

## CHAPTER 3: ANATOMY, PHYSIOLOGY, AND PUBERTY

In most societies, people refer to sexual parts of the body with euphemisms, and the physical changes of puberty may be happening to an adolescent before he or she knows what they are or that they are normal. Ideally, schools would teach the reproductive system in as much detail and as early as they teach the digestive and respiratory systems; that's usually not the norm, however. In fact, many adolescents may be uninformed, misinformed, or downright frightened by unexpected changes in their bodies. There are countless stories of girls who think they are dying when they get their first menstrual period because nobody has prepared them. Girls especially may have absorbed messages that their genitals are dirty and shouldn't be looked at or touched – feelings that are detrimental to sexual health and the development of a satisfying and safe sexual life.

People have a right to know their bodies fully. This is important for young children so that they can recognize sexual abuse; for adolescents so that they understand the changes they are going through; and for couples who want to experience a fulfilling sexual life together or become pregnant and bring a healthy child into the world. It is also essential for staying healthy – people need to know their bodies in order to recognize when something is wrong. Accepting our sexual and reproductive systems as natural and positive parts of our bodies is an important part of accepting and integrating sexuality into our identity.

### Teaching Tips

- Use the correct names for all body parts and make this a principle in your classroom. Your participants need to know the standard words. They will undoubtedly be familiar with many slang terms, some considered offensive, and may use them in the classroom. If this occurs, do not react strongly, even if the term is offensive to you, but simply ask them to use the correct word.
- Familiarize yourself with the current slang for body parts. Many sexuality courses include an exercise in which students are asked to identify slang terms and think about the ways in which they may be hurtful or negative.
- Use the questions in the anonymous question box to make sure that you are addressing your students' particular concerns about the appearance and size of their genitals. They may have a whole range of concerns, like having different-sized breasts or testicles or a curved or bent penis. As you become familiar with young people's concerns about their genitals, bring them up during lessons before they ask.
- Consider separating girls and boys for some topics so that they have the opportunity to ask questions they might be afraid or embarrassed to raise in a mixed setting.
- When teaching girls, discuss practical menstrual care as well as the cyclical changes in their cervical fluid. It is important for women to be able to differentiate between normal discharge and one that indicates infection.
- Make sure that participants understand that puberty brings with it the possibility of pregnancy, even before a girl has her first period.

### Content Considerations

- Teach both the sexual system and the reproductive system, distinguishing between the two. Sometimes these are mixed up because they overlap in places.
- Make sure there is a gender balance in what is taught. Do not leave out body parts such as

the clitoris, which only girls have and whose function is strictly sexual.

- Inform older adolescents that all fetuses develop from the same tissues and then change under the influence of hormones; therefore, men and women have analogous parts such as the penis and the clitoris.
- Drawings of the reproductive system often distort the size of some body parts. Demonstrate the actual size of organs by comparing them to the size of a common object. For example, the fallopian tubes are actually only the size of two human hairs.
- Many adolescents have concerns about the size and appearance of their genitals. Discuss the size and look of the genitals and reassure your students that there is a great variation in the normal size, shape, and color of the reproductive and sexual body parts, just as there is variation in all body parts. These characteristics have no effect on their functioning or ability to give pleasure. Provide some facts related to size that can address participants' concerns, for example, that a penis that looks smaller when soft will increase more in size when it becomes erect than one that looks larger when flaccid.
- Recognize that girls have rarely seen their own genitals or know what women's genitals look like. They are also more likely to have received negative messages, for example, that their genitals are dirty or ugly or have a bad odor. Correct these messages. Teach them that the internal organs of the female reproductive system are normally either sterile, such as the uterus, or self-cleaning, such as the vagina; that as long as they wash their external genitals daily with soap and water, they will not smell unpleasant; that a lack of familiarity with the way their own bodies look may cause them to think that they do not look nice, yet women's genitals are most often compared to flowers or seashells, both of which are considered beautiful.
- In cultures where genital cutting, including male circumcision, is practiced by some or the majority of people, address this practice when teaching anatomy and physiology. If you are using anatomical drawings, make sure you have drawings of genitals that have been cut as well as those that have not. Explain the practices and the effects nonjudgmentally so that neither those who have nor those who have not undergone cutting feel there is something wrong with them. (This is a complex topic. See the WHO online lesson plans at the end of the Additional Resources section.)

