

Index

- Introduction p.2
 - ~Background
 - ~Forum Theatre Format
 - ~Goals of **Under Pressure**
 - ~Caveat

- The Play p.3
 - ~Synopsis
 - ~Character Breakdown

- Post-Show Activities pp. 4 - 14
 - ~Activities#1-5
 - ~Information sheets
 - ~Classroom handouts/charts

- Sample Rubric pp. 15

- Glossary of Terms pp. 16

- Bibliography and Resources pp. 17,18

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INTRODUCTION

Background

Under Pressure is an exploration of sexual pressures that youth, specifically females, face in high schools today. There is a rise in STI and HIV cases, and whether this rise has come about from peer pressure, a carefree attitude, ignorance, low self-esteem or fantasy, this trend needs to stop. *Under Pressure* is a forum theatre piece that allows the audience to investigate these issues, to come up with why “we” don’t listen to our inner voice, and to practice how to say “No,” “I’m not ready,” and “I need more information.”

The Forum Theatre Format

Under Pressure is presented in Forum Theatre format.

Forum Theatre:

- Is issue-based and interactive
- Works with worse-case scenario situations
- Spectators become “spect-actors” by intervening into the dramatic action.

How it Works:

~Forum Theatre plays are run through once uninterrupted, and then again a second time.

~On the second run, students are invited to intervene in the scene to suggest and act out possible solutions to the problems presented onstage.

~All interventions are mediated by an experienced Mixed Company facilitator to ensure healthy and productive interactions.

~Students have the opportunity to rehearse for reality in a safe, theatrical environment, re-constructing the actions on stage to create more positive alternative models to the anti-models (worse case scenarios) presented in the play.

Caveat: Disclosure

Mixed Company does not ask for or encourage personal disclosure from students during the course of the show. However, we are dealing with volatile issues. Sometimes, during the interactive segment of the performance, a student may either disclose or otherwise be adversely affected by recalling, enacting or watching incidents similar to what he or she might have experienced.

Mixed Company STRONGLY recommends that your school’s guidance department be present at the show and/or be available as a referral option for students dealing with these issues. Please feel free forward this guide to your school’s guidance department for their information.

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UNDER PRESSURE

Character Breakdown

Sharna: is naïve in this new world of dating and all of its many pressures. She is conflicted between how her parents expect her to behave and how her new high school reality expects her to behave for social survival.

Terek: is one of the “cool” guys. He’s captain of the soccer team, the swim team, etc. He could probably get any girl he wants, but he chooses to be with Sharna. He deeply cares for her. He realizes that there are compromises in relationships; however, flowers and gifts are only part of the courtship, sex is the ultimate way to show love.

Cathy: is Sharna’s good friend. She is comfortable giving sexual pointers to the girls. Now that Sharna has her foot in the door, Cathy is determined to help her get to the next social level of high school.

Justin: is a smooth operator. He is unattached; therefore he is free to explore sexual partners. Cathy was/is part of this exploration.

Betty: is street smart. She comes from the other side of the city. In her mind, she is Terek’s girlfriend. She has a long relationship with Terek that she wants to continue. F.Y.I.: No one at school knows about Betty.

Play Synopsis:

Scene 1: Terek is urging his girlfriend Sharna to have sex with him and to take their relationship to the next level. Sharna is visibly confused. She is obviously not ready but she clearly loves him and wants him to love her too. She gives in, and he takes her into another room. The action is offstage, but it is clear that Terek and Sharna participate in intercourse.

Scene 2: Friends Cathy and Sharna escape gym class to chat about Terek. Cathy pressures Sharna to talk about her sexual experience with Terek, suggesting that if knowledge of Sharna’s sexual experience got out, she would be more readily accepted by the “popular” crowd. Sharna is reluctant and uncomfortable, but Cathy tells her about being part of the “in” crowd. Sharna understands and goes along with Cathy as it is clear she wants to be popular, but nevertheless she also seems concerned.

Scene 3: Cathy runs into Justin in the hallway. He looks her over and tells her that he fondly remembers their last meeting. Cathy tries to get him to stop mentioning this, but she is confused and unsure of her feelings. Besides, she tells Justin, she was “drunk” and George is her boyfriend. As they are talking it becomes clear that Cathy very much desires Justin despite what she is saying about George. Cathy seems worried about George’s feelings, and insists on coming over later to Justin’s house “just to talk.”

