



✓ Health Check

A Health and Literacy Program

NWT Literacy Council



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Acknowledgements

As literacy advocates in the Northwest Territories, we know that many people here have low literacy levels. Through our work, we are aware too of the numerous health issues that people in the NWT face daily. Given these factors, and the close links between literacy and health, we began to understand why it might be difficult for some people to make healthy choices.

As a key step in changing that, we saw a need for accessible health information—information that is easy-to-read, that can be integrated into different settings, and that helps people explore their options. *Health Check* is our response to that need.



The Health Promotion Division of the Dept. of Health & Social Services, GNWT provided the funding for this project.

Stories are the heart of *Health Check*. The stories, by adult literacy learners from the NWT, are truly northern and make the resource more engaging and more relevant to other northerners. They are not meant to represent medical opinions on the different health issues, but to reflect people's own experiences.



Thanks to the adult literacy learners who shared their stories with us. The stories are very personal, so we have changed the authors' names. However, they know who they are, and we thank them all.

We would also like to thank the people and organizations that made time to give us advice and support in developing *Health Check*. They provided useful information, and helped review and revise the materials.



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We wanted to test *Health Check* before we finalized it—to make sure the materials worked in the classroom, and to find out how we might

improve them. Instructors of NWT adult literacy programs volunteered to test *Health Check* with their learners, helping to make the resource more appropriate for northern learners.



Thanks to the adult literacy instructors who tested *Health Check* with their learners.

The ideas in the manual came from a variety of sources—from the extensive experience of Literacy Council staff, from the experiences of northern educators, from conversations, from workshops and from other publications.

For the most part we have not used materials directly. We have adapted ideas or materials to make them relevant and at an appropriate language level for NWT learners. We hope we have given credit to authors for the use of their material.



If we have used your material without crediting it, we apologize. If you let us know about mistakes or omissions, we will correct them in any future printings.

Introduction

The NWT Literacy Council is a not-for-profit organization that promotes and supports literacy development in all the official languages of the Northwest Territories.



- We work with communities to help develop local literacy projects.
- We provide literacy resources to people.
- We develop literacy teaching & learning materials.
- We promote the use of all official languages.
- We research literacy issues.
- We encourage reading and writing in all official languages at all ages.

Literacy levels are an issue in the north—more than 50% of NWT residents do not have the literacy skills they need for everyday living. Literacy and health are closely linked. When people think about the links between them, they tend to think about the difficulty people may have reading instructions on medicines. But the connections between literacy and health go well beyond a person’s ability to read. A recent report on the health of Canadians shows that people with low literacy skills are more likely than those with higher literacy skills to be unemployed, poorer, have poorer health and die earlier¹.

¹ Health Canada, *Towards a Healthy Future: Second Report on the Health of Canadians*

Key factors in determining people's health

Five key factors play an important role in helping determine whether people are healthy or not². Many are linked to literacy in some way.



Five key factors in determining health

1. Living and working conditions
2. Personal health practices and coping skills
3. Physical environment
4. Health services
5. Biology and genetics

1. Living and working conditions

Income and social status are the most important factors in determining good health. People with higher income are likely to be healthier than those with low income. Literacy levels may affect both income and social status.

Employment can affect health in several different ways:

- work itself may be stressful
- accidents and injuries at work may cause health problems
- unemployment may lead to low income, as well as stress

² This information is adapted from Health Canada, *How Does Literacy affect the Health of Canadians?* and Health Canada, *Strategies for Population Health—Investing in the Health of Canadians*.

Literacy levels may affect a person's ability to find and keep employment. Or, people may be unable to read safety notices.

Education affects health. People with higher education are likely to be healthier. They have better job opportunities and higher income. The security that comes from these makes them feel they have more control over their lives.

2. Personal health practices and coping skills

Stress, vulnerability and control affect health in a number of ways. Low literacy skills or unemployment are both stressful. People in these situations may feel they have no control over their lives and may have limited coping skills. These may lead to stress, which is a key factor in depression and other mental health problems, and may lead eventually to other illnesses.

Lifestyle choices affect people's health. People who make choices that lead to a healthy lifestyle are at less risk of health problems than those who choose high-risk behaviours. For example, choosing to smoke puts people at higher risk of a number of different health problems, like heart or lung disease. Lifestyle choices may be linked to access to health information.

Social support networks are linked to better health. People need families and friends for support, especially when things are difficult for them. Those with a strong network of support are likely to be healthier.

Pre-natal and early childhood development are important stages of development. A child's experiences during the first few years of

life may have a long-lasting effect on his health. For example, if a pregnant woman drinks alcohol, it may put her baby at risk of serious health problems. Or, if parents help their children develop early literacy skills, this supports literacy development throughout their lives, a more indirect effect on health.

3. Physical environment

Physical environment affects health. The quality of people's housing, the water they drink and the air around them are all factors in their environment. Housing quality may be related to income, which may relate back to literacy skills.

4. Health services

Health information is important in helping people make healthy choices. People who have difficulty reading will have difficulty accessing and understanding most health information.

Health services contribute to good health. People need to have access to good health services, especially preventative health services. However, they also have to feel comfortable accessing them, and they have to know how to use them appropriately.

5. Biology and genetics

Genetics may affect people's health. Some diseases that pass from a parent to a child may not be connected to literacy. Others, however, may interfere with literacy development.

Ways in which literacy may affect health



Low literacy may affect people's health both directly and indirectly.

Direct effects

- People may have difficulty following the doctor's or nurse's instructions.
- People may make mistakes when taking their medicine or when giving it to other members of their family.
- People may be unable to read safety or warning notices, resulting in accidents or injuries to themselves or others.

Indirect effects

- People with low literacy skills may feel ashamed and have low self-esteem. This may lead to stress and health problems.
- People may find it difficult to find or keep a job.
- They may have a poorly paid job, or live on a fixed income, like Income Support. That may result in poverty.
- People who are poorly paid or live in poverty may suffer from stress.
- People may be unable to read information that will let them make healthy choices.

Health in the NWT



Being healthy is more than not being sick. Health is a combination of physical, mental, social, emotional and spiritual well-being.

Health is a resource that people need for their everyday lives—it lets them take part in the life of their family, community and society. It also lets them contribute meaningfully to society.

In the Northwest Territories we have a relatively young population³. In 1996:



- 37% were under the age of 20, compared to 27% nationally
- 4% were 65 or older, compared to 12% nationally

Some aspects of the health of a population reflect its age. For example, injuries or sexually transmitted diseases occur mainly among young people.

For the most part, people in the Northwest Territories say their health is good, very good or excellent—only 9% say their health is poor.

³ Government of the Northwest Territories, Dept. of Health and Social Services, *NWT Health Status Report*



The leading causes of death in the NWT were cancers (25%), circulatory diseases (23%), and injuries (23%).

According to the *NWT Health Status Report 1999*, the major health concerns in the NWT are:

- preventable injuries
- lifestyle choices related to alcohol
- lifestyle choices related to tobacco
- unsafe sexual practices

Many health problems that people in the NWT experience are related to lifestyle choices and can be prevented⁴. For example:



- Rates of infection for chlamydia in the NWT were 542 people/ 50,000, compared to 77/50,000 in Canada—about 7 times higher
- 42% of adults over the age of 17 smoke
- Almost 50% of children under 15 live in a home where people smoke regularly
- The NWT's rate of heavy drinkers (26%) is much higher than the Canadian rate (9%)
- Nearly 25% of women surveyed in 1993 reported drinking alcohol when they were pregnant

⁴ Adapted from Government of the Northwest Territories, Dept. of Health & Social Services, *NWT Health Status Report 1999* and *NWT Tobacco Fact Sheets*

What is *Health Check*?

To be able to make healthy choices, people need two things:

- information on health topics that affect their lives, presented in a way they can understand
- a greater feeling of control over their lives

Health Check presents easy-to-read information on a number of health topics of specific concern to people in the NWT:



- Healthy eating
- Smoking
- Alcohol
- Active living
- Relationships
- STDs and AIDS
- Self-esteem
- Suicide

However, learners don't learn only facts about these topics. They explore the issues actively by reading about them and reflecting on their own ideas. Then they exchange their ideas with other people who may have had different experiences from theirs. By participating actively in this way, they might be better able to see how they can take more control of their own lives—and their own health.

All the activities involve literacy—speaking, listening, reading, writing—so as learners learn about health issues, they are also improving their literacy skills.

How *Health Check* is organized

We designed *Health Check* for a variety of settings. Anyone who works with people with lower level literacy skills can use it.



- Adult educators
- High school teachers
- Community Health Representatives (CHRs) or nurses
- Nutrition workers
- Youth workers

There are eight units. Each unit includes:

- a brief introduction for the instructor
- learning objectives
- a list of print, video and web-based resources suitable for both the instructor and the learners
- a reflection at the beginning of the unit, based on the learners' own experiences or thoughts on that health issue
- a vocabulary list
- two stories, followed by comprehension questions
- reflection/discussion on the issues in the stories
- a variety of learning activities related to the topic, with references to the appropriate basic fact sheet ✓
- a selection of basic fact sheets about the particular health issue

The idea is to start from the learners' experiences and build on them.

Using *Health Check*

Health Check is easy to use. You can use the units in any order. All the stories, activities and information are in clear language and easy to understand. The activities are easy to follow. Wherever possible, we have suggested ways in which learners can go out into the community to explore parts of each unit in its community context. We have also included all the resource materials you need for each activity—and the binder-format lets you photocopy whatever pages you want to use.

However, some topics in *Health Check* are sensitive in nature. Instructors need to create a comfortable environment for their learners. One way to do this is to develop some group agreements together as a class at the beginning of the program. These might include agreements about:



- respecting other people's opinions, even when they are different from your own
- trusting each other
- keeping things that the group discusses within the group
- listening without interrupting

You may also want to make sure that learners can access counselling or other resources that can support them, if necessary. And since the topic of abuse is included, you should talk to a social worker about when and how to report disclosures of abuse.

A compendium of ideas for instructors

Health Check contains a few selected activities for each unit. There are many other activities that will let you shape the materials to fit your learners in their own community. Here are a few general ideas:



Posters

All these units lend themselves to developing posters as part of public awareness campaigns. Let your learners choose one aspect of a health issue. Help them to understand they need a ‘catchy’ slogan, and also some artwork. You can display the posters in various places around the community:

- the health centre
- the drop-in centre
- youth programs
- alcohol programs
- schools
- the community learning centre
- recreation centre
- band or hamlet office



Surveys

Many topics, such as smoking, are good for class and community surveys. For example, learners can find out how many people in a sample of one hundred smoke. They have to plan the questions they will

ask, who they will ask, and how they will report back on the information. Graphs are a good way of reporting back on statistical information.



Brainstorming

Brainstorming allows you to collect as many ideas as possible. You can do this by simply asking learners to call out their ideas and having someone write them on a piece of flipchart paper. Accept all ideas.

Another way to brainstorm is to give each learner some yellow 'stickies'. They write one idea on each 'stickie', then come out and place the 'stickie' on a piece of flipchart paper. As they stick their idea onto the flipchart, they share it with everyone by saying it aloud.



Journals

Journals are particularly good in a participatory approach to learning. They allow learners to reflect on the topic both before and after the lessons. They also let learners explore ways in which they may apply what they have learned. Learners may or may not have to share their journals with the instructor. Instructors and learners together can decide how to handle this.



Radio shows

Learners can prepare a radio show around a particular topic. They can provide factual information, play appropriate music, prepare

advertisements about it and develop a quiz related to the topic, with prizes for the winners. They can also have guest speakers, like a nurse.



Radio phone-in shows

Learners can host a radio phone-in show around various health topics. They decide on the topic, and the day and the time when it will take place. Then they have to advertise the show, inviting people to call in with their views on the topic—make sure people know the phone number of the radio station. For example, one topic might be how to make the community more active.



Video programs

Learners can develop a video around a certain topic. It might include interviewing people in the community about the topic, creating and acting out different scenarios, and providing simple background information about it. You can show the video in schools, at youth programs, or other appropriate places.



Discussion

Discussions are a good way to get people thinking. There are a variety of ways to stimulate discussion. You can simply provide a topic, like ‘Smoking in public places’, and let learners discuss it freely. Or you might provide a statement, like ‘It’s OK for pregnant women to drink alcohol’, and ask learners to decide if they agree or disagree with it. They

can then discuss the statement in small groups or as a whole class. Another way is to provide True and False statements. Ask learners to decide if the statement is true or false, then follow up with a discussion.



Carousels

A carousel is a different way to brainstorm. For example, if the topic is ‘Ways in which different age groups can be active’, divide the class into three groups. Give each group a piece of flipchart paper, with one age group at the top—either ‘Children’, ‘Youth’, or ‘Adults’. Each group has to write its ideas down on the paper within a given length of time, for example one minute. When the time is up, the paper passes to the next group. Each group now has a new piece of paper with some ideas already on it. They have to think of any new ideas and write them down. Then they pass the paper on again. (It becomes more difficult to think of things towards the end!) At the end of the activity, each group reports back on the paper it has at that time.



Roleplays

In roleplays, learners act out specific scenarios. Each group of learners gets one scenario involving two or three people. Each person in the group takes on the role of one of the characters and has to imagine what that character would say and do in that situation. They then have to make up a conversation among the different people and act it out. Sometimes learners may be reluctant to take part in roleplays, but if they realize you are just imagining a conversation among the characters, it becomes easier. And it can be fun!



Debates

In a debate, people have to decide where they stand on an issue. Usually there is a main speaker and a seconder on each side of the issue. The first main speaker speaks “for” the issue, while the second main speaker speaks “against” it. Make sure there is a time limit for each speaker. Then the seconds for each side have their turn—again with a time limit. When they have all had a chance to speak, people from the floor—the other learners—have a chance to ask questions. At the end, there is a vote to decide which side made the stronger argument.



Community events

There are many opportunities to organize community events around health themes. This might be a good opportunity to partner with other community organizations. For example, learners might partner with the recreation committee to host an Active Living Picnic, where people bring nutritious food to eat and take part in physical activities.



Public awareness

Your learners can use literacy in a variety of ways to raise public awareness in health. They can make booklets, pamphlets, photo stories, posters, TV spots, bookmarks, calendars, etc. that they can distribute, or do, around the community. They need to decide before they begin who their audience is. Is the information for children? Is it for youth? Is it for adults?



Letters

Letters provide opportunities for 'real' writing. Learners can write letters on many different health issues to many different people:

- the Prime Minister
- their Member of Parliament
- their MLA
- the Mayor of the community, or the Band Chief
- the store
- the health centre
- the DEA or DEC
- any of the community committees, like the wellness or recreation committee
- the RCMP



National/ local events

There are all kinds of national/ local events⁵ associated with the topics in *Health Check*. Have your learners take part in as many as possible.



January:	National Non-Smoking Week
February:	Heart and Stroke Month
March:	Learning Disabilities Awareness Month National Nutrition Month
April:	National Cancer Month Stay Alert—Stay Safe Month
May:	National Fitness Month Mental Health Week
June:	Seniors Month
July:	Personal Health Month
October:	NWT Literacy Week (Sept/ Oct) National Child Abuse Prevention Month SIDS Awareness Month
November:	National Addictions Week Family Violence Prevention Month Diabetes Month AIDS Awareness Month

⁵ Northwest Territories Recreation & Parks Association, *Recreation and Sport Directory* 2002

Information for instructors

Most people love to eat. Some people have healthy diets, but many others may be eating food that is not very good for them.

When it comes to eating, people have to make choices. They may choose food that is not so good for them because:

- the variety of food available in their community is limited (especially in small, isolated communities)
- people may be living on a fixed income with a limited budget for food
- some types of food, like fresh fruit and vegetables, may be expensive in their community
- people may have changed from eating traditional foods to eating store-bought foods, and may not know what to buy or how to cook store-bought foods
- they like the kinds of food that are not so good for them—this may be especially true of young people
- they're influenced by advertising
- they don't know what kinds of food are good for them or the effects of poor food choices on their health
- they think eating healthy foods means they have to give up the foods they like
- it's easier to buy and eat fast food
- they eat the kinds of food their mothers cooked for them

Instructors can help learners make healthy eating choices by:

- discussing healthy eating and healthy lifestyle choices
- encouraging them to shop wisely to ensure healthy eating
- providing healthy food in the classroom to encourage them to eat healthy foods
- providing them with sources of information about healthy eating

Learning outcomes

Learners will be able to:

- understand how a balanced diet and being active contribute to people's well-being
- make healthy choices related to food for themselves and their family
- understand the role of traditional foods in people's diets
- know how to shop wisely to ensure healthy eating
- know where to get help and information about healthy food choices
- understand the stories and answer questions about them

Local resources

Many communities have a wealth of resources. Invite one of your community service providers who is familiar with the topic to come to your class to talk to your learners. Resource people might include:








- **the nurse**
- **the CHR** (Community Health Representative)
- **an elder**
- **the coordinator of the Canada Pre-natal Nutrition Program** (see Basic Facts 10 for a list of contacts)
- **Regional Nutrition Program Coordinator**
(serving Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e Health Boards)
Yellowknife Health & Social Services, Jan Stirling Building,
4702 Franklin Ave., Box 608, Yellowknife, NT X1A 2N5
Phone: 867-920-6546 Fax: 867-873-0158
e-mail: trish_fitzpatrick@gov.nt.ca
- **Nutrition Consultant**, Dept. of Health & Social Services,
GNWT, Box 1320, Yellowknife, NT X1A 2L9
Phone: 867-873-7904 e-mail: elsie_deroose@gov.nt.ca

Print resources

The following print-based resources may assist you with this unit.



Northern resource, or one of special northern interest




Title	Available from
 <i>N.W.T. Food Guide</i>	Nutrition Consultant Dept. of Health & Social Services Government of the Northwest Territories, Box 1320, Yellowknife, NT X1A 2L9
 <i>Good Sources of Iron</i>	Phone: 867-873-7904 e-mail: elsie_deroose@gov.nt.ca
 <i>Good Sources of Vitamin C</i>	Or Regional Nutrition Program Coordinator
 <i>Good Sources of Folic Acid</i>	Yellowknife Health & Social Services Jan Stirling Building, 4702 Franklin Ave., Box 608, Yellowknife NT X1A 2N5
 <i>Good Sources of Calcium</i>	Phone: 867-920-6546 e-mail: trish_fitzpatrick@gov.nt.ca
 <i>Good Sources of Vitamin A</i>	
 <i>Food for a Healthy Baby</i>	
<i>Tips for Healthy Eating</i>	Dairy Nutrition Council of Alberta, 14904 – 121A Avenue, Edmonton, AB T5V 1A3
<i>Active Living Food Guide Slide</i>	Phone: 780-453-5942 e-mail: srietveld@dnca.ab.ca
<i>Canada's Food Guide to Healthy Eating</i>	Office of Nutrition Policy and Promotion Main Stats Canada Building, Room 2701, Tunney's Pasture, A.L. 0302D Ottawa, Ontario, K1A 0K9 Phone: 613-957-8329 Also available on Health Canada's website
<i>Fun and Food: A way to decrease the risk of getting diabetes</i>	Diabetes and Chronic Diseases Unit Manitoba Health, 4 th Floor 300 Carlton St., Winnipeg, MB R3B 3M9 Phone: 204-788-6732 e-mail: LyCraig@gov.mb.ca
<i>Take ACTION to PREVENT Diabetes</i>	
<i>Shop Smart!</i>	Consumers' Association of Canada 404-267 O'Connor St. Ottawa, Ontario K2P 1V3 Phone: 613-238-2533 Fax: 613-563-2254 e-mail: info@consumer.ca

Video resources

These videos are available for people in Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e from Regional Programs, Yellowknife Health & Social Services Authority, Box 608, Yellowknife, NT X1A 2N5.

Phone: 867-920-3454

Fax: 867-873-0158

Title	Description
<p><i>Best Breakfast</i> 1994 12:00 mins</p>	<p>The Best Breakfast respects individual differences and does not suggest that we should all eat a breakfast scientifically selected for maximum nutritional benefits. Viewers meet people with various ideas about the morning meal. (Ages 13 – adult)</p>
<p><i>Buying Food</i> 1985 10:47 Northern Nutrition Series</p> 	<p>This northern video uses still photos and narration and features Aboriginal people buying and preparing food. Reviews the northern food guide and provides tips on shopping for healthy, inexpensive foods.</p>
<p><i>Careers in Nutrition and the Environment</i> 1997 9:50 mins</p> 	<p>This short video is for Aboriginal students interested in the relationship between traditional knowledge, food, health and the environment, and curious about careers in these areas. Aboriginal professionals and prominent Aboriginal leaders talk about their experiences and offer valuable advice.</p>
<p><i>Community Kitchens</i> 1992 8:50 mins</p>	<p>Produced by Kamloops Food Share, this video provides a step-by-step description of what happens in a community kitchen and clearly shows the social benefits of group cooking. A good discussion video for groups who are looking for community action against hunger.</p>
<p><i>The Circle of Life</i> 1993 11:34 mins</p> 	<p>Short nutrition course highlights from Fort Good Hope. Elders demonstrate hunting techniques and how to recognize and protect the quality of traditional food. Topics include: How the environment provides nutrition, How the body uses energy and nutrients, Recognizing and protecting food quality, Contaminants and traditional food, The quality of market food, Nutritionally complete diets from traditional and market food.</p>
<p><i>Eating for Less</i> Lily gets her money's worth/The Lily Series 1997 13:00 mins</p>	<p>Realizing that money is tighter than ever, a young mother returns to the basics of shopping and food preparation to make ends meet.</p>







Video resources (cont.)

Title	Description
<p><i>Fruits and Vegetables</i> Lily bets on five a day/ The Lily Series 1997 12:00 mins</p>	<p>A young mother is faced with the challenge of providing her family with five servings of fruit and vegetables a day.</p>
<p><i>E*T*C* Eating, Teens & Calcium</i> 1997 10:00 mins</p>	<p>This video emphasizes non-dairy foods that are high in calcium and shows teens how to prepare them. You'll learn information on calcium and how to get this mineral in your diet in many foods.</p>
<p><i>Fad Diets: The Weight Loss Merry-Go-Round</i> 1998 17:00 mins Meridian Education Corp.</p>	<p>Teenage boys and girls share their views on why fad diets are popular but do not work. Experts offer clear explanations of metabolism and nutrition basics during puberty, as well as convincing arguments in favour of exercise and healthy eating habits. Uses the American Food Guide pyramid, without focusing too much on it.</p>
<p><i>Fast Foods</i> 1991 25:00 mins</p>	<p>The viewer accompanies a member of the Nutri-squad, fast food division as he polices fast food outlets. Common fast foods, such as burgers, fries, shakes and deep fried chicken are examined for the amount of fat they contain. Hidden sources of fat such as salad dressings are exposed.</p>
<p><i>Feeding Your Baby: The First Year</i> 1994 11:14 mins</p>	<p>This plain language video presents the basics of feeding a baby during the first year. Topics covered include: breastfeeding, use of formula, when to introduce different foods, what foods to use, when cow's milk should be introduced.</p>
<p><i>Food Choices: The Cancer Connection</i> 1987 18:00 mins</p>	<p>Presents changes in diet, which may reduce the risk of cancer. Produced by the Canadian Cancer Society. Suitable for adults.</p>
<p><i>Infant Nutrition</i> Northern Nutrition Series 1985 14:30 mins</p>	<p>This northern video reviews breastfeeding, formula preparation, tooth decay, and feeding infants solid food.</p>
<p><i>Food and Fat</i> (Revised edition) 1993 25:00 mins</p>	<p>This video helps viewers understand dietary fat clearly and with humour. <i>Food and Fat</i> shows how to determine your personal daily fat limit and explains how fat enters a typical diet.</p>
<p><i>Label Smart</i> 1993 8:00 mins</p>	<p>Includes seven entertaining video clips using game show format. Contestants are taken through a series of questions on nutrition labelling. Worksheets available in English and French.</p>

Video resources (cont.)

Title	Description
<p><i>Mirror of the Heart</i> 1994 24:00 mins</p>	<p>For many women a preoccupation with body image and a lack of self-esteem result in obsessions with food and diet, and can result in Anorexia Nervosa and/or Bulimia. These eating disorders are not about food; they are a reflection and an outlet of inner turmoil, based on society's focus on appearance and physical beauty. This video looks at these disorders and coming to terms with them through the stories of five women.</p>
<p><i>Recipe for Good Health</i> 1998 60:00 mins</p>	<p>Robyn Kirby, noted nutritionist and herbalist, shows you how basic nutrition can benefit you. Learn how to prepare a simple, nutritious and balanced breakfast lunch and dinner cost-effectively. Information is for both vegetarian and non-vegetarian meals.</p>
<p><i>Reviving Ophelia</i> 1998 35:00 mins</p>	<p>Mary Pipher, Ph.D., discusses the challenges facing today's teenagers, especially girls, as well as the role media and popular culture play in shaping their identities. She offers concrete ideas for boys and girls, families, teachers, and schools to help girls free themselves of the influences of today's media-saturated culture.</p>
<p><i>Secrets to Good Health</i> 1998 50:00 mins</p>	<p>This video includes: Concepts of good nutrition, Proper food balancing techniques, How to find organic foods, Myths and misconceptions, Vegetarian and dieting dangers</p>
<p><i>Shopping Heart Smart</i> 1990 27:00 mins</p>	<p>Viewers learn shopping strategies to help them improve eating habits by choosing foods with more fibre and less fat.</p>
<p><i>A Question of Balance</i> A video in four courses 1992 13:00 mins</p>	<p>Many of our food choices are loaded down with salt, fat and sugar—fundamentally out of balance. This video recognizes that healthy foods have to look and taste good, and that balance in our diets depends on variety, quality and quantity. Information sheets & recipes provided. Produced by the Egg Marketing Board.</p>
<p><i>Real People: Coping with Eating Disorders</i> 1993 27:00 mins</p>	<p>Suitable for Grades 7 and up, this film looks at bulimia, anorexia and obesity.</p>
<p><i>Snacks: A Consumer Guide</i> 1997 23:00 mins</p>	<p>Learn how to apply basic nutrition to snack foods. This video looks at common snack foods to determine fat content. Reviews low fat and fat substitute options. Ages 13 – adult.</p>

Video resources (cont.)

Title	Description
<p><i>Stir It Up: The Story of Collective Kitchens</i> 1995 24:16 mins</p>	<p>Collective kitchens are springing up across the country. This is a documentary about people who get together pooling their money, time, energy and skills to make economical, healthy meals for themselves and their families. Although set in southern Canada, it is a good discussion video for groups who are looking for solutions to hunger.</p>
<p><i>This is Your Life</i> 1999 54:00 mins</p>	<p>Helps teens build a positive image through media message, and improve their eating and exercise habits.</p>
<p><i>Traditional Food, Is It Safe?</i> 1996 28:00 mins</p> 	<p>This video is an educational tool for Indigenous Peoples, describing the dilemma of contaminants in traditional food. It illustrates the value of combining western science and traditional knowledge, and includes comments by Dr. David Suzuki.</p>
<p><i>Feeding the Spirit</i> Awasis Training Institute of Northern Manitoba 1996 50:00 mins</p> 	<p>This video covers basic nutrition for expectant moms and babies. It reviews good practices for both breastfeeding and bottle-feeding. It also includes general points on healthy food preparation. Features First Nations Families throughout.</p>
<p><i>So You Want a Healthy Baby</i> Fort Alexander Health Centre, Manitoba 1990s 12:00 mins</p> 	<p>Provides future parents in First Nations communities with basic education about mother and baby health. Nutritious foods, changes in lifestyle (no smoking, no drinking) are recommended. Breastfeeding is strongly encouraged. Family support and elder guidance are also highly rated. Includes booklet on breastfeeding.</p>
<p><i>Diabetes: Lifetime Solutions</i> 1998 30:00 mins</p> 	<p>A documentary about the prevention, care and maintenance of diabetes in First Nations communities. This is a culturally sensitive video that covers the basics of what diabetes is and how you get it, but talks about factors unique to Native communities. The program explores different ways of preventing diabetes, such as improved diet and exercise, as well as reduction of stress. For those with diabetes, the video emphasizes ways to maintain good health and blood sugar levels.</p>
<p><i>Learning about Diabetes: A resource for Native people</i> 1985 20:00 mins</p> 	<p>Developed in consultation with First Nations. Information about Type II Diabetes and lifestyle habits that affect the disease. Information is presented in a straightforward factual way.</p>
<p><i>Power over Diabetes-</i> Northern Nutrition Series 1995 10:00 mins</p> 	<p>This northern video is designed to help patients understand and manage their diabetes. Reviews the causes of diabetes and management through diet, insulin and exercise.</p>

Websites

<http://www.dietitians.ca>

This is a website for dietitians. It has great activities like a virtual kitchen and a nutrition challenge.

<http://www.gov.mb.ca>

This is the Manitoba Government website. It has great resource information.

<http://www.hc-sc.gc.ca>

This is Health Canada's website. It has health information as well as resources. You can download *Canada's Food Guide to Healthy Eating* here.

<http://.hc-sc.gc.ca/hppb/ahi/diabetes/english/faces/joseph.html>

This is part of Health Canada's website. It profiles an Aboriginal elder with diabetes.

<http://www.albertamilk.com/dnca/index.html>

This is the website for the Dairy Nutrition Council of Alberta. It has a large variety of teaching resources.

Reflect

➤ **This unit is about healthy eating. Before you begin to read the stories, think about healthy eating in your own life, or in the life of someone you know.**

1. What kinds of food do you eat: for example, for supper?
2. Do you think the food you eat is good for your health?
3. Can you afford healthy food?
4. Is healthy food easily available in your community?
Why? Why not?
5. Do you eat lots of food that is not so healthy? Why?
6. How active are you? For example, do you walk short distances or do you drive?
7. Do you think your weight is a healthy weight for you?
Why?

Vocabulary

➤ **Here are words or phrases you will need to know for this unit. Do you know them? If not, look them up in your dictionary and write the meaning down.**

- junk food
- ingredients
- to bug someone
- calorie
- balanced
- habit
- unit pricing
- nutritious
- posture
- diet

Read 1

➤ **Read Cathy's story. Think about it as you read.**

Cathy's Story: The Year I Lost 60 Pounds

This story is about my weight problem. When I was a child, I ate lots of junk food, I kept getting bigger and heavier. By 1973, when I was 16 years old, I weighed one hundred and ninety pounds. My friends bugged me about my weight throughout the years and finally I made a decision to do something about my weight problem. Nobody would tease me anymore. I went to the health program at the Health Centre for some help. They told me what to do about getting in shape and feeling good about myself. So I followed the instructions: I started doing exercises such as pushups, sit-ups, and walking up and down the stairs, everyday. I did this a couple of times a day, for half a year. I also did something about my eating habits by starting to eat healthy foods like



- vegetables and fruits
- whole wheat bread
- low calorie butter
- cheese
- small amounts of lean meat

Read 1 (cont.)

I knew that, if I ate right, I would lose some weight. When I did start to lose weight slowly in a month's time, I felt so wonderful because I was getting thinner.