## SELECTED LESSON PLAN 3.1: ANATOMY AND PHYSIOLOGY

### SOURCE

“Session 4: Anatomy and Physiology,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. [www.uua.org](http://www.uua.org)

### Suitable for ages 12 to 15

### Summary

This lesson is an excellent introduction to sexual and reproductive anatomy and physiology using interactive and engaging activities. It is designed for students who already have some knowledge, but suggestions are also made for adapting it to students who know less. The lesson includes readings, a review game in which participants have to guess body parts by asking only yes-or-no questions, and the construction of three-dimensional models of the sexual system—a very effective way for participants to concretely visualize and better remember how the reproductive system works. The lesson includes excellent drawings of male and female internal and external anatomy.

### Teaching Notes

- Pay particular attention to ensuring that participants clearly understand functions, because physiology is less clearly addressed.
- Review all the content covered in this lesson and be confident in your knowledge.
- The groups for constructing the models should not be larger than five or six people.
- To adapt the lesson to students who have less knowledge about anatomy and physiology, follow the suggestions offered in the preparation section. Alternatively, start with the Constructing Sexual Systems activity, beginning with step 4, and add information about physiology as you review the students’ answers with them. This would introduce students to the systems and the names of the parts of the sexual system. Following this, return to steps 1 to 3, allowing the students to refer to the drawings in making models, and then do steps 5 to 6. Then use Anatomy and Physiology Cards to further review and integrate the information learned. Or use this activity as a warm-up in a later session, perhaps one in which students will use the anatomy and physiology content.

### Adapting the Lesson

- Determine which materials will work best for constructing the models. If modeling clay is available, it is a good alternative. For the poster board, you can cut up cardboard boxes.
- Consider having a local artist adapt the drawings, or make some additional ones that reflect genital-cutting practices.
- If you have access to suitable readings from your own country with which to begin the lesson, use those.
- It is not necessary for every student to have a photocopy of the worksheets. Have students share, or make one large replica of the drawings (by drawing it on a large paper or using an overhead projector) and have the participants answer in their own notebooks.
- Please note that this lesson is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual (e.g., the Personal Concerns About Sexuality Checklist referenced on the first page).

## SESSION 4 Anatomy and Physiology

### A WORD TO THE LEADERS

Youth often report that they already have sufficient knowledge of anatomy and physiology. In fact, they may be correct. Many schools do an excellent job of teaching the medical information about human sexuality. However, there is still considerable misinformation among young people on this subject, and the activities in this session provide a light-hearted and enjoyable vehicle for learning about (or relearning) the male and female sexual systems. Perhaps more importantly, in presenting this information with warmth, humor, and straightforward explicitness, you establish a new standard—that knowing and talking about our sexual organs and their functions is completely normal and appropriate.

Pay close attention to what participants know and do not know. Use your assessment of participants' knowledge to build on their existing information and to correct misinformation. Refer to the Personal Concerns About Sexuality checklists from Session One as you plan this session.

If you are able to borrow or purchase additional visual aids, please arrange to do so. Lifelike illustrations, traditional cross-section anatomy diagrams and pelvic models all provide the reality necessary in the study of anatomy and physiology.

### SESSION GOALS

- To increase knowledge of male and female sexual anatomy and physiology.
- To increase comfort with the topic of male and female sexual anatomy and physiology.

### LEARNING OBJECTIVES

After completing this session, participants will be able to:

- Label the major organs of male and female sexual systems.
- Identify the functions of the major organs of the male and female sexual systems.
- Voice increased comfort with the topic of sexual anatomy and physiology.

