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## *A Piece of History: Health Promotion*

*Written by Dr. Pam*

Very early in the life of PPMC we were asked to take part in 'sex education', both within and outside the school system. Perhaps we did not realize at the time what a huge part this would play in our future; at the time, we used staff and volunteers as resource persons for this work, but the demand grew steadily until we eventually needed a full time staff person in order to respond to the requests for this service. As an organization, we have been blessed with a se-

ries of wonderful people in the role of 'Education Coordinator' and each has made an enormous contribution to the effectiveness of this part of our work. The work has changed over the years and our Sexual Health Educator, now Health Promoter, currently works largely as a resource and instructor for other front-line workers, such as teachers, nurses, medical students, physicians, social workers, and youth workers. Much time is spent in program plan-

ning and responding to requests – "Help, I've got to do some sexuality teaching" or "Have you got any resources on STI prevention for teenagers?" It is busy and demanding work, begun in response to a clear community need, often provoking controversy and criticism as it has from the beginning. It is a crucial piece of who we are and what we do, and we are ever grateful for the wonderful people – staff, volunteers, other professionals – who are part of this vital service.

### **In 2005/2006 PPMC...**

- Saw over 1700 new clients.
- Met with more than 5500 clients 21-30 years old.
- Performed more than 580 HIV tests.
- Has seen more than 100 patients 51+ years old.

## *It Can Happen to You...Don't Let It*

"I don't remember what happened to me." This is a frightening statement we have been hearing from a growing number of our clients recently. The number of reported cases of victims of "the date rape drug" is on the rise, and reaching alarming num-

bers. Targets are not only women; men are also falling victim to this illegal and violent act.

GHB, Rohypnol and Ketamine are the dangerous and powerful drugs being used by predators. These drugs come in liquid or dissolvable pill form, and

are slipped into drinks leaving no obvious taste or indication of their presence to the unsuspecting individuals. (Exception: GHB can taste salty).

At this point raising awareness is our best defense. Providing infor-

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## *Planned Parenthood Metro Clinic: Soon to be Halifax Sexual Health Centre*

*By Rhonda, Executive Director*

With Planned Parenthood Metro Clinic's 36-year history, we are proud of our continuous promotion and support of reproductive health as a fundamental human right. However, as times change, our clients change and new issues and challenges emerge.

As many of you will agree, the clinic's target audience and our diverse needs have expanded and, along with them, so has our range of services.

Many of us have long felt that our name, Planned Parenthood Metro Clinic, fell short in describing who we are, what we do and whose needs we meet. For similar reasons, the national federation changed its name in the fall of 2005 to the Canadian Federation for Sexual Health.

Prior to following suit, we assembled a Communications Committee this winter and conducted a short stakeholder survey to gather input on the need for and manner of conducting a name change. The results were unanimous: change the name and get on

with business.

We will change our name to **Halifax Sexual Health Centre** via a stakeholder and media event this June. Changing our name to Halifax Sexual Health Centre will go a long way toward ensuring that those who need our services will know to come to us.

Planned Parenthood recognizes that one of the basic human rights for all individuals throughout the lifespan must include sexual health, its diversity of expression and reproductive choice, free of coercion and discrimination. With our new name, we will be able to be a stronger champion for the sexual health and reproductive choices of all individuals in our community.

With any change comes new challenges. We are looking forward to moving ahead and building on our legacy by meeting the needs of a changing population in Halifax Regional Municipality.

## *Comings & Goings*

There have been a number of staff changes this spring:

- In January, PPMC said goodbye to Judith and welcomed our new bookkeeper, Christa, to our organization.
- We said goodbye to Shali, our Administrative Assistant, in February. Shali is continuing her Health Promotion studies at Dalhousie University and we wish much success. PPMC welcomes Robin as the new Administrative Assistant.
- PPMC is happy to welcome back Anita as the Anonymous HIV Testing Program Coordinator.
- Charlene, who was PPMC's Interim Anonymous HIV Testing Program Coordinator, is now our new full-time clinic nurse.
- We would like to extend much thanks to Ashley, who worked with us from January to April as our Health Promotion Intern.
- PPMC is pleased to have Amy join us as our full-time casual clinic nurse. Amy has worked with us previously in HIV outreach.
- We want to welcome Angela, our 2006 Summer Clinical Assistant, to PPMC. Angela is a fourth year Dalhousie University student studying kinesiology. She will be working with us for 12 weeks during the summer months.