Today I'm glad that I did this exercise and ate healthy foods. I know that health is a good thing for my body. I'm sure I will keep doing healthy habits and I will be in good shape. Now if I eat junk food, fast foods and fatty foods, it makes me so miserable and I know my weight will increase if I keep on eating junk food. But I will give you a hint: do not lose too much weight because you could run into problems.



You could get really sick and end up in the hospital for a period of time until you get back on track with your health. One thing about health is to eat right, exercise everyday and you will stay in shape. You will also be strong and have good posture. Don't be a couch potato! Stay healthy and be proud of yourself.

Checkup

- **Now that you have read the story, try to answer the questions.**

Cathy's Story: The Year I Lost 60 Pounds

1. What kind of food did Cathy eat when she was a child?
2. How much did she weigh when she was 16?
3. Why did she decide to do something about her weight?
4. Where did she go for help?
5. What kinds of things did she do to get in shape?
6. How did she feel when she started to lose weight?
7. How does she feel about what she did to lose weight?
Why?
8. How does she feel when she eats food that's not so good for her? Why?
9. What advice does she give people about losing weight?
10. What things does she tell you to do to stay healthy?

- **What do you think about the way Cathy dealt with her weight problem?**
- **Why do you think that?**

Read 2

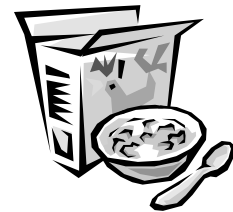
➤ **Read Rosie's story. Think about it as you read.**

Rosie's Story: Feeding My Family

My name is Rosie. William and I live together with our daughter Angie. She's two years old. William and I both work, so we're pretty tired when we get home. William hates cooking—he never cooks. I don't like cooking either, but I have to do it. Usually we just have something out of a can, or frozen dinners—they're pretty good nowadays. Sometimes we order in a pizza or some fried chicken. Angie eats the same as we do.



In the morning, for breakfast, I usually have a cup of coffee. If I have time, I'll have some toast. Angie is a really fussy eater: she likes sugarcoated cereal—she won't eat breakfast, if I don't give her that. William skips breakfast. At lunch, William and I grab a burger and fries or a hot dog from the restaurant. Angie has lunch at my mom's. She feeds her caribou or fish usually.

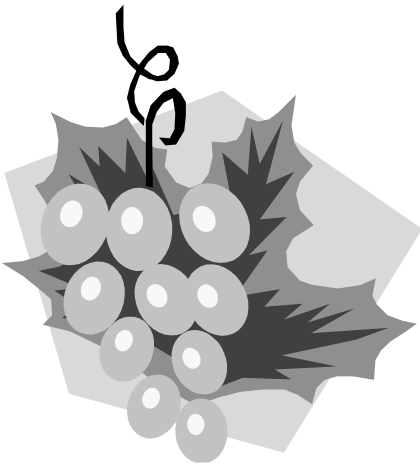


Read 2 (cont.)

My mom always says we don't eat properly. She says the food we eat is not as healthy as the food I ate when I was a kid. Then we always ate traditional food. My father would go out hunting and he'd bring back a caribou or a moose.



My mom says Angie will get sick if I don't feed her better. I don't want that to happen. I don't know what to do—my mom's beginning to get me worried. But she didn't work when I was growing up—she doesn't know what it's like to work all day and then come home and have to cook. Also, I have to buy all my food from the store. Fruit and vegetables come in on the plane once a week. They are very expensive, so I don't buy them very often.



Checkup

- **Now that you have read the story, try to answer the questions.**

Rosie's Story: Feeding My Family

1. How do William and Rosie feel in the evening? Why?
2. How do both William and Rosie feel about cooking?
3. Who is responsible for cooking for the family?
4. What kinds of food does the family have for supper?
5. What does each person in the family have for breakfast?
6. What do they have for lunch?
7. Where do they each have lunch?
8. Who worries about what the family eats? Why?
9. What's Rosie's reason for the way she feeds her family?
10. Why does Rosie not buy fruit and vegetables very often?

- **Think about the kinds of food Rosie feeds Angie. What do you think about that?**
- **Why do you think that?**



Reflect

- **You have read Cathy and Rosie's stories about eating and you've answered questions about each person. Now here are some sentence starters to help you think about each person. On your own, write an ending for each sentence. Then, in groups of 3 or 4, share your sentences. Report back to the whole class. Choose one or two sentences to discuss.**

1. I think Cathy
2. I think William and Rosie's family
3. I would tell Cathy to
4. I would tell Rosie to



- **Some people eat healthy food and other people don't. In small groups, brainstorm why you think people don't eat healthy food. Write your ideas on a piece of flipchart paper. When all the groups are finished, compare your lists.**



Word search

- Here are some words that are in this unit. Circle each word in the table when you have found it. Cross it off the list too. (Answers in Appendices)

a	s	n	g	w	n	d	n	f	c
l	a	u	h	e	d	p	s	a	a
k	n	t	h	i	i	i	h	t	l
o	d	r	a	g	a	z	p	t	o
b	w	i	b	h	b	z	o	y	r
u	i	t	i	t	e	a	s	e	i
g	c	i	t	n	t	f	t	t	e
g	h	o	s	p	e	s	u	n	k
e	e	u	c	h	s	i	r	e	d
d	s	s	f	r	o	z	e	n	s

weight

fatty

nutritious

habit

posture

bugged

frozen

calorie

tease

pizza

sandwiches

diabetes

Discuss



Basic Facts
3, 5, 6, 7, 8

➤ **In groups of 2 or 3, choose one of the following situations and discuss it in your group. Think about what the problem is and some specific ways to deal with it.**

1. Mary is Aboriginal and has diabetes—a disease that occurs when your body has difficulty using sugar. In the past, doctors didn't find diabetes among Aboriginal peoples: now it's an increasing health problem for them. By 2016, 1 in 4 Aboriginal adults may have diabetes¹.

2. Jim is a single parent with two children. He has no job and lives on income support. He lives in a small community where food has to be flown in—so it's expensive. He watches his money carefully, but even then he finds it difficult to feed his children well.



3. Jean is pregnant. She wants her baby to be healthy, but she doesn't know what kinds of food she should eat.



Remember to go over your group agreements before you begin your discussion.

¹ Adapted from Manitoba Health, and others. *Fun and Food: A way to decrease the risk of getting diabetes.*

N.W.T. Food Guide Quiz



N.W.T.
Food Guide

- **The *N.W.T. Food Guide* shows you the four food groups, and tells you how many servings of each group you should have every day. It helps you to eat a balanced diet.**
- **Answer these questions using the *N.W.T. Food Guide*. (Answers in Appendices)**

1. To which food group does peanut butter belong?
2. Which food group helps to build up your muscles?
3. How many servings of Milk and Milk Substitutes should a five-year-old child have?
4. To which food group do fish bones belong?
5. What would be a nutritious snack from the meat group?
6. How many pieces of bannock could one serving of bannock be?
7. Who would need foods with more energy?
 - A teenager who plays lots of sports?
 - A teenager who spends most of his spare time watching TV?
8. How can you maintain a healthy weight?
9. What kinds of food should you not eat too much of?
10. Which food groups should you eat from every day?

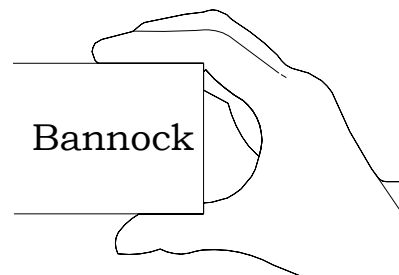
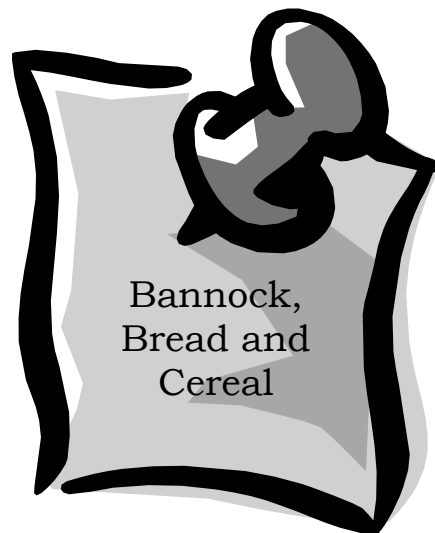


- **Now work with a partner to make up and ask each other questions about the *N.W.T. Food Guide*.**



- **Now play a game using the *N.W.T. Food Guide*.**
- One person in the class writes the names of each of the four food groups on separate cards and puts them up on the walls around the room.
 - Each person then writes the name of a food from the *N.W.T. Food Guide* on a small piece of paper (about 5cm x 2.5 cm) and puts it in a bag.
 - Each student then takes the name of a food out of the bag. He has to go and stand beside the food group that his food belongs to.

For example,

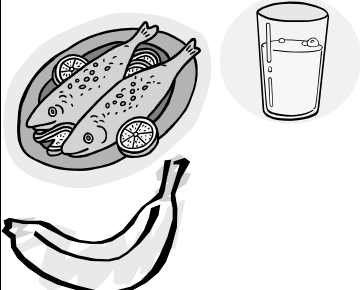

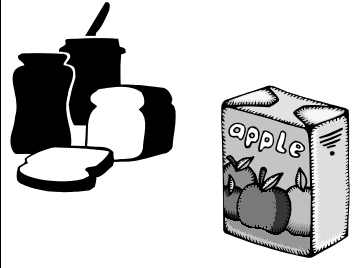


Balanced meals



*N.W.T.
Food Guide*

- **Eating balanced meals can help you feel good. A balanced meal has foods from all four food groups. The meals you see are not balanced. Using the *N.W.T. Food Guide*, write the missing food group(s) and the food(s) you would add to make the meal balanced. (Answers in Appendices)**

<p>1</p> <p>Fish Banana Milk</p>		<hr/> <hr/>
<p>2</p> <p>Rice Carrots Strawberries</p>		<hr/> <hr/>
<p>3</p> <p>Peanut butter Bread Apple juice</p>		<hr/> <hr/>

- **Now make up some balanced meals of your own. Share them with other people in your group to see if they agree they are balanced.**

Reflect



N.W.T.
Food Guide

- Write down everything you ate yesterday, including drinks. Try to work out how many servings you had. Use the Active Living Food Guide Slide or the N.W.T. Food Guide to help you.

Breakfast:



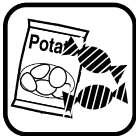
Lunch:



Supper:



Snacks:



- Now write down the different kinds of activities you took part in—walking to work, etc.

Activities:





➤ **Think about what you ate.**

1. Were your meals balanced? Yes _____ No _____

2. If 'No', what food group(s) was/were missing?

3. Did you have the right number of servings for each food group for the day? Yes _____ No _____

4. Which food groups had too many or too few servings?

➤ **Now think about how active you were.**



1. How active were you?

Very active _____ Somewhat active _____ Only a little active _____

2. Could you be more active? Yes _____ No _____

3. What things could you change?



- **Shopping wisely is an important part of eating healthy foods. Learning to read the labels on packages and the unit prices on shelves will help you to choose healthy food and get value for your money.**



- **Check it out! Go on a store hunt.**

1. Choose three different kinds of cereal. Which one has the most grams (g) of sugar? _____
2. Choose a store brand like 'Co-op', or a 'no-name' brand, and a regular brand of any item. They should be the same size. Which one is cheaper?

3. Choose a large and a small package of the same item. Which one is the better buy? (Use the unit price on the shelf to help you.)

4. Look for some fruit drink crystals (E.g. Kool-Aid) and some fruit juice. How much sugar is in each?

- **In small groups, plan a healthy menu for one week for a family of four people on a limited budget. Go to the store and work out how much it will cost.**

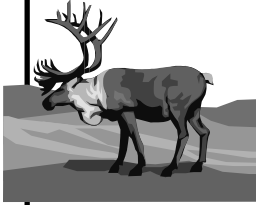
Research & learn

- **Traditional foods are an important part of many northern diets. In small groups, brainstorm traditional foods available in your community.**

○ ○ ○

Traditional foods in my community

- caribou



- **Now in your groups, interview an elder in the community about traditional food customs and how these have changed. Here are some questions to guide your discussion.**
 - How did people use the land in the past?
 - What would a traditional diet look like? Describe a specialty food or a favourite food.
 - How did people get these foods?
 - How have food customs changed today?
 - What are some of the things that have caused these changes? E.g. People have changed their work habits.
 - If people want these foods, what difficulties do they face?
- **Discuss your findings with the rest of your class.**

Cook and eat

- **Here is a recipe for caribou stew. Make some in your class. Enjoy!**

Caribou Stew



- 3 cups raw caribou, cubed
- 1 - 1 ½ cups flour
- 3 tbs cooking oil (Canola, Corn, or Sunflower)
- 1 cup water
- 1 chopped onion
- 2 diced carrots
- 2 large potatoes, cubed
- 1 can diced tomatoes

Shake the caribou in a plastic bag with the flour. Remove and brown it lightly in the oil in a large pan.

Add the rest of the ingredients and cover. Cook slowly for about one hour until the meat and vegetables are tender.

Serve with wholewheat bannock and milk for a balanced meal.



- **Make a community recipe book. Include recipes and pictures, and the name of the person who gave you the recipe.**

Writing

➤ **Choose one of the following topics.**

- Write a story like Cathy or Rosie's story about eating. It can be about yourself, about one of your friends, or you can make it up.
- In your journal, respond to either what Cathy or Rosie has written. Explain how you felt as you read their stories.
- In your journal, write about what you have learned in this unit and how you will apply it to your life.
- Write a letter to the store manager in your community asking him to bring in more fresh fruit and vegetables. Explain why you want him to do this.
- Make a pamphlet about healthy eating that you can give out at the school or the store.



More ideas ...

- **Here are some more ideas for learning about healthy eating.**
- Offer to set up a display of healthy foods in your local store.
- Start a class/community kitchen. Everyone puts in some money, say \$10. Plan a menu, go shopping, and then cook the food. Everyone gets to take some food home.
- If you have no food bank in your community, but you think there should be, organize one. Arrange to have a place where people can leave donations of food items that don't spoil. Deliver boxes of food to people who need some food.
- Celebrate Nutrition Month in March, with a month of activities that focus on healthy eating. Contact the Nutrition Consultant or the Regional Nutrition Program Coordinator for ideas.

More ideas ... (cont.)

- Create a book, or a scrapbook, about healthy eating.

Basic facts 1

What is the relationship between health, eating and being active?

Healthy foods keep your body working well and give it energy. You burn off this energy when you are active. Eating healthy food and being active every day protects you from:

- becoming overweight
- heart disease
- diabetes

Eating a healthy diet means eating the right number of servings from the four food groups every day:

- milk and milk substitutes
- meat, fish, birds and eggs and all edible parts
- bannock, bread and cereal
- fruit and vegetables

There are many different ways to be active. Choose something you like to do and do it everyday. Here are a few:

- sports and exercise, sliding, snowshoeing
- walking, climbing stairs
- chopping wood, picking berries
- housework, gardening, playing with your kids

Basic facts 2

Why do some people not eat healthy food?


When it comes to eating, people have to make choices. They may choose food that is not so good for them because:

- the variety of food available in their community is limited (especially in small, isolated communities)
- people have a fixed income with a limited budget for food
- some types of food, like fresh fruit and vegetables, may be expensive in their community
- people may have changed from eating traditional foods to eating store-bought foods, and may not know what to buy or how to cook store-bought foods
- they like the kinds of food that are not so good for them—this may be especially true for young people
- they're influenced by advertising
- they don't know what kinds of food are good for them or the effects of poor food choices on their health
- they think eating healthy foods means they have to give up all the foods they like
- it's easier to buy and eat fast food
- they eat the kinds of food their mothers cooked for them

Basic facts 3

How can I choose healthier foods?

We usually eat three meals a day—over 1000 meals a year! Here are some tips for healthy eating that will help you make better choices².

- **Variety**—Eat a variety of foods every day. 
- **Low fat**—Eat low fat foods. Choose lean meat—bake, grill or barbeque meat, don't fry it.
- **Whole grains**—Choose whole grain or enriched foods.
- **Body weight**—Make sure your weight is healthy by eating healthy foods and keeping active.
- **Salt & sugar**—Don't eat too much salt or sugar. We eat about 50 kg (kilograms) of sugar a year, and two teaspoons of salt a day. They are hidden in our food.
- **Labels**—Read the labels to find out what's in the food. If sugar is first on the list on a box of cereal, for example, that's what the cereal has most of.
- **Listen to your brain**—It takes about 30 minutes for your brain to get a message from your stomach that you are full, so eat slowly.
- **Goals**—Set goals for healthy eating and being active. Start small, like walking instead of driving.

² Adapted from Health Canada *Choices for a Healthy Lifestyle*

Basic facts 4

Where can I look for information about food?

Labels on packages or tins give you information about the ingredients in the food. They also tell you the nutrition facts for the product³.

Ingredients: Whole wheat, wheat bran, sugar, salt, malt, thiamin hydrochloride, pyridoxine hydrochloride, folic acid, reduced iron, BHT.		Ingredients —the first thing on the list is found in the greatest amount
<p style="text-align: center;">NUTRITION INFORMATION PER 30 g SERVING CEREAL (175 ml, ¾ cup)</p>		Serving size tells you the size of the serving that the nutrition information is for. If you eat more than this, the amount of each thing that you get will go up.
ENERGY	cal 100 kJ 420	Energy is the calories or kilojoules for each serving.
PROTEIN	g 3.0	
FAT	g 0.6	Fat shows you the amount of fat in grams. Sometimes it also tells you the kind of fat.
CARBOHYDRATE	24.0	
SUGARS	g 4.4	
STARCH	g 16.6	
FIBRE	g 3.0	
SODIUM	mg 265	Carbohydrate shows you the amount of sugars, starch and fibre in grams (g).
POTASSIUM	mg 168	
<p style="text-align: center;">PERCENTAGE OF RECOMMENDED DAILY INTAKE</p>		Sodium tells you how much salt is in the food in milligrams (mg).
THIAMIN	% 46	
NIACIN	% 6	
VITAMIN B ₆	% 10	
FOLACIN	% 8	
IRON	% 28	Percentage recommended daily intake lists the vitamins and minerals you will find in the food.

³ Health and Welfare Canada *Using Food Labels to Choose Foods for Healthy Eating*

Basic facts 5

How can I eat well on a limited budget⁴?

Healthier, cheaper meals involve planning, shopping, storing and preparing the food. Here are some tips to help you:

- **Watch for sales**—buy the things you like when they're on sale. That way you'll save some money.
- **Make a list**—this helps prevent you from buying things you don't need.
- **Don't shop when you're hungry or in a hurry**—you often buy things you don't need then.
- **Compare prices**—look for store brands and 'no-name' brands. They're usually cheaper.
- **Look at the unit prices on the shelf**—this tells you how much it costs for each gram, for example. Comparing the unit price lets you find the best buy.
- **Buy smaller amounts of food that spoils quickly**—that way you won't waste food.
- **Stretch your food**—add cheaper things like rice to soup to make it go further, for example.
- **Go to the food bank**—food banks will help you out when you haven't got enough money to feed your family. If there's no food bank in your community, think about starting one up.

⁴ Consumers' Association of Canada, Heart & Stroke Foundation, *Shop Smart!*

Basic facts 6

How can I tell which is the best buy?

Stores use a system of labels on their shelves called 'unit pricing'. It lets you compare prices and save money, even if the packages of items are different sizes. It tells you the price for the item, and the price for a specific amount of the item, like 100 ml (millilitres). Look! Here's an example from a Coop tin of strawberries.



This is ordering information for the store.

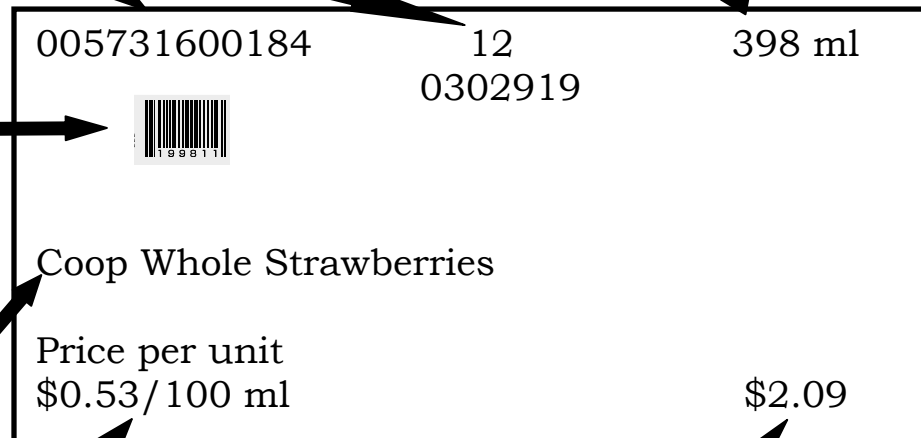
This is the size of this can.

This is the bar code that reads the information for the store.

This is the name of the item.

This is what it would cost you if you bought 100 ml of strawberries. This lets you compare the price for 100 ml of a different brand or size of can.

This is the cost for this can of strawberries.



Basic facts 7

What kind of food should I give my baby?

It's never too early to start thinking about your baby's health. Even if you're just thinking about getting pregnant, choosing healthy food now will give your baby a good start in life. Your baby needs healthy food to make healthy blood, and strong bones, muscles and teeth. As well, your baby needs energy to sit up, crawl and walk⁵.

A baby who doesn't eat healthy food may:

- have a smaller brain, poor teeth and bones
- be smaller and underweight
- have difficulty fighting illness and infections
- have anemia (not enough iron in the baby's blood) and low energy

In the first few months, your baby needs milk. Mother's milk is best, but you can also use formula. As your baby grows, he needs foods from all four food groups to get the nutrients his body needs. Your baby doesn't need foods with salt, sugar or fat added to them.

⁵ The information on these two pages is adapted from Northwest Territories Department of Health and Social Services. *Food for a Healthy Baby*.

Basic facts 7 (cont.)

This table tells you some of the nutrients your baby needs. It also tells you why your baby needs them, and which foods you will find them in.

Nutrient	Needed for	Food
Protein	Strong muscles, blood and body tissues	Milk, meat, fish, birds, cheese, eggs
Carbohydrate	Energy	Infant cereal with iron, bread, bannock, rice
Iron	Healthy blood	Infant cereal with iron, red meats, seal, liver, whole grain bread, cooked dried prunes and apricots
Calcium	Strong bones and teeth	Milk, cheese, yogurt, soft ends of bones
Vitamin A	Good eyesight, skin and healthy teeth	Milk, liver, carrots, broccoli, spinach, seaweed
Vitamin C	Healthy gums and blood vessel walls, fighting illness	Oranges, grapefruit, apple juice with vitamins, broccoli, berries
Vitamin D	Helps to form healthy bones and teeth	Milk, fish liver oils, margarine
B Vitamins	Helps body use energy	Infant cereals, bannock, bread
Folacin	Healthy blood	Liver, kidney, fish, eggs, dark green vegetables

Basic facts 8

What is diabetes?

Diabetes is an illness in which your body has difficulty using sugar. This is because one of the hormones in your blood (insulin) doesn't work properly. We used to think only older people got diabetes, but now we know that children can get it too⁶—however, the two types of diabetes are different.

We don't know the exact cause of diabetes, but we know there are some factors that increase your chances of getting it:

- a family history of diabetes
- being overweight
- not being physically active
- unable to deal with things like stress
- having a big baby
- having diabetes when you're pregnant

There are two main ways to reduce the risk of diabetes:

- **by being active**—every day, all year long, at all ages
- **by eating healthy foods**—eating the right amount from the four food groups every day

⁶ Adapted from Manitoba Health and Others, *Fun and Food: A way to decrease the risk of getting diabetes*.

Basic facts 9

Where can I go for help?

Nurses, CHRs, social workers or elders in your community might be able to help you, if you have some questions about healthy eating.

Other resources might be **recreation leaders, shelter programs, women's centres** or **the coordinator of your local Canada Prenatal Nutrition Program**. (See Basic Facts 10 for contact names and phone numbers.)

Here are two other people who can provide information on healthy eating:

Nutrition Consultant

Department of Health and Social Services
Government of the Northwest Territories
Box 1320

Yellowknife, NT X1A 2L9

Phone: 867-873-7904

e-mail: elsie_deroose@gov.nt.ca

Regional Nutrition Program Coordinator

(provides service to Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith, Lutselk'e)

Yellowknife Health & Social Services

Jan Stirling Building

4702 Franklin Ave.

Box 608

Yellowknife, NT X1A 2N5

Phone: 867-920-6546

Fax: 867-873-0158

e-mail: trish_fitzpatrick@gov.nt.ca

Basic facts 10

Here is a list of contact people for Canada Prenatal Nutrition Programs in the NWT.

Community	Contact	Regional Organization e-mail	Phone
Inuvik	Nancy Chinna, Regional Wellness Coordinator	Inuvialuit Corporate Group nchinna@irc.inuvialuit.com	867-777-2135
Aklavik	Michelle Gruben Program Worker	Aklavik Prenatal Nutrition Program C/o Aklavik Indian Band	867-978-2937
Inuvik	Margaret McLeod-Norris Program Coord.	Inuvik Healthy Babies Ingamo Hall Friendship Centre healthybaby@permafrost.com	867-777-2166
Holman	Eleanor Young Rita Banksland	Holman Prenatal Nutrition Program Community Wellness Division	867-396- 3045/3111
Paulatuk	Phoebe Ruben	Paulatuk Community Corp.	867-580-3720
Sachs Harbour	Margaret Carpenter	Sachs Harbour Community Corp.	867-690-4148
Tuktoyaktuk	Ethel Gruben	Tuktoyaktuk Prenatal Nutrition Program	867-977-2462
Fort McPherson	Tena Baryluk CPNP Coord. Myrna Nerysoo	Tetlit Gwich'in Council Prenatal Nutrition Program	867-952- 2330/2149
Tsiigehtchic	Carol Norwegian	Prenatal & Postnatal Nutrition Program Gwichya Gwich'in Band Council	867-953-3201
Colville Lake	C/o Behdzi First Nation Band	CPNP Prenatal Nutrition Program	867-709-2200
Deline	Aneda Baton	Deline Prenatal Nutrition Program Deline Dene Band	867-589-3151
Fort Good Hope	Beatrice Kakfwi Program Coord.	Fort Good Hope Prenatal Nutrition Project K'asho Got'ine Community Council	867-598-2767
Tulita	Theresa Etchinelle Executive Director	Tulita Prenatal Nutrition Program Tulita Wellness Agency	867-588-4019

Basic facts 10 (cont.)

Community	Contact	Regional Organization e-mail	Phone
	Ethel Lamothe	Deh Cho Health & Social Services Authority.	867-695-3815
Fort Providence	Rita Squirrell Coord.	Positive Beginnings Zhahti Koe Friendship Centre	867-699-3801
Fort Liard	Bernice Hardisty	Fort Liard Health Centre Prenatal Nutrition Program	867-770-4301
Hay River	Brenda Hall Coord.	Growing Together together@cancom.net	867-874-4545
West Point First Nations	Chief Karen Thomas	1-47031 Mackenzie Highway	867-874-5677
Hay River Reserve	Jennifer McLeod	K'atl'odeeche Prenatal Nutrition Program Hay River Reserve	867-874- 6701/8000
Fort Simpson	Lynn Wharton Program Coord.	Sa Naeah Prenatal Nutrition Program	867-695-3215
Wrigley	James Sargent SAO	Pehdzeh Ki First Nation	867-581-3032
Nahanni Butte	Lorraine Vital Coord.	Nahanni Butte Dene Band CPNP	867-602-2900
Sambaa K'e Dene Band	Yvonne Jumbo Coord.	Sambaa K'e Dene Band CPNP	867-206-2828
Rae Edzo	Melissa Mantla	Prenatal Nutrition Program Coord. Dogrib Rae Band	867-392-6128
Gameti (Rae Lakes)	Marie Adele	Gameti Prenatal Nutrition Program Gameti First Nation Band	867-997-3441
Snare Lakes	Cecilia Judas Leo Liao	Dechi Loat'l First Nations	867-713-2010
Wha Ti	Laura Duncan Band Manager Persa Kovich	Wha Ti First Nations	867-573-3012

Basic facts 10 (cont.)

Community	Contact	Regional Organization e-mail	Phone
Fort Resolution	Coord.	Fort Resolution Prenatal Nutrition Project	867-394-5010
Fort Smith	Eleanor Elias Project Coord.	Our Babies, Our Future Salt River First Nation	867-872-3321
Lutselk'e	Emily Saunders	Lutselk'e Health & Social Services Board	867-370-3115/3016
Dettah/ N'dilo	Hazel Heron	Prenatal Nutrition Program Yellowknives Dene First Nation	867-920-2944
Yellowknife	Melissa Guyot Nutritionist Karen Heibert Coord.	Healthy Baby Club Yellowknife Women's Centre melissa_guyot@hotmail.ca	867-873-2566
	Jill Christensen Nutritionist CPNP Programs-- Southwestern	Yellowknife Health & Social Services Authority.	867-920-6546

Information for instructors

Despite many efforts to educate people about the dangers of smoking, more young people than ever before, especially girls, smoke today. This is in spite of the fact that we know beyond any doubt that smoking may affect:

- the smoker's health
- the health of people around the smoker

So why do people continue to smoke? People's reasons for smoking are similar to those for drinking alcohol¹:

- the media and advertising make it look attractive
- it's a sign of adulthood
- family role models and attitudes show it's acceptable
- it's a way for young people to rebel against their parents or other adults
- for pleasure
- to keep their weight down
- it's addictive, and so it's hard to give up

Instructors can help learners make healthy decisions about smoking by:

- helping them understand why people smoke
- explaining how smoking affects their health and that of people around them
- supporting those who are trying to reduce their smoking or trying to stop smoking
- helping them understand issues around smoking
- providing them with sources of information about smoking

¹ Adapted from Canadian Public Health Association, *What the HEALTH!*

Learning outcomes

Learners will be able to:

- explain why people smoke
- understand how smoking can affect people's lives, in particular their health and the health of people around them
- develop an awareness of what they can do to reduce or stop smoking
- know where to get support if they want to stop smoking
- understand the stories and answer questions about them

Local resources

Many communities have a wealth of resources. Invite one of your community service providers who is familiar with the topic to come to your class to talk to your learners. Resource people might include:

- **the nurse**
- **the CHR** (Community Health Representative)
- **an addictions counsellor**
- **a community member who has quit smoking**
- **Health Promotion Consultant**











Dept. of Health and Social Services
Government of the Northwest Territories, Box 1320,
Yellowknife, NT X1A 2L9
Phone: 867-920-8826

Print resources

The following print-based resources may assist you with this unit.