### SESSION-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Anatomy and Physiology Cards	20–30 minutes
Constructing Sex Systems	40–50 minutes
Reflection and Planning for Next Session	5 minutes

## MATERIALS CHECKLIST

### *For Anatomy and Physiology Cards*

- Masking tape
- Index cards
- Poster or drawings of the male and female sexual systems

### *For Constructing Sex Systems*

- Poster board
- Scissors (including left-handed)
- Glue or doubled-sided tape
- A variety of art materials such as colored paper, small balls, cotton, pipe cleaners, light bulbs, straws, round and tubular balloons, egg cartons, yarn, chunks of foam rubber or Styrofoam, toilet paper cylinders, and different varieties of nuts.
- Labels
- Handout 5, Male Sexual System, and Handout 6, Female Sexual System

## PREPARATION

- Read the session and decide together how you will divide leadership responsibilities. While there are only two activities in this session, Constructing Sexual Systems is quite involved and takes a lot of time. If your group has a basic knowledge of sexual anatomy, you will have a lot of success with both of these activities. On the other hand, if the group seems to have little knowledge, have them construct the sexual systems first, then do Anatomy and Physiology Cards as a review. If you reverse the activities or omit Anatomy and Physiology Cards, it is critical that you briefly review the male and female systems before having the groups construct the two systems. It is hoped that you can conduct both activities because both are fun, informative, and engaging for participants.
- Call your local family planning agency to obtain large posters or drawings of the male and female sexual (or reproductive) systems. Borrow appropriate books from the library or from health-care professionals.
- Photocopy Handout 5, Male Sexual System and Handout 6, Female Sexual System, for all participants.

NOTE: The correct labels are: *Female labels*: labia, clitoris, vagina, cervix, urethra, bladder, Fallopian tube, ovary, uterus; *Male labels*: penis, testicle, scrotum, urethra, vas deferens, bladder, prostate gland, seminal vesicles.

### *For Anatomy and Physiology Cards*

- Prepare one index card per participant with one of the following body parts written on each card: brain, nose, fingers, eyes, penis, testicles, nipples, prostate gland, urethra, labia, anus, vagina, clitoris, uterus, ovaries, Fallopian tubes, vulva, scrotum, vas deferens, breasts, seminal vesicles.

### *For Constructing Sexual Systems*

- Gather materials described in Materials Checklist.
- Prepare two sets of labels for the sexual systems. (*Female labels*: labia, clitoris, vagina, cervix, urethra, bladder, Fallopian tube, ovary, uterus; *Male labels*: penis, testicle, scrotum, urethra, vas deferens, bladder, prostate gland, seminal vesicles.)

## Session Plan

R&R

15 Minutes

### 1. Reentry

Welcome participants and begin a discussion with the following questions:

- Could someone describe our last session? [This is especially helpful when you have members who missed the last session.]
- How many of you had a conversation with someone about sexuality since our last session? How did it go? What kind of language did you use? How comfortable did you feel?
- What's new in your life? Is anything going on that you want to discuss with the group?

### 2. Question Box

Take a few minutes to answer questions from the Question Box.

### 3. Reading

Explain that today's session is about anatomy and physiology—identifying sexual body parts and understanding how each functions. Say that today's readings are comments from college students taking a college course in human sexuality. They come from the textbook *Our Sexuality* by Robert Crooks and Karla Baur (Redwood City, CA: Benjamin/Cummings Publishing Company, Inc., 1990).

Who needs a lecture on male anatomy? Certainly not the men in this class. It's hanging out there all our lives. We handle it and look at it each time we pee or bathe. So what's the mystery? Now the female body—that's a different story. That's why I'm in the class. Let's learn something that isn't so obvious.

I had three children and was 45 years old before I ever really looked at my genitals. I was amazed at the delicate shapes and subtle colors. I'm sorry it took me so long to do this because I now feel more sure of myself sexually after becoming more acquainted with *me*.