- In 2003, an estimated 28% of 15- to 17-year-olds reported having had sexual intercourse at least once in their lives. (The Daily, May 3, 2006)

## Anonymous HIV Testing Update



Written by Charlene, Interim Anonymous HIV Testing Coordinator

The anonymous HIV testing at PPMC continues to be very busy and offers a unique service to the people of Nova Scotia. The majority of the people who are tested are from HRM (95%). However, we do see people from all across Nova Scotia. To accommodate our clients, we offer one evening clinic on Thursdays for people who may be from out of town.

In the past year we have seen over 500 clients, through our clinic and its four outreach

sites: AIDS Coalition of Nova Scotia, Stepping Stone, Friendship Centre, and LGBYP. This number is divided almost evenly between females and males with most of the testing being done at PPMC.

Some individuals seek testing as a result of possibly being exposed to the HIV virus but many get tested as a routine part of looking after their health. More and more people are coming as part of a couple or when they are beginning a new relationship.

If you are interested in

getting tested you only need to set aside one hour of your day. You need to make an appointment to see our HIV nurse for HIV testing, counseling or to address your questions. A small amount of blood is taken and sent to the lab anonymously. You will be asked to return to the clinic in one week for your results. No results are given over the phone or by email, only in person.

Anyone interested in setting up an appointment time is encouraged to call Planned Parenthood Metro Clinic at 455-9656.

**“Some individuals seek testing as a result of possibly being exposed to the HIV virus but many get tested as a routine part of looking after their health.”**

## Clinic Update

Written by Nancy, Clinic Coordinator

### Two new clinics

Our two new clinics held Monday evenings from 4-7 PM, and Wednesday mornings from 9AM-12 noon, have been very successful in further meeting the needs of our clients.

### Sexpressions

Halifax's first Sexpressions: Adolescent Sexual Health Education Conference, held on April 11/06, was a great success. This conference was a 12 hour intensive workshop facilitated by Stephanie Mittleman MA,CCFE,CSE, a certified sexual health educator from Quebec. The conference participants included many community partners and PPMC affiliates from around the province.

### Birth Control Update

We are happy to announce that the cost of the Nuva Ring has been decreased from \$20 per cycle to \$10 per cycle, which makes this option more accessible to our clients. We would also like to announce that we are now stocking flavored Dental Dams @ \$2.50 each and Reality Female condoms @ \$3.50 each.

For more information please contact PPMC at 455-9656 or [mac@pphalifax.ca](mailto:mac@pphalifax.ca)

### Fertility Awareness Method (FAM)

Savayda Jarone, a medical herbalist, continues to partner with PPMC to offer seminars on FAM, a 100%

natural birth control method.

For more information contact Savayda at 431-4150 or [wildoats@ns.sympatico.ca](mailto:wildoats@ns.sympatico.ca)

### Tricyclen-Lo

Tricyclen-Lo is a new oral contraceptive pill from Janssen-Ortho. This birth control pill has the same effectiveness as Tricyclen with only 25 mcg of estrogen, compared to Tricyclen's 35 mcg of estrogen. Tricyclen-Lo provides good cycle control and is considered a low control birth control option.

PPMC has male condoms and lubricant are available at no charge (as needed).

## Parents & Youth Talk about Sex

Written by Joanna, Health Promoter

**“Many young girls reported not being prepared for their first periods and experienced upset when it came.”**

*Or do they?* According to a survey conducted in October 2005 by the Canadian Association of Adolescent Health, many teenagers between 14 and 17 years of age consider their parents a key resource for accurate information about sex. But seeing your parents as a resource and going to them are two different things. Some youth are still hesitating when it comes to having “the talk” or “a talk” with their folks about some aspect of sex or sexual health.

Recently, I spoke with 75+ youth between 14 and 16 years of age about talking to their parents/guardians about sex and sexual health. I initially asked them how many were already having discussions with their parents/guardians and very few said they were. After I presented some concrete examples of what those conversations would look like, i.e., naming your body parts, private and public actions, good and bad touching, body changes during puberty, first periods, wet dreams and crushes, a few more hands went up.

