

Sexuality Information For Teachers

"Sex" and "sexuality": What's the difference?

When many people hear the word "sexuality", they often hear only the first syllable. However, sexuality is not the same as sex. Sexuality includes everything that defines us as girls and boys, women and men. Teaching your students about sexuality requires more than simply explaining anatomy and reproduction. It means talking to them about relationships, families, parenthood and good decision-making. Sexuality encompasses our physical development, sexual knowledge, attitudes, values and behaviours. It is shaped not solely by our biology and psychology, but also by our culture, family history, education and experiences. When you teach your students about sexuality, and not just about sex, you are giving them the skills they need to develop good relationships throughout their lives.

Why should I talk to my students about sexuality?

Teens learn about sex and sexuality every day. Yet, the information they receive from the media and from their peers may be incorrect or ineffective. When young people are given honest and accurate information from their teachers and parents, they can learn to make responsible decisions. Talking to your students about sexuality enables them to grow into sexually healthy adults.

Another key reason to discuss sexuality is that there is clear evidence that Canadian youth are misinformed when it comes to sexual health. Recent Canadian research in this area has revealed some alarming facts. The Canadian Council of Ministers of Education coordinated the Canadian Youth, Sexual Health and HIV/AIDS



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Study (Boyce et al. 2003). Researchers from Queen's University, Acadia University, Laval University and the University of Alberta surveyed more than eleven thousand teenagers in grades seven, nine and eleven throughout Canada. The study provides a current picture of the sexual behaviour and knowledge of Canadian adolescents. The following findings give cause for concern.

- Knowledge: Canadian teenagers know less about sexually transmitted infections
 and sexual health than Canadian teenagers did over a decade ago. This is not
 surprising as the amount of time schools spend educating youth about sexuality has
 dropped significantly since the late 1980's. This finding is significant as students
 continue to report school as their main source for sexuality education.
- **Sexual Activity:** Approximately 20% of grade nine and 45% of grade eleven students reported having had sexual intercourse at least once. Close to two-thirds (62%) of sexually-active students were 15 years of age or younger when they first had sex.
- **Sexually Transmitted Infection (STI) Protection:** By grade eleven, there is a *decrease* in students' use of condoms during sexual intercourse.
- HIV/AIDS: Canadian youth are not aware of the risks associated with HIV/AIDS. In fact, 76% of seventh graders and 50% of grade nine students believe there is a cure or vaccine for the virus.
- **Visits to Physicians:** Fewer than 3% of youth reported visiting doctors for testing and treatment of sexually transmitted infections.

Resources:

Boyce, William and Maryanne Doherty, Christian Fortin, David MacKinnon. (2003). <u>Canadian Youth, Sexual Health and HIV/AIDS Study: Factors Influencing Knowledge, Attitudes and Behaviours</u>. Toronto: Council of Ministers of Education.

Student Health 2005: <u>Gauging the Health of Peel's Youth</u>. School Health Assessment Survey, supporting data. The Region of Peel, Public Health.

The Henry J. Kaiser Family Foundation. (2003). *Daily Report: Canadian Teenagers Know Less About Sexually Transmitted Diseases Than Teens 14 Years Ago.*www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=19799.



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But I don't know much about teen sexuality. How do I get started?

Teachers often feel nervous before they talk with high school students about sexuality. Part of this apprehension may stem from a basic lack of knowledge. One of the best ways to increase your comfort level with the subject matter is to consult various resources. This teacher guide is designed to provide you with valuable background information concerning adolescent sexuality. Additionally, should you wish to conduct further research, you will find a comprehensive list of resources at the end of this guide.

What changes will young people experience during adolescence?

By the time students reach grade nine, they will be in various stages of puberty: Many teens have begun changing physically and all will be experiencing emotional and social changes. The following information includes some of the most prevalent changes experienced throughout adolescence.

Physical Changes:

GIRLS	BOYS
Increase in the production of estrogens	Production of testosterone
May develop acne	May develop acne
Perspiration will increase which may cause body odour	Perspiration will increase which may cause body odour
Hair will grow on the body	Hair will grow on the body
Hips broaden	Shoulders and chest broaden
Breasts develop	Testes and scrotal sac develop
Pubic hair develops	Pubic hair develops
Voice changes and get deeper (Larynx grows)	Voice changes and gets deeper (Larynx grows)
Underarm and leg hair grows	Underarm, leg hair and facial hair grows
Menstruation begins	Penis grows
Wet dreams can occur	Wet dreams can occur



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The following is a review of the physical changes associated with adolescent development.