Engage the group in discussion with the following questions:

- How did you feel about the guy's comments? Do you agree that the male body is less of a mystery than the female body?
- What do you think of the woman's experience? What do you think it would be like to go through much of your life and to actually have children without understanding your own body?

## ANATOMY AND PHYSIOLOGY CARDS

20–30 Minutes

1. Tell participants that you want to get them energized with an activity that will help them remember information about anatomy and physiology.

2. Explain how the activity works:

- Each card has the name of a part of the male or female body written on it. Many are sexual or reproductive body parts, but other parts are included as well.
- I will tape a card on each person's back.

- Your job is to guess which body part is written on your card by walking around and asking others yes-or-no questions such as:

Am I on a male? Am I on a female?

Above the waist? Below the waist?

A sexual part?

- If you cannot guess the body part, we'll give you clues.
- Once you have guessed the body part correctly, take the card off your back and tape it to the front of your shoulder. Then, go around and help others guess the part they have.

3. When everyone has guessed correctly, regather the group. Ask participants to look at the cards taped to themselves and others to get a sense of all the parts that are being discussed in this session. Conclude with the following questions:

- How did you like that activity? [Some people may feel that it was fun, while others may have found it frustrating or embarrassing.]
- How easy was it to guess the various parts of the body? Which parts do you know the least about? [Take this opportunity to show posters or drawings of the male and female sexual systems. Help participants to see where these organs are positioned in the sexual system.]
- Which of these parts of the body have nothing to do with sexuality? [If anyone suggests that the brain, nose, eyes, or fingers have nothing to do with sexuality, point out some of the connections.]
- How do you feel about your knowledge of anatomy and physiology?

## CONSTRUCTING SEXUAL SYSTEMS

40–50 Minutes

1. Divide participants into two groups by gender and ask them to construct a three-dimensional model of the reproductive/sexual system of their gender.

NOTE: Alternatively, you could have each group construct a model of the other gender. Or if your group is large enough to have four same-gender groups, you could have two groups construct models of their own gender and two groups construct models of the other gender.

2. Explain that the models should include both external and internal organs, which should be identified with a prepared label. Models will be built on pieces of poster board.

3. Give each group a large piece of poster board, a set of labels, and one half of the materials you collected for this activity. Suggest each group begin by drawing an illustration of the sexual system to be constructed. Expect giggling and laughter along with confusion and frustration. Circulate and provide a little assistance but do not take over the activity.

NOTE: Quite often girls get more involved and seem to take this activity more seriously than the boys. This is probably due to differences in maturity. Do not be disheartened if some boys are silly, loud, or rambunctious. Help the boys get focused and provide them with additional support, if appropriate.

4. When the groups have completed their three-dimensional models to the best of their ability, distribute copies of Handout 5, Male Sexual System, and Handout 6, Female Sexual System. Invite participants to match the numbers to the correct terms

on the handouts. Answer any questions that participants may have and ask them to make any necessary adjustments to their models using the following answer key:

*Female*

1. labia

2. clitoris

3. vagina

4. cervix

5. urethra

6. bladder

7. Fallopian tube

8. ovary

9. uterus

*Male*

1. penis

2. testicle

3. scrotum

4. urethra

5. vas deferens

6. bladder

7. prostate gland

8. seminal vesicle

5. When the groups have finished, display the sexual systems models side by side and have a reporter from each group present their creation. Briefly describe how each sexual system functions. Ask for volunteers to help with these descriptions.

6. Discuss the activity by asking a few of the following questions:

- What was it like doing this activity?
- How easy or difficult was it for your group to construct your (or the other) gender's sexual system?
- How many of you knew as much as you thought you did before starting this project?
- How could knowledge of male and female anatomy and physiology help you in your development as a healthy sexual person?

### **REFLECTION AND PLANNING FOR NEXT SESSION**

5 Minutes

1. Announce that it is time for reflection. Ask participants what they thought of today's session. Use the "whip" technique to have each person state one new thing he or she learned today.