Northern resource, or one of special northern interest

Title	Available from
 <i>Smoke Alarm: A Summary Report of Smoking in the Northwest Territories, April 2001</i>	Health Promotion Consultant Dept. of Health & Social Services Government of the Northwest Territories Box 1320, Yellowknife, NT X1A 2L9 Phone: 867-920-8826 e-mail: miriam_wideman@gov.nt.ca
 <i>NWT Tobacco Fact Sheets, January 2001</i>	
 <i>What Everyone Should Know About Smoking</i>	
 <i>What Everyone Should Know About Smoke</i>	
 <i>Quit 4 Life</i>	
 <i>How to Stop Smoking</i>	
 <i>Hidden Danger (poster)</i>	
 <i>Tobacco: "The Sacred Gift", The Truth About Smoking ... for Native Youth</i>	Assembly of First Nations, 1 Nicholas St., 10 th Floor Ottawa, Ontario K1N 7B7 Phone: 613-241-6789
 <i>Yes, I Quit Program: Facilitator's Guide, Group Cessation Method for First Nations</i>	Health Canada/ Direction de la sante publique, 4835 ave. Christophe-Colomb, Montreal, Quebec H2J 3G8 Phone: 514-528-2400
 <i>My Personal Diary: Yes, I Quit</i>	
<i>A New Start in Life: About Pregnancy and Smoking</i>	Canadian Council on Smoking and Health Suite 1000, 170 Laurier Ave. West Ottawa, Ontario K1P 5V5 Fax: 613-567-2730

Print resources (cont.)

This space is for you to add your own resources.

Title	Available from

Video resources


These videos are available for people in Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e from Regional Programs, Yellowknife Health & Social Services Authority, Box 608, Yellowknife, NT X1A 2N5.

Phone: 867-920-3454

Fax: 867-873-0158

Title	Description
<p><i>Baby's Coming—Baby's Home: Creating Smoke-Free Homes for Babies</i> 1997 10:00 mins</p>	<p>This is an educational video designed to help mothers and their families create smoke-free environments for babies. Along with providing valuable information on the effects of smoking during pregnancy and second-hand smoke on babies, the video presents ideas to help women and their families make their homes smoke-free.</p>
<p><i>Diary of a Teenage Smoker</i> 1992 26:00 mins</p>	<p>This video is specifically geared to young women. It addresses many of the underlying reasons why young people smoke and is designed to help them reflect on their own experience with tobacco and growing up. An upbeat, modern production.</p>
<p><i>The Feminine Mistake: The Next Generation</i> 1989 32:00 mins</p>	<p>This video focuses on the feminine perspective of smoking. You see a smoker tested after not smoking for 12 hours, and again after 1 cigarette, with decreased lung capacity and circulation, increased blood pressure and heart rate. A cigarette-addicted mother is counselled about the effects on her baby, and realizes the baby ceases to move for a period of time after each cigarette she smokes. A cancer survivor whose voice box was surgically removed uses "burp-talk" to address a high school class. A teenage girl trying to quit attends a Fresh Start program for support. Candid interviews—good pace—personal stories. Age 12 – adult.</p>
<p><i>Holding our Own: Strategies during pregnancy and motherhood to stop smoking</i> 1998 23:47 mins</p>	<p>Young native and non-native mothers who belong to the same quit-smoking support group talk about their personal reasons for smoking, and for wanting to stop. This Health Canada video suggests alternative strategies to deal with stress, guilt, peer pressure, weight gain, etc. Suitable for young adults and adults.</p>
<p><i>How to Beat Cigarettes</i> 1980s 15:00 mins</p>	<p>Although this video is very southern and big city oriented (suits, high rise buildings, restaurants, etc.) it does provide some good tips on quitting smoking. It suggests smokers look at why and when they smoke in order to plan their own quitting strategy.</p>

Video resources (cont.)

Title	Description
<p><i>It's a Good Day to Quit</i> Canadian Cancer Society NWT Chapter with Yellowknife Films 1998 15:00 mins</p> 	<p>This northern video is meant for people who want to quit smoking. It follows three smokers through their journeys to become ex-smokers. Each story shows a different approach to quitting smoking based on the person's own reasons for smoking and motivations for quitting. Available in Chipewyan, Dogrib, Slavey, English and French.</p>
<p><i>Nicoderm</i> Hoechst Marion Roussel Promotional video 1993 8:00 mins</p>	<p>Produced by the then manufacturers of Nicoderm, this video markets their product by explaining the benefits of not smoking, the nature of addiction, and how the patch works: gradual breakdown of dependency; side effects. Suitable for adults.</p>
<p><i>Poisoning Our Children</i> 12:00 mins</p>	<p>This video is aimed at adults and presents a strong case for the importance of not smoking around children. Doctors explain the risks and medical conditions related to second-hand smoke. Animated graphics show how smoke harms the baby. High school – adult audiences. Language level quite high.</p>
<p><i>Smoke Screen</i> 1993 20:00 mins</p>	<p>A former model and cigarette ads “Winston Man” tours schools in the US, to tell children and teenagers about the lies the tobacco industry uses to hook young people to smoking for life. The ex-heavy-smoker is convincing when he talks about the dangers of smoking and how un-cool it is to smoke.</p>
<p><i>Smokeless Tobacco: A Spittin' Image</i> Media Projects Inc. 1994 14:00 mins</p>	<p>This “Made in Texas” video contains detailed information on the wide range of health problems caused by smokeless tobacco (snuff): from bad breath, mouth sores to gum disease and cancer (shown in graphic pictures). Also stresses how addictive ‘dipping’ is. For Grades 4-9.</p>
<p><i>Smoking and Human Physiology</i> 1993 19:00 mins</p>	<p>This video describes the physiological changes that occur in the human body with smoking. It also reports on the cigarette companies’ efforts to market their product to the world. It covers the problems caused by smoking, including emphysema, cancer, heart disease, and problems for unborn children. Ages 15 – adult.</p>
<p><i>Tobacco and You</i> 1990 20:00 mins</p>	<p>This video uses a Teen TV Talk Show format highlighting situations teens find themselves in when making choices about tobacco use. It reaches young people just starting to smoke and those thinking about starting to smoke. Note: US statistics are used for teen smoking and do not reflect the NWT’s high percentage of teenage smokers.</p>

Video resources (cont.)

Title	Description
<p><i>The Teen Files: Smoking—Truth or Dare</i> 1999 29:00 mins</p>	<p>Lots of teen appeal—lots of music, fast pace and real life stories. This video shows some examples of:</p> <ul style="list-style-type: none"> - a cancer survivor with a voice box removed - a study on twins showing increased wrinkles for the smoking twin - computer-aided aging of their own photos - autopsy-room exhibits: enlarged heart, blackened lungs, emphysema - emphysema patients on oxygen - baseball player with half his jawbone removed after diagnosis of cancer <p>Ages 12 - adult</p>
<p><i>The Trouble with Tobacco</i> (Oversized kit) 1996 12:00 mins</p>	<p>Explains the reality of tobacco use including the extensive health effects due to poisonous chemicals in tobacco products. Also covers snuff use and the tobacco industry's billion dollar ad campaigns to hook smokers. Grade 9 and up. Includes a teacher's guide.</p>
<p><i>Real People—Talking about Tobacco</i> 1999 10:24 mins</p>	<p>Fairly American and urban, but messages are delivered by students in a language northern students can relate to. Comes with teacher's guide and handout, well-done classroom exercises. Video is brief and effective and covers topic well in 10 minutes.</p>
<p><i>Tobacco "X" Files</i> 1999 28:00 mins</p>	<p>This teen video uses the "X" files TV concept to expose tobacco as a deadly enemy. Tobacco is presented as a devious killer. The results of tobacco use, and all its gross and killing qualities are presented.</p>
<p><i>Smokeless Tobacco: A Wad of Trouble</i> 1999 26:00 mins</p>	<p>Made for teens. This video covers the physical effects of using smokeless tobacco. It explores the social aspects of "chew" use through interviews with users. Techniques for quitting are presented.</p>
<p><i>Smoking: The Truth Unfiltered</i> 1999 30:00 mins</p>	<p>This video geared to teens tackles smoking prevention in a high energy, in-depth way. It covers the wide range of physical effects, the addictive aspects of tobacco, tips for quitting. It also profiles smokers now suffering from disease and teens who are quitting the habit.</p>
<p><i>Up in Smoke</i> NWT Dept. of Health 1997 30:00 mins</p>	<p>This northern video made in close association with teenagers talks in a fun but forceful way about the real problems of using tobacco: the serious threats to your health, and the struggle to quit. Very good production based on reliable facts and statistics about youth and smoking. Grades 7-12.</p>



Video resources (cont.)

Title	Description
<p><i>Dying for a Smoke: Kids and Tobacco</i> 1997 15:00 mins</p>	<p>This video lesson presents the risk factors that accompany the use of tobacco: the risks of cancer, heart disease and stroke, chronic lung diseases, even death. It presents smoking and the use of tobacco, as it really is—an expensive, dirty, life-threatening addiction. This is a preventative program. The goal of the program is to motivate and inform viewers in a way that will help make the decision not to use tobacco in any form. Grades 7-12.</p>

Websites

<http://www.tobaccofacts.org>

This is a BC government website aimed at teens—it includes help to quit smoking, and interactive versions of two posters.

<http://www.smokingsucks.nfld.net>

This website contains activity ideas for non-smoking week, games, tobacco facts and a ‘chamber of horrors’.

<http://www.thetruth.com>

This website includes a human body that you can click on to discover the health effects of smoking on different parts of the body.

<http://tobaccofreekids.org>

This US website includes a look at how tobacco companies advertise to kids.

<http://www/quit4life.com>

This is a website to help young people quit smoking.

<http://www.cyberisle.org>

This website has a lot of health information aimed at young people, including a good tobacco site. The game ‘Makin’ cents’ has the smoker calculate how much money she spends in a year and then allows her to spend the money in a variety of ‘on-screen’ shops.

<http://www.tobaccofacts.org>

This website, developed by the BC Ministry of Education, has some good teaching resources.

Websites (cont.)

<http://www.lung.ca>

This website has information on how the lungs work, the effects of tobacco, and a resource section for teachers.

<http://www.smoke-free.ca>

This 'Physicians for a Smoke-Free Canada' website includes a variety of fact sheets and information on topics such as tobacco sponsorship.

<http://www.hc-sc.gc.ca/hppb>

This is the Government of Canada's tobacco website—it includes a wide variety of information on smoking, including legislation and images of the new cigarette package warning labels.

Reflect

- **This unit is about smoking. Before you begin to read the stories, think about smoking in your own life.**

Non-smokers



- Have you ever tried smoking?
- Why did you decide not to smoke? Or, why did you stop smoking?
- How do you feel and what do you do if someone beside you lights up?

Smokers



- When did you first start smoking? Why?
- Have you ever tried to quit smoking?
- Were you successful?
- How do you think smoking affects your life or the lives of your family or friends?
- Do you know where to get support if you want to quit smoking?

Vocabulary

- **Here are words or phrases you will need to know for this unit. Do you know them? If not, look them up in your dictionary and write the meaning down.**

- | | |
|-------------|---------------------|
| • choked | • a fine |
| • ID | • nervous |
| • source | • cancer |
| • minors | • pregnant |
| • infection | • second-hand smoke |

Read 1

- **Read Paul and Joe’s story. Think about it as you read.**

Paul & Joe’s Story: ‘Geez, These Guys!’

Joe meets Paul coming out of Black’s Corner Store.

He looks really angry.

Paul: Geez, these guys! Can you believe that?

Joe: What’s up? You look choked.

Paul: I am choked! I went to buy smokes in Black’s Corner Store, and they asked me for ID. I told them I’d left my wallet at home, but they still wouldn’t sell me any!

Joe: Oh, forget them. They’re often like that. We’ll go to Minnie’s Smoke Shop—they’ll *always* sell you a pack.

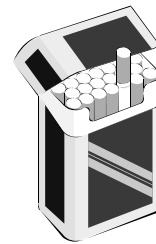
Five minutes later

Joe: I don’t believe that! I’ve always been able to buy a pack there. What’s up with these guys?

They are standing outside Minnie’s when Jake comes along.

Jake: Look at the two of you! You’d think the dog had run off with your supper! What’s up?

Paul: We just tried to buy some smokes at Brown’s and at Minnie’s. They wouldn’t sell us any. They both asked us for ID, and when we said we didn’t have any on us,



Read 1 (cont.)

they said, 'I'm sorry. We think you're under 18. We can't sell to minors.' What's with all this?

Jake: Well, didn't you hear? Last fall, someone was paid to go round all the stores to try to buy smokes. Most of the stores sold him some, so then they got done for selling tobacco to minors.

Joe: Done? How can you get done for selling cigarettes?

Jake: They had to pay a fine.

Paul: Whaaaaat?

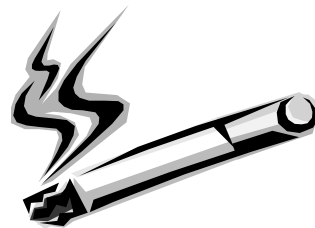
Jake: Yep, they're cracking down hard. Just before Christmas someone else went round again and tried to buy smokes. This time only one store would sell any!

Paul: How do you know all this?

Jake: I heard it on the news, plus it was all over town. None of the stores will sell you smokes now. You'll either have to quit or find another source.

Joe: Geez, these guys!

All three of them walk off together.



Checkup

- **Now that you have read the story, try to answer the questions.**

Paul and Joe's Story: 'Geez, These Guys!'

1. How is Paul feeling when he meets Joe?
 2. Why do you think he feels this way?
 3. What did the sales assistant ask to see?
 4. What was Paul's reply?
 5. Why was Joe surprised when they couldn't buy cigarettes at Minnie's?
 6. What had the police done in the fall?
 7. What happened to the stores who sold cigarettes to minors?
 8. What happened the next time the police sent a young person around the stores to buy cigarettes? Why do you think this had changed?
 9. How did Jake know all this information?
 10. What two choices does he say Paul and Joe have now?
- **What do you think you might have done if you had been Paul and Joe?**
 - **Why do you think that?**

Read 2

➤ **Read Karen's story. Think about it as you read.**

Karen's Story: For the Good of My Kids

This story is about why I quit smoking. I loved smoking. I used to be quite nervous as a kid, but smoking really calmed me down. I started smoking because my mom and dad smoked. If it was all right for them to smoke, it was OK for me too. People say smokers die of cancer, but my grandfather smoked and he didn't die till he was 86!



So if I liked smoking so much, then why did I quit? I was 22 and I thought I was pregnant. I went to the Health



Centre and the nurse did all the tests. A few days later she told me the good news. Then she told me the BAD news! She told me that if I smoked, my baby might be smaller than other babies. She also said that I might not have as much breast milk as women who didn't smoke. I didn't know that my smoking could affect my baby.

Read 2 (cont.)

I didn't want that to happen, so I decided I'd stop until after my baby was born. I had a baby boy—John. He was lovely—I loved him. After he was born, I started smoking again.

Then one day, my sister came to see me. She's in the Nursing Program at the college. She'd been to a class about smoking. She told me that my son was breathing in my smoke all day. It was the same as him smoking two or three cigarettes every day. She also said that second-hand smoke could give my baby ear infections, lung infections and other diseases. I was really shocked. I couldn't do that to my baby, so I quit right away. I've got two more kids now, but I've never smoked since I found out what the smoke from my cigarettes could do to them. I quit for the good of my kids.



And not only that, but I don't let anyone who comes to my house smoke either. If they want to smoke, they have to go outside now.



Checkup

- **Now that you have read the story, try to answer the questions.**

Karen's Story: For the Good of My Kids

1. Why did Karen start smoking?
2. How did she feel when she was smoking?
3. What did people tell her happened to smokers?
4. Did she believe that? Why or why not?
5. When did she quit smoking?
6. Why?
7. After John was born what did she do?
8. What course was her sister in at the college?
9. What three things did her sister tell her about smoking and babies?
10. Why did she quit smoking again?

- **What do you think you might have done if you were Karen?**

- **Why?**

Reflect

- **You have read Paul and Joe's story and Karen's story about smoking and you've answered questions about each story. Now here are some discussion questions.**
 - **In groups of 3 or 4 people, choose one of the questions. Discuss it in your group. Report back to the whole class. If you have some time left, choose a second question to discuss.**
1. Do you think the shop assistants did the right thing when they refused to sell cigarettes to the two boys?
Why? Why not?
 2. Do you think there should be laws about what age people should be before they can buy cigarettes? Why?
Why not?
 3. Do you think it was easy for Karen to quit smoking?
Why do you think this?
 4. How did each story make you feel? Why?
- ✓ ***Remember to go over your group agreements before you begin your discussion.***



- **In small groups, brainstorm all the possible reasons why people smoke. Write your ideas on a piece of flipchart paper. When all the groups are finished, compare your lists.**



Word search

- Here are some words that are in this unit. Circle each word in the table when you have found it. Cross it off the list too. (Answers in Appendices)

i	n	e	r	v	o	u	s	f	a
d	r	m	i	n	o	r	s	i	k
a	s	o	u	r	c	e	g	n	t
f	m	s	h	w	a	l	l	e	t
f	o	m	c	o	p	s	w	e	t
e	k	j	a	c	a	n	c	e	r
c	e	t	m	a	c	p	u	a	b
t	s	c	h	o	k	e	d	r	o
p	r	e	g	n	a	n	t	y	r
g	i	n	f	e	c	t	i	o	n

choked

pregnant

wallet

born

smokes

affect

fine

cops

infection

nervous

minors

cancer

source

pack

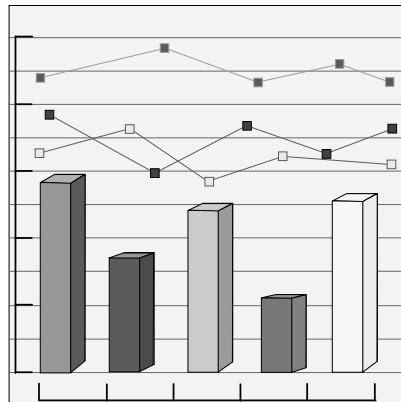
ear

Discuss (1)

- **The NWT has extremely high rates of smoking.**
- **In groups of 2 or 3, choose one of the statistics from the NWT that you will see on the next page.**
- **Think of a way of presenting this information to the other people in your class: for example, you could draw pictures or graphs.**
- **After the presentations, discuss the statistics.**
- **Here are some questions for people to think about, but you might think of others:**



- How did you feel when you heard this fact?
- Why do you think this is the case?
- Which statistic surprises you the most?
- Do you think there is anything we can do about these situations?



Discuss (2)

1. In 1999, 42% of adults in the NWT over the age of 17 smoked, compared to 25% in southern Canada. That's about 12,000 adults in the NWT who smoke. For us to be the same as the national rate, 4,600 smokers in the NWT would have to quit.
2. In both the NWT and Canada, smoking is more common among young adults between 18 and 24 years of age.
3. Overall in the NWT, more men (43%) smoke than women (40%). However, if you look at 10 to 17 year olds, more girls (29%) smoke than boys (25%).
4. Smoking rates among school children increase sharply between 10 and 17 years of age in the NWT. About 6% of children between 10 and 12 years of age smoke. About 25% of 13 and 14 year olds smoke. And about 48% of 15 to 17 year olds smoke.
5. The smoking rate for adults varies widely across the NWT. It is 31% in Yellowknife, 33% in Hay River, 73% in Paulatuk, and 68% in Aklavik, Tuktoyaktuk and Lutselk'e. In 29 of the 33 communities in the NWT, the adult smoking rate is above the NWT average of 42%.
6. About 6,100 children in the NWT under the age of 15 live in a home where people smoke regularly. This is almost 50% of all children in the NWT under 15 years of age. There are large differences between larger and smaller communities—30% of children in larger communities live in homes where people smoke, but it can be as high as 84% in some smaller communities.²



Remember to go over your group agreements before you begin your discussion.

² This information is adapted from Government of the Northwest Territories Dept. of Health & Social Services, *NWT Tobacco Fact Sheets, 2001*

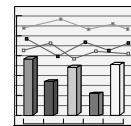
Research

➤ **Now do a survey with people in your class who smoke or have smoked at some time in their lives. Here are some questions to guide you, but you might think of others:**

- Are you male or female?
- How old are you?
- Have you ever smoked cigarettes? Do you smoke now?
- How old were you when you started smoking?
- How many cigarettes do you smoke in a day?
- Have you ever tried to quit smoking?
- How many times have you tried to quit?
- Do you smoke in your home?
- Are there any children in your home? How many?

➤ **Once you have asked your questions, use the answers to work out the following:**

- the number of smokers
- the percentage of people in the class who smoke
- the percentage of people who smoke in their home
- the number and percentage of children who are affected
- if there are enough people, break your findings into age groups



➤ **Now try to get permission to do a survey in the school with an older class, or do it in the community. You can ask similar questions.**

Act out

➤ **In groups of three, go over the conversation with Paul, Joe and Jake. Each person will be one of the three characters. Practice the lines and act out the scenario for the other groups in your class. You can change the names of the characters if you want to.**

➤ **Now in small groups make up a conversation for these scenarios, and act them out.**



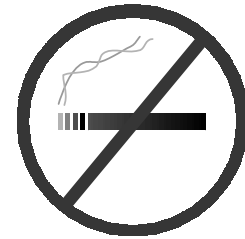
- You are in the non-smoking section of a restaurant with your wife. You're having a lovely meal, when a man next to you lights up a cigarette.
- One day you and your husband and son are talking about making your house smoke-free from now on.
- Your friend is pregnant. She smokes quite a lot. You and your other friend don't think she should smoke when she's pregnant.
- Your wife is always telling you to quit smoking. Then one day your son comes home from school and tells you smoking is bad for you and you should stop.

Research & learn (1)

- **Choose one of the following topics. Do some research on the topic. Then write a report about it. Your report should have some written information, but it can have graphs, pictures, or drawings too.**

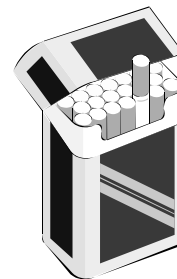
1. Research the smoking bylaws or policies in your community.

- Does your community have any?
- If so, what are they? If not, why not?
- How do these compare with other places, like Yellowknife or Vancouver?
- Do other places have more or fewer or different bylaws or policies?
- What would you do to change them?



2. Research the role of tobacco companies in encouraging people to smoke.

- Why do they want people to smoke?
- What do they do to encourage people to smoke? Find some examples.
- Do they do anything to stop people smoking? What?
- Should we limit what tobacco companies can do?



Research & learn (2)

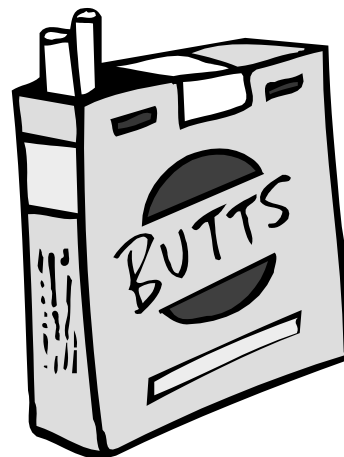
3. Research the sacred activities and rituals associated with tobacco among Aboriginal groups.

- What were/ are some traditional uses of tobacco?
- How was/ is it used?
- How is the tobacco that is for sale today different from the tobacco that was used in the past for ceremonies?



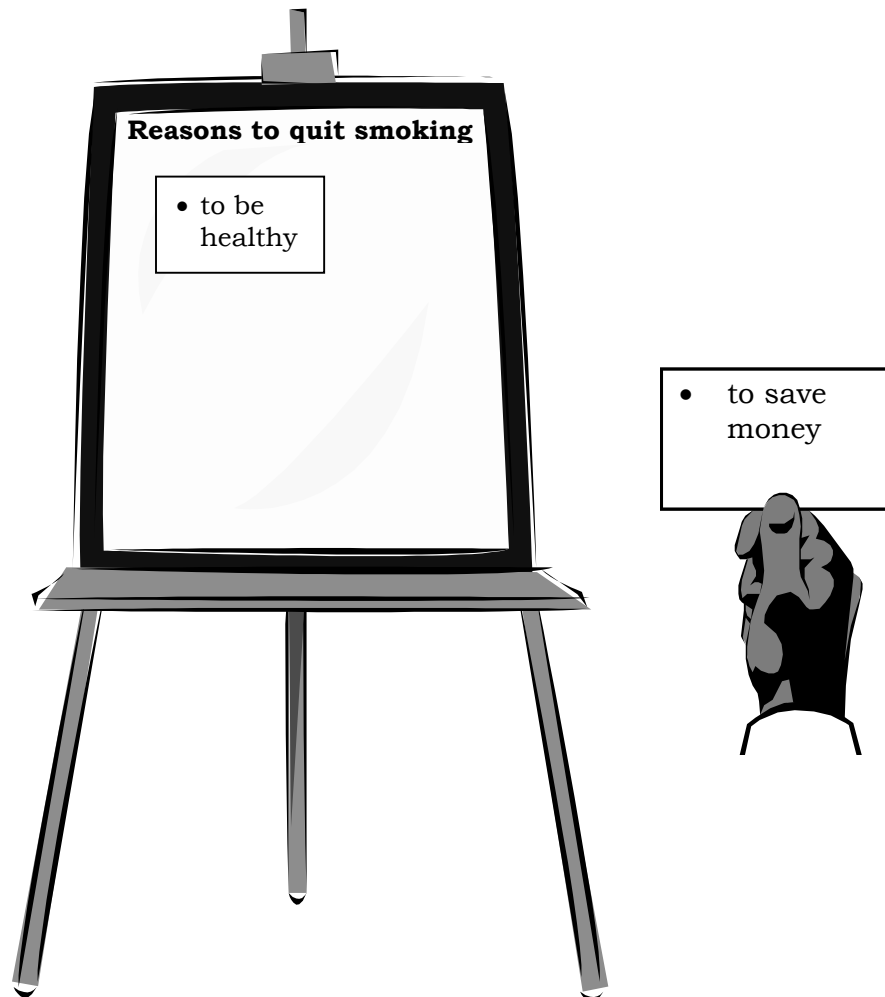
4. Research the warnings that government puts on cigarette packages.

- What are they all?
- Ask people what they think about them to find out if they work or not.
- Government puts warnings on cigarette packages, but at the same time earns money from taxes on cigarettes. What do you think of this?





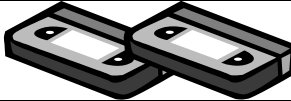
- **Smoking is bad for your health. That might be one reason to quit smoking. Think of as many other reasons as you can why people should quit smoking.**
- **Write one reason on a yellow 'stickie'. Bring it out to the flipchart paper, and stick it on. Say it aloud as you do that.**



- **Discuss the reasons people have put up on the flipchart.**

Up in smoke

- **Smoking is expensive. If someone smokes a pack-a-day, it costs about \$8.50. If she stops smoking, she could rent two videos for that money³.**
- **Work out how much it costs a pack-a-day smoker over these times. Write down, or draw a picture of, something else he could do with the money.**

1 day	\$8.50	2 video rentals 
1 week		
1 month		
3 months		
6 months		
1 year		
2 years		
3 years		
4 years		
5 years		
10 years		





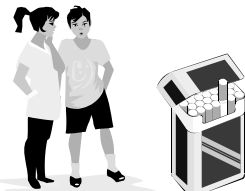
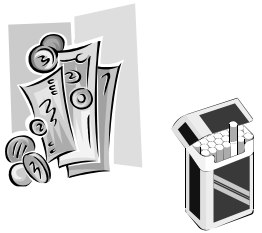
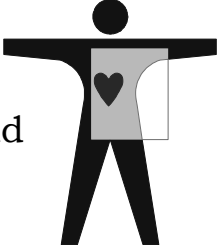
³ Adapted from Canadian Public Health Association, NWT/Nunavut Branch Q4L

Make a poster



Basic Facts
2, 3, 4, 7

- **Either individually or in pairs, choose one of the following topics—or you can come up with your own topic. Design a poster that will teach people something about the topic.**

 <p>The dangers of smoking during pregnancy</p>	<p>Smoking around children</p> 
 <p>Making your home smoke-free</p> 	<p>Selling tobacco products to minors</p> 
 <p>The cost of smoking</p>	<p>Cigarettes and health</p> 

- **Put your posters up around the community.**

Writing

➤ **Choose one of the following topics.**

- Write a story like Paul and Joe’s story or Karen’s story. It can be about yourself, about one of your friends, or you can make it up.
- Respond to either what Paul and Joe or Karen has written. Explain how you felt as you read their stories.
- In your journal, write about what you have learned in this unit and how you will apply it to your life.
- Write a letter to your Band Council or Hamlet Council telling them what you think about the smoking bylaws or policies in your community.
- Make a simple booklet about smoking that you can give out at the school or the store. You need to decide who your audience is. What age group are they? Are they smokers or not?



More ideas ...

- **Here are some more ideas for learning about smoking.**
- Offer to set up a display about smoking in the Health Centre or the school.
- Celebrate non-smoking week and Weedless Wednesday in January with activities that focus on smoking. Challenge people to quit smoking for a day.
- Do a radio phone-in show—Cross-Community Check-up—asking people to talk about smoking. They can talk about community bylaws or policies, the amount of smoking in the community, or anything that bugs them about smoking.
- Make up a board game about smoking, with squares, dice, and cards with positives and negatives on them. For example, if you are coughing a lot because of smoking, you go back three squares. If you made your house smoke-free, you can move on 2 squares, and so on.

More ideas ... (cont.)

- Make booklets on different aspects of smoking—the cost, the effects, etc. Decide who your audience is before you begin.

Basic facts 1

Why do people smoke⁴?

Everywhere around us people smoke. Even at -40°C , people stand outside having a smoke. Smoking is bad for people's health—so why do they smoke? Here are a few reasons:

- **peer pressure**—to be part of a group
- **addiction**—once people start to smoke, it's hard for them to stop because they are 'hooked' on tobacco
- **rebellion**—to rebel against their parents—most parents don't want their kids to smoke
- **for pleasure**—they like it, so don't really care what it does to them over time
- **to relieve stress**—many people say smoking calms them down
- **to keep their weight down**—many people, especially young women, think smoking will help them to control their weight
- **family and community attitudes and role models**—other people in their family or in the community smoke
- **the media**—smoking often looks glamorous on TV or in advertising

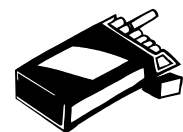
⁴ Adapted from Canadian Public Health Association, *What the HEALTH!*

Basic facts 2

What is tobacco? Why is it bad for me⁵?



Tobacco can seriously affect the health of smokers and the people around them. Here's why and how ...

1. Tobacco contains nicotine, which is an addictive drug. People get 'hooked' on it and can't live without it. Nicotine reaches your brain in 7 seconds. Five cigarettes a day is all it takes to get 'hooked'.
2. Tobacco companies may add chemicals to tobacco to improve its flavour, to stop it from drying out, or to make it burn longer.
3. Tobacco smoke may have about 4,000 chemicals or poisons in it. We know many are harmful to people's health. Tobacco companies do not have to tell us on the package what is in their products.
4. Your heart rate goes up. Your blood pressure might go up too. Smokers are twice as likely as non-smokers to have a heart attack.



⁵ Adapted from Health Canada and Direction de la sante publique, *Yes, I Quit*

Basic facts 2 (cont.)