Scene 4: Sharna comes to meet Terek at his practice. Terek suggests they get together on the weekend. He says “I think I’m falling hard for you, Sharna,” but urges her not to wait for him after practice.

Scene 5: Sharna learns of Terek’s other girlfriend Betty. Confused and angry, Sharna insists that she and Betty meet up in an hour to talk about what they are going to do about Terek. Ultimately, Sharna blames herself for Terek’s treatment of her. When Sharna and Betty meet up we learn that Betty was not Terek’s first and that Terek has never worn a condom with her, and that, moreover, she has had a busy love-life outside of Terek. As Betty lists off the possible STI’s that Sharna may have contracted, we sense Sharna’s growing panic as she understands what her experiences with Terek may have led to.

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Activity #1

Create a contract for a “safe” discussion/lesson.

~As a class, create a collective contract that will regulate the guidelines for group discussion. On top of what you might see as important or required for engaging in a discussion with your individual class, such a contract should include the following:

- ✓ **All actions need to ensure each person’s emotional and physical safety.**

During the lesson, each student should show emotional, psychological, as well as physical respect for others as well as for their environment. (This includes using proper terminology and avoiding insults or slurs.)

- ✓ **Each student should also take precautions to respect and protect themselves emotionally, physically, and psychologically.**

Where the classroom may be a “safe” space for honest discussion, students should ensure that they don’t feel “unsafe” in the larger school environment after disclosing personal information.

Activity #2

Myths and Facts.

Objectives:

To dispel popular myths about HIV/AIDS and STI transference, and/or to provide a framework within which such myths *could be* dispelled.

Handout Suggestions for Myths and Facts:

Create a quiz to test student’s knowledge about the basic facts and myths regarding issues of peer pressure, STI’s, HIV/AIDS and disease prevention: Mix and Match, Fill in the Blanks, Multiple Choice, etc.

*see
pp. 5 - 6
for
fact sheet

The activities in this resource guide fulfill the mandate of the TDSB Equity Foundation Statement & Commitment to Equity Policy Implementation.

Sect. 3.1 Anti-Homophobia, Sexual Orientation and Equity:

“Ideals related to anti-homophobia and sexual orientation equity [are to] be reflected in all aspects of organizational structures, policies, guidelines, procedures, classroom practices, day-to-day operations, and communication practices.”

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MYTHS AND FACTS

MYTH

1.) All oral sex is safe sex.

FACT

1.) All oral sex is NOT safe. Whenever semen, vaginal secretions, or blood enter the body during unprotected sex or any other sexual activity, there is a risk of contracting HIV/AIDS. Because sexual fluids can come into contact with small (even microscopic) abrasions in the mouth or rectum - the kind of abrasions that can occur because of regular sexual activity - both oral and anal sex carry the risk of HIV transmission.

MYTH

2.) HIV/AIDS is a homosexual disease.

FACT

2.) HIV/AIDS is NOT a homosexual disease. In most countries, HIV is spread almost exclusively by unprotected sexual intercourse between men and women. This mode of transmission is growing in Canada. Although it is true that HIV/AIDS first affected the gay community in North America, the spread of the disease has nothing to do with one's sexual orientation. There is a risk of contracting HIV/AIDS during unprotected sex with a man or a woman.

MYTH

3.) Two condoms are better than one.

FACT

3.) Two condoms are NOT better than one. The increased layer increases friction, thereby increasing the risk of condom break or tear.

MYTH

4.) Smearing honey or other topical ointments or lotions on one's genitals can help get rid of HIV/AIDS.

FACT

4.) Honey or other such topical lotions cannot prevent infections from passing from one person to another.

MYTH

5.) HIV/AIDS is now curable.

FACT

5.) AIDS is not, in fact curable, although it can be manageable with a variety of medications. Many HIV+ individuals are living much longer than they would have before these drugs became available, but the disease still affects their lives and their well-being.

MYTH

6.) It can't happen to you.

FACT

6.) It CAN happen to you. In Canada, there has been a 20% rise in the number of positive HIV test reports in the last five years.

NOTE: There has been a rise in young females contracting the HIV virus. Over one quarter of the positive HIV test reports in 2004 were among woman, which is a notable change from the years prior to 1995, where they represented less than 10%. The largest rise in this proportion is seen among the 15-29 year age group where females represented 13.2% of reports in 1985-1994 and 42.4% in 2004.

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What is HIV/AIDS?

- 1) HIV is the virus that causes AIDS.
- 2) AIDS is the advanced stage of HIV Disease.