2. Tell participants that Session Five will focus on bodies, but this time the group will explore puberty and body-image issues. Common worries about body development and body appearance will be identified and addressed. Mention that during part of the next session, participants will work in same-gender groups with a same-gender facilitator to discuss some of the personal concerns teens have related to puberty.

3. Distribute index cards and have participants write questions for the Question Box.

### **LEADER REFLECTION AND PLANNING**

Take a few minutes to discuss these questions with your coleader:

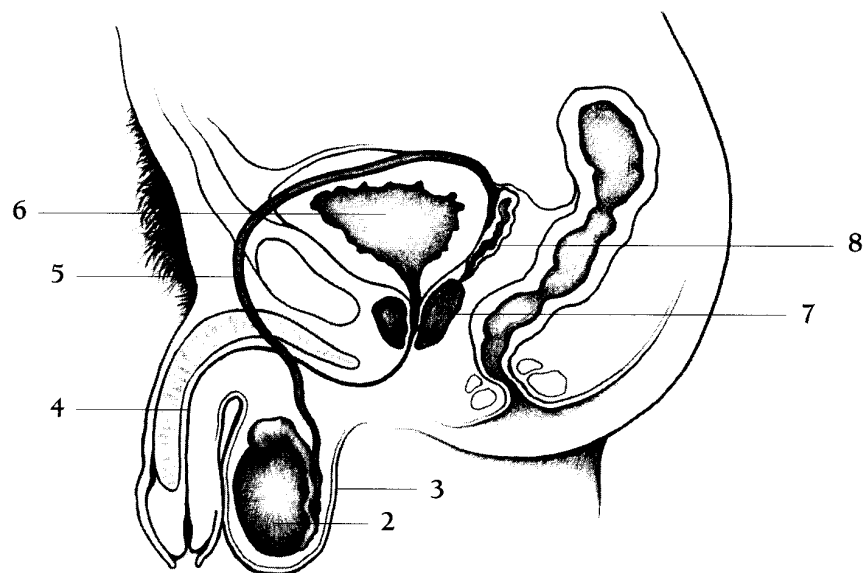
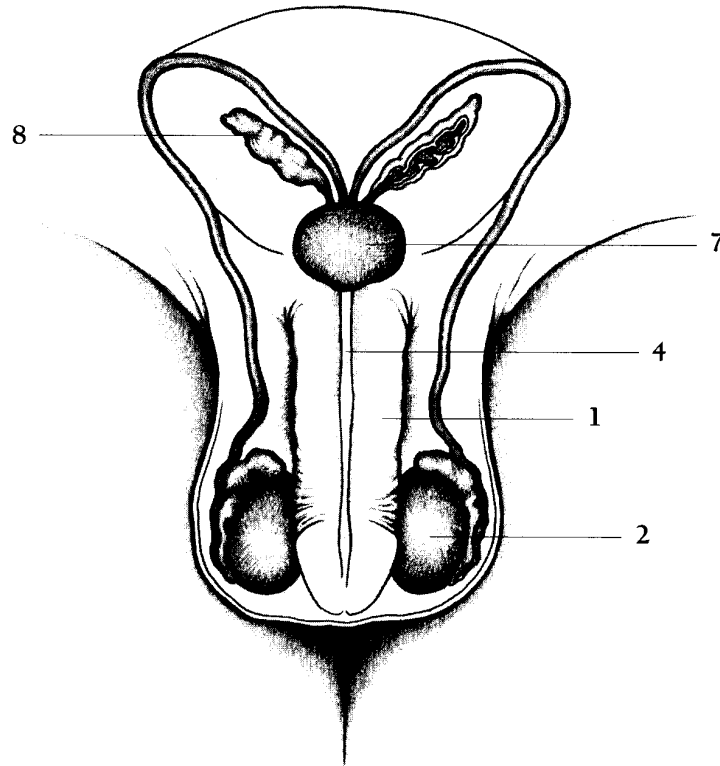
1. What was good about this session? Why?
2. What was not good? Why?
3. What can I learn from this session to strengthen future sessions?
4. What preparation do I need to do for the next session?



