categories of 'Hormonal' and 'Non-hormonal'.

Using the list they came up with, ask each group to call out the names of contraceptives that they think would fit in the 'Hormonal' column and then the 'Non-hormonal' column. Offer clarification if required and note the correct responses on the board.



Conclude this section by supplementing the information on the board with the content of the **Commonly used contraceptives Handout** or by projecting it and briefly going through the handout.

Hormones are chemical substances that act like messenger molecules in the body. They help control how cells and organs do their work.

Hormonal contraceptives, including the pill, the patch, and the vaginal ring, all contain a small amount of synthetic (i.e. made in a laboratory) oestrogen and progestogen, whereas the injection, the bar, some coils, and the 'mini-pill' all just contain a small amount of synthetic progestogen hormone.

These hormones work to stop the body's natural cyclical hormones, and thus prevent pregnancy. Hormonal contraceptives usually stop the body from ovulating.

Non-hormonal contraceptives usually work by creating a physical barrier which prevents sperm from coming into contact with an egg. They include the condom, diaphragm, and cervical cap. These are generally used with a spermicidal gel for added protection.

The copper coil (IUCD- Intrauterine Copper Device) is the one non-hormonal contraceptive which doesn't depend on creating a physical barrier. It is placed in the uterus and works by stopping the sperm from reaching and combining with the egg, or by preventing a fertilised egg from settling in the womb.

Step 2: Quiz



The students can do this quiz either individually or by working in teams. The purpose of this exercise is to generate debate among the students, and gently correct any misinformation they have in relation to contraception.

Read through the quiz questions and encourage the students, whether working individually or in groups, to answer 'true' or 'false' to each one. After each question and on hearing how people have answered, use the **Suggested discussion points** to generate further conversation.



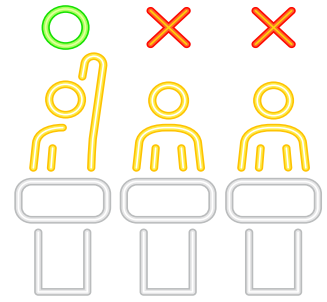
Consolidate the learning from this activity by showing this video from AMAZE.org, '[Condoms: How To Use Them Effectively](#)', which gives a condom demonstration (duration: 2 minutes, 54 seconds).

Suggested discussion points

- Do you think it would be easy to have a conversation about contraception before having sex? If not, why?
- What might some of the consequences be in not having a conversation with a potential sexual partner about contraception?



QUIZ



Contraception myth and fact quiz

A pregnancy can happen even before someone has their first period. True or false?

True: Although unusual, a pregnancy can happen before a first period because ovulation (release of eggs from the ovaries) happens before a period.

Having sex during a period is a good way to avoid a pregnancy. True or false?

False: Sex during a period is not safe sex. A person is most fertile when ovulating, and most people do not know when they are ovulating. Some people have shorter menstrual cycles and, although rare, may even ovulate during or soon after their period. Medical studies have shown that pregnancies have occurred from sex on every day of the menstrual cycle apart from day 1 and day 2 of a bleed. However, because many things can interfere with a menstrual cycle (for example, stress, dieting, or over-exercising), it is essential to use some method of contraception during sexual intercourse if trying to avoid getting pregnant.

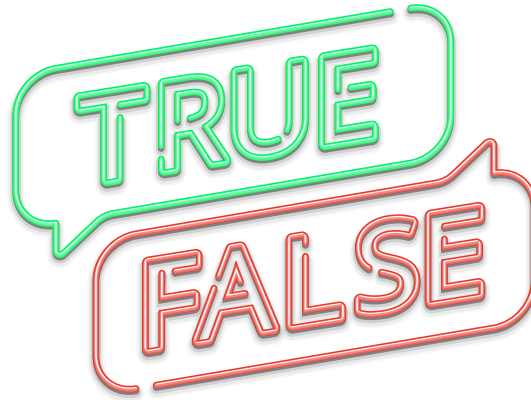
A condom is 100% effective as a contraceptive. True or false?

False: No contraceptive is 100% effective. Condoms can fail 18 times out of 100 due to incorrect use, so it is important to know what interferes with perfect condom use and what to do if a condom fails.

Condoms can get damaged, which can reduce their effectiveness. Oil-based lubricants can damage a condom and cause it to split. A condom can also be damaged by jewellery or nails when removing it from the packaging or putting it on. Additionally, a condom may have been badly stored, have passed its expiry date, or a condom may have been put on incorrectly, causing it to split.

If someone is on the pill, they don't need to use condoms to protect their sexual health. True or false?