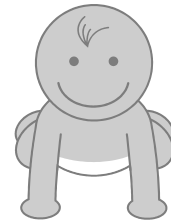
5. Smokers are ten times more likely to get lung cancer. They are also more likely to get other cancers, like cancer of the mouth or throat. 
6. Cigarettes may also cause breathing problems like bronchitis, emphysema, asthma or allergies.
7. Women who smoke and take the pill are 10 to 20 times more likely to have a heart attack or stroke than someone who doesn't smoke. 
8. Tobacco can make your clothes and your breath smell awful and your fingers and teeth turn yellow. It may also give you wrinkles.
9. There are two kinds of smoke: mainstream smoke (the smoke that the smoker breathes) and second-hand smoke (the smoke that comes out of a cigarette that other people breathe in). We call the two Environmental Tobacco Smoke (ETS), because it's in the air around us.
10. Second-hand smoke has twice as much nicotine as mainstream smoke.

Basic facts 3

How does tobacco smoke affect babies and children⁶?

Being in a place, like a home, where there is second-hand smoke all day, is the same as smoking 2 or 3 cigarettes a day.

A baby who breathes in second-hand tobacco smoke regularly is twice as likely to die of Sudden Infant Death Syndrome (SIDS) as other babies. A mother who doesn't smoke has more breast milk for her baby.



Children who breathe other people's smoke:

- are more likely to be irritable and cranky
- are more likely to have inner ear infections
- breathe in more air and harmful chemicals from cigarette smoke than adults because they breathe faster
- are more likely to have sore eyes, noses and throat
- cough and wheeze more
- are more likely to have asthma and allergies



⁶ Adapted from the Ottawa-Carleton Health Department, *Second Hand Tobacco Smoke Affects Children*

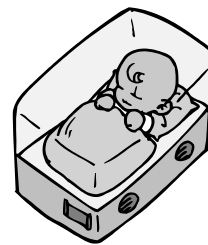
Basic facts 4

Why is smoking bad for a pregnant woman?

Usually women who are pregnant know smoking is bad for them and their unborn baby.

The mother-to-be is more at-risk of:

- having her baby early
- having a miscarriage
- bleeding from her womb
- having a difficult time when she is in labour or giving birth to the baby, because she does not breathe well enough and feels tired



The baby is more at-risk of:

- being underweight and sick
- being born too early
- having to stay in the hospital for longer

Remember...every breath a mother-to-be takes is also the baby's breath.



Basic facts 5

Reasons to quit smoking⁷

There are many reasons, not just health reasons, for you to quit smoking. Here are a few:

- you'll feel healthier and have more energy
- you'll have whiter teeth and better skin
- you'll have a better sense of smell and taste
- your breath will be fresher and cleaner
- you'll save money
- you won't have yellow-stained fingers
- your clothes won't smell of stale smoke
- you won't have burn marks on your clothes
- you won't be responsible for affecting other people's health with second-hand smoke
- you're pregnant
- you want to be a good example for your children
- your house and car or truck will be cleaner
- you won't have to go outside at -40°C to smoke

⁷ Adapted from Assembly of First Nations, *Tobacco: "The Sacred Gift"*

Basic facts 6

How can I quit smoking⁸?

Quitting smoking is not easy, but if you really want to you can! Many people quit several times before they finally succeed. Just remember, don't give up!

People quit smoking in different ways:

- **Cold turkey**—that means one day you're smoking, the next day you've stopped
- **Cutting down**—you smoke fewer cigarettes every day—instead of smoking 10 cigarettes a day, you smoke 8, then 6, then 4, then 2, then none
- **Using a patch or chewing special gum**—these things help your body adjust to not smoking—they might seem expensive, but if you stop smoking, in the long run it's worth it
- **Going to a smoking clinic or healing circle**—people will help you to quit by giving you advice and support

To quit smoking, you must make a commitment to quit and believe you will be able to do it. Then you have to stay smoke-free.

⁸ Adapted from Canadian Cancer Society, *For Smokers Who Want to Quit*

Basic facts 6 (cont.)

Quitting is not easy, but there are some things that you can do that might help you:

- set goals for yourself and work out a plan for quitting
- give yourself rewards
- change your daily routine so smoking doesn't fit in anymore
- spend time with people who don't smoke
- stay away from smoky places like bingo halls, community halls or bars, and other places or activities which might give you the feeling that you want to smoke
- find a partner or friend who can support you
- throw away your cigarettes, if you're quitting 'cold turkey', or carry only the number you can have that day, if you're cutting back
- find out what triggers your desire to smoke, and avoid them—for example, at coffee-break time, you might go for a walk
- keep a sense of humour and remember why you wanted to quit

Basic facts 7

How can I make my house smoke-free⁹?

You've decided that you don't want to have smoke in your home anymore. Here are a few things you can do:

- put a sign up on your door that says, "This is a smoke-free house"
- tell your family and friends why you don't want people to smoke in your home any more
- set up a smoking area for smokers outside your house—it might be a deck or balcony outside the front or back door
- start small—if you think it's too difficult to make a smoke-free house, make one or two rooms smoke-free
- talk to your family about where and when people can smoke—for example, maybe there will be no smoking in your truck when there's a non-smoker or a child in it
- remember why you want to have your home smoke-free—there are good reasons for not wanting tobacco smoke around you or your family



⁹ Adapted from the Ottawa-Carleton Health Department, *Tips for Making Your Home Smoke-free*

Basic facts 8

Where can I go for help?

Nurses, CHRs (Community Health Representatives) or elders in your community might be able to help you, if you have some questions about smoking.

Other resources might include **addiction awareness counsellors**, or **people who have quit smoking**.

Here is another person who can provide information on smoking:

Health Promotion Consultant

Dept. of Health and Social Services

Government of the Northwest Territories, Box 1320,

Yellowknife, NT X1A 2L9

Phone: 867-920-8826

Information for instructors

About two-thirds of Canadian adults drink alcohol. Most people don't drink often nor do they drink very much, and many don't drink at all. However, the few people who do misuse alcohol can suffer serious problems that may affect:

- their health
- their family and friends
- their school or their work

Many things influence people to drink alcohol:

- **the media**—drinking may look glamorous, sexy or funny
- **adulthood**—young people think it's a sign of adulthood
- **family and community attitudes towards drinking**—families and communities view drinking alcohol as acceptable, so young people model the behaviour of the adults around them
- **rebellion**—to rebel against their parents
- **curiosity**—young people want to know what it feels like
- **peer pressure**—all their friends are drinking alcohol
- **escape**—to escape from their emotional issues or other problems

Instructors can help learners decide about the use of alcohol in their lives by:

- helping them understand why people drink alcohol
- explaining the negative effects alcohol can have on their lives and the lives of their families
- helping them develop strategies for saying 'No'
- providing them with sources of information about alcohol

Learning outcomes

Learners will be able to:

- understand and explain why people drink alcohol
- identify the effects of drinking on the person themselves and on their family and friends
- develop strategies for saying 'No'
- know where to get help and information for dealing with alcohol problems
- understand the stories and answer questions about them.

Local resources

Many communities have a wealth of resources. Invite one of your community service providers who is familiar with the topic to come to your class to talk to your learners. Resource people might include:



- **the nurse**
- **the CHR** (Community Health Representative)
- **an elder**
- **a social worker**
- **an addictions counsellor** from an Alcohol & Drug Program
- **an RCMP officer**
- **a recovering alcoholic**

Print resources

The following print-based resources may assist you with this unit.



Northern resource, or one of special northern interest

Title	Available from
 <i>Together Our Community Can Prevent Fetal Alcohol Syndrome</i>	Consultant, Reproductive Health Dept. of Health & Social Services Government of the Northwest Territories Box 1320, Yellowknife NT X1A 2L9 Phone: 867-873-7051
<i>Alcohol Facts, Alcohol Fictions: Can You Tell them Apart?</i>	Joseph E. Seagram Box 847, Station H, Montreal, Quebec H3G 2M8
 <i>Fetal Alcohol Syndrome: A resource for Inuit communities to understand what FAS is and what they can do to help</i>	Pauktuutit Inuit Women's Association 192 Bank St. Ottawa, Ontario K2P 1W8 Phone: 613-238-3977 Fax: 613-238-1787
<i>Letters to Our Children, Letters from our Children: Living with Fetal Alcohol Syndrome and Alcohol Related Effects</i>	Dorothy E. Badry & Liz Lawryk, Editors Letters to our Children Project Alberta Association for Community Living 11724 Kingsway Ave. Edmonton, Alberta T5G 0X5 Phone: 1-800-252-7556
<i>Dear World: We Have Fetal Alcohol Syndrome, Experiences of Young Adults</i>	FAS/E Support Network of BC 13279 72 nd Ave., Surrey, BC V3W 2N5 Phone: 604-507-6675 Fax: 604-507-6685 e-mail: info@fetalalcohol.com
<i>A Layman's Guide to Fetal Alcohol Syndrome and Possible Fetal Alcohol Effects</i>	
<i>My Name is Amanda and I have FAE: A book for young children with FAS/E</i>	
<i>FASNET SCREENING TOOL: For Use with (different age groups)</i>	

Print resources (cont.)

This space is for you to add your own resources.





Title	Available from

Video resources





These videos are available for people in Yellokwnife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e from Regional Programs, Yellowknife Health & Social Services Authority, Box 608, Yellowknife, NT X1A 2N5.

Phone: 867-920-3454


Fax: 867-873-0158

Title	Description
<p><i>Cartoon All Stars to the Rescue</i> 1990 30:00 mins</p>	<p>A whole host of familiar cartoon characters help a young girl and her brother to understand the realities of drug use. Entertaining as well as informative for kids in elementary as well as high school.</p>
<p><i>The Circle Moving</i> 1987 28:00 mins</p> 	<p>Native communities across Canada show how they conquered alcohol and drug abuse.</p>
<p><i>Degrassi Talks—Alcohol</i> 1992 30:00 mins</p>	<p>Canadian teenagers tell their own stories about their experiences with alcohol: abuse, peer pressure, drinking and driving and how they deal with the dramatic changes to their lives by alcohol. Hosted by the cast of the popular TV show Degrassi High.</p>
<p><i>Drug Danger: In the Body</i> 1992 12:00 mins</p>	<p>This video explains the effects of alcohol, smoking cigarettes and drugs on the mind and body.</p>
<p><i>Friends Don't Let Friends</i> 1988 60:00 mins</p> 	<p>A Northern video on drinking and driving all types of vehicles, including ATVs, snowmobiles, boats and cars. Contains interviews and re-enactments from several northern communities. The film is long, but pieces of it can be used.</p>
<p><i>Helping Families—Helping Children</i> Yellowknife Association for Community Living/ Yellowknife Films 1997 28:00 mins</p> 	<p>This northern video provides clear information about FAS/E and demonstrates ways to help young children who are affected. Parents, including foster and adoptive parents, health professionals, educators and community resource people contributed to the making of the video. Companion Guide available.</p>
<p><i>Helping Families—Helping Children, Part 2</i> Yellowknife Association for Community Living/ Yellowknife Films 2001 29:00 mins</p> 	<p>This video shows children affected by FAS and partial FAS with their families and in the elementary school system. It demonstrates ways they can be supported to achieve success. Designed primarily for parents, the video will also provide insight to teaching and health professionals.</p>

Video resources (cont.)

Title	Description
<p><i>Talking about Alcohol</i> 1999 10:30 mins</p>	<p>Fairly American and urban, but messages are delivered by students in a language northern students can relate to. Comes with teacher's guide handouts, and exercises.</p>
<p><i>Where We've Been, Where We're Going</i> 1983 60:00 mins</p> 	<p>An introduction to the causes of drug and alcohol addiction. Native men and women talk about their experiences, traditional values and the role native traditional values can play in overcoming addictions. For an adult audience.</p>
<p><i>Women and Substance Use: Sharing our Experience</i> 1994 16:15 mins</p>	<p>Different women talk about their experiences with alcohol and drugs. The women tell their own stories with some dramatizations. Emphasis on the importance of healing from life experiences. Comes with discussion guide.</p>
<p><i>Fetal Alcohol Syndrome: Everlasting effect</i> 1990 15:00 mins</p>	<p>Basic information about fetal alcohol syndrome. Includes an interview with a mother of a FAS child.</p>
<p><i>A Mother's Choice</i> 1995 26:25 mins</p> 	<p>This video features Aboriginal mothers of children affected by alcohol. They speak about the underlying causes of their drinking and their struggles to raise their affected children. The video provides a strong message about drinking during pregnancy.</p>
<p><i>One Drink Won't Hurt my Baby, Will It?</i> Manitoba Adolescent Baby Centre 1996 26:00 mins</p>	<p>Powerful testimonies from three women who have firsthand experiences of FAS: a young mother who abused drugs and alcohol while pregnant; a foster parent looking after a girl disabled by FAS; and a young woman struggling to deal with the effects of FAS on the rest of her life. Includes a question and answer segment on FAS.</p>
<p><i>Precious Gift</i> Saskatchewan Institute on Prevention of Handicaps 1997 16:48 mins</p> 	<p>A young couple from a Saskatchewan native community decides not to use alcohol at all after finding out they are expecting their first baby. Before making their decision, they discuss FAS with family, friends and the doctor. Message stresses FAS is 100% preventable by not drinking.</p>
<p><i>Something to Celebrate</i> 1984 24:00 mins</p> 	<p>A young native woman discovers she is pregnant. She visits the local nurse and learns about the possible effects of alcohol on the fetus. When she decides not to drink, she must deal with the attitudes of her boyfriend and friends about this choice.</p>

Video resources (cont.)

Title	Description
<p><i>Drinking and Driving Kills</i> Sunburst Communications 1999 27:00 mins</p>	<p>On May 26 1992, four teenagers got into a car with a sixteen year-old who had been drinking beer. They slammed head-on into another car killing five people in all. This video chronicles several similar stories and shows how their families cope with their grief and disbelief in these tragic deaths. Grades 7-12.</p>
<p><i>What is FAS/FAE</i> Yellowknife Association for Community Living/ Yellowknife Films 1997 18:00 mins</p> 	<p>During a workshop held by the Yellowknife Fetal Alcohol Syndrome Project, participants learn the definition of FAS and FAE; what causes these medical conditions and how they are diagnosed. The workshop also stresses that mothers with addictions and people with FAS/FAE deserve our respect and support.</p>

Websites

<http://www.ayn.ca/health/>

This website is part of the Aboriginal Youth Network site and has lots of cultural information, as well as general information about alcohol.

<http://www.schoolnet.ca/alcohol/e/Main Menu/Index.html>

This is a wonderful website, with lots of good information and graphics.

<http://www.fetalalcohol.com>

This is the website of the FAS/E support network of BC. It includes articles, a quiz and links to other websites about fetal alcohol syndrome.

<http://aadac.com/flash.asp>

This is the Alberta Alcohol and Drug Abuse Commission website. Some parts of it are geared towards children and young people, and are very attractive. It has games, like snakes and ladders, that people can play individually or in groups. It also has teaching resources and information for parents and teachers.

Reflect

- **This unit is about alcohol. Before you begin to read the stories, think about the use of alcohol in your own life, or in the life of someone you know.**
1. Does alcohol play a part in your life? How much?
 2. When did you first come into contact with alcohol?
 3. If you (they) drink, why?
 4. Do you think you (they) ever drink too much?
 5. Do you think your (their) drinking affects your (their) life or the lives of your (their) family or friends?
 6. Do you know where to go for information about alcohol or for help to cope with alcohol?

Vocabulary

- **Here are words or phrases you will need to know for this unit. Do you know them? If not, look them up in your dictionary and write the meaning down.**

- reality
- FAS/ FAE
- sober
- alcohol
- cool
- suicide
- legal
- tempt
- choice
- alcoholic

Read 1

➤ **Read Debbie's story. Think about it as you read.**

Debbie's Story: I Made a Choice

I started drinking when I was thirteen years old. Everybody was doing it and I wanted to be accepted; to be cool like everybody else. At first it was fun to drink and to be a big girl, handling alcohol. Nothing mattered to me when I drank with my friends. When I was drunk, it was really great to be with my friends and my cousins. When I was drinking nothing would get me upset, and when I wanted to do crazy things, I would just go out and do it; I felt like I was ten feet tall. It didn't matter if it meant that I would get hurt because when I was drunk I felt no pain and that was good.

My family didn't know that I was drinking, but when the weekend came, one thing was on my mind and that was to go out and drink. I didn't realize that I was hurting my family when I didn't come home on weekends. As the days passed by, I started having hatred towards most people and I didn't like myself as much as I used to. I wanted to commit suicide so I cut my wrists. My friends and boyfriend would tell me to stop, because it would hurt them to see me doing that to

Read 1 (cont.)

myself. I tried to stop, but I would always think about my problems.

After I turned 16, I had to face the reality of becoming a teenage mother. The news was shocking; when I first heard it, I cried, but I realized that I couldn't keep on drinking for the health of my baby and for myself. At first it was easy for me to stop drinking because I stayed away from the places I used to hang around. There were times I was tempted to drink, but I would not give in to it, because I had made a choice.



What I like about being alcohol-free is that I can now tell who my true friends are. Now I can grow up and feel more confident about myself. I'm so glad that I made a choice to live a sober life and to raise my daughter in a safe environment.



My life since I quit drinking has been great. I enjoy many other different things; other than to go out and drink. I spend more time with my family and I love having time to read the Bible and pray.

Checkup

- **Now that you have read the story, try to answer the questions.**

Debbie's Story: I Made a Choice

1. When did Debbie start drinking?
 2. Why did she start drinking?
 3. How did she feel when she was drinking?
 4. What effect was this having on her family?
 5. Why did she try to commit suicide?
 6. What happened to her when she turned 16?
 7. What did she realize she had to do? Why?
 8. How easy was it for her to do that?
 9. How does she feel now that she no longer drinks?
 10. How does she spend her time now?
- **What do you think you might have done if you had been Debbie?**
 - **Why do you think that?**

Read 2

➤ **Read Tess's story. Think about it as you read.**

Tess's Story: I'm an Alcoholic

Since I was a child, alcohol has always been around. Today I'm a parent with two kids. I'm an alcoholic, drinking most of the time with friends and family. When I go out, I leave my kids with a babysitter. I hurt my kids by not keeping my promise to them. Also to my common-law, I lie to him about not drinking and going out.



I'm not truthful to myself because I always feel upset about everything I do or say. I notice that I'm not a good person when I'm drinking. After I drink, people tell me what I did or said to that person. My friends tell me that I should quit drinking because I look mean and unhappy when I'm drunk.



Checkup

- **Now that you have read the story, try to answer the questions.**

Tess's Story: I'm an Alcoholic

1. How long has alcohol been a part of Tess's life?
 2. How many kids does she have?
 3. How does she spend most of her time?
 4. Who looks after her kids when she goes out?
 5. How does her drinking affect her kids?
 6. What does she lie to her common-law husband about?
 7. Why is she not truthful to herself?
 8. What does she notice about herself when she's drinking?
 9. How does she know what she's done when she's been drinking?
 10. Why do her friends tell her she should quit drinking?
- **What do you think you might do if you were Tess?**
 - **Why?**

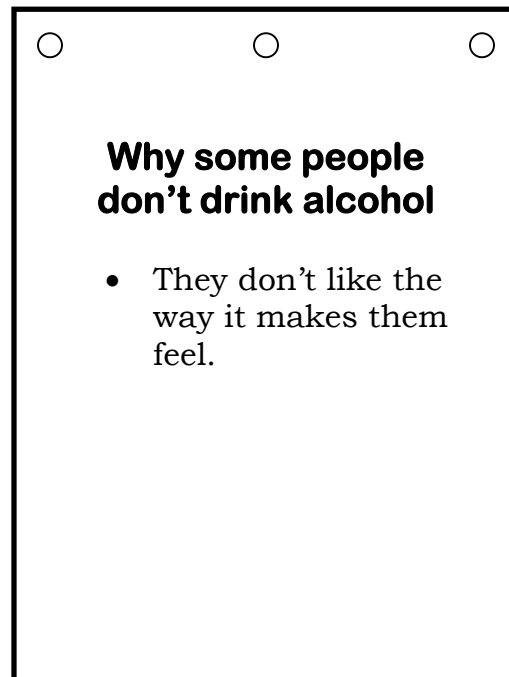
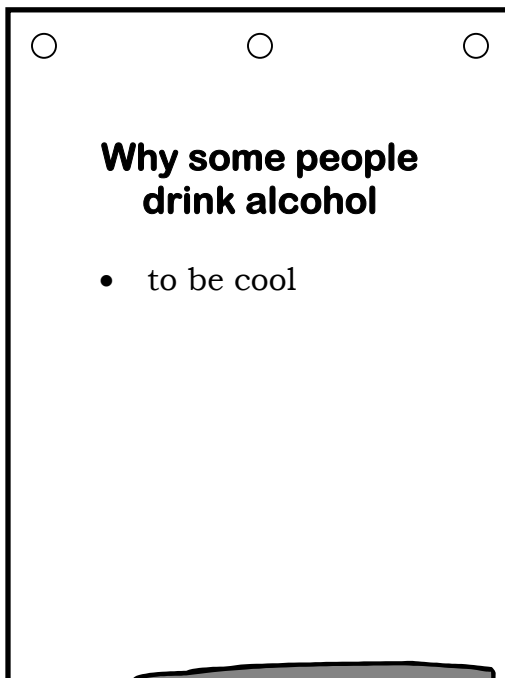
Reflect

➤ **You have read Debbie and Tess's stories about alcohol and you've answered questions about each person. Now compare the two girls, using these discussion questions.**

1. Why do you think the two girls started to drink?
2. How did they both behave when they drank?
Were there any similarities in the way they behaved?
3. How did their drinking affect their families?
4. What effect did drinking have on their lives?
5. One of them stopped drinking and the other didn't.
Why do you think that was?
6. Why do you think it is so difficult for people to stop drinking?
7. Which girl seems happier?
8. Why do you think that is?



- **In small groups, brainstorm reasons why some people drink alcohol and others don't. Write your ideas on a piece of flip chart paper. When all the groups are finished, compare your lists.**



Word search

- Here are some words that are in this unit. Circle each word in the table when you have found it. Cross it off the list too. (Answers in Appendices)

f	g	n	p	e	d	b	r	x	l
a	d	c	h	o	i	c	e	s	n
l	e	s	o	b	e	r	g	u	n
c	i	l	t	o	v	e	r	i	x
o	w	e	d	i	l	a	m	c	e
h	a	t	r	e	d	l	g	i	h
o	n	q	u	i	t	i	s	d	o
l	u	t	e	m	p	t	e	e	s
f	d	r	u	n	k	y	o	l	k
g	n	p	r	e	s	a	v	t	o

reality

sober

alcohol

cool

drunk

suicide

tempt

choice

lie

quit

hatred



- **Mothers who drink alcohol while they are pregnant may have babies with FAS (fetal alcohol syndrome) or FAE (fetal alcohol effects). First, draw a line from the word to the correct definition.**

defects	to give strength or courage to a person
fetus	to find out what is wrong with someone
support	a group of symptoms
syndrome	problems with different parts of the body
diagnose	have a lot of energy
hyperactive	the baby developing in the mother's womb

- **Now fill in the blanks in these sentences using the words in the list above.**

1. Alcohol may affect the _____ in the mother's womb.
2. Only a doctor can really _____ FAS.
3. Sometimes children with FAS are _____ and are difficult to control.
4. Children whose mothers drink when they are pregnant are at high risk of having birth _____ .
5. FAS means fetal alcohol _____ .
6. Fathers, doctors and other community members must _____ pregnant women.



- **Divide into four small groups. Your group will get a flipchart paper with different names at the top. You get 1 minute to write down ways in which that person or organization can support pregnant women. When the time is up, pass the paper to the next group. They write down things they can think of that are not already on the paper, and so on, until the groups have had all the papers.**

Fathers

Doctors, nurses

Friends

The community

- **When you have finished, share your last paper with the rest of the class. Discuss your ideas.**

Discuss



Basic Facts
1, 2, 3, 4, 5, 6

- **On your own, read the statements on this page. Decide how much you agree or disagree with each statement and put an 'X' in that column.**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly disagree
1. The legal drinking age in the NWT is too young. I think it should be raised.					
2. I will take a ride from someone who has been drinking.					
3. It's OK for pregnant women to drink alcohol.					
4. I respect people who do not drink.					
5. Friends have a lot of influence on whether I decide to drink or not.					
6. If someone at my house was drunk, I would 'cut them off' and not give them any more alcohol.					
7. I would stop drinking if it was hurting my family.					
8. If my friend had a drinking problem, I would tell him/her to quit.					
9. I can easily say 'No' to alcohol.					
10. It's OK to drink alcohol if all your friends are doing it too.					

- **After you have finished, in groups of 3 or 4, choose one or two of these statements and discuss them. Then share your ideas with the whole class.**



Remember to go over your group agreements before you begin your discussion.

Radio phone-in show



Basic Facts
1, 2, 3, 4, 5, 6

- **Organize a Cross-Community Check-up radio phone-in show asking people for their opinions on some issues around alcohol. You might host the show over several weeks.**



You need to:

- decide on a date and time
- arrange to be able to use the radio station
- advertise the program around the community
- decide which question(s) you want people to talk about
- arrange who the interviewers will be

Topics might include:

- raising or lowering the legal drinking age
- community liquor laws
- fetal alcohol syndrome (FAS)
- drinking and driving
- the effects of alcohol abuse
- peer pressure and alcohol



Learn refusal skills (1)

- **Sometimes other people will try to persuade you to drink alcohol, even if you don't really want to. You can learn some skills that will help you respond to persuasion.**

¹ Skill	What you do	What you say
Refuse	Keep repeating 'No' very clearly so there is no confusion or uncertainty.	<i>No. No thanks. No, no no. I mean it.</i>
Take a stand	Repeat your point of view, staying true to your decision.	<i>No. I'm not into that right now. No, I don't want to.</i>
Give alternatives	Identify some other things that you would rather do.	<i>How about we do ... instead?</i>
Negotiate	Come to a decision that both of you can live with.	<i>You're happy drinking. I'm happy not drinking. How about we leave it at that?</i>
Retreat	Give a reason and leave.	<i>I have an exam tomorrow, so I'm going home early.</i>
Avoid the situation	If you know people are going to drink, don't go.	<i>I can't. I'm going to my aunt's tomorrow.</i>

- **Don't worry! You get better with practice.**



¹ Adapted from www.schoolnet.ca/alcohol

Learn refusal skills (2)

- **Now, in groups of three, practise using refusal skills.**
- **The first person is trying to persuade the other person to drink. She is trying very hard! The second person is using one of the refusal strategies to say 'No'. The third person is watching the other two and giving advice about how well they did. Then change so that everyone gets a chance to play a different role.**
- **In your group, discuss how you felt in each role.**



- **When everyone in the group has had some turns at each role, choose one scenario and do it in front of the rest of the class.**
- **Discuss how you felt in each role.**
 - How did it feel trying to persuade someone to drink alcohol when they didn't want to?
 - How easy or how difficult was it to refuse?
 - How did you feel watching the other two people?

Write

➤ Write a response in the bubble for each situation.

 <p>Just one more drink!</p>	 <p>You're not drinking? What's wrong with you?</p>
 <p>I'm OK. I can drive.</p>	 <p>If you loved me, you'd have a drink.</p>

➤ Share your responses with the other learners.

Act out



Basic Facts
1, 2, 3, 4, 5

- **With your group, make up a conversation for these scenarios. You can write your conversation down so that you will remember it. When each group is ready, you can act out the scenario for the other learners.**



- Tom goes out every weekend and doesn't come home. His mother thinks he's drinking. When he comes home on Monday morning, his mother and father are waiting for him in the kitchen.
- Four friends are at a party. One person doesn't want to drink, but one of his friends hands him a beer. He says he doesn't want it, but the others try to persuade him.
- You and your friend are at a dance. Your cousin has said he'll give you both a ride home afterwards on his skidoo. When he shows up, you realize he's been drinking.
- Your friend is a really nice person, but she's awful when she is drinking. She is rude and mean and she hurts her family and friends. You and your other friend decide you're going to talk to her about it.

Writing

➤ **Choose one of the following topics.**

- Write a story like Debbie or Tess's story. It can be about yourself, about one of your friends, or you can make it up.
- Respond to either what Debbie or Tess has written.
- In your journal, write about what you have learned in this unit and how you will apply it to your life.
- Write a letter to the Premier of the Northwest Territories telling him you think the Legislative Assembly needs to raise the age at which young people can start to drink.
- Make a simple booklet about alcohol that you can give out at the school or the store. Decide what age the booklet will be for before you begin.



More ideas ...

- **Here are some more ideas for learning about alcohol.**
- Celebrate Alcohol Awareness Week with a week of activities that focus on alcohol.
- Develop a public awareness campaign that will help raise people's awareness of different aspects of alcohol. It might involve posters, booklets, TV spots, bookmarks, etc.
- Develop a calendar with different messages about alcohol for each month.
- If your community does not already have one, organize a SADD (Students against drunk driving) or a MADD (Mothers against drunk driving) group. Remember... snowmobiles, boats, motorbikes, 4-wheelers, trucks all count as driving.

More ideas ... (cont.)

Basic facts 1

What is alcohol?

Alcohol is a drug that slows down your central nervous system. It affects your judgement, coordination, and the way you behave. Many factors influence how alcohol affects you:

- **Quantity**—How much alcohol have you drunk? The more you drink, the more it affects you.
- **rate**—How fast did you drink that alcohol? Did you drink a lot in a short period of time?
- **body weight**—How much do you weigh? Alcohol usually affects smaller people more than bigger people.
- **gender**—Are you male or female? A woman is usually affected more than a man by the same amount of alcohol.
- **food**—Is your stomach full or empty? Food in your stomach slows down how long it takes your body to absorb the alcohol.
- **feelings**—How do you feel? Your feelings can influence how alcohol affects you.
- **other drugs**—Have you taken other drugs? If you have, the alcohol you drink may affect you more than you expect.



They're all the same! 1 shot of liquor = 1 glass of wine = 1 beer.

Basic facts 2

Why do people drink?

There are many factors that influence a person's decision to drink alcohol or not, or even how much to drink. Here are a few:

- to be accepted by their friends
- pressure from their friends
- to help them deal with their problems—to escape
- they think it's cool to drink
- to feel 'high'
- curiosity—to find out how it feels
- the media and the way it shows drinking as sexy, funny or glamorous
- it's a readily available drug
- personality—they may be easily led by others
- family attitudes and role models
- social or community acceptance that it's OK to drink and 'everyone does it'
- to rebel

Basic facts 3

Why do some people not drink?

There are also many reasons why people limit how much they drink, or decide not to drink at all. They may decide not to drink alcohol at that moment in time, or it may be a long-term decision never to drink alcohol. Here are a few reasons:

- they're too young—they're below the legal drinking age
- they can't have alcohol in their community
- it costs a lot of money
- it's not good for their health to drink too much
- there are other ways they can have fun
- they're pregnant
- it affects them and their family and may even hurt them
- they can deal with their problems in another way
- they want to be a good role model for their family
- they're going to be driving later
- it's against the teachings of their religion
- they're alcoholics

Basic facts 4

How does drinking too much affect me?