# Handout 5

## SESSION FOUR

### MALE SEXUAL SYSTEM

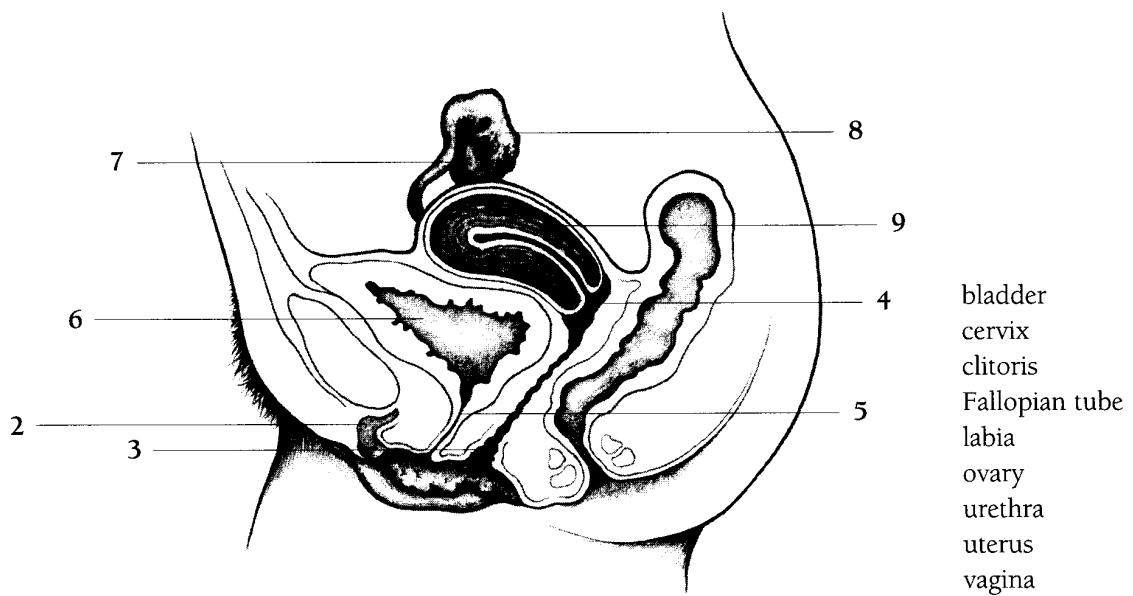
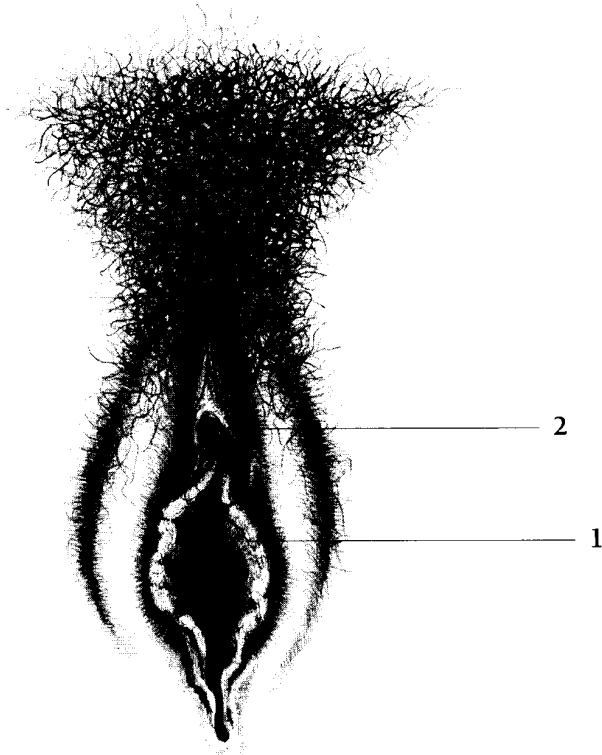