Once inside blood, HIV weakens the immune system, the body's natural protection against disease. Eventually, over time, the body becomes susceptible to diseases and opportunistic infections that healthy and uninfected individuals are able to fight off.

An opportunistic infection is defined as a serious infection that takes advantage of the "opportunity" presented by a weakened immune system. Such infections can cause death in an individual infected with the HIV virus.

What does HIV/AIDS stand for?

- 1) HIV is the acronym that stands for **Human Immunodeficiency Virus**.
- 2) AIDS is an acronym that stands for **Acquired Immune Deficiency Syndrome**.

H	=	Human	=	HIV is a disease that infects humans.
I	=	Immuno	=	Immuno refers to the immune system.
V	=	Virus	=	A virus is a small organism, similar to a germ.

Acquired – HIV can only be transmitted via specific activities where one person is already +HIV

Immune – This virus attacks a person's immune system. A person's immune system protects their body against disease.

Deficiency – The HIV virus causes a weakened immune system. The portion of the system that is most affected by the HIV virus are T-cells in the blood.

Syndrome – Refers to a group of signs and symptoms that are the result of opportunistic infections. There are many opportunistic infections and clinical conditions which indicate the diagnoses of AIDS.

HIV/AIDS is contracted through:

- Unprotected sexual intercourse (vaginal, oral, anal).
- Sharing needles for drugs or using unsterilized needles for activities such as tattooing, piercing, or acupuncture.
- Pregnancy or breast-feeding (from infected mother to infant).
- Occupational exposure in health care settings.

*NOTE: There is absolutely no risk in donating blood since sterile needles are used only once and discarded. Before November of 1985, however, blood was not screened for HIV. This meant that some people receiving transfusions became infected with HIV this way. Now all blood products used for transfusions are tested for the presence of HIV.

HIV cannot be contracted through casual contact such as kissing, drinking from the same cup, shaking hands, using the same toilet, swimming in the same pool, or sharing food.

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Reduce the risk:

- Talk with your partner about HIV/AIDs and other STI's. Consider other options instead of having sex.
- Talk about getting tested before you have sex if you and your partner decide to engage in sexual activity.
- Only agree to sexual contact with a partner who is willing to protect you and him or herself from the risk of contracting or passing on HIV/AIDS or another STI.
- If you choose to have sex, talk to your partner about always wearing a condom.
- Though there are many types of condoms, only latex and polyurethane condoms are effective in preventing the spread of HIV. The female condom "Reality" is made from polyurethane, and there are male condoms made from this product for people with an allergy to latex.
- Water-based lubrication added to the condom will decrease friction and tearing. Lubricants that are oil-based (i.e. Vaseline, hand-lotion, baby oil) causes latex to break down very quickly and leads to condoms breaking during intercourse. Also, avoid spermicidal lubricants (contain nonoxynol-9) during intercourse because this chemical may irritate the lining of the vagina or rectum.
- Reducing the number of sexual partners by itself will not protect you from HIV. The greater number of sexual partners a person has the greater likelihood that one of them could be infected with HIV. Increasing condom use to 100% is a safer alternative.
- Never share needles or any other items (toothbrushes, razors, sex toys) that can result in an exchange of bodily fluids such as blood, semen or vaginal fluids.
- Ensure all tattooing, acupuncture or piercing equipment is sterile.
- Talk to your doctor if you are concerned about your health, and get tested if you have engaged in risky behaviour.

How do I get tested for HIV?

You can get tested at your family doctor's office or clinic. An HIV test involves taking a sample of blood. Pre and Post counseling must be offered to everyone requesting testing. Test results are given in person, so you must return to the clinic for this information. To find out the location of your nearest anonymous testing clinic, contact AIDS & Sexual health Info-line at 416-392-2437.

***Anonymous testing** uses a number or a code on your lab slip instead of your name. Only you will know your test result, or even that you were tested. Anonymous testing is only available at selected health clinics.

What can I do if I test HIV Positive?

