

Year 8: PSHE Checklist

Sex Education -> *Why now in Year 8?* -> **Puberty** - time of change – physical/ emotional.

<https://www.brook.org.uk> ; <https://www.healthforteens.co.uk>

- Biological purpose of sexual intercourse = **reproduction**.
- Why do people have sex? Many reasons, incl reproduction, but also pleasure, express love...
- **Love & Sex** – not necessarily the same; “love” -> different meanings depending on context.

- **Sexual anatomy – Puberty:** *time of rapid physical growth and transition from child to adult, esp the development of “secondary sexual characteristics” & the ability to reproduce. Height increases, pubic hair & genitals grow, boys’ voices “break” & muscle mass increases. Girls start to menstruate (“periods”), breasts grow, voices mellow, muscle mass & body fat increase. Typically, girls enter puberty at least a year earlier than boys, and consequently aged 10-12 they are often stronger than boys.*

- **What is “normal”?** -> if it works & feels okay (no pain/ discomfort) then it’s probably “normal”.
 - “Growth spurts” often result in physical clumsiness & “growing pains”; “raging hormones” may cause mood swings & skin problems -> normal. [Severe acne -> seek medical help.]
 - Awkward feelings; confusing/ contradictory thoughts, impulses; erotic dreams (for boys – “nocturnal emissions”, aka “wet dreams”) -> normal.
 - Feeling “odd” / anxious/ questioning “identity”: mostly *transitory* -> usually of *no great long-term significance*. Perfectly normal to experience such feelings.
 - Girls’ breasts & vulvas; boys’ penises; texture/ colour of pubic hair -> *all vary considerably* in appearance from person to person -> normal.
 - Fleshy & “neat” vulvas; long, short, or no foreskins -> normal. One testicle usually hangs lower than the other. Female breasts are *never* perfectly symmetrical & nipples vary in size/ appearance. Body hair, marks (moles/ birthmarks) -> normal.
 - Flaccid penis size varies, although 90%+ of adult erect penises are within the 5-6 inch range.
 - Typical length of vaginal passage – 2-3 inches, rarely longer. Clitoris – usually not visible (clitoral hood), but when erect may look like a little penis. Normal.
 - *Biology textbooks* present representative averages - **do not reflect the huge range of variations in appearances between real people.**
 - *Models and porn actors* are “**abnormal**” - **atypical** (physically & psychologically) - **appearances are “enhanced”** (extreme diets, “body sculpting”, make-up/ “personal grooming”, “digital retouching” of images, clever use of lighting). **Fashion, Porn – not ‘real’/‘normal’** : *fantasy*-> “selling” stuff, or promoting an idea(often **very warped**) of sex.
 - **NB “Pornhub” really is not a good source of “sex education”!**
 - **“Social Media”** -> people constantly “finessing” their ‘image’ are behaving oddly. **There is no “perfect appearance”.**
 - **Humans are individually unique:** either made in God’s image, or the product of exquisitely complex biological processes, or both.
 - **NB “Sexting” -> possibly illegal (certainly for children!) and definitely dodgy!**

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- **NB - it is a criminal offence to record/ send electronically/ digitally sexual images of a minor – even if it's an image of yourself ...**
- ***So, if you take an intimate picture of yourself and send it to a mate or post it on social media (for a "laugh" or a "dare", or whatever) you have committed a sexual offence!***

1. Sex – the "right time"? <https://www.natsal.ac.uk>

Legal age of sexual consent in the UK is **16** - may differ elsewhere (15 in France; 18 in most states of the USA). Ignorance of the Law is no excuse.