- bladder
- penis
- prostate gland
- scrotum
- seminal vesicle
- testicle
- urethra
- vas deferens

# Handout 6

SESSION FOUR

## FEMALE SEXUAL SYSTEM



## SELECTED LESSON PLAN 3.2: PERSONAL CONCERNS ABOUT PUBERTY

### SOURCE

“Session 5: Personal Concerns about Puberty,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. [www.uua.org](http://www.uua.org)

### Suitable for ages 12 to 15

### Summary

This is an excellent lesson plan for adolescents who have already started puberty. It approaches physical development and body image from an empathetic, gender-sensitive perspective and addresses the pressures created by media and advertising and their differential impact on boys and girls. The plan uses interactive methods to answer participants’ specific worries and questions in both mixed-sex and same-sex groups, with particular sensitivity to teens’ self-consciousness at this age.

### Teaching Notes

- The excellent resource guide covers in detail the information that adolescents need and want to know. Include as much of the information as possible.
- For this lesson to be effective, the educator needs to be very comfortable with the material and good at encouraging teens to talk, as well as understanding their sometimes unspoken concerns.
- You will need to have gender-conscious educators of both sexes to conduct this session.

### Adapting the Lesson

- Substitute the readings from American teens with similar materials from teens in your country, or mention that the readings come from American teens and ask your participants if they think teens in your country have similar experiences.
- Omit references to cultural figures or replace them with ones that your participants will know.
- Adapt the ideal images of beauty to those promoted by your media or culture.
- Adapt the sections on boys’ circumcision to the practices in your culture.
- If you live in a country where female genital cutting is practiced, you will need to add a sensitive discussion about this practice to the session for girls.
- Adapt the sections discussing types of menstrual products and athletic supporters to products that are in use in your country or location.
- Please note that this lesson is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual (e.g., the Personal Concerns About Sexuality Checklist referenced on the first page).

**SESSION 5 Personal Concerns About Puberty****A WORD TO THE LEADERS**

This session gives participants an opportunity to talk about personal questions regarding their own growth and development. Some young people may be harboring concerns they have had since puberty began; others may actually live with the fear that some aspect of their body's size, shape, or function is abnormal. Reassurance is provided as both you and the young people themselves provide accurate information, clear up myths, and answer questions.

Before beginning this session, review the Personal Concerns About Sexuality checklists from Session One for issues that need to be addressed. Throughout the session, stress that normal spans a wide range and is *not* a particular body, behavior, or feeling. Help young people begin to reject common societal messages about what is physically attractive, especially when those messages treat people of color, people with larger than average bodies, and people with disabilities as if they were unattractive or nonexistent.

A unique element of this session is the gender-specific discussion groups that allow youth to talk about very personal aspects of their sexual health and hygiene with members of their same gender only. These discussions are conducted by same-gender leaders to increase comfort and minimize embarrassment. Take this opportunity to share brief stories from your own youth about concerns or questions you had while growing up, embarrassments you suffered, or myths you believed. Such sharing will strengthen bridges you have built with participants, and will allow them to see you as approachable when they need to discuss sensitive issues.

**SESSION GOALS**

- To help participants identify common concerns about puberty.
- To increase knowledge of health and hygiene issues.
- To provide a forum for participants' to discuss their personal concerns about their bodies and body image.

**LEARNING OBJECTIVES**

After completing this session, participants will be able to

- List at least two concerns that youth commonly have about body development and appearance.
- Identify at least two habits for keeping their sexual and reproductive organs healthy.
- Recognize the normal variation in shape, form, and rate of development of the sexual organs in humans, especially during puberty.