A health care provider who is knowledgeable about HIV can monitor your health and help you decide what treatments are best for you. The Community AIDS Treatment Information Exchange (CATIE) provides information and resources to help people living with HIV/AIDS who wish to manage their own health care in partnership with their care providers. **See Bibliography and Resources for contact information.*

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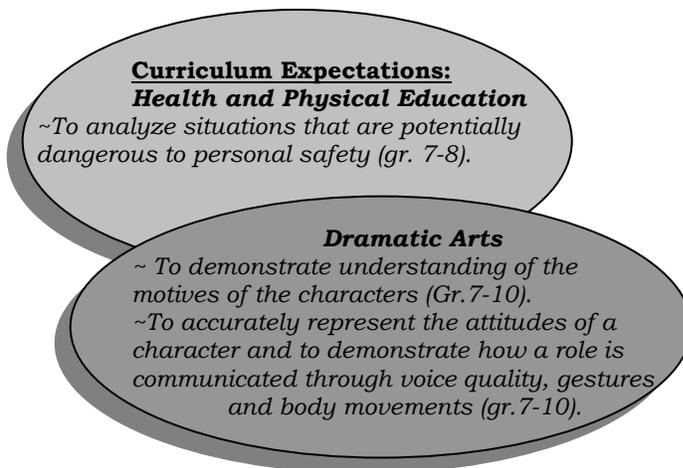
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Activity #3:
Get Inside the Character's Head

Objective: Identify characters who are confused and sending out mixed messages, and who seem the most ambivalent and explore character motivation in greater depth. (*Target audience:* ambivalent skeptics.)

**Teacher might want to reinforce the point that relevant safety contract stipulations are binding for this exercise.*

- a.) Each student, working individually, is asked to sketch their favourite scene from the play on the hand-out sheet provided, and fill in “thought bubbles” for each of the characters.
- b.) Hold a 10 minute discussion around the ideas and thoughts students had while doing this exercise.



**see
 p. 9 for
 handout*

Teacher Prompts:

Guidelines for “getting inside the character’s head”:

Think about body language. What is each person “saying” without speaking? How are attitudes communicated through the body? What is the relationship being depicted between the people in the scene? How do their postures express these relationships? Do the ways in which the characters interact, in terms of their body language in each image, contradict what each character might be saying in the actual scene?

What are Justin and Cathy both thinking in each scene? What does the class think about them both? Who’s “playing” who? ***“I was drunk”* – how are inhibitions lessened while drinking? What kind of threats does this pose in the face of passing on or getting an STI? Is she even considering STI’s here – why or why not?

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Getting Inside the Character's Head

In the space below, draw your favourite scene from the play. Based on what you know of each character and the relationships they have with one another, draw and fill in thought bubbles with what you think each character is *really* thinking, but not saying.

Guidelines for “Getting inside the character’s head”:

*Think about body language. What is each person “saying” without speaking it? How are attitudes communicated through the body? What is the relationship being depicted between the people in the scene? How do their postures express these relationships? Do the ways in which the characters interact, in terms of their body language in each image, contradict what each character might be saying in the actual scene? What are Justin and Cathy both thinking in each scene? What does the class think about them both? Who’s “playing” who? **“I was drunk” – how are inhibitions lessened while drinking? What kind of threats does this pose in the face of passing on or getting an STI? Is she even considering STI’s here – why or why not?*

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Activity #4:**Character Analysis: Cathy, Sharna, Terek, Justin or Betty.**Objective:

These exercises are aimed at examining the external pressures (family, society, and friends) that affect the attitudes, actions and opinions of the character.

a.) “The Onion: Identifying Spheres of Influence”

On large chart paper, draw onion diagram (*to be provided*); in each labeled circle, write the thoughts, phrases, influences of each character. (The class can add to this chart throughout the duration of working on the play.)

*see p. 10
for
example

b.) “Tip of the Iceberg.”

Draw Iceberg diagram (*to be provided*); information written above “water line” is “factual”, information written under is “speculative”. The deeper down the more speculative, and can include things the class wants to know about the character.