Surprisingly, the majority reported that they had not had any open discussions about sex or sexual health with their parents/guardians. Young women spoke of “pads magically appearing” and bras being purchased without much discussion at all. Many young girls re-

ported not being prepared for their first periods and experienced upset when it came. Boys didn’t report having conversations with their parents/guardians about their body changes, spontaneous erections or wet dreams, but they openly joked and acknowledged their experiences with one another in class.

So why aren’t youth asking their parents/guardians questions and why aren’t parents initiating conversations with their children about sex and sexual health?

I asked the youth, “What’s holding you back?” “What are your concerns or fears?” Their responses may surprise you.

*“They are my parents, they know me!”*

*“It would be too awkward.”*

*“If I ask anything, they will assume I’m doing it.”*

*“I’m scared they will tell one of their friends that I asked . . . ‘Oh I had ‘the talk’ with Billy last night.’”*

So youth are concerned that having a conversation about sex will change the relationship they have with their parents; their parents may think of them differently and/or treat them differently because of the talk. Youth are concerned that they may be

uncomfortable talking about the intimate nature of sex with their parents. Youth are concerned about being judged by their parents; they have questions, but this doesn’t mean they are doing what they are asking about. Finally, youth are concerned about confidentiality. They want to know that their private conversation with their parent(s) remains with their parent(s). If a youth chooses one parent to speak with they would like to have that conversation remain with that one parent or they would like to be warned before the other parent is told about the conversation.

When I asked youth what they need and want from their

parents when they speak with them about sex and sexual health they responded:

- factual information
- confidentiality
- no judgment
- trust
- tell us about our family