Drinking too much can affect you in many different ways, like:

- **your health**—immediately after drinking, you may have headaches or feel sick, or if you drink for many years, you might have liver, stomach, heart or blood pressure problems
- **your work or schooling**—you may miss work or school because you have a hangover, or you may not be able to focus on your job or your schoolwork very well because you don't feel good
- **your feelings**—you might get depressed or worried and feel you can't cope with life
- **your friends and family**—you might lie about your drinking, or steal money to buy alcohol, or be mean to members of your family or hit them if you feel angry
- **your own safety**—you might take more risks than usual and put your life and other people's in danger: you might sleep around with people, get pregnant, drive, be in an accident or be assaulted because you can't protect yourself

Basic facts 5

How do I know if I have a drinking problem²?

There are really two kinds of drinking problems:

- **binge drinking**—you don't drink every day, but when you do drink, you drink a lot
- **chronic drinking**—lasts over a long time—you probably drink everyday, but might not seem drunk

Here are signs that might show you have a drinking problem:

- you drink everyday
- you drink to feel better
- you drink by yourself
- you try to stop drinking or to drink less, but you can't
- you lie to your friends and family about your drinking
- you sneak drinks
- you need a drink to get you going in the morning
- you lose your friends, or your job
- you can come up with lots of reasons to drink
- you have blackouts and forget things
- you miss school or work because you are drunk or have a hangover

² Adapted from Canadian Public Health Association, *What the HEALTH!*

Basic facts 6

What is fetal alcohol syndrome³?

When a pregnant woman drinks alcohol, it puts her baby at high risk of fetal alcohol syndrome, or FAS. The alcohol affects the fetus growing and developing in the mother's womb. Fetal alcohol effects, or FAE, and FAS are similar.

First, alcohol may affect children's growth:

- they may be smaller, and have a lower weight
- their head may be smaller
- they may get sick easily—they can't fight germs very well

Second, alcohol may affect their nervous system:

- they may be fussy babies and cry a lot
- when they are toddlers, they may be hyperactive
- they may have trouble learning and be slow to walk or talk

Third, alcohol may cause birth defects:

- their faces may look different than other children's—for example, their upper lip may be thinner
- they may have heart, kidney or liver problems

³ Adapted from Pauktuutit, *Fetal Alcohol Syndrome*

Basic facts 6 (cont.)

How can we help prevent FAS⁴?

Everyone in the community has a role to play in supporting pregnant women to give birth to healthy babies:

- **the pregnant woman**—find out as much as possible about how to have a healthy baby; stop drinking
- **the father**—support the baby’s mother; don’t encourage or pressure her to drink; stop drinking yourself
- **schools**—teach about the dangers of drinking alcohol during pregnancy
- **the health centre, doctors or nurses**—provide information about healthy pregnancies; provide information about resources
- **the community**—promote healthy pregnancies in the community; ask businesses that sell alcohol to post information about the dangers of drinking alcohol during pregnancy
- **family and friends**—encourage and support the mother to give up drinking alcohol during her pregnancy; don’t pressure her to drink, even if you drink; continue to be her friend even if she doesn’t want to drink with you

⁴ Adapted from Pauktuutit, *Fetal Alcohol Syndrome*

Basic facts 6 (cont.)

How can we help children with FAS⁵?

Here are some behaviours you might see in children with FAS:

- they are very friendly and trusting
- they are hyperactive and so sometimes hard to control
- they can't concentrate on things for very long
- they can become very angry very quickly
- it's easy to distract them
- they may not understand things that can be dangerous
- they are easily upset by changes
- they are very sensitive to sound and light and colours
- they have difficulty remembering things, and they may not learn from their mistakes

There are some things that you can do that will help children with FAS:

- **having a routine** that they follow every day stops them from getting confused about what's going to happen
- **repeating things** over and over again helps them to learn
- **having rules** that are easy to remember gives their lives the structure they need

⁵ Adapted from Pauktuutit, *Fetal Alcohol Syndrome*

Basic facts 7

Where can I go for help?

Here are the phone numbers of some organizations that might help you:

Alcoholics Anonymous, Hay River	867-874-4733
Alcoholics Anonymous, Yellowknife	867-873-5096
Alcohol Centre Office, Fort McPherson	867-952-2245
Alcohol Centre—The House of Hope, Tuktoyaktuk	867-977-2176
Alcohol & Drug Counselling & Information, Hay River	867-874-2446
Aklavik Alcohol Action Program	867-978-2420
Deninu Drug & Alcohol Committee, Deninu Kue	867-394-4291
Drug & Alcohol Program, Fort Good Hope	867-598-2352
Fresh Start Addictions Program, Fort Simpson	867-695-2715
Nats'ejee K'eh Alcohol & Drug Treatment Centre, Hay River	867-874-6699
Open Doors Society, Fort Simpson	867-695-3962
Rae-Edzo Counselling Services	867-392-6000
Tree of Peace Friendship Centre, Yellowknife	867-873-3596
Turning Point, Inuvik	867-777-2726
Uncle Gabe's Friendship Centre, Fort Smith	867-872-3004

If there is no phone number for your community, look up **Alcoholism Information and Treatment Centres** in the Yellow Pages of the phone book.

Basic facts 7 (cont.)

Where can I go for help?

Nurses, CHRs (Community Health Representatives), **social workers, elders or addiction workers** in your community might be able to help you, if you have some questions about alcohol, or if you need support for an alcohol-related problem.

If your community has a **help line**, you can call there for help or information.

Here is another person who can provide information on addictions:

Addictions Consultant

Dept. of Health and Social Services

Government of the Northwest Territories, Box 1320

Yellowknife, NT X1A 2L9

Phone: 867-873-7049

Yellowknife Association for Community Living

Box 981, Yellowknife, NT X1A 2N7

Phone: 867-873-9069

Fax: 867-669-7826

e-mail: yaclfas@ssimicro.com

Information for instructors

Canadians are not as active today as in the past. About 61% of adults aged 18 and older, that is more than half the population, are not active enough to maintain their health, compared with 79% in 1981¹. Many things people do today—watching TV, playing computer games, driving their cars—require less activity. Yet people need to be active to be healthy.

Active living is really a way of life, in which physical activity is an important and regular part of people's daily lives. It includes just about anything, from housework to basketball. In 2000, Canadians said walking and gardening were their two favourite active living activities².

People may be inactive for a variety of reasons—because:

- they don't like the idea of exercising—they think it's hard
- they think they don't have enough time
- they like watching TV, playing computer games, reading, or other activities that involve little movement
- they feel healthy, and don't think they need to be active
- they get tired quickly
- they're overweight, and don't think they can do it

Instructors can help people become more active by:

- helping learners understand what active living is
- helping them understand the health benefits of active living and the health risks of being inactive
- helping them develop a plan to become more active
- including physical activity regularly in their classrooms
- providing them with sources of information on active living

¹ Canadian Fitness and Lifestyle Research Institute, *2000 Physical Activity Monitor*

² As above

Learning outcomes

Learners will be able to:

- understand and explain why physical activity is important for people's health
- identify possible health risks from not being active
- identify ways to make active living a regular part of their lives and the lives of their families
- identify ways in which their community can support active living
- understand the stories and answer questions about them

Local resources

Many communities have a wealth of resources. Invite one of your community service providers who is familiar with the topic to come to your class to talk to your learners. Resource people might include:





- **recreation leaders**
- **school physical education teachers**
- **nurses and CHRs** (they are familiar with lifestyle issues related to active living and healthy eating)
- **Health Promotion Consultant**
Dept. of Health & Social Services
Government of the Northwest Territories, Box 1320,
Yellowknife, NT X1A 2L9
Phone: 867-920-8826
- **Sport and Recreation Programs Advisor**
Dept. of Municipal and Community Affairs
Government of the Northwest Territories, Box 1320,
Yellowknife, NT X1A 2L9
Phone: 867-873-7757 or 867-920-6192

Print resources

The following print-based resources may assist you with this unit.



Northern resource, or one of special northern interest

Title	Available from
<i>Canada's Physical Activity Guide to Healthy Active Living</i>	Health Canada A.L. 0900C2 Ottawa, Canada
<i>Canada's Physical Activity Guide for Youth</i>	K1A 0K9 Phone: 613-957-2991 Fax: 613-941-5366
<i>Canada's Physical Activity Guide for Children</i>	Phone: 1-888-334-9769 Website: http://www.healthcanada.ca/paguide
<i>Active Living, Healthy Children</i>	You can download <i>Active Living, Healthy Children</i> from http://www.cahparents.ca parents' page.
<i>Active Living</i>	
<i>Active Living Food Guide Slide</i>	Dairy Nutrition Council of Alberta, 14904 – 121A Avenue, Edmonton, AB T5V 1A3 Phone: 780-453-5942 e-mail: srietveld@dnca.ab.ca
 <i>Dene Games: A Culture and Resource Manual, video and CD-Rom</i>	Sport North Federation Box 1189, 3 rd Floor, Panda II Mall Yellowknife, NWT X1A 3X7 Phone: 867-669-8326 Fax: 867-669-8327
 <i>NWT Arctic Sports: Training and Resource Manual, video and CD-Rom (available in August 2002)</i>	Toll Free: 1-800-661-0797 e-mail: gailn@sportnorth.com
 <i>Recreation and Sport Directory</i>	NWT Recreation and Parks Association Office Box 841, Yellowknife, NWT X1A 2N6 Phone: 867-873-5340 Fax: 867-669-6971
 <i>Traditional Dene Games: A Resource Book</i>	Sport and Recreation Programs Dept. of Municipal and Community Affairs Government of the Northwest Territories Box 1320, Yellowknife, NWT X1A 2L9 Phone: 867-873-7757 or 867-920-6192

Video resources

The following videos are available from:

Sport North Federation

Box 1189

3rd Floor, Panda II Mall

Yellowknife, NWT X1A 3X7

Phone: 867-669-8326

Fax: 867-669-8327

Toll Free: 1-800-661-0797

e-mail: gailn@sportnorth.com

Or from:

Sport and Recreation Advisor



Community Development Division

Dept. of Municipal and Community Affairs

Government of the Northwest Territories, Box 1320,

Yellowknife, NWT X1A 2L9

Phone: 867-873-7757 or 867-920-6192

Title	Description
<i>NWT Arctic Sports: A Training and Resource Manual, video and CD-Rom</i> (available in August 2002) 	This is a demonstration video illustrating the movements of the nine Arctic sports.
<i>Dene Games: A Culture and Resource Manual, video and CD-Rom</i> 	This is also a demonstration video.

Video resources (cont.)

The following videos are available for people in Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e from Regional Programs, Yellowknife Health & Social Services Authority, Box 608, Yellowknife, NT X1A 2N5.

Phone: 867-920-3454

Fax: 867-873-0158

Title	Description
<i>Fad Diets: The Weight Loss Merry-Go-Round</i> Meridian Education Corp. 1998 17:00 mins	Teenage boys and girls share their views on why fad diets are popular but do not work. Experts offer clear explanations of metabolism and nutrition basics during puberty, as well as convincing arguments in favour of exercise and healthy eating habits. Uses the American Food Guide pyramid, without focusing too much on it.
<i>This is Your Life</i> 1999 54:00 mins	Helps teens build a positive image through media message, and improve their eating and exercise habits.
<i>Clap Your Hands</i> 1995 12:00 mins	Stresses importance of physical activity and play and how parents can be involved. Shows creative, fun and inexpensive things parents can do with their 3-6 year-olds to help them grow developmentally. Gross and fine motor skills, as well as language development and reading are covered.

Websites

<http://www.cflri.ca/cflri/sitemap/index.html>

This is the Canadian Lifestyle and Fitness Research Institute website. It gives a physical activity profile for each province and territory, including the NWT.

<http://www.healthcanada.ca/paguide>

This is the Health Canada active living website. It provides a general overview of active living with links to other active living websites.

<http://www.hc-sc.gc.ca/hppb/fitness/activeliving.htm>

This is another Health Canada website. It includes suggestions on how to be active at home, at school, at work and at leisure.

<http://www.participaction.com>

This is the ParticipACTION website. It includes the different programs ParticipACTION runs, including workplace wellness, and information for parents on sports for children.

<http://www.goforgreen.ca>

Although largely geared towards environmental issues, this website has good information on 'Winter Green'—ideas for being physically active in wintertime. It also includes information on 'Walk to School Week' and International 'Walk to School Day'.

<http://ala.ca>

This is the website of the Active Living Alliance for Canadians with a Disability. It has an extensive list of resources to assist people with disabilities, including children and youth, to be more active.

Websites (cont.)

<http://www.cahperd.ca>

This is the website for the Canadian Association for Health, Physical Education, Recreation and Dance. It focuses mainly on physical education in schools, but it has some great ideas, like the World Record 'Hokey Pokey' challenge. It also includes an Active Living Family Pack, with ten great ways to get active, and a list of activities from A to Z.

<http://www.canadian-health-network.ca>

This is the website for the Canadian Health Network. It has a wide range of health information. It includes articles on children and exercise.

<http://www.fitnessfever.com>

This website is run by Blue Cross and Blue Shield of Minnesota, in partnership with other health and education organizations. It's a very attractive and fun site. It includes ideas for activities, games and quizzes. It also includes a fitness calendar that lets you keep track of your physical activity and the fruit and vegetables you eat.

Reflect

- **This unit is about active living. Before you begin to read the stories, think about active living in your own life, or in the life of someone you know.**
1. How active do you think you are: very active, somewhat active, or only a little active?
 2. Do you like being active? Why? Why not?
 3. In what places or at what times are you active? (Home, work? When?)
 4. Are you active on your own, or with other people? Who are you active with?

Vocabulary

- **Here are words or phrases you will need to know for this unit. Do you know them? If not, look them up in your dictionary and write the meaning down.**

- satellite dish
- arcade
- energy
- benefits
- encourage
- routine
- recreation
- haul
- worn out
- shape

Read 1

➤ **Read Ken's story. Think about it as you read.**

Ken's Story: I'm Not a Couch Potato Anymore!

I'm nineteen. I drive the water truck in the community. It's a great job—I love it. I drive the truck and Johnny, my partner, gets out and fills up the water tanks.

After work, I used to go home, have supper, then watch TV. We have a satellite dish, so there's always something good on. I would lie on the chair with some potato chips watching the 'boob-tube'. On weekends, I'd hang out at the video arcade or play cards with my friends.



Then I met Sara. I really like her. She's got so much energy. She didn't say I was a couch potato, but I knew she thought that. One day I asked her, 'How come you have so much energy?' She told me it was because she looked after herself. She tries to eat healthy food and she likes to be active. She thinks if you're active, you'll be healthier and have lots of energy. She said I should try to be more active.

Read 1 (cont.)

I told her I was no ‘jock’, that I didn’t like sports. She said that didn’t matter. Being active is not just about playing sports. She talked about something called ‘active living’-- about people being active every day. Sara said you could do almost anything—walk, do chores like chopping wood, run dogs. ‘The important thing,’ she said, ‘is to pick some things you like doing and do them every day. You can do different things for 10 minutes at a time, then add them up, until you have between 30 to 60 minutes.’

I decided I’d give it a go. Boy, it was hard getting started! At first I just got out of the water truck and gave Johnny a hand with the hose. That wasn’t too bad! Then I decided I’d walk to work instead of driving—I only live ten minutes away



anyway. Then Johnny asked me to help him build a skidoo shack. We hauled wood, and climbed up and down the ladder. Now I try to do things every day. I feel pretty good about myself—and I can see Sara feels pretty good about me too!

Checkup

- **Now that you have read the story, try to answer the questions.**

Ken's Story: I'm Not a Couch Potato Anymore!

1. What is Ken's job?
2. What job does Johnny do?
3. What did Ken do after work?
4. What did he do on weekends?
5. What change was there in his life?
6. Why did Sara seem to have so much energy?
7. What advice did she give Ken?
8. What did Sara say you could do to be active?
9. What did Ken do to start becoming more active?
10. How does he feel now? Why do you think that is?

- **What do you think about the changes in Ken's life?**
- **Why do you think that?**

Read 2

➤ **Read Mary’s story. Think about it as you read.**

Mary’s Story: Getting in Shape Again

I always played sports at school. I loved volleyball, basketball and indoor soccer. I was really healthy, and never overweight.

That changed when I had kids. I’m a single mom, and I work at the health centre. I’m overweight and don’t have much energy. I run here and there taking my kids to different places. I feel really worn out by the end of the day.

I try to do things with my kids, like making snowmen, and sliding on Rat Lake Hill—but I need to do more to get myself in better shape. My friends asked me to curl with them on Friday evenings, but it means I need a baby-sitter. I can’t really afford that. Maybe I could baby-sit for someone if they baby-sat for me. Then someone told me about different things I could do at work, like going for a walk at my break, or stretching every couple of hours when I’m sitting at the computer. Maybe I’ll put a list of things on the fridge and check some off everyday. That might work.



Checkup

- **Now that you have read the story, try to answer the questions.**

Mary's Story: Getting in Shape Again

1. What three sports did Mary enjoy at school?
 2. How did she look and feel?
 3. When did all that change?
 4. Where does she work?
 5. How does she look and feel now?
 6. What two things do her kids like to do?
 7. What did her friends ask her to do?
 8. Why did she think she couldn't do that?
 9. How did she think she could get around that problem?
 10. What other things did she think she could do?
- **What do you think you might do if you were Mary?**
 - **Why?**

Reflect

➤ **You have read Ken and Mary's stories about being active and you've answered questions about each person. Now think about the two of them.**

1. Both Ken and Mary had different reasons for becoming more active. What were their different reasons?
2. It was difficult for each of them to become more active. Why do you think it is so difficult for people to become more active?
3. Do you think they will manage to become more active? Why do you think that?





- **Divide into two groups. One group will brainstorm some health benefits from being active. The other group will brainstorm some health risks from not being active. Write your ideas on a piece of flip chart paper. When both groups have finished, discuss your lists.**

○ ○ ○

Health benefits from being active

- better health

○ ○ ○

Health risks from not being active

- heart problems



Word search

- Here are some words that are in this unit. Circle each word in the table when you have found it. Cross it off the list too. (Answers in Appendices)

e	b	e	n	e	f	i	t	s	w
n	a	s	w	p	e	s	e	r	d
c	c	r	o	u	t	i	n	e	a
o	t	o	r	e	n	g	e	l	r
u	i	k	n	t	o	h	r	w	c
r	v	j	o	c	k	a	g	n	a
a	e	a	u	b	c	u	y	f	d
g	s	a	t	e	l	l	i	t	e
e	u	e	s	h	a	p	e	t	t
r	e	c	r	e	a	t	i	o	n

satellite

energy

haul

routine

jock

shape

arcade

benefits

worn out

encourage

active

recreation

Activity carousel



Basic Facts
1, 4, 5, 6

- **Now's the time to get active—there are many things you can do.**
- **Divide into five small groups. Your group will get a flipchart paper with the name of a different place or time at the top. You get 1 minute to write down ways in which people can be active in that place or at that time³. When the time is up, pass the paper to the next group. They write down things they can think of that are not already on the paper, and so on, until the groups have had all the papers.**

At home

In class

At work

On the way to ...

In your spare time

- **When you have finished, each group shares its last paper with the rest of the class. Discuss your ideas.**
- **Now look at the flipchart 'In class'. Decide on some activities you might do in your class everyday—and start to do them.**

³ Adapted from Health Canada Fitness Website, http://www.hc-sc.gc.ca/hppb/fitness/home_family.html



- **Try to find out how active people in your class are. Hand out the questionnaire and have everyone answer the questions.**

1. What three physical activities do you do regularly? #1: #2: #3:
2. How much time do you spend every day doing physical activities? a) less than 10 minutes b) 10-20 minutes c) 20-30 minutes d) 30-60 minutes e) more than 60 minutes

- **When everyone has finished, work out the results for the class—you could do a graph of the results.**

The three most popular activities in our class are:

1. _____
2. _____
3. _____

The percentage of people who are active for:

- | | |
|--------------------------|--------|
| a. Less than 10 minutes: | _____% |
| b. 10-20 minutes | _____% |
| c. 20-30 minutes | _____% |
| d. 30-60 minutes | _____% |
| e. more than 60 minutes | _____% |

- **Use the questions above or make up your own questionnaire to do a survey in your community.**

Plan to be active



Active Living
Guide Slide

- **Develop a plan to make yourself more active. Start slowly and build to longer periods of time, and to activities that need more effort. Add your activities in blocks of 10 minutes, until you reach 30 minutes⁴.**
- **Or, use the Active Living Guide Slide. Aim for at least 3 points a day, or 21 points a week.**

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

➤ **You can do it!**



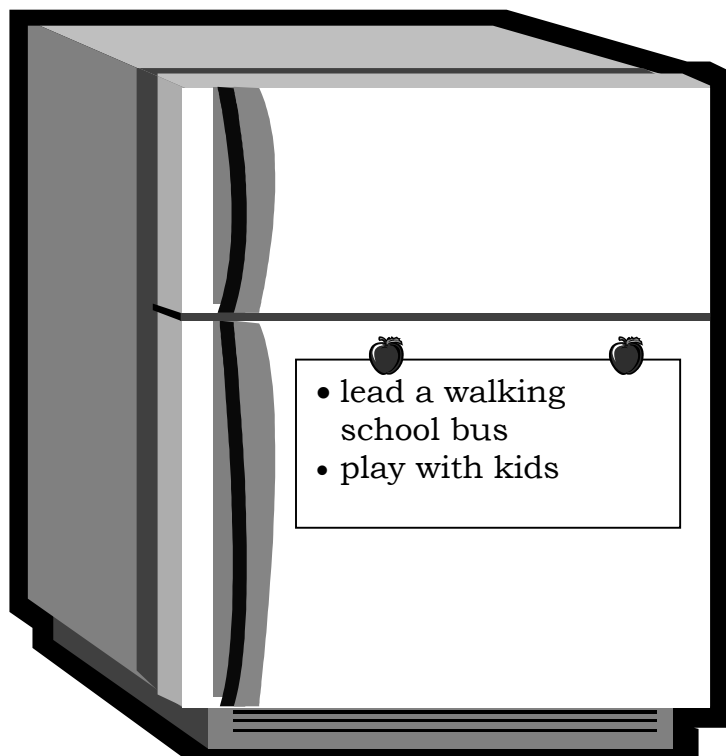
⁴ Health Canada and Canadian Society for Exercise Physiology *Canada's Physical Activity Guide to Healthy Active Living*

Get your kids active (1)



Basic Facts
7, 8

- **A new study shows that more than half NWT children and youth are not active enough to promote growth and development⁵. Children and youth need to be active for 90 minutes a day to be healthy.**
- **In small groups, think about ways to make your kids fitter. Write down as many ways as you can think of. Choose your top ten suggestions to share with the other groups.**
- **Put all your ideas together and make a long list for people to take home and put on their fridge.**



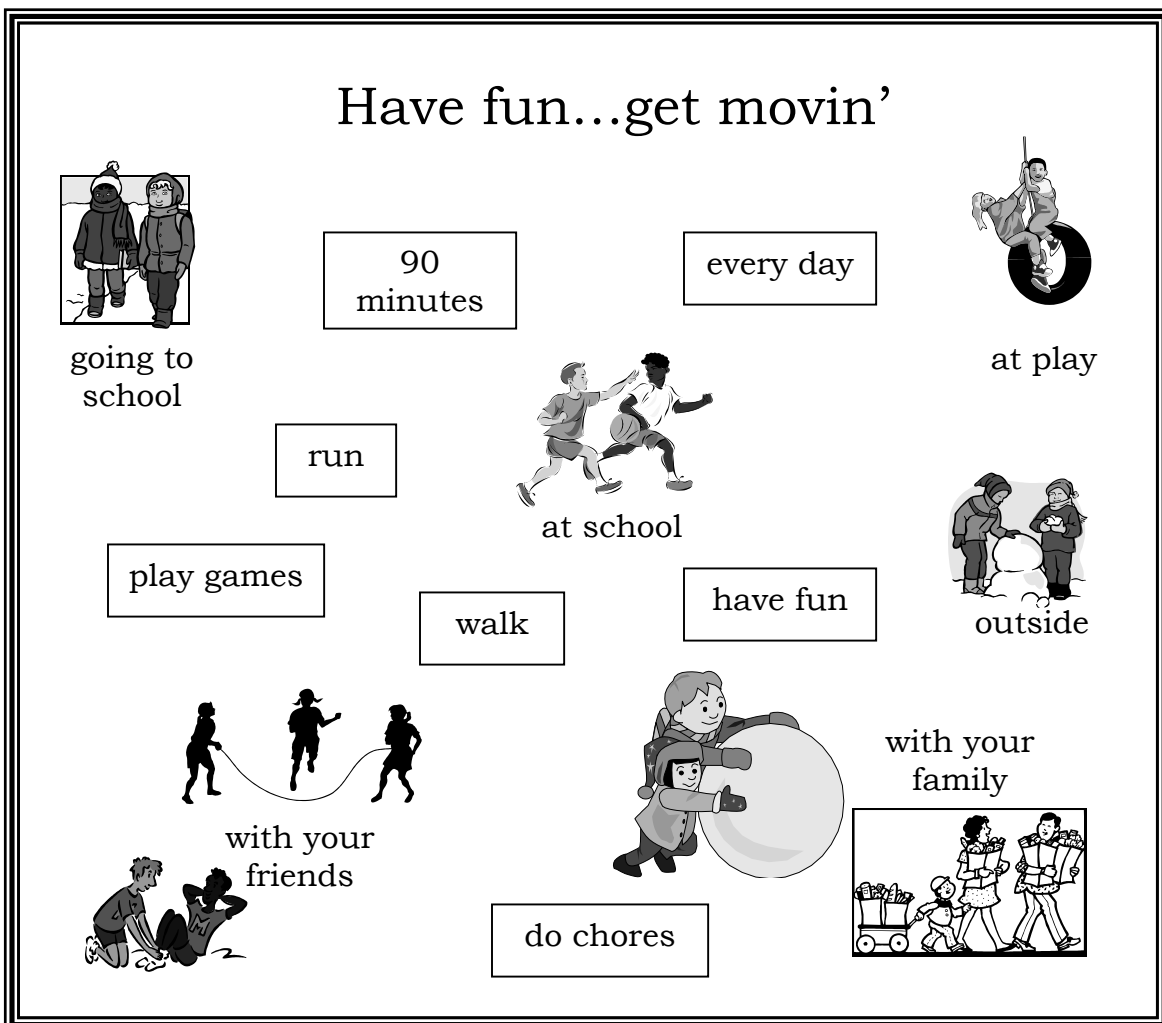
⁵ Canadian Fitness and Lifestyle Research Institute, *2000 Physical Activity Monitor*

Get your kids active (2)



Basic Facts
7, 8

- Take a walk around the community with a camera and take photos of children and youth involved in physical activities. Use the photos as part of a display to promote active living for children and youth in your community. Put your posters up around the community.



- Organize an active living event for the children of the learners in your class.

Get your community active

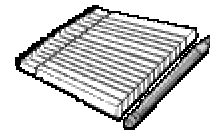


Basic Facts
4, 5, 6, 7, 8



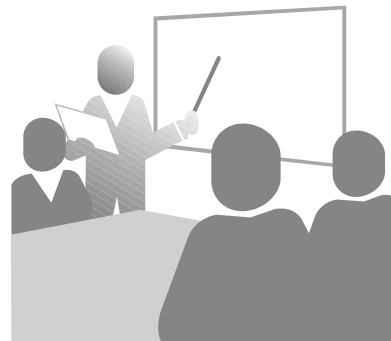
- **Think of some ways in which your community encourages people to be active. For example, perhaps you have an arena. Or maybe you have a trail around a lake, or elders who teach traditional drum dancing to younger people.**

- **With a partner, make a list of all the different ways your community encourages active living.**



- **Now think of some new and simple active living ideas for your community—nothing too expensive. With your partner, prepare a presentation to the Hamlet or Band Council. Your presentation should include:**

- your suggestions
- what they might have to do to make it happen
- the benefits the community would get



- **Either do the presentation to your class or to your community council. Be prepared to answer questions after your presentation.**

Research and follow up



Basic Facts
4, 5, 6, 7, 8

➤ **In small groups, choose one of the following two activities⁶.**

1. Research and design a walking trail for your community. Present your design to the class. Think about:

- where it should go
- why people would want to walk there
- what they would see when they go there



2. Or, research some traditional games, activities or dances. After you have researched them, teach one or more to the other members of your class. You might invite some community members, such as elders, as resource people.



⁶ Adapted from Health Canada's Active Living Website, <http://www.Hc-sc.gc.ca/hppb/fitness>

Act out

- **With your group, make up a conversation for these scenarios. You can write your conversation down so that you will remember it. When each group is ready, you can act out the scenario for the other learners.**



- Dave is forty: he has a government job and works long hours. He's not very active, nor in good shape. He's often short of breath. He and his wife go to the doctor's office. The doctor tells him he needs to be more active.
- Johnny is an elder. He used to go hunting and fishing, but now he stays home and watches TV. The more he sits around, the stiffer he gets. His son and daughter are worried about him and think he should be more active.
- Your friend has never been active and she eats food that's not very healthy. Now she's starting to put on weight. You and your other friend think she should be more active but you know she needs help to get started.
- You are members of the Recreation Committee and you want to get the community more active. You are talking about some of the things you might do.

Writing

➤ **Choose one of the following topics.**

- Write a story like Ken or Mary's story. It can be about yourself, about one of your friends, or you can make it up.
- Respond to what either Ken or Mary has written.
- In your journal, write about what you have learned in this unit and how you will apply it to your life.
- Write a letter to the Community Wellness Committee, the recreation committee or the hamlet council telling them that you think they need to do more to encourage members of the community to become more active and why.
- Make a simple booklet about active living that you can give out at the school or the store. Decide who your audience is before you begin.



More ideas ...

- **Here are some more ideas for learning about active living.**
- Start a walking group among your class. Set a time every day when you go for a walk. Start with ten minutes, and then gradually make it longer.
- Plan a tour of community recreation places or clubs that have different activities, like the arena or the Metis reelers club. Take classes from the school on your tour to introduce them to different activities.
- Plan a community picnic with lots of active games for people to take part in.
- Take part in national physical activity events, like the Active Living Challenge. Organize a competition between your community and your neighbouring community.
- Set aside time every day to play games with your children—pushing them on a swing, sliding in the snow, playing street hockey, etc.

More ideas ... (cont.)

- Plan a community event that gets people active. What would the event involve? How would you get people out to it?
- Take part in Walk to School Week, or International Walk to School Day. Change it to Walk to Class Week, or Walk to Work Week, if appropriate.
- Hold an active living challenge. Decide ahead of time what the challenge will be e.g. the Hokey-Pokey Challenge. You don't have to have a competition—it can simply be a challenge to get as many people in the community as possible involved. People taking part should register so that you know how many people took part.

Basic facts 1

What is active living?

Active living is really a way of life. It means you think physical activities are an important part of your daily life, and so you build them into your life on a regular basis.



It includes every possible kind of physical activity. It may involve things you do by yourself, like walking to work, or things you do with other people, like snowshoeing with a friend. It may change with your age, or with the time of year.

It can be casual, like chores around the house, or more organized, like playing on a sports team or taking an exercise class.



Each person is different. Think of a young child racing around the playground, or an elder walking to the community hall—they're different! You decide what you will do, based on what your body needs, what you like and what you're good at. You may hate exercise classes. Fine! You don't need to do that. You may love running dogs. Great! That's a good activity for you. The important thing is to be active every day, doing something you like to do.