*see p. 11
for
example

**Curriculum Expectations:
Dramatic Arts**

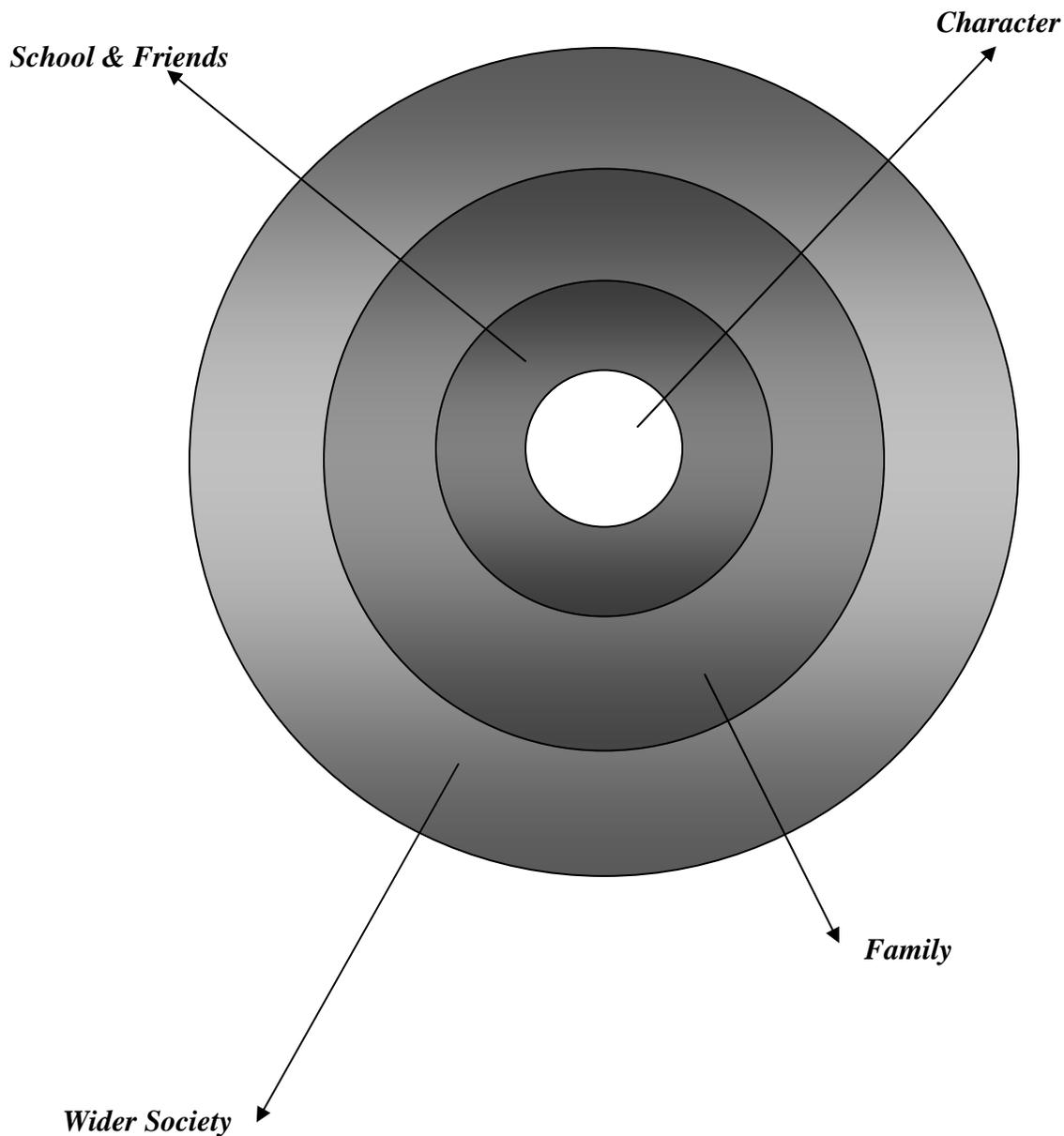
- ~To demonstrate understandings of motives of characters (gr. 7-8).
- ~To accurately represent the attitudes of a character (gr. 7-10).