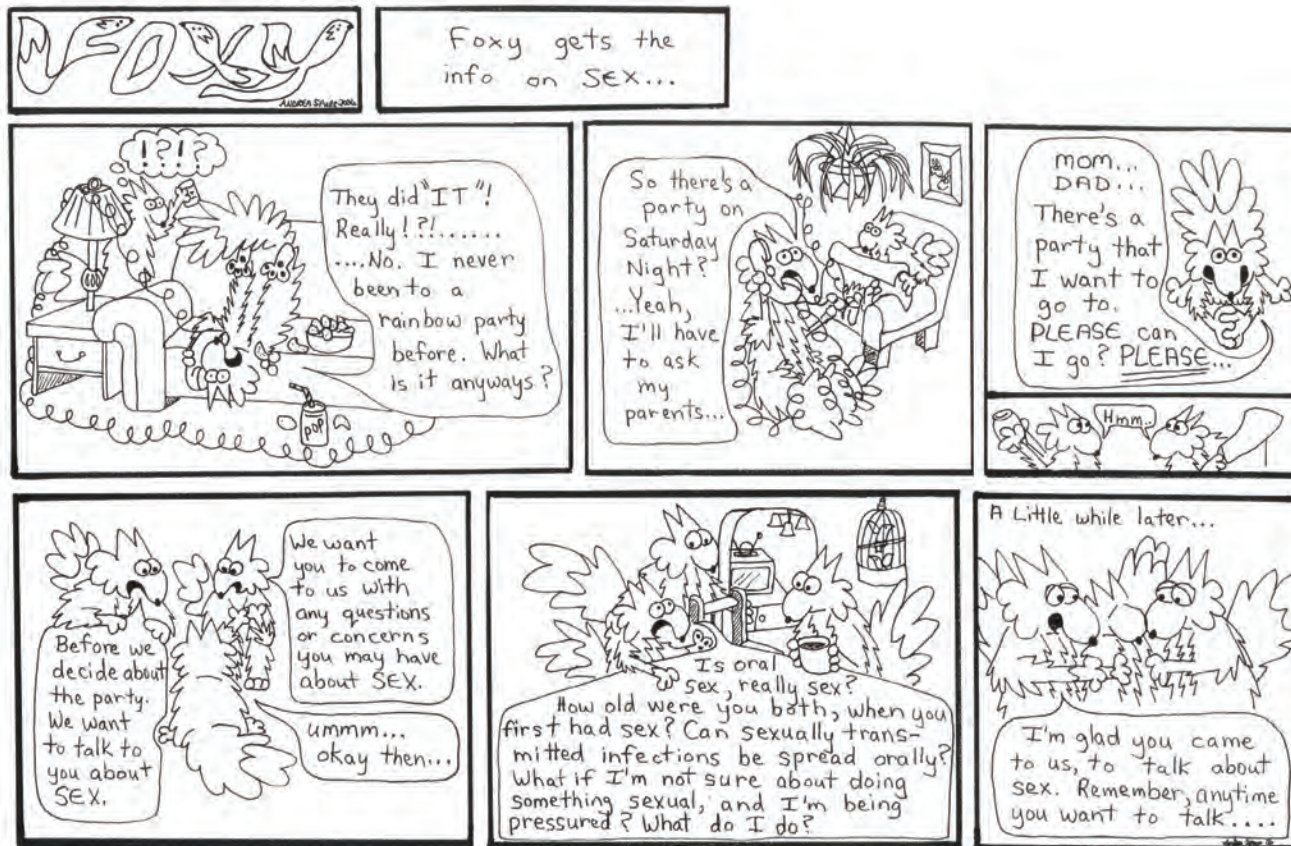
It's never fun  
to forget

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*Happen continued from pg 1*

mation and stressing the importance of following simple rules for safety, can help us begin to put an end to these cases of violence against the innocent.

**8 TIPS THAT MAY HELP KEEP YOU SAFE**

1. Never accept a drink from anyone you don't know. Lets face it...you don't know them ...you don't know if you can trust them!!
2. Never leave your drink unattended. Even if a friend says

3. they will watch it for you, they will likely be distracted by conversation.
3. Go out in numbers, watch out for one another, try to stay together, and never leave alone.
4. Watch the bartender mixing your drinks.
5. Limit the amount you drink. We all want to have fun, but the more intoxicated you appear, the easier target you become.
6. Do not drink from open containers or punch bowls.
7. At parties, mix your own

drinks, or better yet, bring drinks that need to be opened one at a time (like beer or coolers).

**8. HAVE A PLAN TO GET HOME SAFE**

When it comes down to it, YOU are responsible for your safety. Be aware of your surroundings. REMEMBER and PRACTICE these few simple rules EVERYTIME you go out drinking. KEEP yourself SAFE.....DONT BE A VICTIM!!

Resource: Avalon Sexual Assault Centre <http://avaloncentre.ca>

"Among teens and young adults, females are less likely than males to report condom use at last intercourse."

(Canadian Community Health Survey, 2003)

## *An Intern's Project:*

# *Pap tests for women who have sex with women*

*Written by Ashley, Student Intern*

**“Many women who have sex with women are unaware and misinformed of their specific risks for developing cervical cancer.”**

As a Health Promotion student at Dalhousie University, I was required to complete an internship placement during my last semester in the program. From January to March, 2006, I interned at Planned Parenthood Metro Clinic under the supervision of Joanna, PPMC's Health Promoter. During my placement I completed a project on Pap Test Awareness for women who have sex with women.

Cervical cancer has become a growing concern for Canadian women, particularly those residing in Nova Scotia with 60 new cases every year. Only 40% of Nova Scotia women are meeting the Pap test guidelines, which indicate an increased need for all women to have regular Pap tests. Many women who have sex with women are unaware and misinformed of their specific risks for developing cervical cancer. Most cases of cervical cancer are caused by the human papilloma virus (HPV). Although HPV is typically transmitted through vaginal

sex with a male, female to female transmission can occur if one of the partners has HPV. Most women who identify as lesbian or bisexual have had sexual relationships with a man at some point in their sexual history. Once a person has HPV they can transmit the virus to their partners (male or female) through skin-to-skin contact, oral sex, digital-vaginal contact, and from shared sex toys.

### **Additional Learnings:**

There are many ways in which the health care system can provide non-judgmental care and create an inclusive environment for women who have sex with women. Some suggestions are:

- ▶ Be aware of homophobic or heterosexist language/messages
- ▶ Remember that women who have sex with women should follow the same Pap test screening guidelines as women who have sex with

men.

- ▶ Encourage all women to use a latex barrier when having sex. Be sure to mention dental dams as well as condoms.
- ▶ Ask female clients how many sexual partners they have had. Do not assume that your female clients partner with men; ask whether their partners are women, men or both.
- ▶ Do not assume that all females require birth control or the morning after pill.
- ▶ Provide educational materials that focus on specific health care needs of women who have sex with women – use inclusive resources that reflect the broad experiences of a diverse clientele.

“An estimated 1350 Canadian women are diagnosed with cervical cancer each year and 400 die. Although the disease is treatable if caught early...some women avoid getting pap smears and the cancer isn't detected until it has advanced.”