False: : If someone is taking the contraceptive pill, they are protected against pregnancy, but neither they nor their partner are protected against STIs



Withdrawing the penis from the vagina before ejaculation is a good contraceptive method. True or false?

False: Withdrawal (or the 'pull-out' method) is not an effective method of contraception as there can be 'pre-ejaculate' on the penis before ejaculation. The pre-ejaculate, which is a small amount of semen that can be released before full ejaculation, can contain sperm which may result in a pregnancy. The pull-out method also does not protect against STIs.

Wearing two condoms offers more protection than wearing one. True or false?

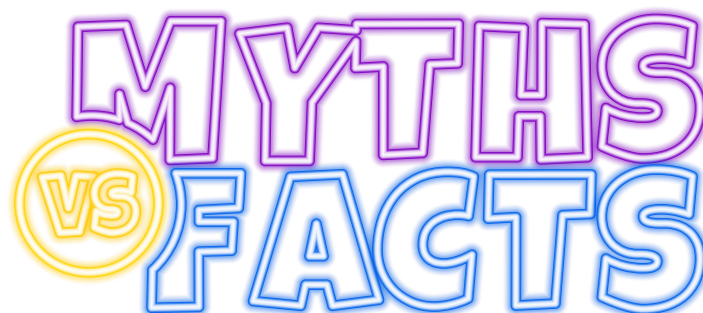
False: Using two condoms actually offers less protection than using just one. Wearing two condoms together can cause friction between them, weakening the material and increasing the chance that the condoms might break.

A person can get contraceptive advice at any age. True or false?

True: Whatever their age, a person who is sexually active and at risk of an unplanned pregnancy can and should get contraceptive advice from a doctor. If someone under 17 years of age wants a prescription, the doctor will first establish that there is no concern of abuse. If they are under 16, the doctor will encourage them to involve their parents. However, taking into account the young person's circumstance and maturity, a doctor can prescribe without parental involvement if they decide that it is in the best interest of the young person.

Contraception is not necessary for sexual activity between same-sex partners. True or false?

True: Same-sex sexual activity does not have a risk of pregnancy. However, same-sex couples still have to practise safer sex in order to protect themselves from STIs. Condoms and dental dams (small flat sheets of latex) should always be used to help prevent STI transmission during vaginal, anal and oral sex.





Handout – Commonly used contraceptives

Condoms

An external (male) condom is:

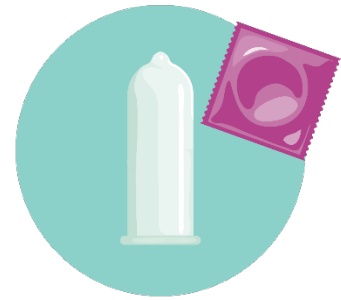
- 98% effectiveness with perfect and normal use.
- 82% effective when not always used correctly.

What is it?

A male condom is a barrier method put over the erect penis before sex. It helps to prevent getting or passing on a sexually transmitted infection (STI), including HIV, and helps to prevent pregnancy. Most external condoms are made of latex.

How does it work?

The condom is rolled onto an erect penis before sex. The condom prevents sperm from being passed from the man to his partner. They are used for penetrative sex (vagina or anus) and oral sex.



Combined oral contraception - the pill

The combined contraceptive pill is a tablet that contains artificial versions of the two female hormones, oestrogen and progesterone. The pill needs to be taken at around the same time each day.

It is:

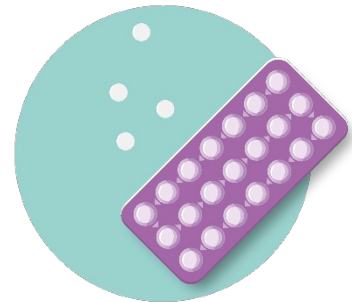
- Over 99% effectiveness with perfect and normal use.
- Over 91% effective when not always used correctly.

How does it work?

The combined pill releases the artificial form of the hormones - oestrogen and progesterone - which are absorbed into the body.

It works by:

- stopping ovulation (an egg being released from the ovaries).
- thickening the mucus at the neck of the womb (uterus) so it is difficult for sperm to enter the womb.
- thinning the lining of the womb and this prevents a fertilised egg from settling (implanting) in the womb.



Handout – Commonly used contraceptives (continued)

The mini pill

The mini pill is:

- Over 99% effectiveness with perfect and normal use.
- Over 91% effective when not always used correctly.

What is it?