Basic facts 2

Why should you be active?

You have to be active to be healthy. Different parts of your body, like your heart and lungs, all need to move to stay healthy. That doesn't mean you always have to do strenuous exercise, although it is good to do some more vigorous exercise as part of your regular physical activity. It simply means making physical activity part of your everyday life. And it may mean making some changes, like walking up the stairs instead of taking the elevator, or leaving your vehicle at home.

Here are some health benefits from being active. You will:

- be healthier overall
- be fitter
- have more energy
- have better posture
- be more able to maintain a healthy weight for you
- feel more relaxed
- be better able to cope with stress
- have better self-esteem and confidence
- be at lower risk of diseases like heart disease or diabetes

Basic facts 3

What might happen if you're not active?

Today many of the things we do, like working at the computer or watching TV, involve sitting for long periods of time. These activities require you to be less active and can actually put your health at risk. If you are not very active, you may:

- suffer from heart disease or a stroke
- be overweight
- get diabetes
- become less independent later in life and have to depend on other people more
- feel more stressed out
- die earlier
- get in the habit of not being active, making it more difficult to be active again
- lack energy and feel tired often



Basic facts 4

How active do I need to be?

Nowadays people should be active for at least 30 minutes a day. You don't need to be active for 30 minutes at the same time—you can do it in 10-minute blocks. Add the blocks up, until you reach between 30 to 60 minutes.

The more effort your activity takes, the less time you have to do it for. For example, running behind your dog team takes a lot of effort, and requires less time. Taking your dog for a walk takes less effort, and requires more time. If you do activities that take more effort, you can do them for 30 minutes a day for 4 days every week. Another way of working out your activity is to count up points on the Active Living Guide Slide.

You can be active anywhere and at any time, in different places and at different times:

- at home
- at school
- going from one place to another
- in your spare time
- at work

Basic facts 5

What can I do to be more active?

Include physical activity in your routine every day. Here are a few suggestions, but the list could go on and on⁷. You can:

- walk whenever you can— get up half an hour earlier every day and go for a walk
- get off the bus a stop earlier and walk the rest of the way
- climb the stairs instead of using the elevator
- offer to shovel snow for other people
- play with your children
- park your car or truck ten minutes away from where you're actually going
- chop your own firewood, or get it in 8-foot lengths and cut it up yourself
- walk your children to school
- go for a short walk at your coffee break or lunch time
- have a physical activity of the month, like walking up the stairs, going for a ten-minute walk, etc.
- try a new activity each season, like curling or fishing
- organize a community feast with games

⁷ Adapted from Health Canada's Website, <http://hc-sc.gc.ca/hppb/fitness/>

Basic facts 6

How active are adults in the Northwest Territories?

According to the 2000 Physical Activity Monitor⁸:

- 45% of adults in the NWT are active enough to get maximum health benefits
- 55% (more than half) are not active enough to get maximum health benefits
 - 25% are moderately active, but not active enough for really good health
 - 18% are only somewhat active
 - 13% sit around most of the time

The most popular physical activities for adults in the NWT are:

• walking for exercise	86%	• baseball, softball	27%
• gardening, yard work	69%	• skating	25%
• swimming	54%	• bowling	24%
• exercising at home	53%	• volleyball	18%
• social dancing	52%	• cross-country skiing	18%
• bicycling	50%	• basketball	17%
• jogging, running	32%	• soccer	16%
• golf	31%	• exercise class, aerobics	13%
• weight training	31%		

⁸ Canadian Fitness and Lifestyle Research Institute, *2000 Physical Activity Monitor*

Basic facts 7

How active are children and youth in the NWT?

Children and youth need to be more active than adults to be healthy. More than half the people in the NWT between 5 and 17 are not active enough to be healthy. According to the 2000 Physical Activity Monitor⁹:

- 54% of children and young people aged 5-17 are not active enough to grow and develop in a fully healthy way
- 84% of children do some physical activity at home
- 77% of children take part in P.E. classes at school
- 45% take part in physical activities at school outside of physical education classes, E.g. going out on the land
- 68% take part in physical activities in places other than school, for example at the arena

The most popular physical activities for children in the NWT are:

• swings, slides, teeter-totters (5-12 year-olds)	92%	• soccer	56%
• walking	91%	• running, jogging	53%
• tobogganing, other winter activities	83%	• skating	51%
• swimming	82%	• in-line skating	47%
• bicycling	80%	• social dancing	46%

⁹ Canadian Fitness and Lifestyle Research Institute, *2000 Physical Activity Monitor*

Basic facts 8

How can we get our kids more active?

Children and youth should be active for about 90 minutes every day¹⁰. Their physical activity should include both moderate and vigorous physical activity. Moderate activity includes things like walking briskly, biking and playing outdoors. Vigorous activity includes running and soccer. At the same time, limit the amount of time children spend in sitting activities, like playing computer games, or watching TV.

Here are some activities you can do with children. You can:

- join in the games your children play
- play ball or hockey or go swimming
- go for a bike ride
- go for a walk every day
- shovel snow, carry shopping or do other chores together
- go sliding or make a snowman together
- create a walking school bus with your neighbours
- dance around the house
- encourage your children to play sports

Let your children pick activities they like doing.

¹⁰ Adapted from Health Canada and others, *Canada's Physical Activity Guide for Children*

Basic facts 9

Where can I go for help?

Most communities have recreation coordinators. Here is a list of recreation coordinators:

Community	Recreation Coordinator	Phone
Inuvik	Theresa Ross, Town of Inuvik, Box 1160, Inuvik NT X0E 0T0	867-777-2607
Aklavik	Dean McLeod, Box 88, Hamlet of Aklavik, NT X0E 0A0	867-978-2531 867-978-2636
Holman	Sadie Joss, Hamlet of Holman, Box 157, Holman, NT X0E 0S0	867-396-3080 867-396-3500
Paulatuk	Merle Thrasher, Hamlet of Paulatuk, General Delivery, Paulatuk, NT X0E 1N0	867-580-3709 867-580-3531
Sachs Harbour	Doreen Carpenter, Hamlet of Sachs Harbour, General Delivery, Sachs Harbour, NT X0E 0Z0	867-690-4354 867-690-4351
Tuktoyaktuk	Janna Bulmer, Hamlet of Tuktoyaktuk, Box 120, Tuktoyaktuk, NT X0E 1C0	867-977-2513 867-977-2286
Fort McPherson	Victor Stewart, Hamlet of Fort McPherson, Box 57, NT X0E 0J0	867-952-2428 867-952-2350
Tsiigehtchic	Sheila Blake, Tsiigehtchic Charter Community, General Delivery, NT X0E 0B0	867-953-3206 867-953-3201
Colville Lake	Theresa Kochon, Behdzi First Nation, Box 23, Colville Lake, NT X0E 1L0	867-709-2020 867-709-2200
Deline	Ernie Takazo, Charter Community of Deline, Box 180, Deline, NT X0E 0G0	867-589-4800 867-589-4810
Fort Good Hope	Brenda T'seleie, K'asho Got'ine Charter Comm. Council, Box 80, Fort Good Hope, NT X0E 0H0	867-598-2231 867-598-2602
Tulita	Janine Nerysoo, Hamlet of Tulita, Box 92, Tulita, NT X0E 0K0	867-588-4471 867-588-3517
Norman Wells	Guy Latour, Town of Norman Wells, Box 5, Norman Wells, NT X0E 0V0	867-587-3721 867-587-3720
Beaufort Delta Region	Yvonne Carpenter, Senior Recreation Development Officer, Municipal and Corporate Affairs, Bag Service #1, Inuvik, NT X0E 0T0	867-777-7312
Dettah/N'dilo	Kevin Daniels, Yellowknives Dene Band, Box 2514, Yellowknife, NT X1A 2P8	867-873-4307
Enterprise	Betty Thompson, Settlement of Enterprise, 526 Robin Road, Hay River, NT X0E 0R1	867-984-3491
Fort Liard	Cathy MacAskill, Hamlet of Fort Liard, Fort Liard, NT X0G 0A0	867-770-4104
Fort Providence	Clifford McLeod, Hamlet of Fort Providence, Fort Providence, NT X0E 0L0	867-699-3441 867-699-3424

Basic facts 9 (cont.)

Community	Recreation Coordinator	Phone
Fort Resolution	Tausia Kaitu'u-Lai, Deninoo Community Council, Fort Resolution, NT X0E 0M0	867-394-4541 867-394-3163 867-394-3431
Fort Simpson	Recreation Coordinator, Village of Fort Simpson, Box 438, Fort Simpson, NT X0E 0N0	867-695-3300 867-695-2253 867-695-3831
Fort Smith	Town of Fort Smith, Box 147, Fort Smith, NT X0E 0P0	867-872-2014 867-872-4732
Gameti	Ron Ostrom, Gameti First Nation Band, Rae Lakes, NT X0E 1R0	867-997-3441 867-997-3618
Hay River	Ron Cook, Town of Hay River, 73 Woodland Dr., Hay River, NT X0E 1G1	867-874-6522 867-874-6507
Hay River Reserve	Larry Clarke, Katlodeeche First Nation, Box 3060, Hay River, NT X0E 1G4	867-874-6701 867-874-4150
Jean Marie River	Jean Marie River Dene Band, Box 254, Fort Simpson, NT X0E 0N0	867-809-2000
Kakisa	Julian Landry, KA'A GEETU First Nation, Box 4428, Kakisa Lake, NT	867-825-2000
Lutselk'e	David Altenberg, Lutselk'e Dene Council, Lutselk'e, NT X0E 1A0	867-370-3051 867-370-3061
Nahanni Butte	Recreation Coordinator, Nahanni Butte Dene Band, Nahanni Butte, NT X0E 0N0	867-602-2900
Rae Edzo	Conan Donahue, Hamlet of Rae Edzo, Box 68, Rae Edzo, NT X0E 0Y0	867-392-6501 867-392-6500
Trout Lake	Valerie Jumbo, Trout Lake Dene Band, Box 10, Trout Lake, NT X0E 1Z0	867-206-2800
Wekweti	Recreation Coordinator, Dechi Laot'i First Nation, Wekweti, NT X0E 1W0	867-713-2010 ext 24
Wha Ti	Lawrence Nitsiza, Charter Community of Wha Ti, Box 71, Wha Ti NT X0E 1P0	867-573-3401 867-573-3043
Wrigley	Recreation Coordinator, Pehdzeh Ki First Nation, Wrigley, NT X0E 1E0	867-581-3321 867-581-3410
Yellowknife	Brian Kelln, City of Yellowknife, Box 580, NT X1A 2N4	867-920-5647
North Slave Region	Joe Bailey, Recreation Development Officer, Municipal and Corporate Affairs, Government of the Northwest Territories, Box 1320, Yellowknife, NT X1A 2L9	867-920-8083
Mackenzie Region (Deh Cho and South Slave)	Shane Thompson, Recreation Development Officer, Municipal and Corporate Affairs, Government of the Northwest Territories, Box 1320, Yellowknife, NT X1A 2L9	867-695-7224

Information for instructors

People have many different types of relationships in their lives—with friends, colleagues, family, their partner, neighbours, and even just people they pass on the street. These relationships are all different, and they may change as the people involved change.

Communication is an important part of a relationship. However, even in healthy, happy relationships, people argue and disagree. When communication breaks down, misunderstandings and conflict may begin to arise.

Conflict can be stressful—being able to deal with it is an important part of building healthy relationships. If the people in the relationship do not, or cannot, deal with the conflict, then anger and violence may be the result, with one person trying to control the other. When that happens, the relationship may become a cycle of abuse and violence. When it happens within the family, it affects every member.

Instructors can help learners understand and deal with abuse and violence within relationships by:

- discussing healthy and unhealthy relationships
- discussing helpful and destructive communication
- helping them talk about abuse and its effects
- helping them identify their own circle of support
- providing them with sources of information and support for healthy relationships and for abusive situations

Learning outcomes

Learners will be able to:

- describe a healthy and an unhealthy relationship
- identify helpful and destructive communication
- identify different types of abuse
- identify their own circle of support
- know where to get help and information for dealing with relationship problems, including abuse inside and outside the family
- understand the stories and answer questions about them

Local resources

Many communities have a wealth of resources. Invite one of your community service providers who is familiar with the topic to come to your class to talk to your learners. Resource people might include:



- **the nurse**
- **the CHR** (Community Health Representative)
- **a social worker**
- **an RCMP officer**
- **a shelter worker**
- **Yellowknife Women's Centre**
5020 47th St., Yellowknife, NT X1A 1N1
Phone: 867-873-9131
- **Status of Women Council of the NWT**
5017 49th St., Government of the Northwest Territories,
Box 1320, Yellowknife, NT X1A 2L9
Phone: 867-920-6177 Fax: 867-873-0285
e-mail: council@statusofwomen.nt.ca

Print resources

The following print-based resources may assist you with this unit.




Northern resource, or one of special northern interest

Title	Available from
 <i>Dealing with Child Abuse: A Handbook for School Personnel</i>	Early Childhood and School Services Dept. of Education, Culture & Employment, Government of the Northwest territories, Box 1320, Yellowknife, NT X1A 2L9 Phone: 867-873-7676 Fax: 867-873-0109
<i>Child Abuse and Neglect</i>	National Clearinghouse on Family Violence 0201A1, Family Violence Prevention Division Health Promotion and Programs Branch Health Canada, Ottawa, Ontario K1A 1B4 Phone: 613-957-2938 Fax: 613-941-8930 Phone: 1-800-267-1291 Also available on www.hc-sc.gc.ca/hppb/familyviolence
<i>Child Sexual Abuse</i>	
<i>Emotional Abuse</i>	
<i>Family Violence and Substance Abuse</i>	
<i>Wife Abuse</i>	
 <i>Family Violence in Aboriginal Communities: An Aboriginal Perspective</i>	
<i>Breaking the Pattern: How Communities Can Help</i>	

Print resources (cont.)

This space is for you to add your own resources.

Title	Available from
<i>The Relationship Book...</i> Women's Network, PEI	Grass Roots Press, P.O. Box 52192, Edmonton, Alberta T6G 2T5 Phone: 1-888-303-3213 Fax: 780-413-6582 e-mail: grassrt@telusplanet.net Web Site: www.literacyservices.com
<i>From Dark to Light: Regaining a Caring Community</i> 	Status of Women Council of the NWT 5017 49 th St. Government of the Northwest Territories Box 1320, Yellowknife, NT X1A 2L9 Phone: 867-920-6177 Fax: 867-873-0285 e-mail: council@statusofwomen.nt.ca
<i>Getting Along: A Guide to Healthy Relationships</i>	The John Howard Society of Manitoba, Inc. 583 Ellice Avenue, Winnipeg, Manitoba R3B 1Z7 Phone: 204-775-1514 Fax: 204-775-1670 e-mail: office@johnhoward.mb.ca

Video resources



These videos are available for people in Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e from Regional Programs, Yellowknife Health & Social Services Authority, Box 608, Yellowknife, NT X1A 2N5.

Phone: 867-920-3454

Fax: 867-873-0158

Title	Description
<p><i>Anger: You Can Handle It</i> 1995 24:00 mins</p>	<p>Teaches teens specific techniques for handling anger. Noting that different things make different people angry, the video shows viewers how to get back in control and deal with anger in safe, constructive ways. Grades 7-12.</p>
<p><i>Understanding, Controlling & Preventing Anger</i> 1997 Part 1 15:00 mins Part 2 20:00 mins</p>	<p>Part 1: Helps viewers understand what anger is and how it is generated. Its purpose is to provide the necessary information to foster self-recognition of an anger problem. Part 2: Provides more detailed information for self-diagnosis and gives control and prevention strategies.</p>
<p><i>Communication: The Person-to-Person Skill</i> 1990 38:00 mins</p>	<p>A series of dramas help teens explore the principles of communication by providing examples of common communication problems. Reviews active listening skills, non-verbal communication, sending clear messages and communication blockers.</p>
<p><i>What Do You Mean?</i> 1993 28:50 mins</p>	<p>A group of teens explores issues of communication in this NFB video. They look at questions such as: How do boys and girls communicate differently? What are some of the confusing double messages and conflicting expectations teens experience? Grades 10-12.</p>
<p><i>Discipline: Teaching Limits with Love</i> 1999 27:00 mins</p>	<p>This video explains that discipline involves setting limits. This is not punishment, but a loving way to teach a child how to control his own behaviour. Included is information for setting effective limits, using a firm but gentle approach, and managing your own emotions and avoiding physical punishment.</p>
<p><i>Good Discipline, Good Kids—Parenting Skills that Work</i> 1998 42:00 mins</p>	<p>This video is divided into seven parts: respect for feelings, rules and expectations, setting limits, managing anger, attitude adjustments and wrapping it up. Award-winning authors of <i>How to Talk so Kids Will Listen</i> comment on the scenarios and offer insights as well as practical advice, skills, and strategies for handling the issues presented.</p>

Video resources (cont.)

Title	Description
<p><i>Keeping Peace at Home—Parenting Skills that Work</i> 1998 38:00 mins</p>	<p>This video is divided into nine parts: respect for feelings, managing anger, communication skills, getting the facts, problem-solving, when points of view collide, sibling fights, family meetings and wrapping it up. Award-winning authors of <i>How to Talk so Kids Will Listen</i> comment on the scenarios and offer insights as well as practical advice, skills, and strategies for handling the issues presented.</p>
<p><i>Never Shake a Baby: What parents and caregivers need to know</i> 1998 18:00 mins</p>	<p>Video user guide. Suggestions for helping parents and caregivers deal safely with the stress of caring for a crying baby.</p>
<p><i>The Parent Kit—Newborn to Three</i> 1998 30:00 mins</p>	<p>This video is part of a package that includes a parent profile, books, etc. Parents and experts share their views on positive parenting goals; how babies and children learn; how to turn discipline into a positive experience; the need for support systems and stress management for parents. Information is up-to-date. Parents interviewed are middle class, but reflect a multicultural society and include a single mother.</p>
<p>2 videos in one <i>A Safe Distance</i> 1986 28:40 mins</p>  <p>The second video is about residential schooling.</p>	<p>One out of 6 Canadian men beats the woman he lives with. This video follows several abused aboriginal women from Thompson, Manitoba as they journey toward healing and self-esteem. The video looks at how these women can receive help from community resources. Adults.</p>
<p><i>Live and Well—Healthy Sexual Relationships: Your turn to do the talking</i> TVNC Production 1997 1:26:50</p> 	<p>This tape copy of the TVNC live phone-in talk show “Live and Well” includes the video “Your turn to do the talking” (28 mins) which discusses issues teens face regarding decisions about sexuality. It encourages parents/guardians to take a lead role in communicating with their teens about healthy relationships, safe sex, STDs, assertiveness etc.</p>
<p><i>Teenage Sex: Resisting the Pressure</i> 1992 29:00 mins</p>	<p>This video show the importance of setting clear sexual limits before a difficult situation arises and demonstrates assertiveness techniques that can be used by teens. Grades 7-12.</p>
<p><i>Degrassi Talks—Abuse</i> 1992 30:00 mins</p>	<p>Canadian teenagers tell their own stories about their experiences with abuse: emotional, physical, sexual. Hosted by the popular TV show Degrassi High.</p>

Video resources (cont.)

Title	Description
<i>Lindsay's Story: Education for Date Rape Prevention</i> 1989 14:00 mins	This video presents the short story of a young woman raped by someone she meets at a party. Accompanying video guide provides ideas for prevention.
<i>Right from the Start</i> 1992 23:30 mins	Dating violence prevention for teens. Uses short scenarios to help teens identify unhealthy and potentially violent relationships.
<i>A Safe distance—Spousal Assault</i> 1985 28:00 mins	This NFB video looks at different approaches to providing services and shelters to battered women in rural, northern and Native communities.

Websites

<http://www.bccf.bc.ca/index.html>

This is the website for the BC Council for Families. It has information on couples' relationships, as well as communication activities.

<http://www.hc-sc.gc.ca/hppb/familyviolence/>

This is the Health Canada website. It has a wide range of information on different kinds of family violence and abuse.

<http://statusofwomen.nt.ca/>

This is the website for the Status of Women Council of the NWT. It has some statistics about women in the NWT. It also gives you contact names and addresses.

Reflect

➤ **This unit is about relationships. Before you begin to read the stories, think about what relationships mean to you.**

1. Think about different types of relationships, like mother-child relationships. Write down as many different kinds of relationships as you can think of.



2. Think about a relationship in your life that was very special. Who (or what) was it with? What made it special? Tell other learners in your class about this relationship.

Vocabulary

➤ **Here are words or phrases you will need to know for this unit. Do you know them? If not, look them up in your dictionary and write the meaning down.**

- relationship
- violence
- treatment
- forgive
- destructive
- cycle
- victim
- caregiver
- communication
- conflict
- shame
- abuse

Read 1

➤ **Read Jenny's story. Think about it as you read.**

Jenny's Story: Abuse and Violence

As a young child, I saw drinking and violence in my family. I was scared and unhappy. I felt very helpless. I would run to my grandmother's house if the situation got too bad at home. I couldn't always run because I had younger brothers and sisters and I was afraid for them. I became the caregiver in our home because my parents fought and drank all the time.

As a young adult, I stayed in the community because I thought I didn't have any choices. However, I eventually moved because I found myself in an abusive relationship. Eventually I had a family. I was not a very good parent because now I was drinking too.



Iwent for treatment and understood the reasons for my behaviour. Everyday I try to forgive my parents and myself and ask my children for their forgiveness.

Checkup

- **Now that you have read the story, try to answer the questions.**

Jenny's Story: Abuse and Violence

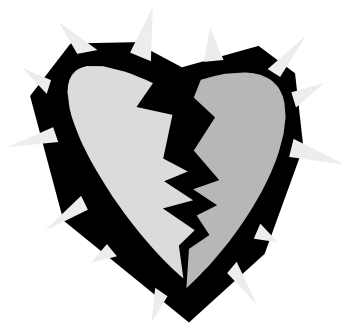
1. What did Jenny see as a child?
 2. How did she feel?
 3. What would she do?
 4. Why did she sometimes not run away?
 5. What role did Jenny take on in her home?
 6. Why did she stay in her community even after she had grown up?
 7. What kind of situation did she find herself in?
 8. Why did she think she was not a good parent?
 9. What helped her to understand her behaviour?
 10. Why do you think she asks her children for forgiveness?
- **How did you feel as you read Jenny's story?**
 - **Why do you think you felt that way?**

Read 2

- **Read Nellie's story. It's actually written in the form of a poem. That's why she has used a capital letter at the beginning of each line, even although it's not a new sentence. Think about the poem as you read.**

Nellie's Poem: Abuse and Violence

Violence, I have seen it and heard it. It was hard to
Deal with living with all of it. Now being a parent,
Having it in my life, not wanting to see it but
Knowing it's there. There is no trust, no love,
No talking. It was hard living a life with low
Self-esteem and shame. Now I made a choice to
Live a better life with my family. We must break
The cycle of violence to make a better future for
Our children.



Checkup

- **Now that you have read the poem, try to answer the questions.**

Nellie's Poem: Abuse and Violence

1. What has Nellie seen and heard?
 2. How did she find living with it?
 3. Why do you think she doesn't want to see the violence now that she's a parent?
 4. What three things does she say are missing from her life?
 5. How did the violence affect her?
 6. What choice has she made now?
 7. What does she say we must do?
 8. Why does she think we need to do that?
 9. Give Nellie's poem another title. Why did you choose this title?
- **This poem and Jenny's story are both about abuse and violence. Which did you like better—the poem or the story? Why?**
 - **Do you think there is a feeling of hopefulness or of hopelessness in Nellie's poem? Why do you think that? Share your thoughts with the other learners in your class.**

Reflect

➤ **You have read Jenny’s story and Nellie’s poem about their relationships with other people in their family and you’ve answered questions about each person. Now compare the two women, using these discussion questions.**

1. Both these women had unhealthy relationships—sometimes with their partner, sometimes with their children. There are a number of other things that are similar between the two women. What are they?
2. Both women made a choice. What choice did they eventually make? Why do you think they made that choice?
3. Describe some of the feelings that come through in their stories.
4. Why do you think we call it ‘a cycle of violence’?



- **Divide into two groups. One group will brainstorm what a healthy relationship is. The other group will brainstorm what an unhealthy relationship is. Write your ideas on a piece of flip chart paper. When both groups are finished, compare your lists.**

○ ○ ○

A healthy relationship

- Both people feel safe to talk about things

○ ○ ○

An unhealthy relationship

- People don't listen to each other



Word search

- Here are some words that are in this unit. Circle each word in the table when you have found it. Cross it off the list too. (Answers in Appendices)

g	o	t	b	r	s	h	e	t	w
c	a	r	e	g	i	v	e	r	o
y	b	u	s	s	v	i	n	e	t
c	u	s	h	c	i	o	r	a	a
l	s	t	a	b	c	l	a	t	l
e	e	i	m	i	t	e	r	m	k
l	o	v	e	v	i	n	s	e	i
b	d	e	a	l	m	c	l	n	n
f	o	r	g	i	v	e	f	t	g
c	r	a	b	u	s	i	v	e	p

deal

abusive

abuse

love

shame

treatment

caregiver

cycle

talking

violence

trust

forgive

victim

Communicate



Basic Facts
2, 3

- Write ‘destructive’ if the communication may lead to an argument, or ‘helpful’ if it will solve the problem. Use Column 3. (Answers in Appendices)

✓	Communication	Helpful/ destructive
	He blames his partner for things.	
	She doesn't let her partner finish what he's saying—she interrupts him.	
	He tries to stay calm and see his partner's point of view.	
	She is determined to win this argument.	
	He doesn't answer when he gets tired of it all.	
	They understand and forgive each other, and both give in.	
	She tries to look for the good things.	
	He insults his partner and calls her names.	
	She tries to control her partner and make him do what she wants.	
	He becomes defensive and denies everything.	

- After you have finished, discuss the answers as a whole class.
- Think about how *you* communicate with your partner. Put a checkmark in Column 1 beside what you usually do. Think about how that might affect your relationship.



- **Read each situation. Decide if the communication is helpful or destructive. Why do you think that?**
1. Mary and Ben have been going out with each other for several months. Mary and her friends are going to play cards on Friday, but she knows Ben hates it when she does things with her friends. She tells him she's had a hard week at work, so she doesn't want to go out with him on Friday. She wants to stay home and watch TV.
 2. Fred is watching hockey on TV when his wife comes home. She looks really worried and says, "I have something to tell you." Ben turns off the TV and asks her, "What's wrong?"
 3. Minnie's brother has just broken up with his girlfriend. Minnie didn't like the way her brother treated his girlfriend anyway. She says, "Well it serves you right—you're such a jerk!"
 4. Jean's mom asks her to baby-sit her younger brother. Jean is sick of baby-sitting and says, "Why do I always have to baby sit? You're always out! Some mother you are! Why can't you just stay home for a change?"

Discuss



Basic Facts
2, 3, 4, 5

- **Read the following statements about relationships and abuse. Decide if you think the statement is True or False. Put an 'x' in the appropriate column. (Answers in Appendices)**

	True	False
1. Most families disagree and argue sometimes.		
2. Abuse only ever happens to women and children, never to men.		
3. It's OK for a man to force a woman to have sex with him even if she has said 'No, I don't want to'.		
4. In a healthy relationship people usually feel that their partner listens to them.		
5. People who abuse other people usually want to control the other person.		
6. Family violence and physical abuse are the same.		
7. In Canada, most people who are sexually assaulted don't report it to the police.		
8. The number of women and children in the NWT who use women's shelters is twice the national average.		
9. Poor communication in a relationship often leads to misunderstandings.		
10. Children who grow up in a home with violence will not suffer any serious harm.		

- **After you have finished, in groups of 3 or 4, choose one or two of these statements and discuss them. Then share your ideas with the other groups.**



Remember to go over your group agreements before you begin your discussion.



- **There are different kinds of abuse, like partner abuse, elder abuse and child abuse. As well, abuse may be physical, emotional or sexual. Read the situation and think about it, then fill in the rest of the table. (Answers in Appendices)**

Situation	What form of abuse is this? (Who?)	Type of abuse
1. A woman came into the nursing station with bruises all over her. She said her husband had beaten her.	Spousal or partner abuse	physical
2. An old man said his son got drunk one night. He yelled 'You're a stupid old man,' and forced him to give him the money from his wallet.		
3. The girl's mother is an alcoholic. She often leaves her daughter on her own although she's only ten. The girl sometimes has no food.		
4. Bob and Jean have been going with each other for a few months. One Friday night, Jean tells him she doesn't want to have sex with him, but Bob laughs at her, and forces her to have sex anyway.		
5. A husband is always telling his wife she's useless because she can't find a job. She has a pretty low opinion of herself as a result.		

Break the cycle

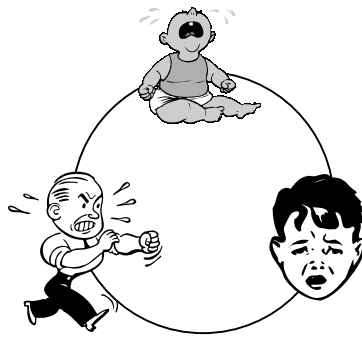
➤ **Beside each definition, write the number of the word that matches it. (Answers in Appendices)**

1. conflict	a. a feeling of worry	
2. relationships	b. when basic needs are not being met	
3. tension	c. connections between people or things	
4. communicate	d. something that is repeated over and over	
5. experiences	e. people who have been mistreated	
6. violence	f. the things that happen to a person during his lifetime	
7. cycle	g. to give information to, or get information from, another person	
8. victims	h. arguments or fights that go on for a long time	
9. neglect	i. the use of force to hurt people	

Break the cycle (cont.)