- **For individuals the "right time" to have sex is when it's legal, & right for them as determined by personal beliefs, values and circumstances.**
- UK average age for first experience of sexual intercourse is nrly **20**. Some will be far younger, but many will be much older. (Statistical "Bell Curve" distribution.)
- There is **nothing wrong** or **weird** in believing sex should only occur in marriage → perfectly normal view held by many, for religious or other reasons.
- What is right for an individual should be respected. It is no-one else's business.
- It's normal for young people to discuss sex with peers, but if someone with no legitimate interest starts asking intrusive personal questions about such matters (eg on-line!) that **is not normal. It's creepy-> alarm bells! Disengage → tell someone.**
- All sex **must be consensual** – penetrative sex without consent is **rape** (*Sexual Offences Act*).
- **"No" means NO – no ifs/ buts** – remember, **people may change their minds**, even when they have already engaged in physical intimacy - **must be respected**. (see YouTube "Tea and Consent".) **Remember: ACK ACK**

"ACK ACK":

- Ask
- Consent
- Know the Law
- Assume nothing
- Consideration
- Kindness

2. Sexuality and related matters:

- Most people are **heterosexual** ("straight"); some (2-12%+ - *opinions vary*) are **homosexual** ("gay").
- Female homosexuals are often called **lesbians**: origin - Ancient Greece, Island of Lesbos – home of Sappho, famous woman poet widely believed to have been gay.
- Some people are **bisexual**; or other identities - eg **polyamorous, non-binary, grey-sexual/ demi-sexual**. It can be very complicated: <https://www.gires.org.uk>
- A degree of uncertainty about sexuality is not unusual, esp during puberty and young adulthood – eg most gay people have had at least one significant heterosexual experience; many "straight" people have had homosexual thoughts and/ or experiences: Fact – it's just that most don't admit it/ talk about it.

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- **LGBT+** – Lesbian, Gay, Bisexual, Transgender <https://www.stonewall.org.uk>
- Some people may self-describe as “**intersex**”, “**non-binary**”, “**pan-sexual**” or other terms.
- NB **Sexual orientation** (“straight”, “gay” etc) not the same as **gender identity**.
- A few may self-describe as **trans-sexual** (not the same as **transvestite**). Some are **gender dysphoric (transgender)** & may wish to have medical treatment (“gender re-assignment” or “gender correction”) to “transition” (*Gender Recognition Act*).
- Most people are either “straight” or “gay”; a few may be **asexual** (uninterested in sex) or identify as “ace”, “grey-sexual”, “demi-sexual” etc.
- Human sexuality/ gender identity - complex. Need for awareness/acceptance. (*Equality Act*).
- Sexual preferences/ practices vary – never assume that all are the same.
- **Masturbation**: some disapprove –religious or cultural reasons. Others think that (in private!) it’s a safe way to explore sexuality; may be beneficial (stress buster; prostate gland health). [BTW, most girls do it too.] **Nocturnal Erections (male & female)** – normal, esp during REM sleep phase. Common for males to have erections when they awake (typically due to full bladder pressing certain nerves)- normal/ good sign because it means everything is working as it should.

3. **Sex – what happens? (realities & myths)**

- People can, and do, have sex in many places/ ways. Majority, however, have sex in private / comfortable places, usually in bed.
- For most people, having sex with another is one of the most deeply personal, intimate things they will ever do...
- It’s perfectly natural to feel anxious about sex (esp when inexperienced)- another reason why good communication, consideration and kindness are so important in close interpersonal relations.
- Typically, the couple will undress – for most, skin contact is important to sexual intimacy. **Foreplay** – intimate physical contact during which a high level of sexual arousal occurs (erection of penis, nipples, clitoris; labial lips/ vulva swell, as do lips; facial flush, esp women; heart rate, blood pressure, breathing increase; lubrication of vaginal passage, penis by sexual secretions – for males, often called “pre-cum”).
- Foreplay may be brief, but couples often extend it because it can be intensely pleasurable - kissing, hugging, mutual massage/ other forms of often very erotic stimulation –eg oral sex.
- For most, the culmination of this is penetrative **intercourse** – often very vigorous – leading to **orgasm** and **ejaculation** [“coming”]. (NB male “refractory” period after ejaculation - generally quite brief in younger males; longer in older men.)
- Generally, the sexual practices of gay people are not that different from those of straight people. It is a myth that all gay men are highly sexually active and “into” casual sex.
- Some are like this – just as some straight people are, but the majority are just like everybody else...because they’re just people like everybody else.
- NB Many gay men do not have anal intercourse (for the same reasons others don’t) – a myth that gay sex always centres on this. Conversely, many straight couples (20%+) do have anal sex.