The Pituitary Gland And Hormones

In both boys and girls, puberty starts with the release of hormones from the **pituitary gland** – a pea shaped gland located in the brain. **Hormones** are chemical messengers that allow different parts of the body to communicate with each other. In girls, the pituitary gland sends a message to the ovaries to start releasing hormones called **estrogens.** In boys, the pituitary gland sends a message to the testicles to start producing the hormone called **testosterone**. These hormones are responsible for many of the changes associated with puberty.

Ovulation And Menstruation

In girls, hormones released from the pituitary gland send a message to the **ovaries** – two grape-sized organs located in the lower pelvic region of the woman. The ovaries then begin to release estrogens, which in turn leads to the release of **ova or eggs** – female reproductive cells. This process is called **ovulation** and it occurs about once every month. Baby girls are born with all the eggs they will need over their lifetime. However, it is not until puberty that these eggs become mature and are released from the ovaries.

Once ovulation occurs, the egg is caught by the **fallopian tube** that helps to move the egg down to the uterus. The **uterus or womb** is a pear-shaped muscular organ where a fertilized egg can develop into a **fetus**. A mother's uterus is where a fetus grows.



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During the month, the **endometrium lining** inside the uterus thickens. If an egg cell is **fertilized** by a man's sperm cell, it implants itself in this nourishing lining in the uterus. A fertilized egg would take about 40 weeks to develop into a baby. However, most of the time the egg will not be fertilized, the thick lining will not be needed, and the lining will slough off the sides of the uterus and out of the body through the **cervix** – the mouth of the uterus leading to the vagina - and then through the **vagina**. This process is called **menstruation**. The average age of menstruation onset is between age 10 – 14. Although, some females may begin menstruation earlier or later than this average.

Menstruation lasts somewhere between three and seven days. The blood that is lost during menstruation is normally caught with a **tampon** or a **sanitary napkin**. As the facilitator of the class, you may want to share samples of these items with your students. (For your convenience, samples of tampons and sanitary napkins are included with this kit.) It is also important to explain how these items work.

Some girls and women may experience **P.M.S.** or **pre-menstrual syndrome**. Some of the symptoms of P.M.S. include cramping, backache and bloating. These symptoms can be relieved by limiting salt intake, drinking plenty of water, light exercise (stretching or walking), applying heat through a hot water bottle or heating pad or taking a pain reliever. Remind your students that they should always ask their parents before taking any medication.



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Ejaculation

In boys, the pituitary gland sends a message to the testicles to start releasing more **testosterone**. In turn, the testicles begin to produce **sperm** – male reproductive cells. This process, in which the males produce functional sperm, is called **spermatogenesis**.

The **testicles** - two walnut-sized glands - are protected by a sac called the scrotum. The **scrotum** helps to regulate the temperature of the testicles. Testicles need to be kept slightly cooler than the rest of the body. Sperm from the testicles move to the **epididymis** where they mature. In an **ejaculation**, sperm from the epididymis move through the **vas deferens** – a slim duct of the testicle - to collect semen. **Semen** - a whitish-yellow fluid that nourishes the sperm - is a combination of fluid produced from three glands: **the prostate**, **the seminal vesicles** and **the Cowper's glands**. Sperm make up about 1% of the ejaculatory fluid; the rest of the fluid is semen. In each ejaculation, there are about two hundred and fifty million sperm.

For ejaculation to occur, the **penis** must be erect. A penis can become erect in reaction to cold, the urge to urinate, during sleep cycles, or from sexually arousing thoughts. During puberty, erections can occur for no particular reason and without warning. Inside the penis are three large vesicles that engorge with blood during sexual excitement. The penis becomes hard or erect because of the rush of blood that fills the penis. The semen is ejaculated through the **urethra** – the same tube that allows for **urination**. A male cannot ejaculate and urinate at the same time. Nature devised a special valve that prevents the possibility of urination during ejaculation. During puberty, it is not unusual for a boy to experience a **wet dream** – an involuntary release of semen that occurs while a boy is sleeping.