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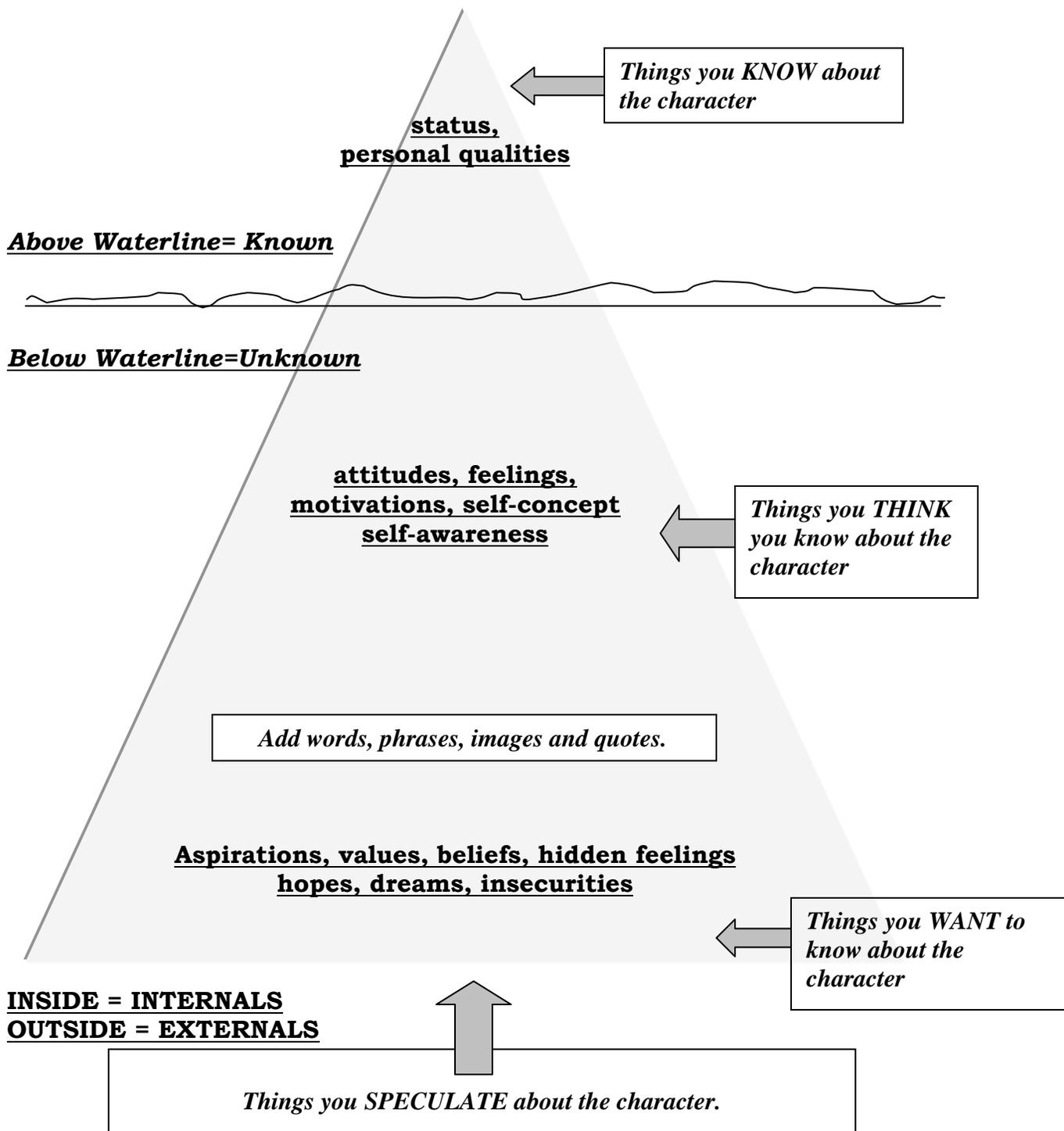
Educate.

THE ONION: Identifying Spheres of Influence



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TIP OF THE ICEBERG: Character Exploration



Think about: character behaviours, reactions, likes, dislikes, relationships, profile, experiences, people that have shaped the character, things people say about the character, events in the character's life, etc.

Activity #5

Hot-Seating

This activity aims to unravel character motivations and complexities and shed light on the way she/he responds to the issues posed in the play.

In this activity, one or more students take on the role of one of the characters in play. In role, she/he then responds to questions posed by the remainder of the class about how she/he thinks or feels about the problems she/he faces in the play. This is generally a reflective exercise, in which situations can be called upon to ask: “What would you have done differently if you went through this again?”

**“Hot-seating” should centre on the protagonist, or low-level antagonists. (See glossary of terms)*

Options for Hot-Seating:

- a.) One person plays the character being hot-seated and the rest of the class is given a collective reality to play out during the hot-seating process. – E.g.: The class acts as reporters asking the hot-seated character questions for a “human interest” story. Students may be given a few minutes to prepare questions appropriate to the “questioner” role they have been assigned.
- b.) The entire class can act as Sharna, and the teacher can pose questions. Each student may respond “in role” (see *glossary of terms*) to each individual question.
- c.) Multiple students can be hot-seated “in role”, giving various responses to the same questions posed by the class; the rest of the class itself is given a collective reality to play out during the hot-seating process.

- The beginning of the hot-seating process can begin by looking at the external pressures that the protagonist is going through. Questioning could then proceed to encourage more reflective responses to the character’s inner reality and motivations.
- “Role on the Wall”: during the discussion on the protagonist’s external pressures, keep a list of personal and external pressures, as well as characteristics. These can be recorded on the wall as the class is asking questions.
 - a.) Draw a rough outline of human figure on chart paper/blackboard that will represent the hot-seated character.
 - b.) Throughout the class discussion, fill the drawn figure in phrases, words and thoughts that illuminate character. Issues or subjects that reveal the “internal world” of the character are to be drawn inside the figure, those that represent “external world” to be written outside.