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- Other common myths about gay people: (a) Lesbians are “butch” and “into rough sex” -> NO – most lesbians simply want mutually satisfying 1:1 sexual intimacy, just like other people. (b) Gay men are likely to be paedophiles -> NO – most paedophiles are heterosexual. Yes, some paedophiles are gay, but proportionately no more than those of other sexualities.
- NB Paedophiles are people who have a perverted sexual interest in children. They are *extremely* devious and manipulative. The **Internet/ Social Media** are tools which paedophiles exploit to “groom” potential victims because it is very easy to create **fake profiles** -> why it’s so **important** to take **great care** when interacting on-line/ social media.
- NB Most women (60%+) report never, or rarely, orgasming during intercourse, which is why many find extended foreplay more sexually gratifying than intercourse itself.
- When a man ejaculates (“comes”) inside a woman his semen (containing millions of sperm cells) enters her uterus -> consistency changes with body warmth -> less viscous -> spreads sperm widely in “target area” -> ovum may be fertilised/ implant in wall of uterus/ cell division -> embryo forms – pregnancy – 9 month gestation -> baby born.
- **NB If a healthy young heterosexual couple has sexual intercourse without contraception, there is a high probability (3-5%) that pregnancy will occur - can happen 1st time they have sex.**
- ***NB Casual or multiple sexual encounters are high risk for catching/ spreading STIs, esp if condoms are not used – “unprotected sex”. It only takes one act of intercourse – bacteria/ viruses don’t care.***
- ***NB Certain sexual practices (eg anal sex) are very high risk for spread of STIs, so great care is needed if engaging in such activities – condoms & lubricant.***
- 4. **Contraceptive methods widely used:** “Barrier” (condom, femdom) – often combined with spermicidal gels/ foams. “Hormonal” (pill, implants, ring); Other (IUCD – “coil”, NFP). **NB No contraception is 100% reliable.** <https://www.fpa.org.uk>
- 5. **Sexually Transmitted Infections:** so-called because these infections are spread by sexual contact. In *theory*, such infections can occur without sex - reality, the degree of physical intimacy required only usually occurs during sex. Far more on this & contraception when you’re older... <https://www.wiltshiresexualhealth.co.uk>
- 6. **Other common problems:** (a) **erectile dysfunction (“impotence”)** – happens to most now & then. In young men, almost always temporary & due to anxiety/ stress, tiredness, alcohol or other drug use. If problem persists it should be checked out by a doc because it *might* be a sign of other health problems. (b) **vaginal dryness, irritation, shrinkage/ loss of elasticity** – may make sex uncomfortable/ painful. Many possible causes: often such problems arise at menopause. In *young women* they may indicate medical conditions, but can be linked to menstrual cycle; *pain/ bleeding* during sex *must* be checked by doc. (c) **anorgasmia** - inability to experience orgasm despite adequate physical stimulation. *May* indicate a physical problem (eg nerve damage), but *most commonly* due to anxiety/ stress. (d) **infertility** – many possible causes. Requires medical investigation.
- 7. **Remember:** the keys to safe, happy & mutually satisfying intimate relations are informed consent, good interpersonal communication, consideration and kindness. Good personal hygiene matters! There is no such thing as “bad in bed” – only selfish in bed. Non-consensual sex is rape. Unwanted sexual advances/ comments are assaults. No ifs/ buts! (CRH, 2020)