~The Edmonton Journal, 22 March 2006

## Sexual Health Hodgepodge

- In the first 6 months of 2005, 858 cases of Genital Chlamydia were reported to Public Health in Nova Scotia. (Public Health Agency of Canada)
- The NS Advisory Council on the Status of Women have created a new publication, "Guide for Girls". This booklet covers subjects such as relationships, planning for work and career, managing money and being involved in one's community. The guide can be found at local public libraries, women's centres, teen health centres or at the Status of women website [www.gov.ns.ca/staw](http://www.gov.ns.ca/staw).
- The healthcare community is now seeing a "second wave" of sexually transmitted infections being diagnosed in the over-40s demographic. "The first wave is in the 16- to 21-year-old population. The second



wave seems to have been triggered by the increasing rate of divorce in

the over-40s." says Dr. Colm O'Mahony, urologist at the Countess of Chester [National Health Service] Trust in the UK. "Sexually active people should be tested for Chlamydia every year or when symptoms appear. And other STDs such as gonorrhoea, syphilis and HIV should be ruled out at the same time..." (CDC National Prevention Information Network, April 20, 2006).

- According to Statistics Canada, induced abortion rates were slightly decreased in 2003 compared with 2002. This decrease is contributed primarily to teen-aged women where we have seen the abortion rate decline steadily since 1997. "Induced abortions continue to be most common among women in their twenties, who accounted for 53% of all women who obtained an abortion." (Statistics Canada THE DAILY, March 15, 2006)
- The 28th Annual Guelph Sexuality Conference will be held at the University of Guelph, June 10-13.

- A new study is being conducted at Dartmouth Medical School, located in Hanover, New Hampshire, for the vaccine Cervarix, which has been developed for women to prevent human papillomavirus (HPV) infection. Researchers are reporting that women who have received the vaccine are maintaining high levels of antibodies for up to 4.5 years after receiving their last dose. (CDC National Prevention Information Network, April 7, 2006).
- In 2003, for the first time, Statistics Canada collected infor-



mation on sexual orientation. The survey states that among Canadians 18-59 years of age 1% reported that they consider themselves "homosexual" and 0.7% consider themselves bisexual. Statistics Canada states that 139,200 people 18-34 years of age reported being "homosexual" or bisexual - 2% of 18-34 year olds. The percentage of those reporting homosexuality and bisexuality is higher the younger the population.

topics to our times together. Personally, I feel greatly privileged and enlightened by what is shared during 'Chats with Pam'.

If interested in joining, please contact Joanna at 455-9656 ext. 18.

## Chats with Pam

Written by Dr. Pam

There is ample material in the media and in our work and lives within PPMC for our Wednesday morning discussions, which happen every 4-6 weeks. This time together emphasizes the need for a forum within which we can question

matters of 'sexuality in today's world', and perhaps clarify some questions that arise in our work here, or explore some of our responses to issues of local, national or international interest. Our conversations are wide ranging and the energy always seems high; newcomers, seasoned staff and volunteers are all welcome and invited to bring

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*Thank you for your support!*

## *PPMC Offers....*

- **Variety of affordable birth control.**
- **Emergency contraception (ECP)/Plan B**
- **Pregnancy tests**
- **Unintended pregnancy counseling**
- **Abortion referral**
- **Pap smear and breast exam**
- **STI testing and treatment**
- **Broad range of sexual and reproductive health information**
- **and teaching materials.**
- **Fertility awareness, information and counseling**
- **Support for gay, lesbian, bisexual, and transgender issues**
- **Free male condoms & lube**
- **Dental Dams**
- **Anonymous HIV testing**
- **Sexual Health Counselling**

## *Contraceptives at PPMC*

- \* **Alesse**
- \* **Brevicon**
- \* **Cyclen**
- \* **Demulen**
- \* **Marvelon**
- \* **Micronor**
- \* **Mini Ovral 28**
- \* **Ortho 7/7/7**
- \* **Select 1/35**
- \* **Synphasic**
- \* **Tri-Cyclen**
- \* **Tri-Cyclen Lo**
- \* **Triphasil**
- \* **Triquilar 28**
- \* **Yasmin**
- \* **Evra Patch**
- \* **Nuva Ring**
- \* **Nova-T IUD**
- \* **Depo Provera**
- \* **Male & Female Condoms**
- \* **Diaphragm Fittings**
- \* **Sponge Samples**
- \* **FAM Information Sessions**