Curriculum Expectations:

Dramatic Arts

~To organize and carry out a group improvisation (gr. 7).

~To identify ways of sustaining concentration in drama (E.g.: Remaining in role when playing a character being interviewed) (gr. 7-10)

~To demonstrate an understanding of role as a balance of self (student) and other (gr.9) ~To identify and employ different questions to develop and deepen roles within a drama (gr. 9). ~To demonstrate an understanding of how empathy functions as a component of role-playing (gr. 9).

~ To demonstrate understanding of the element of risk in playing a role (e.g. adapting challenges to personal and social beliefs (gr.10). ~ To demonstrate an understanding of language that is free from bias and stereotyping.

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Activity #5

Writing in Role

Objective:

Apply knowledge gained through exercises to find avenues of agency for the protagonist.

Students are asked to re-write or create scenes or pieces of writing that deal with the external pressures faced by the protagonists or low-level antagonists in the play. Students can:

- a.) Re-write a scene from the play, which demonstrates a possible solution to the conflict that is presented.
- b.) Write an “out-take” scene that demonstrates possible solutions to conflicts presented in the play.
- c.) Write-in-role as the protagonist in the form of a diary, a report, an article, etc.

Curriculum Expectations: **Dramatic Arts**

~To write in role in various forms showing understanding of complexity of a dramatic situation, using appropriate vocabulary, tone and voice for character portrayal (gr. 7-8)

~To produce pieces that deal appropriately with youth problems and to produce work as a member of an ensemble (gr. 7-8)

~To write in role in various forms showing understanding of complexity of a dramatic situation, using appropriate vocabulary, tone and voice for character portrayal (gr. 7-8)

~To apply principles of listening both in and out of role (gr. 9).

Social Sciences *~To apply strategies for building self-confidence (gr. 9).*

~To demonstrate communication and conflict resolution skills in the context of family and social relationships (gr. 9).

~To understand and apply a variety of problem solving and decision-making skills to family and social problems (gr. 9).

Prompts:

Questions to guide the writing process:

There are other characters in the lives of the on-stage characters that influence them. How might one write a scene about one of the characters interactions with someone in their lives that shows the pressures they might have to face? How might one explore how these characters might deal with external pressures? What are the resources that can be utilized to help characters work towards possible solutions to the conflicts they face?

**Writing in role as high-level antagonists should be avoided for this exercise.*

Evaluation Rubric: See next page for sample.

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**SAMPLE RUBRIC
FOR PERSONAL REFLECTIONS, WRITING IN ROLE, WRITING “OUT-TAKE” SCENES.**

UNSATISFACTORY	LIMITED		SATISFACTORY		HIGH			VERY HIGH	
1	2	3	4	5	6	7	8	9	10
No personal response is made to the issues/ concepts raised in the play	Analysis conveys little evidence of a personal response to the issues/concepts raised in the play.		Analysis conveys some evidence of a personal response to the issues/ concepts raised in the play		Analysis conveys evidence of a personal response to the issues raised in the play. Student demonstrates that he/she is beginning to develop new ways of reflecting on their world			Analysis conveys extensive evidence of a personal response to the issues raised in the play. Student demonstrates personal growth and a political awareness	
Uses incorrect grammar and syntax consistently	Demonstrates some evidence of correct spelling, grammar and punctuation, etc.		Demonstrates few errors in spelling, grammar and punctuation etc.		Has a good command of English.			Has a very good command of English and writes with some flair and originality	
Student makes no reference to what is heard in class or outside class	Student makes minimal reference to what is heard in class or outside class		Written piece alludes to what student has heard in class and outside the classroom situation		Written piece indicates that student is listening well in class and outside the classroom situation			Written piece indicates that student is listening well in different contexts and is able to relate what is heard to what is read, performed or seen in the classroom situation.	
Is not comprehending or reflecting on what is performed or discussed in class.	Demonstrates some basic comprehension of issues presented but does not make connections with the bigger picture.		Comprehends the surface level meaning of issues and begins to relate issues to general knowledge and experience.		Is able to make inferences and comprehends deeper meaning on most occasions. Relates issues raised to life experiences consistently.			Is able to make inferences well and comprehends deeper meaning consistently, demonstrating insight and their relevance to the world and society	
Student is not able to express opinions or develop roles due to severe problems with writing	Student is not developing their ability to express arguments or opinions or develop roles in his or her writing.		Student is learning to develop and express arguments, opinions and develop characters in his or her writing		Student is consistently expressing arguments, opinions and deepens and strengthens character roles and exploration in his or her writing			Student is clearly expressing arguments, opinions and creates in-depth roles and character exploration in his or her writing	
Very little effort was made to attempt all tasks set	Little effort was made to attempt all tasks set.		Work shows that some effort was made to attempt all tasks set		Work demonstrates that much effort was made to attempt all tasks set.			Work demonstrates that much effort was made to attempt all tasks set, with some originality and extra initiative	