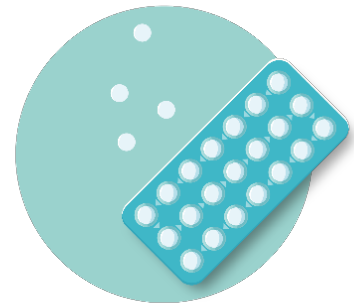
The mini pill is a progestogen-only pill and has no oestrogen in it. This pill needs to be taken at around the same time every day. If it is not taken correctly it could result in a pregnancy. The pill must be taken continuously without a 7 day break. Another method of contraception must be used if the pill is taken late.

How does it work?

The mini-pill releases the artificial form of the hormone progesterone into the body.

It works by:

- stopping ovulation (an egg being released from the ovaries).
- thickening the mucus at the neck of the womb (uterus) so it is difficult for sperm to enter the womb.
- thinning the lining of the womb and this prevents a fertilised egg from settling (implanting) in the womb.



Injectable contraception

The injectable contraception contains an artificial form of the progesterone hormone.

It is:

- Over 99% effectiveness with perfect and normal use.
- Over 94% effective when not always used correctly.

What is it?

An injection of an artificial form of the hormone progesterone is injected into the arm or bum.

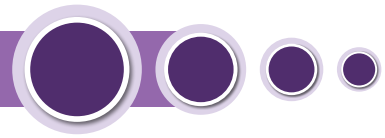
How does it work?

Progestogen is slowly absorbed from the muscle into the blood over a course of 12 weeks.

It works by:

- stopping ovulation (an egg being released from the ovaries).
- thickening the mucus at the neck of the womb (uterus) so that it is difficult for sperm to enter the womb.
- thinning the lining of the womb and this prevents a fertilised egg from settling (implanting) in the womb.





Handout – Commonly used contraceptives (continued)

The implant

The implant is:

- Over 99% effective

What is it?

It is a small flexible rod put under the skin of the upper arm. It lasts for up to 3 years once inserted. It can be felt under the skin but it can't be seen. Insertion and removal must only be done by a specially trained doctor.

How does it work?

It works by:

- stopping ovulation (an egg being released from the ovaries).
- thickening the mucus at the neck of the womb (uterus) so that it is difficult for sperm to enter the womb.
- thinning the lining of the womb and this prevents a fertilised egg from settling (implanting) in the womb.



The patch

The patch is:

- Over 99% effectiveness with perfect and normal use.
- Over 91% effective when not always used correctly.

What is it?

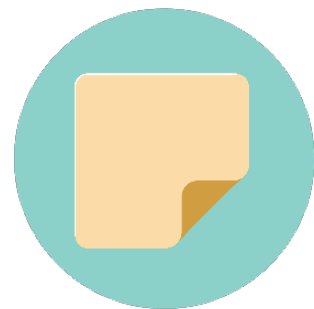
A patch is similar to a small plaster of 4cm by 5cm. Each patch lasts for 1 week; A new patch is put on every week for 3 weeks (21 days) in a row without a break, then a person may be advised to wait for a few days, up to 7 days before putting on a new patch. This advice will depend on the doctor's instructions.

How does it work?

The patch releases the artificial form of the hormones - oestrogen and progesterone - into the body.

It works by:

- stopping ovulation (an egg being released from the ovaries).
- thickening the mucus at the neck of the womb (uterus) so it is difficult for sperm to enter the womb.
- thinning the lining of the womb and this prevents a fertilised egg from settling (implanting) in the womb.



Handout – Commonly used contraceptives (continued)

Vaginal ring

A vaginal ring is:

- Over 99% effectiveness with perfect and normal use.
- Over 91% effective when not always used correctly.

What is it?

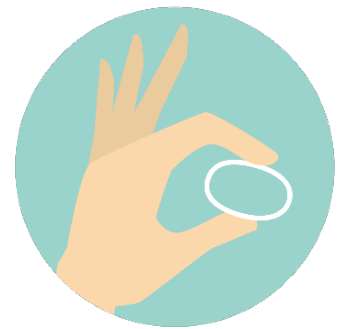
A vaginal ring is a small flexible ring. It is inserted into the vagina and left there for 3 weeks (21 days) without a break. A person may be advised wait for a few days-up to 7 days-before putting in the new ring. This advice will depend on the doctor's instructions.

How does it work?

The vaginal ring releases the artificial form of the hormones - oestrogen and progesterone - which are absorbed from the vagina and into the blood.

It works by:

- stopping ovulation (an egg being released from the ovaries).
- thickening the mucus at the neck of the womb (uterus) so it is difficult for sperm to enter the womb.
- thinning the lining of the womb and this prevents a fertilised egg from settling (implanting) in the womb.



For more detailed information on any of these contraceptives visit: www.sexualwellbeing.ie