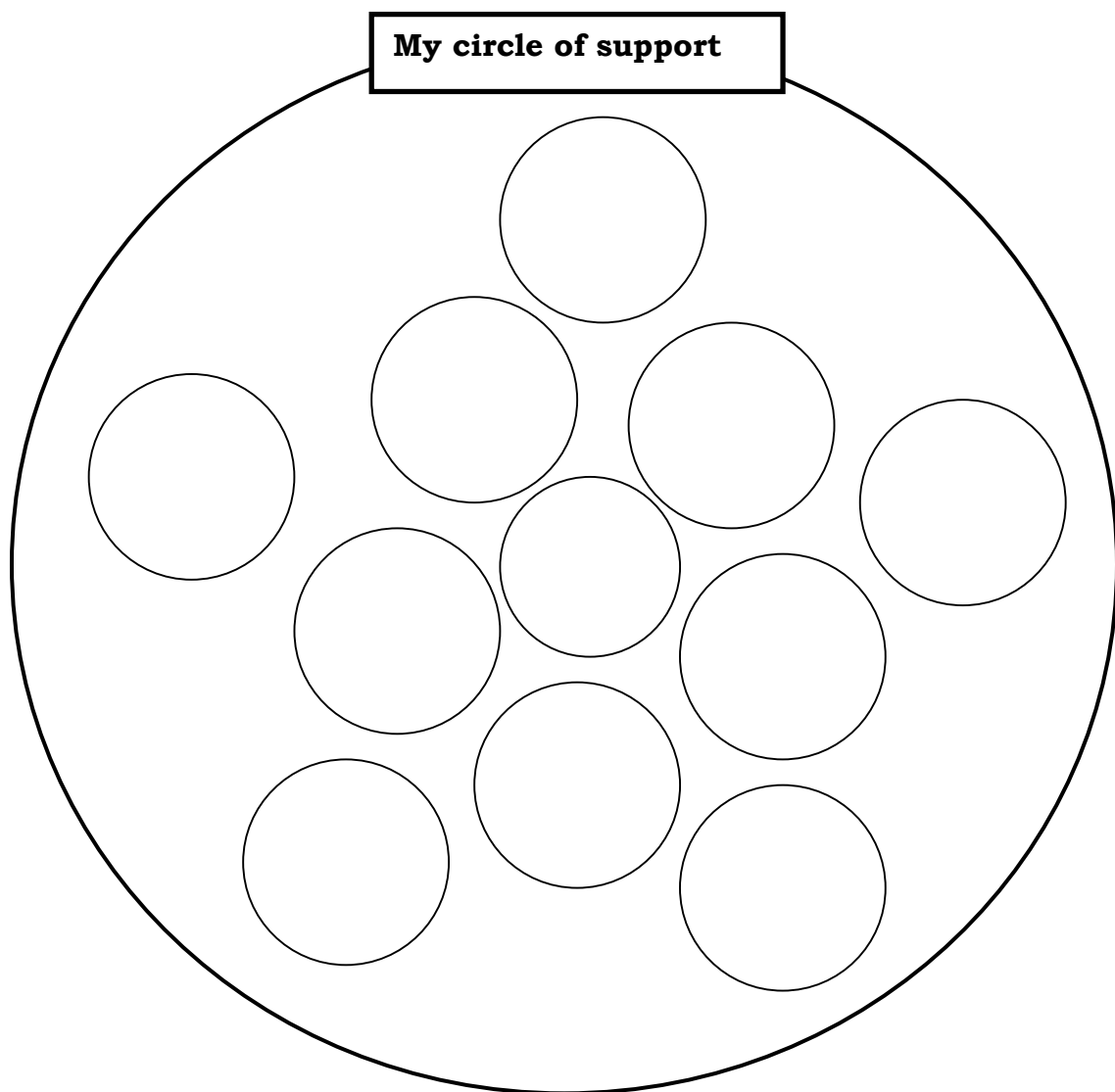
- **A child who lives with violence may experience immediate and long-lasting effects. Fill in the blanks in the story using the words from the list on the previous page. (Answers in Appendices)**

Unfortunately, many children in Canada are _____ of _____ and abuse. Children who live in homes where there is family _____ learn that it is acceptable in _____ and in families to behave this way. These children grow up surrounded by _____ and fear. They don't learn any other ways to deal with _____. They become confused about how to _____ in relationships. Their _____ live with them even when they are adults. They often repeat the _____ of violence in their own families. As Nellie says in her poem, we must break this cycle for our children.



Build support

- **Develop a circle of support for yourself¹ (you don't need to share it with anyone). Put yourself in the small circle in the middle. Put the names of the people you feel closest to nearest you, and work outwards. Add as many circles as you need.**



¹ Adapted from Women's Network Inc. PEI *Beyond Prescriptions—Meeting Your Health Needs*

Writing

➤ **Choose one of the following topics.**

- Write a story like Jenny's or a poem like Nellie's. It can be about yourself, about one of your friends, or you can make it up.
- Respond to what either Jenny or Nellie has written. Explain how you felt as you read the story or poem.
- In your journal, write about what you have learned in this unit and how you will apply it to your life.
- Write a letter to a social services worker or a shelter worker, asking them to come and speak to your class about family violence.
- Make a simple pamphlet about abuse or violence that you can give out in your community. Decide who your audience is before you begin.



More ideas ...

- **Here are some more ideas for learning about relationships, abuse and violence.**
- Offer to set up a display about abuse or family violence in the health centre or the store.
- Develop a poster about family violence that you can put up around the community.
- Participate in Family Violence Awareness Week in October, by hosting or taking part in activities that focus on family violence.
- Make up stories about families in abusive situations and how they handle them. Collect the stories together and publish them as a booklet.
- Do a research project on family violence in the NWT. Contact the Status of Women Council of the NWT, the RCMP and the Department of Health and Social Services for more information.

More ideas ... (cont.)

- Invite a panel of guests to the classroom to talk about abuse or family violence. The panel might include an RCMP officer, a social worker, a shelter worker, an elder, and/or someone who has lived with abuse and can talk about it. Prepare some questions ahead of time.
- Make up some roleplays, using helpful and destructive communication.

Basic facts 1

What is a relationship?

A relationship is a 'connection'. It may be a connection to people or to other things.

Relationships between people happen when they meet and get to know each other. They may end up spending more and more time with each other as they become friends or partners. There are many different kinds of relationships in people's lives:

- **professional relationships**—you and your employer, you and your co-workers, you and your doctor
- **family relationships**—mother-child, father-child, etc., may include your closest family, and also extended family members
- **friendships**—people who share things about themselves, do things together and care about each other
- **love relationships**—people involved in loving, sexual relationships
- **dating relationships**—boyfriend-girlfriend relationships, which may develop into loving relationships

Basic facts 2

What happens in healthy and unhealthy relationships?

In a healthy relationship, you:

- feel safe
- trust each other
- can talk to each other openly and tell each other how you feel
- listen to each other
- care for each other and support each other
- respect each other

In an unhealthy relationship, you:

- can't talk to each other without arguing or fighting
- feel frustrated with each other
- get angry with each other
- feel the other person isn't listening to you
- may not talk to each other at all
- feel the other person is trying to control you
- don't feel respected
- put each other down

Basic facts 3

Communication

Communication is very important in relationships. Some communication is helpful, while some is destructive². Here are examples of both destructive and helpful communication. Knowing what to avoid might be useful.

Destructive communication	Helpful communication
Constantly criticizes, puts down or blames	Looks for the positive
Doesn't listen, gets angry, will not give in	Stays calm, sees the other's point of view, gives and takes
Wants to win the argument	Wants to understand
Keeps interrupting	Lets partner finish what s/he is trying to say
Defensive—denies everything, makes excuses	Sees criticism as useful
Goes off topic, attacks the person, not the problem	Stays on topic, and is specific about the problem
Tries to control partner	Tries to understand partner's experiences and feelings

² Adapted from <http://mentalhelp.net>

Basic facts 4

What is abuse or family violence?

Abuse can take place in any relationship—both inside and outside families. It is when someone treats another person very badly and hurts that person in some way. The person who is the abuser usually wants to control the other person. Inside a family, we often refer to it as ‘family violence’.

Abuse and family violence are not new—they have been around for a long time, but we are much more aware of them nowadays, probably because more people report them. There are several different forms of abuse or family violence:

- **partner or spousal abuse**—takes place between a husband and wife, or between two partners
- **child abuse**—happens between an older person, usually someone in a position of authority, and a child—in the family, it could be a parent, aunt, uncle, grandparent, or older cousin
- **elder abuse**—is when people harm or neglect an elder or senior in some way
- **dating violence**—is when a boyfriend or girlfriend harms the person they are going out with

Basic facts 4 (cont.)

There are also different types of abuse. Some of these are:

- **physical abuse**—when one person hurts the other person by hitting, kicking, pushing or some other physical action
- **emotional or psychological abuse**—when one person makes the other person feel worthless, by putting them down, criticizing them, calling them names, frightening them or rejecting them
- **sexual abuse or sexual assault**—when one person forces another person to have sex when they don't want to, or touches the person in a sexual way
- **verbal abuse**—when one person puts another person down in words, like yelling at them
- **neglect**—when basic needs, like clothing, food, shelter, love are not being met, particularly of children and old people who cannot look after themselves

Basic facts 5

How widespread are abuse and family violence?

Here are some facts on abuse and family violence that the Status of Women Council of the NWT put together.

- In Canada women were assaulted on average 34 times before they went to a shelter for help.
- From April 1999 to March 2000, 296 women and their 334 children used NWT women's shelters. This is eight times the national average. The NWT has five family violence shelters. There is no rape crisis centre in the NWT.
- In 1999, people in the NWT reported 436 cases of spousal assault by a male partner and 49 by a female partner to the RCMP.
- In 2000/2001, people in the NWT reported 374 cases of spousal assault by a male and 50 by a female to the RCMP. This is about eight times the national average.

Basic facts 5 (cont.)

- In 1999, people reported 95 cases of sexual abuse against children and teens under 18 in the NWT. Both in the NWT and in Canada, 80% of these sexual abuse victims are girls.
- In a 1996 NWT/Nunavut study, these Grade 10 and 11 learners said they had been forced to have sex:
 - 27% of Inuit females
 - 23% of Dene women
 - 14% of Metis women
 - 11% of non-Aboriginal women
- In Canada, 90% of people who are sexually assaulted do not report it to the police.

Basic facts 6

What should we do about abuse or family violence in our lives?

First, if you find out about, or suspect, **child abuse**, by law you **must** report it to Social Services or to the police. You don't have to say who you are. Social Services and the police will investigate it. You can find out more from resource people in your community.

If you know that someone is being abused:

- **Listen to them**—tell them it's not their fault and believe them
- **Keep it confidential**—tell them you won't tell anyone else, unless it involves child abuse
- **Don't be judgmental**—don't blame anyone or say what your own feelings or opinions are
- **Support them**—don't tell them what to do, they need to make their own decisions, but let them know who in the community can help them

If you are being abused, remember:

- **You are not alone**—there are people who can help you
- **It's not your fault**
- **No one deserves to be abused**

Basic facts 7

Where can I go for help?

Here are some phone numbers of shelters or organizations that might help you with either information or support:

Family Support Centre, Safe Home Crisis Line Hay River		
24 hours	Call collect	867-874-6626
Transition House Society, Inuvik		867-777-3877
24 hours	Call collect	
Native Women's Association of the NWT		867-873-5509
Status of Women Council of the NWT		867-920-6177
	Toll Free	1-800-234-4485
Sutherland House Crisis Line, Fort Smith		867-872-4133
24 hours	Call collect	
YWCA of Yellowknife		867-920-2777
Alison McAteer House, Yellowknife		867-669-0235
	Toll Free	1-866-223-7775
Crisis Line for Abused Women, Yellowknife		867-873-8257
Yellowknife Women's Centre		867-873-9131
Community Counselling Services, Aklavik		867-978-2935
Victims of Violence Advocacy Program, Fort Good Hope		867-598-2728
Family Life Program, Fort Providence		867-669-3801

Other resources are **alcohol centres, nurses, CHRs, social workers, elders** or a **help line**, if your community has one.

Information for instructors

Sex is a normal and healthy part of intimate relationships. Yet young people in particular may be at risk of getting diseases through sexual contact. In Canada, a teenager is nine times more likely to get a sexually transmitted disease (STD) than an adult aged 30–39¹. Chlamydia especially is common in the NWT².

However, STDs are preventable. People need to know how to avoid or deal with STDs because:

- it is mostly younger people who get STDs
- if STDs are not treated, they may affect people's ability to have children later in life
- if STDs are not treated, they may have a serious effect on people's health later in life
- women, even if they have no symptoms, can pass STDs on to their babies, in the womb, at birth or through breastfeeding

People who are having sex, or thinking about it, need to know how to protect themselves and people they care for from STDs.

Instructors can help learners make healthy sexual choices by:

- providing them with information about STDs
- discussing risky sexual behaviours and their effects
- discussing safer sex practices
- helping them identify myths about STDs
- providing them with sources of information and support about STDs or safer sex

¹ Health Canada *What you need to know about sexually transmitted diseases*

² Yellowknife Public Health Unit *Sexually Transmitted Diseases Part 1*

Learning outcomes

Learners will be able to:

- understand what STDs are and their possible effects on health
- identify risky sexual practices
- know how to protect themselves from STDs by practising safer sex
- know where to get help and information related to STDs and sexuality
- understand the stories and answer questions about them

Local resources

Many communities have a wealth of resources. Invite one of your community service providers who is familiar with the topic to come to your class to talk to your learners. Resource people might include:









- **the nurse**
- **the CHR** (Community Health Representative)
- **a nurse from the STD Clinic**
Yellowknife Public Health Clinic, Yellowknife Health & Social Services, Jan Stirling Building, 4702 Franklin Ave., Box 608
Yellowknife, NT X1A 2N5
Phone: 867-920-6570
- **Communicable Disease Consultant**
Dept. of Health & Social Services
Government of the Northwest Territories, Box 1320
Yellowknife, NT X1A 2L9
Phone: 867-873-7721

Print resources

The following print-based resources may assist you with this unit.





Northern resource, or one of special northern interest

Title	Available from
 <i>Keep Healthy and Learn About STD</i>	STD Clinic, Yellowknife Public Health Clinic Yellowknife Health & Social Services Jan Stirling Building, 4702 Franklin Ave. Box 608, Yellowknife, NT X1A 2N5 Phone: 867-920-6570
<i>What Everyone Should Know About STDs</i>	
<i>What You Need to Know about STD</i>	
 <i>Chlamydia</i>	
 <i>Gonorrhea</i>	
 <i>Genital Warts</i>	
 <i>HIV Antibody Testing</i>	
 <i>What You Need to Know About Pubic Lice</i>	
 <i>Vulvovaginitis: What you need to know</i>	Dept. of Health & Social Services Government of the NWT, Box 1320 Yellowknife, NT X1A 2L9 Phone: 867-873-7721 Also available from: http://www.hltss.gov.nt.ca
 <i>HIV/AIDS: What You Should Know</i>	
<i>Hepatitis B</i>	Merck Frosst Canada Ltd. 16711 Trans Canada Highway Kirkland, Quebec H9H 3L1 Phone: 514-428-7920

Print resources (cont.)

This space is for you to add your own resources.





Title	Available from
 <i>Skills for Healthy Relationships</i>	Early Childhood and School Services, Dept. of Education, Culture and Employment Government of the Northwest Territories Box 1320, Yellowknife NWT X1A 2L9 Phone: 867-873-7676 Fax: 867-873-0109
 <i>Safer Sex and Me</i>	Status of Women Council of the NWT 5017-49 th St., Box 1320 Yellowknife, NT X1A 2L9 Phone: 867-920-6177
<i>Basic Facts about HIV/AIDS</i>	Canadian Public Health Association Suite 400, 1565 Carling Avenue Ottawa, Ontario K1Z 8R1 Phone: 613-725-3769 Fax: 613-725-9826 E-mail: info@cpha.ca

Video resources




The following videos are available for people in Yellowknife, Dogrib, Deh Cho, Deninu, Hay River, Fort Smith and Lutselk'e from Regional Programs, Yellowknife Health & Social Services Authority, Box 608, Yellowknife, NT X1A 2N5.

Phone: 867-920-3454


Fax: 867-873-0158

Title	Description
<p><i>HIV/AIDS on "The Tube"</i> (TVNC Youth Show) 1993 28:00 mins</p> 	<p>A segment of the teen TV show "The Tube" that deals with the visit of an Aboriginal HIV+ woman to PW Kaeser High School, Fort Smith</p>
<p><i>Focus North—AIDS</i> 1992 22:00 mins</p> 	<p>This is a taped portion of a 1992 Focus North TV show on AIDS. Three HIV+ Aboriginal people are interviewed along with the Chief Medical Health Officer of the NWT.</p>
<p><i>HIV/AIDS—Our New Sexuality</i> NWT Status of Women Council 1994 44:25 mins</p> 	<p>This video is a discussion of women's sexuality in the age of AIDS. It features a women's workshop on AIDS, as well as interviews with NWT women.</p>
<p><i>In Our Own Words: Teens and AIDS</i> 1995 20:00 mins</p>	<p>In this video you will meet five young people infected with HIV as teens through unprotected sexual intercourse. In telling their stories they speak honestly from the heart. They are not attempting to instill fear—they know that fear can encourage denial. However, what they have to say is powerful.</p>
<p><i>Journey Home</i> 1995 38:35 mins</p> 	<p>This video examines the issues faced by Aboriginal people living with HIV or AIDS. It looks at the experience of three First Nations communities when an HIV+ member returns home. The video follows the life of the three people and looks at ways in which they find support from their communities, friends and relatives. It is intended to assist communities to provide a supportive response to members affected by AIDS.</p>
<p><i>My Friend's Addiction</i> 1998 28:50 mins</p>	<p>A story of a girl named Stacy, who was sexually and physically abused as a young child and became a drug addict and lived out on the streets. She became HIV positive, then became clean and had a relapse.</p>

Video resources (cont.)

Title	Description
<p><i>Kecia—Words to Live By</i> 1991 24:00 mins</p> 	<p>An emotional documentary about an HIV+ young Native woman from a small Vancouver Island community who is on a speaking tour of Aboriginal communities throughout Ontario. Kecia is a powerful speaker who addresses her own personal issues with sexual abuse, drug addiction, family dysfunction and street life as well as HIV.</p>
<p><i>No Rewind</i> 1994 23:00 mins</p>	<p>This upbeat, fast-paced video features HIV+ teens and young adults talking about how they got HIV infection, how they decided to get tested, how they reacted to the news and how they are coping with being HIV+. A good link is made between alcohol and HIV. Prevention is stressed, as one states, “Your life isn’t a movie—there’s no rewind.” Good for teenagers.</p>
<p><i>Point of Death</i> 1999 28:00 mins</p> 	<p>Written and acted by High School students in Fort Smith. Drama follows a troubled teen girl who is kicked out by her mother, and becomes involved with intravenous drug use, which leads to prostitution. Her friend is diagnosed HIV positive and attempts suicide. Rehabilitation reunites girls with her family in the end. Inserts of various community workers provide information about teen alcohol and drug abuse, and suggest community and family intervention.</p>
<p><i>Thinking Positive</i> 1993 23:30 mins</p> 	<p>Designed for teenagers in rural areas, the video follows a group of teenagers in rural Newfoundland who discuss frankly why they engage in risky behaviour even though they have knowledge about HIV/AIDS. HIV+ narrator Trudy speaks about her denial in thinking HIV/AIDS would not affect her. Realistic portrayal of attitudes of rural teenagers—appropriate for communities.</p>
<p><i>We Owe It to Ourselves and our Children</i> 1990 7:00 mins</p>	<p>This short video uses animation resembling Native American rock paintings. Emphasizes that making good choices and looking after your own health helps to keep the community healthy.</p>
<p><i>Weighing the Risk</i> 1995 26:00 mins</p>	<p>A video that will help women better understand and protect themselves from the risks associated with HIV and AIDS. Nine women candidly discuss relationships and sex. One woman is HIV positive.</p>
<p><i>A Million Teenagers</i> 1993 25:00 mins</p>	<p>A review of physiology, transmission, symptoms, and treatment of the major STDs, including AIDS. Teenagers.</p>

Video resources (cont.)

Title	Description
<p><i>AIDS and STDs: Public Service Announcements from the NWT Women's Health Project</i> 1994 5 x 60 sec</p> 	<p>These ads use plain language and familiar situations. They deal with the importance of self-respect (including the right to say "No" to sex); the dangers of unsafe sex and partying too much; how to prevent transmission of STDs and HIV; and how teens and their parents can discuss safe sex. Teenagers.</p>
<p><i>Chlamydia: A Silent Epidemic</i> Video #2-Adolescent Version 1995 13:25 mins</p>	<p>Teenagers coping with chlamydia, what the symptoms are and how important it is to use protection and how to treat the disease. The video mixes drama and advice from an STD specialist. The story starts with the girl telling her ex-boyfriend she has chlamydia. It goes on to talk about the disease, the symptoms, and prevention.</p>
<p><i>Viruses and Bacteria: The Story of the Warm Wet Spots</i> 1994 25:00 mins</p>	<p>This video uses classroom demonstrations, humour and animation to present information about germs and how to prevent the spread of communicable diseases. Also covers STDs and the use of condoms to prevent disease.</p>
<p><i>Skills for Healthy Relationships</i> 1993 55:00 mins</p>	<p>This video is a fast-paced TV style program that shows several drama-like stories of young couples coping with HIV and STDs. It also includes interviews, student scenarios and messages from people who are HIV positive. It includes: How to communicate with a partner, Facts on HIV/AIDS and STDs, Condom information, Acquiring assertiveness skills, Understanding, tolerance and compassion for people living with HIV/AIDS</p>

Websites

<http://www.hc-sc.gc.ca/hpb/lcdc/publicat/stdmts/>

This is part of Health Canada's website. It contains the print resource *What You Need to Know about STD*, and links to the different types of STDs.

<http://www.mediresource.com/pages/PatientInfo.asp?DiseaseID=120>

This website has factual information on STDs, including causes, how they are spread, treatment, etc.

<http://www.region.peel.on.ca/health/hsexgame/spgame/std1.htm>

This website has a quiz on STDs.

<http://www.chebucto.ns.ca/Health/TeenHealth/index.html>

This is a teen health website, with a variety of topics related to sexuality. It includes information on STDs.

<http://www.positive.org/JustSayYes/index.html>

This is another website for young people. It presents information in an informal, sometimes graphic, way.

Reflect

➤ **This unit is about STDs and safer sex. Before you begin to read the stories, think about what that means.**

1. 'Risky sexual practice' means ...
2. 'Safer sex' means ...
3. I already know about STDs
4. I have a question about STDs or AIDS..... (write it down)

Vocabulary

➤ **Here are words or phrases you will need to know for this unit. Do you know them? If not, look them up in your dictionary and write the meaning down.**

- transmit
- sexual
- symptoms
- condom
- STD
- preventable
- bacteria
- infection
- to treat
- protect
- AIDS/ HIV
- immune

Read 1

➤ **Read Sue’s story. Think about it as you read.**

Sue’s Story: A Pain in My Stomach

One day I was doubled over with an awful pain low down in my stomach. It never seemed to go away. “What’s wrong with me?” I wondered. Then I started getting the chills. By now I was really worried—and scared.

I talked to my friend, Donna. She thought I should go to the Health Centre. “I don’t want people poking around me and asking me questions!” I said. “Don’t be silly! It’s for your own good,” she told me.

Finally I couldn’t stand the pain anymore, and I went. The nurse did some tests and said I had a sexually transmitted disease, or an STD for short, called chlamydia. She said



bacteria in my body caused it. She also said that I’d had it for a while and now I had a serious infection.

Read 1 (cont.)

I was shocked! “How can I not know I have an STD?” I asked her. “Well, sometimes women with chlamydia don’t feel or look sick,” she said.

Then she asked if I was pregnant. “No,” I said. “Why?” She said if I **was** pregnant, I could pass the infection on to my baby. Then she told me that this infection could still mean problems for me later if I wanted to get pregnant. I felt really depressed.

The nurse said she would give me some medicine to get rid of the bacteria, but she also said I must tell my partner I have chlamydia, because he might have it too. I said, “He’s not sick either.” She told me that didn’t matter—sometimes men don’t have any symptoms, but he should have the test anyway. If he has chlamydia, he needs to be treated right away.



When I got home, I told Pete all this. I thought he’d be mad with me, but he was really nice to me and told me he was sorry this had happened.

Checkup

- **Now that you have read the story, try to answer the questions.**

Sue's Story: A Pain in My Stomach

1. What was wrong with Sue one day?
 2. How did she feel?
 3. What did Donna tell Sue she should do?
 4. Why did Sue not want to do that?
 5. What did the nurse tell Sue was wrong with her?
 6. What is STD short for?
 7. Why did Sue not know she had an STD?
 8. Why did the nurse ask Sue if she was pregnant?
 9. Why did Sue need to tell her partner about the STD?
 10. How did Pete react to Sue's news?
- **How do you think you might feel if you were Sue?**
 - **Why do you think she was worried about telling her partner?**

Read 2

➤ **Read Sam’s story. Think about it as you read.**

Sam’s Story: That Jerk, Doreen!

My name is Sam. I’d been seeing Doreen for about three months. We hadn’t had sex. I kept telling her if she was serious about me, she would have sex with me. She kept saying we should get to know each other better first.

Then one day I got really upset with her and told her if she loved me, she’d go to bed with me. Finally, she agreed, but only if I wore a condom. No way, man, I didn’t want to do that! I asked her if she’d had sex with anyone before. She said no—I was the first person. “Then what’s there to worry about?” I asked her. “This is the first time for me too. We’re both clean.”

We did it. Then a few weeks later, my friend Ed told me he had an STD. “Why weren’t you careful?” I asked him. Ed told me the girl said she hadn’t had sex with anyone else. The girl turned out to be Doreen. The jerk had lied to me! What a mess! What should I do now?

Checkup

- **Now that you have read the story, try to answer the questions.**

Sam's Story: That Jerk, Doreen

1. Who were the two main people in the story?
2. What did Sam keep telling Doreen?
3. What was Doreen's answer to him?
4. Then what did Sam tell her one day?
5. She said she'd agree if ...
6. How did Sam react to that?
7. What question did Sam ask her?
8. What did they decide to do in the end?
9. What was wrong with Sam's friend?
10. Who had his partner been?

- **What do you think about Sam and Doreen's decisions?**
- **Do you think they made a responsible decision?**
- **Why do you think that?**

Reflect

➤ **You have read Sue and Sam's stories about sexual practices and you've answered questions about each person. Now think about what had happened to each of them. Answer these questions on your own. Then discuss your answers with the whole class.**

1. Sue didn't know she had an STD. What do you think she should do now?
2. Sam believed Doreen, and now he may have a problem. What would you do if you were Sam?
3. How do you think each of them felt when they found out what had happened to them?
4. Do you think anything in their lives might change as a result of what has happened to them? Why do you think this?



Remember to go over your group agreements before you begin your discussion.



- **Some people make healthy sexual choices and others take risks. In small groups, brainstorm why you think people take risks. Write your ideas on a piece of flipchart paper. When all the groups have finished, compare your lists.**



Word search

➤ Here are some words that are in this unit. Circle each word in the table when you have found it. Cross it off the list too. (Answers in Appendices)

s	p	r	e	v	e	n	t	m	o
t	r	e	a	d	l	i	m	i	t
m	e	n	e	e	d	l	e	n	s
b	g	a	c	v	i	o	l	f	e
u	n	d	o	k	l	a	t	e	x
b	a	c	t	e	r	i	a	c	u
A	n	p	r	o	t	e	c	t	a
l	c	i	m	m	u	n	e	i	l
D	y	z	v	c	o	n	d	o	m
S	d	i	s	e	a	s	e	n	g

sexual

bacteria

infection

disease

protect

condom

latex

immune

needle

prevent

AIDS

pregnancy

True or False



Basic Facts
6, 7, 8

- **Read the following statements. Decide if you think the statement is True or False. Put an 'x' in the appropriate column. (Answers in Appendices)**

	True	False
1. You can protect yourself from STDs.		
2. Birth control pills can prevent you from getting STDs.		
3. Chlamydia is one of the most common STDs in the NWT.		
4. A person can have an STD and not know it.		
5. Insects can infect you with the HIV virus.		
6. STDs go away by themselves.		
7. Pregnant women who have an STD or are infected with the HIV virus can pass the infection to their baby.		
8. You can safely reuse a condom.		
9. The HIV virus destroys your body's immune system.		
10. It's dangerous to ignore STDs.		

- **Discuss the answers together.**



Remember to go over your group agreements before you begin your discussion.



- **Read the letters asking Lisa for advice. In groups of 2 or 3, work together to write a response. Share your responses with the other groups.**

Dear Lisa,

My best friend has been going out with Jim for a few months. He says he loves her and wants to have sex with her. When she asks about using a condom, he tells her there's no risk of getting a disease. What should she do?

Upset,
Verna

Dear Lisa,

I went to a party one night and ended up having sex with a guy I didn't know. We didn't protect ourselves. Now I have a burning feeling when I pee. I'm very worried that he might have given me some disease. What should I do?

Worried sick,
Carolyn

Dear Lisa,

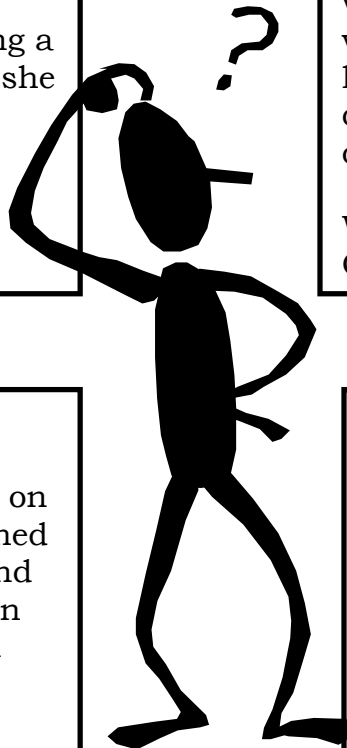
Today we had a lesson on STDs at school. I learned a lot about safer sex and STDs. I know I've been really dumb and taken some risks. How will I know if I have an infection?

Troubled,
Jimmy

Dear Lisa,

Everyone's talking about the fact that young people are more likely to get STDs than older people and should practice safer sex. But what exactly is safer sex?

Puzzled,
Charlie



Discuss

- **Read the following statements. Decide how much you agree or disagree with each statement and put an 'X' in that column.**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly disagree
1. People who get STDs deserve to get them because they've taken risks.					
2. Children with AIDS should still be allowed to go to school.					
3. It's easy to choose safer sex.					
4. Governments should do more to help people with AIDS.					
5. Parents are responsible for talking to their children about healthy sexual choices.					
6. I feel scared about STDs and AIDS.					
7. Only gay people get AIDS. Other people don't need to worry.					
8. Dealing with condoms (getting them, putting them on, taking them off) is embarrassing.					
9. Everyone, including people with STDs or AIDS, deserves to be treated with respect.					
10. Schools should teach kids more about healthy sexual choices.					

- **After you have finished, in groups of 3 or 4 choose one or two of these statements and discuss them. Then share your ideas with the other groups.**

What would you do?



Basic Facts
6, 8

- **Read the following scenario and answer the questions³.**

Jimmy is a popular Northern store worker who has been diagnosed with AIDS. He became ill in October and was absent from work for several weeks. When he returned to work, he was tired, but ready to continue working. Because he was well known in the store and in the community, people noticed he was absent from work. He has told people he has AIDS.

1. List words to describe how someone who learns s/he is HIV positive or has AIDS would feel.

2. Do you think Jimmy should be able to continue working? Why or why not?

3. If Jimmy continues to work, do you think the Northern store needs to make any special arrangements for him, like a separate toilet? Why or why not?

³ Adapted from NWT Education, Culture & Employment and Health Canada, *Skills for Healthy Relationships*

What would you do? (cont.)

4. Write down three things that you could do to support Jimmy.

➤ **Now change the story.**

Imagine that Jimmy was only off work for a short time, and people did not know he was ill. He returned to work, looking perfectly healthy. He didn't tell anyone he had AIDS.