Work can be graded out of any multiple of ten.

**This is a sample rubric and may or may not be used in reference to the written exercises*

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Glossary of Terms

Hot-Seating: a group, working as themselves or in character, question or interview another role-player(s) who must answer 'in character'. This can be improvised or with questions prepared.

In-role / Role-playing: the role-player is speaking for the character through him/herself; the student is acting "as if" she/he was the character, keeping one foot in their shoe, the other in the character's shoe, so to speak. This is meant to encourage personal reflection and discovery.

Writing-in-role: any written work done "in-role", with the writer composing from the point-of-view of the character in question.

Tableaux: is French for "living picture." It essentially describes a still image, a frozen moment, or a "photograph" created by posing still bodies. It aims to represent and communicate an event, idea or feeling. The technique combines the forms of the theatre with painting and photography.

BIBLIOGRAPHY AND RESOURCES

SUPPORT SERVICES, CLINICS AND PROGRAMS

Teen Clinic (Adolescent Medicine Clinic)
(For teens 12-18; variety of health care and counseling services)
Hospital For Sick Children
416-813-5804

Hassle Free Clinic

<http://www.hasslefreeclinic.org>

- The clinic provides men and women's with confidential STI/HIV testing as well as support for all sexual health concerns.

Women's Clinic: 416.922.0566

Men's Clinic: 416.922.0603

AIDS Committee of Toronto

<http://www.actoronto.org>

- The AIDS committee provides confidential support information for anyone infected and affected. This have a library, as well as an in-depth online list of resources which includes information on community based partners, multi-lingual services, the Ontario HIV and AIDS Treatment Networks.

AIDS and Sexual Health Info line

- They provide a multilingual, multicultural service to provide information about HIV/AIDS and Toronto clinics where one can get tested or get help.

Toll free: 1-800-668-2437

Local: 416-392-2437

Planned Parenthood, Teen Sex Information

<http://www.ppt.on.ca>

Teen Sex Information Program

- A service which provides peer support and information about sexual concerns for youth 13 to 16 through the Teen Sex Info Line, MSN Messaging and E-mail services

Local: (416) 961-3200

The House Community Health Centre

- The House provides STI/HIV anonymous testing, sexual health consultations, birth control, and pregnancy testing for youth aged 13 to 25. They also have sexual health workshops.
- They provide volunteer opportunities for youth ages 16 to 19

Toronto Public Health

www.toronto.ca/health

- Education programs on many topics related to AIDS and Sexual Health.
- Sexual health clinics in several different locations in Toronto.

Toronto Health Connection for programs & services: 416-338-7600

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WEBSITES:

Canadian HIV/AIDS Information Centre
<http://www.aidssida.cpha.ca/>
 Resources and links.

Health Canada

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

- On their website you can find new research data about STIs, help line information, Facts & Figures, and numerous links to other Sexual Health Care information resources

Public Health Agency of Canada

http://www.phac-aspc.gc.ca/publicat/std-mts/sti_c.html

Information about HIV/AIDS and other STI's, including symptoms and signs for males and females, treatment options and effects.

Student Affairs – University of Toronto – provides many resources for support services and counseling in the Toronto area.

<http://www.sa.utoronto.ca/details.php?wcid=62>

Positive Youth Outreach

<http://www.positiveyouth.com/static/aboutus.html>

Project Inform

<http://www.projectinform.org/>

The Well Project

http://www.thewellproject.org/en_US/

amfAR AIDS Research

<http://www.amfar.org/cgi-bin/iowa/about/hiv/record.html?record=3>

RESOURCES FOR THE CLASSROOM...

Boal, Augusto. Games for Actors and Non-Actors. London: Routledge Pub, 1992.

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