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Wet Dreams

Most people are aware that during adolescence many boys have wet dreams. However, few people realise that girls experience wet dreams as well. Since girls produce vaginal lubrication *inside* their bodies, they may or may not find vaginal secretions in their underwear, but they will not normally need to wash their bed sheets after experiencing a wet dream. Parents may never be aware of their daughter's wet dreams. In contrast, when boys experience wet dreams, they ejaculate *outside* their bodies and the semen frequently wets their bedding. Boys can be encouraged to change and wash their own sheets, should they wish. Both boys and girls need to be told that wet dreams are very common and a natural part of puberty as young people develop sexual thoughts and feelings.

Emotional Changes

The hormones that begin the physical changes during puberty also affect the way children and teens feel. Some teenagers experience swift changes in their moods, some become increasingly nervous or withdrawn, and others may feel terrific about the changes in themselves. Many young people become increasingly interested in their appearance and in their bodies. Teens often develop romantic feelings towards their peers. Every person is different. However, it is common for all young people to experience intense emotions including: happiness, love, anger, frustration, sadness and sexual attraction. It is important to affirm these emotions in your students. Let them know that what they are feeling is perfectly natural.



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Social Changes

During adolescence, most young people desire increased independence. There is a period of gradual maturation and separation from their families. During this time, friends, peers and teachers play an increasingly important role in the lives of teens. It is crucial that lines of communication remain open between parents/caregivers and their children at this time. This way, teens can remain emotionally and socially connected to their families while also exploring their individual identities, friendships and relationships.

It is also important to be aware of the relationship between physical development and sexual development. At each stage of physical development, children explore their sexuality. This chart outlines the sexual changes that teens experience as they mature.

During the ages of 13 to 18, teens:

- Complete the physical, emotional and social changes of puberty
- Place great value on independence
- Experience increased sexual feelings
- Desire physical closeness with a partner
- May face peer pressure to be sexually active whether or not s/he feels ready
- May change close friendships in favour of romantic relationships
- May make choices which lead to pregnancy or sexually transmitted diseases
- May have to face violence in relationships (sexual harassment, acquaintance/date rape)

Resource:

Peel Health. (2000). Sexual Development: What To Expect. www.region.peel.on.ca/health/commhlth/parov1yr/develop.htm.



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How Students Can Deal With Changes During Adolescence

During adolescence, young people can feel helpless - as if there is little they can do to control the physical, emotional or social transformations taking place within them and around them. However, there are many things young people can do to deal with these changes. The following chart outlines some of these strategies. Consider sharing them with your students.

Change	What You Can Do
Acne	Eat a well-balanced diet.
	Get some exercise every day.
	Drink plenty of water.
	Choose an over-the-counter acne soap or medication.
	See your doctor for advice.
Underarm Odour	Shower or bathe regularly.
	Change your clothes every day.
	Choose an antiperspirant deodorant.



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Pre-Menstrual Syndrome or P.M.S.	 Do some gentle exercise like walking or stretching to help to relieve muscle cramps. Drink plenty of water and avoid eating salty foods (potato chips, etc.) and foods with caffeine (coffee or chocolate, etc.) right before you get your period. Use a hot water bottle or heating pad to help relieve muscle aches. Take a warm bath. Ask your parent or doctor for advice on taking a pain-reliever.
Masturbation	 It is normal to masturbate; it's also normal not to masturbate. Masturbation should be done in a private place.
Increased Attention to Physical Appearance	 Eat well and exercise. Shower or bathe and wash your hair regularly. Buy clothes that you like – make sure they fit you well and are comfortable.



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Increased Need for Independence	 Gain the trust of your parents/caregivers by taking small steps towards independence. Demonstrate responsibility and honesty to establish trust with your parents. This way, they will be more likely to let you have further independence.
Unpredictable Changes in Mood	 Unpredictable changes in moods are normal during adolescence. Talking about your feelings to a friend, older sibling, or parent may make you feel better. Do things that help you relax such as listening to music, spending some time alone, exercising, drawing, etc.
Desire to be Accepted and Liked by Your Peer Group	 Self-respect and self-esteem come from being true to your values and beliefs. Use assertive communication to tell your peers what you are willing and not willing not to do. Ask your friends or parents for support.



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Interest in Romantic Love	Enjoy the feeling of being in love.
	 Most of your peers are experiencing similar feelings.
	 Talking with your friends, siblings or trusted adults about your feelings and your relationships is healthy and usually feels great.
	 Romantic interest in the opposite or the same sex is natural. This interest often feels exciting, but can also feel confusing. This is all part of the process of growing into adulthood.

Resource:

ReCAPP - ETR Associates' Resource Center. (2002). *Background Information For The Facilitator*. www.etr.org.