1. Do you think this would be OK?

2. Why or why not?

➤ **Discuss your answers as a whole class.**

✓ ***Remember to go over your group agreements before you begin your discussion.***



- **Invite the nurse or the CHR to your class to discuss condom use. Ask him/her to bring a model of a penis to demonstrate correct use of a condom.**
- **Before s/he comes, brainstorm a list of questions you have about condoms. Some of the areas to cover should include:**
 - Why should people use a condom?
 - Where can people get condoms?
 - Which kind are the best?
 - How do you use a condom?
 - How should you get rid of them?
 - How effective are condoms?
 - What difficulties or problems might there be when using a condom?
- **Ask him/her to demonstrate how to put a condom on a model penis.**
- **Those who feel comfortable may practise putting a condom on the model.**



Match & learn



- **If you have decided to have sex, using a condom is the best way to prevent getting STDs, but people sometimes don't want to use condoms. They may feel embarrassed, or may even refuse to use one.**
- **Here are some excuses people may give for not using a condom. Match the excuse with the possible answer. (Answers in Appendices)**

Excuse	Possible answer
1. I don't like the way they feel.	a. Anyone can have an STD without knowing they have one. We shouldn't take any risks.
2. It's too embarrassing to go and get one.	b. Actually they shouldn't make you feel dirty. They show that you're sensible by not taking risks.
3. I don't have one on me.	c. I'll go and get one for us. I won't be long.
4. They spoil the mood.	d. Sorry! No condom, no sex—not even once.
5. Don't you trust me?	e. I've got one—I always carry one.
6. Do you think I have a disease or what?	f. I don't particularly like the way they feel either, but I'd rather be safe than sorry.
7. I don't want to talk about them.	g. If we can't talk about sex, maybe we're not ready for it.
8. They're gross!	h. Getting an infection will definitely spoil the mood.
9. Just this time! Next time we'll use one.	i. Yes, I trust you, but I want to make sure we're both protected.
10. They make me feel dirty.	j. I agree. They're not very nice, but I think we'll get used to them.

- **Go over the answers with the whole class. You may find more than one answer is possible.**



➤ **In these situations, people are taking risks. Write down what you think the risks are, any possible consequences and ways to practise safer sex⁴.**

1. Jeff and Ally are going to have sex without using a condom. They have both had sex before with other people, but their partners told them they were clean.

Risk:

Possible consequence(s):

Safer sex:

2. Simon and Gwen are going to have sex without a condom. Neither has had sex before, but Simon's friend gave him a tattoo recently. He re-used some old needles, but told Simon he was always careful.

Risk:

Possible consequence(s):

Safer sex:

⁴ Adapted from NWT Education, Culture & Employment and Health Canada, *Skills for Healthy Relationships*

Play it safe (cont.)

3. Helen and Tom are going to have sex without a condom. Helen takes birth control pills so they're not worried about getting an infection.

Risk:

Possible consequence(s):

Safer sex:

4. Lena and Mike are going to have sex and they're going to use a condom. Neither of them has used one before, but Mike figures he knows what he's doing.

Risk:

Possible consequence(s):

Safer sex:

- **Discuss the answers as a whole class.**

✓ ***Remember to go over your group agreements before you begin your discussion.***

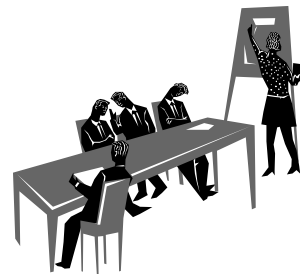


- **There are many different types of STDS, including HIV and AIDS. Either individually or in pairs, research one of them. Try to have the class cover all of them. Here are the most common:**

- chlamydia
- gonorrhoea
- vaginitis or vulvovaginitis
- pubic lice
- genital herpes
- genital warts
- syphilis
- hepatitis B
- HIV/ AIDS

- **Make a wall poster for the STD you researched. You can include pictures or drawings. Include information on**

- what the disease is
- symptoms
- how it is spread
- how it is treated

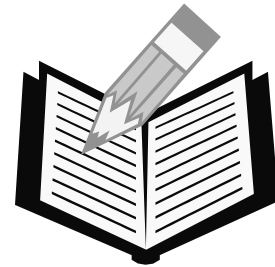


- **Use your poster to do a presentation to the rest of the class. Ask the Health Centre to display your posters.**

Writing

➤ **Choose one of the following topics.**

- Write a story like Sue or Sam's story about sexual practices. It can be about yourself, about one of your friends, or you can make it up.
- In your journal, respond to either what Sue or Sam has written. Explain how you felt as you read their stories.
- In your journal, write about what you have learned in this unit and how you will apply it to your life.
- Write a letter to your MP telling him/her that you think the Government needs to spend more money on AIDS research.
- Make a poster about safer sex that you can put up in appropriate places around the community.



More ideas ...

- **Here are some more ideas for learning about healthy sexual choices.**
- Design a TV advertisement about safer sex.
- Work with the Health Centre to sponsor a public awareness week on STDs.
- Host a radio phone-in show about STDs.
- Research and make a list of places where condoms are available in your community.
- If possible, watch the video “Point of Death” (see Video resource list). Then write your own play about someone with AIDS.

More ideas ... (cont.)

Basic facts 1

What are sexually transmitted diseases?

Sexually transmitted diseases, or STDs, are diseases in which the germs spread mostly through sexual contact with someone who is infected. However, STDs may also be spread through blood, for example when people share infected needles, or through kissing. And some, like pubic lice, or crabs, may be caught if you use an infected person's sheets or towels.

There are many different types of STDs:

• chlamydia	• genital warts
• gonorrhea	• syphilis
• vaginitis or vulvovaginitis	• hepatitis B
• pubic lice	• HIV/ AIDS
• genital herpes	

Some STDs can be cured easily, but others, if not treated, may seriously affect your health. If you are pregnant, you can pass the infection on to your baby, in your womb, at birth, or through breastfeeding.

If you are sexually active, you need to know how to protect yourself and people you care for.

Basic facts 2

What is risky and what is safer sex?

Many sexually active people take risks with their health, believing, “It can’t happen to me.” If you practise unsafe sex, you may get an STD. You are practising unsafe sex if:

- you are sexually active with someone who might be infected and you are not protecting yourself
- you are having sex with someone who has, or has had, an STD
- you or your partner have, or have had, many sexual partners
- you or your partner inject drugs
- you or your partner share needles for drugs, body piercing or tattoos

You can avoid getting an STD by:

- not having sex at all
- having only one partner for life
- using a latex condom every time you have sex
- not sharing needles
- learning about and practising safer sex
- talking to your partner about STDs

Basic facts 3

Why do people take risks with their health?

People take health risks for many reasons. They may:

- feel immortal—they're young and healthy, so problems happen to other people but never to them
- feel pressured by their partner—"If you loved me, you'd do it!"
- feel pressured by peers—"Everyone's doing it!"
- have drunk too much alcohol or be experimenting with drugs and feel more relaxed
- like taking risks—especially young people
- not think about the future or about what might happen
- not have enough information, so they are not aware of what might happen
- not feel comfortable discussing safer sex with their partner

Any of these reasons may make people take risks. These risks increase their chances of getting an STD. Learning more about STDs and safer sex may make you more comfortable with protecting yourself and the people you care about.

Basic facts 4

How widespread is the problem?

In Canada, a teenager is nine times more likely to get an STD than an adult aged 30-39⁵.

STDs, especially chlamydia, are common in the NWT:

- in recent years in the NWT, the rates for chlamydia have been 7 times the national rate
- in recent years in the NWT, the rates for gonorrhoea have been 6 times the national rate
- in the NWT, there are more reported cases of chlamydia than of gonorrhoea
- between 1990 and 1998 in the NWT, for every 1 reported case of chlamydia in a male, there were 3 reported cases in females
- those at highest risk of infection with chlamydia in the NWT are in the 15- to 19-year-old group

⁵ Adapted from Health Canada, *What you need to know about STD*.

Basic facts 5

How will I know if I have an STD?

Different types of STDs have different symptoms, and different people may have different symptoms. People may have:

- no symptoms
- few symptoms
- obvious symptoms

Generally, however, you should watch for symptoms like:

- a discharge from your vagina or penis
- a burning feeling when you pee
- a rash or sores around the sexual parts of your body
- an itchy feeling around your sexual parts
- a pain low down in your stomach (for women)

You may have one symptom, or a number of symptoms.

Having one of these symptoms, however, does not mean you have an STD for sure—there may be something else wrong with you. And remember, you may have an STD and not know it. If you think you may have an STD, you should go immediately to your local Health Centre, to a doctor's clinic or the STD Clinic in Yellowknife.

Basic facts 6

Can I get an STD from everyday touching?

There are many ways an infected person can pass on germs. But here are some of the ways you **can't** pass on germs.

You can't get STDs from these things:

- coughing or sneezing



- using other people's dishes



- money



- toilet seats



- telephones



- books or paper



- mosquitoes or other insects



- shaking hands



Basic facts 7

What do I need to know about condoms?

You can buy condoms in the store, or get them free at your local Health Centre or at the STD Clinic in Yellowknife. Some restaurants and bars have condom machines in the washrooms. Here are some things to remember. You should:

- always use a new condom every time you have sex
- check the date on the condom to see if it is still good
- always use latex condoms
- use a water-based lubricant (like a cream) to help the condom go on smoothly—never use lubricants made from oil, like petroleum jelly (Vaseline).

Here's how to use a condom properly. You should:

- handle condoms carefully so you don't tear them
- squeeze the air from the tip of the condom
- put the condom on the penis when it is erect (hard)
- unroll the condom over the whole penis
- take the penis out before it becomes soft, after sex
- hold on to the condom so that nothing spills out
- tie a knot at the end of the condom
- put it in the garbage—don't use it again

Basic facts 8

What do I need to know about the different types of STDs ?

There are three main things you should know about the disease:

- what it is and how it spreads
- how you will know if you have it (its symptoms)
- how doctors or nurses treat it (its treatment)

Chlamydia

What it is	Its symptoms	Its treatment
It is caused by bacteria.	<p>Many people have no symptoms. Women may have the following (2-6 weeks after they are infected):</p> <ul style="list-style-type: none">• a burning feeling when peeing• a feeling that you need to pee more often• a change in your periods• bleeding between your periods• a discharge from your vagina• a pain in the lower part of your stomach, sometimes with chills• pain during sex <p>Men may have the following:</p> <ul style="list-style-type: none">• a milky drip from your penis• pain when peeing• an itchy feeling inside your penis• pain or swelling in your testicles	<p>You need to get a test for chlamydia. You will get some pills to take.</p> <p>If you are a woman and you don't get treatment, you might:</p> <ul style="list-style-type: none">• get a pain in your lower stomach• get a disease that might stop you from having a baby later

Basic facts 8 (cont.)

Gonorrhoea

What it is	Its symptoms	Its treatment
<p>This is sometimes called ‘the clap’ or ‘a dose’.</p>	<p>Many people have no symptoms. Women may have the following (2-7 days after they are infected):</p> <ul style="list-style-type: none"> • a burning feeling when peeing • bleeding between your periods • a discharge • a pain in the lower part of your stomach • pain during sex <p>Men may have the following:</p> <ul style="list-style-type: none"> • a yellow-green discharge from your penis • a burning feeling when peeing • an itchy feeling inside the penis • pain or swelling in your testicles • a sore throat 	<p>You need a test for gonorrhoea. You will get some pills to take, but you can get it again right away if your partner isn’t treated too.</p> <p>If you don’t get treatment, you might:</p> <ul style="list-style-type: none"> • not be able to make a baby • have skin or eye problems • pass it on to your baby, if you’re a woman

Vaginitis or Vulvovaginitis

What it is	Its symptoms	Its treatment
<p>This affects a woman—your vagina is red and sore. There are different kinds of vaginitis—only one kind is an STD.</p>	<p>Women may have the following (2-7 days after they are infected):</p> <ul style="list-style-type: none"> • redness, pain, itching or burning around your vagina • a whitish-yellow discharge • pain during sex 	<p>You will get some pills to take.</p> <p>Your partner needs treatment too.</p>

Basic facts 8 (cont.)

Pubic lice

What it is	Its symptoms	Its treatment
<p>These are sometimes called 'crabs'. They are small insects that live on your body hair.</p> <p>They are spread by skin-to-skin contact, or from infected bed clothes, towels or clothes.</p>	<p>You may have the following:</p> <ul style="list-style-type: none"> • tiny white eggs on the hair around your sexual parts • redness, itching and swelling • small blue spots where the insect has bitten you 	<p>Wash the infected area with a special shampoo.</p> <p>Wash clothes, bed clothes or towels in hot water, or put them outside in a plastic bag in winter time.</p> <p>Your partner needs treatment too.</p>

Genital herpes

What it is	Its symptoms	Its treatment
<p>This is the same family of germs that cause cold sores around your mouth.</p> <p>It is spread by direct contact with open sores, usually during sex.</p>	<p>You may have the following (within a week of being infected):</p> <ul style="list-style-type: none"> • itching around your private parts • lumps near your private parts • very small blisters that burst and leave sores • possibly a fever and headache with the first attack 	<p>There is no cure but treatment with pills may help the pain and shorten the attacks.</p> <p>Keep the infected area clean and dry.</p>

Basic facts 8 (cont.)

Genital warts

What it is	Its symptoms	Its treatment
<p>This is caused by a virus.</p> <p>You get it through skin-to-skin contact. The person you get it from may not look as if they have warts.</p>	<p>You may not know you have genital warts because the warts may be inside your body.</p> <p>You may have the following (2 weeks to 8 months after being infected):</p> <ul style="list-style-type: none"> • warts around your private parts • itching, pain or bleeding <p>Another way you may know if you have genital warts is if your partner tells you s/he has them.</p>	<p>The doctor or nurse will look at the warts and decide what to do. S/he may:</p> <ul style="list-style-type: none"> • freeze the warts • put medicine on them <p>You will need to be treated several times.</p>

Syphilis

What it is	Its symptoms	Its treatment
<p>Syphilis is very serious and can affect your whole body.</p>	<p>You may not know you have it and may pass it on to other people.</p> <p>Symptoms appear in 3 stages:</p> <ul style="list-style-type: none"> • 9 to 90 days after being infected, a sore will appear where the germ enters the body • a few months later, you may feel as if you have flu and you may also have a rash • if not treated, you may have serious health problems 	<p>You need a blood test.</p> <p>You will get some pills to take.</p> <p>Pregnant women can pass it on to their baby.</p>

Basic facts 8 (cont.)

Hepatitis B

What it is	Its symptoms	Its treatment
<p>Hepatitis B is not always an STD. There are different kinds.</p> <p>It infects your liver and is caused by a virus.</p>	<p>Many people have the virus and don't know it—they have no symptoms. They feel well, but they can still spread the germs.</p> <p>You may have the following (2-6 months after being infected):</p> <ul style="list-style-type: none"> • tiredness • a sick feeling • stomach pains • poor appetite • jaundice (yellow skin and eyes) 	<p>There is no cure for it, however, there is a vaccine (needle) that will prevent it. The disease may cause serious liver problems later in life.</p> <p>A pregnant woman can pass it on to her baby at birth.</p>

HIV/ AIDS

The HIV virus attacks your immune system and weakens it. The symptoms for HIV infection and AIDS vary depending on the kinds of illnesses that attack your body in its weak state.

What it is	Its treatment
<p>HIV means Human Immunodeficiency Virus. It is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). It attacks your body's immune and nervous systems. AIDS is the final stage of the infection, and because your body is weaker you may get other illnesses.</p> <p>It is spread through sexual contact, sharing needles, or from a pregnant woman to her baby at birth or later through breastfeeding. It is not spread through everyday social touching.</p>	<p>There is no cure for HIV infection or AIDS.</p> <p>You need a blood test to find out if you are infected. A positive test means you have the infection. A negative test means nothing is showing up in your blood—however, it can take up to six months for anything to show up, so you may need another test to be sure.</p>

Basic facts 9

Where can I go for help?

Nurses or **CHRs** in your community can help you, if you have some questions about STDs or safer sex.

Here are other organizations or people that can provide information and support:

Communicable Disease Consultant

Department of Health and Social Services
Government of the Northwest Territories
Box 1320
Yellowknife, NT X1A 2L9
Phone: 867-873-7721

STD Clinic

Public Health Unit
Yellowknife Health & Social Services
Jan Stirling Building
4702 Franklin Ave.
Box 608
Yellowknife, NT X1A 2N5
Phone: 867-920-6570

Appendix 1: Answers

Healthy eating: Page HE 18, Word search

a	s	n	g	w	n	d	n	f	c
l	a	u	h	e	d	p	s	a	a
k	r	t	h	i	i	i	h	t	i
o	c	r	a	g	a	z	p	t	o
b	w	i	b	h	b	z	o	y	r
u	i	t	i	t	e	a	s	e	
g	c	i	t	n	t	f	t	t	e
g	h	o	s	p	e	s	u	n	k
e	e	u	c	h	s	i	r	e	d
d	s	s	f	r	o	z	e	n	s

Healthy eating: Page HE 20, N.W.T. Food Guide Quiz

1. Meat, Fish, Birds and Eggs and All Edible Parts
2. Meat, Fish, Birds and Eggs and All Edible Parts
3. 2-3 servings
4. Milk and Milk Substitutes
5. Dried fish, dried meat, nuts or seeds
6. One piece of bannock
7. A teenager who plays lots of sports
8. Balance the amount of food you eat for energy with physical activity
9. Limit foods that have a lot of sugar, salt and fat.
10. Eat a variety of foods from each food group every day for health.

Healthy eating: Page HE 22, Balanced meals

1. Bannock, Bread and Cereal/ Any food from that group
2. Milk and Milk Substitutes, Meat, Fish, Birds and Eggs/ Food from both these food groups
3. Milk and Milk Substitutes/ Any food from that group

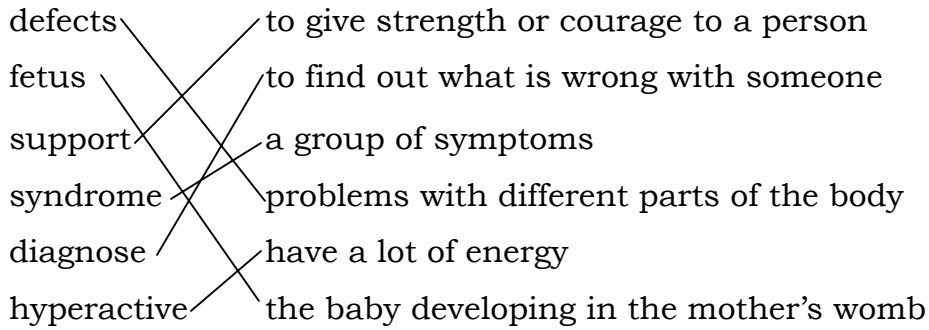
Smoking: Page Sm 20, Word search

i	n	e	r	v	o	u	s	f	a
d	r	m	i	n	o	r	s	i	k
a	s	o	u	r	c	e	g	n	t
f	m	s	h	w	a	l	l	e	t
f	o	m	e	o	p	s	w	e	t
e	k	j	a	c	a	n	c	e	r
c	e	t	m	a	c	p	u	a	b
t	s	c	h	o	k	e	d	r	o
p	r	e	g	n	a	n	t	y	r
g	i	n	f	e	c	t	i	o	n

Alcohol: Page Alc 17, Word search

f	g	n	p	e	d	b	r	x	l
a	d	e	h	o	i	c	e	s	n
l	e	s	e	b	e	r	g	u	n
c	i	l	t	o	v	e	r	i	x
o	w	e	d	i	r	a	m	c	e
n	a	t	r	e	d	l	g	i	h
o	n	q	u	i	t	i	s	d	o
l	u	t	e	m	p	t	e	e	s
f	d	r	u	n	k	y	o	l	k
g	n	p	r	e	s	a	v	t	o

Alcohol: Page Alc 18, Healthy babies



1. fetus
2. diagnose
3. hyperactive
4. defects
5. syndrome
6. support

Active Living: Page AL 17, Word search

e	b	e	n	e	f	i	t	s	w
n	a	s	w	p	e	s	e	r	d
c	c	r	o	u	t	i	n	e	a
o	t	o	r	e	n	g	e	l	r
u	l	k	n	t	o	h	r	w	c
r	y	j	o	e	k	a	g	n	a
a	e	a	u	b	c	u	y	f	d
g	s	a	t	e	l	i	t	e	
e	u	e	s	h	a	p	e	t	t
r	e	c	r	e	a	t	i	o	n

Relationships: Page Rel 16 , Word search

g	o	t	b	r	s	h	e	t	w
c	a	r	e	g	i	v	e	f	o
y	b	u	s	s	v	i	n	e	t
c	u	s	h	c	i	o	r	a	a
l	s	t	a	b	c	l	a	t	l
e	e	i	m	i	t	e	r	m	k
l	o	v	e	v	i	n	s	e	l
b	d	e	a	t	m	c	l	n	n
f	o	r	g	i	v	e	f	t	g
c	r	a	b	u	s	i	v	e	p

Relationships: Page Rel 17, Communicate

Communication	Helpful/ destructive
He blames his partner for things.	<i>destructive</i>
She doesn't let her partner finish what he's saying—she interrupts him.	<i>destructive</i>
He tries to stay calm and see his partner's point of view.	<i>helpful</i>
She is determined to win this argument.	<i>destructive</i>
He doesn't answer when he gets tired of it all.	<i>destructive</i>
They understand and forgive each other, and both give in.	<i>helpful</i>
She tries to look for the good things.	<i>helpful</i>
He insults his partner and calls her names.	<i>destructive</i>
She tries to control her partner and make him do what she wants.	<i>destructive</i>
He becomes defensive and denies everything.	<i>destructive</i>

Relationships: Page Rel 18, Communicate again

1. **Destructive.** She is not being honest with her partner.
2. **Helpful.** He shows concern and is prepared to stop what he is doing to listen to her.
3. **Destructive.** She is insulting her brother, and putting him down.
4. **Destructive.** Jean is insulting her mother, and putting her down.

Relationships: Page Rel 19, Discuss (True or False)

1. **True**—It's a normal and healthy part of family life. It's how you deal with the conflict that's important.
2. **False**—It's more common for abuse to happen to women and children, but men are sometimes abused too. In the NWT in 1999, 49 men said their female partner abused them.
3. **False**—If you force someone to have sex with you when they don't want to, it's sexual abuse or assault. Sometimes we call it 'rape'.
4. **True**—Good communication means talking openly and honestly to someone and listening actively to what they have to say. Good communication is important in healthy relationships.
5. **True**—Often the abuser is in a position of power over the other person, and the person being abused depends on the abuser.
6. **False**—The abuse may be physical, but there are other types of abuse too, like emotional or sexual abuse. Neglect is another type of abuse. A person who is being abused may experience a number of different types of abuse.
7. **True**—In Canada, 90% of sexual assault victims do not report it to the police.
8. **False**—Women and children in the NWT use shelters at a rate of eight times the national average.
9. **True**—Good communication is very important in a relationship. You have to be able to talk openly and honestly to the other person, and feel you are being listened to.
10. **False**—There are effects on the child when the violence is taking place, but there are also long-lasting effects on children. In fact, many may grow up and abuse their own family, creating a cycle of violence.

Relationships: Page Rel 20, Think & learn

1. Spousal or partner abuse/ physical
2. Elder or senior abuse/ emotional, possibly physical ('forced')
3. Child abuse/ neglect, emotional, physical
4. Dating violence, partner abuse/ sexual, possibly physical too
5. Spousal or partner abuse/ emotional

Relationships: Page Rel 21, Break the cycle

a. a feeling of worry	3
b. when basic needs are not being met	9
c. connections between people or things	2
d. something that is repeated over and over	7
e. people who have been mistreated	8
f. the things that happen to a person during his lifetime	5
g. to give information to, or get information from, another person	4
h. arguments or fights that go on for a long time	1
i. the use of force to hurt people	6

Relationships: Page Rel 22, Break the cycle (cont.)

Unfortunately, many children in Canada are **victims** of **neglect** and abuse. Children who live in homes where there is family **violence** learn that it is acceptable in **relationships** and in families to behave this way. These children grow up surrounded by **tension** and fear. They don't learn any other ways to deal with **conflict**. They become confused about how to **communicate** in relationships. Their **experiences** live with them even when they are adults. They often repeat the **cycle** of violence in their own families. As Nellie says in her poem, we must break this cycle for our children.

STDs & AIDS: Page ST 17, Word search

s	p	r	e	v	e	n	t	m	o
t	r	e	a	d	l	i	m	i	t
m	e	n	e	e	d	l	e	n	s
b	g	a	c	v	i	o	l	f	e
u	n	d	o	k	l	a	t	e	x
b	a	c	t	e	r	i	a	c	u
A	n	p	r	o	t	e	c	t	a
l	c	i	m	m	u	n	e	i	l
D	y	z	v	c	o	n	d	o	m
S	d	i	s	e	a	s	e	n	g

STDs & AIDS: Page ST 18, True or False

1. **True**—You can protect yourself by learning about STDs, HIV and AIDS and by practising safer sex.
2. **False**—The pill protects you from getting pregnant, but it doesn't prevent you from getting STDs or HIV. Only safe practices, like using a condom will prevent you from getting these diseases.
3. **True**—Recently, the rate for Chlamydia in the NWT is 7 times the Canadian rate.
4. **True**—Some people with an STD or HIV have no symptoms. Some people have a few symptoms, and others have very obvious symptoms.
5. **False**—You can't get HIV from using other people's dishes, from toilet seats, from telephones, from insects or from shaking hands. But you can get it
 - if you have unprotected sex with someone who is infected
 - from a new sex partner
 - if you or your partner have more than one sexual partner
 - if you or your partner share needles for drugs, body piercing or tattoos
6. **False**—If you have an STD, you need treatment. Otherwise the disease may spread and cause more problems for you later.

7. **True**—A pregnant woman can pass STDs on to her baby—in her womb, during birth or through breastfeeding.
8. **False**—You must use a new condom each time you have sex.
9. **True**—HIV is a virus that destroys the body’s immune system. AIDS is caused by HIV. AIDS is a group of illnesses that attack your body when its immune system is weakened.
10. **True**—STDs or HIV needs treatment. Otherwise you might have problems later.

STDs & AIDS: Page ST 24, Match & learn

Excuse	Possible answer
1. I don't like the way they feel.	f
2. It's too embarrassing to go and get one.	c or e
3. I don't have one on me.	e or c
4. They spoil the mood.	h
5. Don't you trust me?	i
6. Do you think I have a disease or what?	a
7. I don't want to talk about them.	g
8. They're gross!	j
9. Just this time! Next time we'll use one.	d
10. They make me feel dirty.	b

STDs & AIDS: Page ST 25-26, Play it safe

1. **Risk:** Even though they both think they're clean, a previous partner might have had an STD and not known, or known and not been honest with them.
Possible consequences: Since they are not taking precautions, if one of them has a disease, s/he may pass it on to his/her partner.
Safer sex: Only safe practices, like always using a condom, will prevent you from getting STDs, HIV or AIDS. Don't take risks.
2. **Risk:** Sharing needles, or re-using needles, are high-risk activities. It's possible to get an STD from sharing needles that are used for tattoos.

Possible consequences: Simon has taken part in a high-risk activity, so there is a risk that he might have been infected.

Safer sex: First, don't share needles for any activities. Second, only safe practices, like always using a condom, will prevent you from getting STDs, HIV or AIDS. Don't take risks.

3. **Risk:** Birth control pills may protect you from getting pregnant, but it doesn't prevent you from getting STDs, HIV or AIDS.

Possible consequences: They have not taken precautions to prevent the spread of a sexually transmitted disease.

Safer sex: Only safe practices, like always using a condom, will prevent you from getting STDs, HIV or AIDS. Don't take risks.

4. **Risk:** They don't know how to use a condom. There is a danger they might not use it properly.

Possible consequences: Condoms will only protect you from disease if they are used properly.

Safer sex: Learn how to use a condom properly. Someone like a nurse will be able to help you.

Read

➤ **Read Mary's story. Think about it as you read.**

Mary's Story: Abuse and violence

I grew up in an abusive and violent home. I saw my father beat my mother up every time he went out drinking. I was going to get a licking from my father but I always managed to run out the house when I saw them fight.

When I got my own family I thought I was safe, but I wasn't. I got beat up by my boyfriend. I tried to break the cycle but I couldn't do it by myself. Sometimes my children would cry when they saw me crying. I'm trying to teach my kids what is right and wrong.



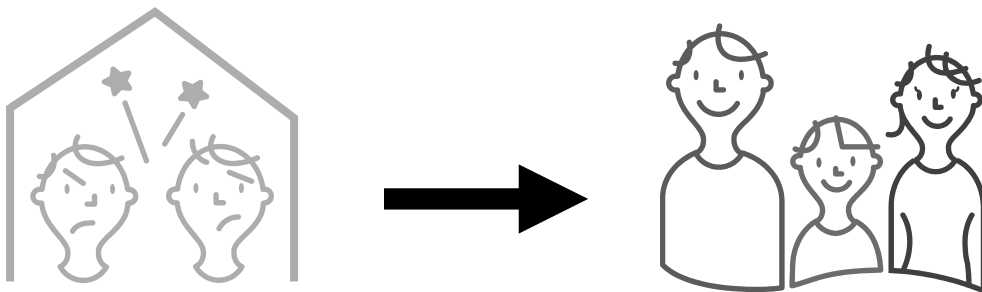
Read

➤ **Read Ken's story. Think about it as you read.**

Ken's Story: Abuse and violence

As a child I grew up with violence. I saw violence all around me, every time there was a party. So I thought violence was all right. I got in a relationship when I was fourteen and there was abuse in our relationship. Now, as a parent, my partner and I talk more instead of using violence in front of our children.

Break the cycle and stop abuse and violence.








Health Check Learner Evaluation






Tell us what you think ...

Now that the *Health Check* program is over, we would like to know how you felt about it.

1. What did you think of the *Health Check* program?
(Please circle one)

				
Excellent!	Pretty good	Needs a little work.	Not so hot	Should be canned!

2. The topics we talked about were:

				
Excellent!	Pretty good	Needs a little work.	Not so hot	Should be canned!

3. What two things did you like the most? 😊

4. What two things did you like the least? ☹️

5. Tell us about any changes that you have made in your or your family's health behaviours as a result of taking part in this program?

6. Do you have any other comments about the program? Please use the back of the sheet.

Health Check Program Evaluation

Program Location: _____

The NWT Literacy Council would appreciate your feedback on your *Health Check* program. Please return this form, the learners' evaluation forms and the program manual evaluation to the Council.

1. What was your most successful unit? Why?

2. What was your least successful unit? Why?

3. Describe special circumstances that affected the success of your program.

4. Do you think that learners who participated in the program have changed any of their health behaviours?

5. If you were going to do this program again, what would you change?

Health Check Program Manual Evaluation

Location: _____
Program Dates: _____
Instructor's Name: _____

The NWT Literacy Council would appreciate your feedback on the *Health Check* Program Manual.

1. What is your overall opinion of the *Health Check* Program Manual?

- very useful
- useful
- moderately useful
- not useful

2. How would you rate the manual for the following:

	Poor.....	Excellent
The introduction to the program	1	2	3	4	5
The selection of health issues	1	2	3	4	5
The learning activities	1	2	3	4	5
Basic facts sheets	1	2	3	4	5
Layout	1	2	3	4	5
Writing Style	1	2	3	4	5

3. What did you like about the *Health Check* manual?

4. What would you like to see in the manual that isn't there now?