## SESSION-AT-A-GLANCE

Reentry and Reading (R&R)	15 minutes
Am I Normal?	30 minutes
Personal Concerns of Boys and Girls	40 minutes
Reflection and Planning for Next Session	5 minutes

## MATERIALS CHECKLIST

- Newsprint and markers
- Index cards and pencils

### *For Personal Concerns of Boys and Girls*

- Menstrual hygiene products
- Jockstraps
- Leader Resource 6, Facts About Girls, and Leader Resource 7, Facts about Boys
- Large anatomy drawings

## PREPARATION

- Read the session and decide together how to divide leadership responsibilities.
- Gather menstrual hygiene products and jockstrap(s) for both gender groups. Often samples of menstrual products for the whole group can be obtained from hygiene product manufacturers by writing or calling. Female and male anatomy drawings for both gender groups will also be useful.
- If possible, gather books on adolescent development written for this age level. *What's Happening to My Body? Book for Boys* and *What's Happening to My Body? Book for Girls* by Lynda Madaras, and *The New Teenage Body Book* by Kathy McCoy and Charles Wibblesman are available in most bookstores and libraries and are good resources for you in reviewing this topic.

## Session Plan

### R&R

15 Minutes

#### 1. Reentry

Welcome participants and lead a check-in with the following questions:

- Could someone describe our last session?
- What's new in your life? Is anything going on that you want to discuss with the group?

#### 2. Question Box

Answer any questions from the Question Box.

#### 3. Reading

Explain that today's session deals with puberty and body image. The following letters from young teenagers are adapted from *The New Teenage Body Book* by Kathy McCoy, PhD, and Charles Wibblesman, MD (New York: The Putnam Publishing Group, 1992). Choose four to six of the letters and give to volunteers to read to the group.

These readings have been very effective in setting the stage for this session. Although it might seem that youth would be embarrassed to read the letters, they often are quite willing. Give volunteers a minute to review the reading. If participants struggle with this, read some of the letters yourself.

I'm 15 and sometimes when I wake up in the morning, I find that I've had what's called a "wet dream." My pajama bottoms are sticky with "come." Is there something the matter with me or am I normal? —*Allen K.*

Could you explain to me why some kids in my class still look like kids and some look like adults (almost)? We're all the same age! What bothers me is that all my friends have their periods and are taller and I still look like a little kid. But I'm almost 13! My mother says my day will come...but I want to know when? And will I end up looking like everyone else eventually? Help!! —*Jennifer C.*

I'm not circumcised and I can't pull my foreskin all the way back to wash underneath. I'm scared to tell anyone because I think it would be very painful to be circumcised. What can I do? —*Brandon*

I always seem to have a pimple attack just when I want to look my best: like just before senior portraits were taken, the day before the prom, and the morning of my sister's wedding (I was maid of honor). Is it my imagination or do pimples have a sort of sixth sense about when they're most unwanted? —*Ann C.*

Several days before I get my period, I get irritable and cry a lot. I also get a bad headache the day before my period starts. My grandma keeps telling me that it's "all in my head" and that if I had a better attitude about menstruation and about life in general, I wouldn't have such a bad time each month. Is she right? Am I causing myself to feel bad? —*Marianne*

I'm 16 and went through most of my puberty three years ago. But my penis is still quite small. In the erect state, it is about five inches long, which seems short, considering some of the movies I've seen. In the soft state, it shrinks down to practically nothing. This is very embarrassing, especially when I'm taking a public shower. (I usually get it erect before I get into a shower so it looks bigger.) Also, I'm still a virgin and I'm afraid that when I do have sex, I'll be too small to keep my penis inside while having intercourse. Will that be a problem? I'm really worried. Help!!! —*Scott*

Help! I'm a 15-year-old girl who is HAIRY! I have hair on my chin and a few hairs around the nipples of my breasts. The hair on my chin really looks awful. What can I do about it? My mom says it runs in the family. Help! —*Maria G.*

For the past two years, I've been perspiring under my arms—a lot! I've tried to hide it by wearing light-colored tops, but forget it! I take a bath every day and use a deodorant, but nothing seems to help. I sweat so much that I have yellow stains on my new clothes. Other kids tease me and I'm worried that this will happen all my life. I'd appreciate any suggestions you might have. —*Miserable*

### AM I NORMAL?

30 Minutes

1. To introduce this activity, ask participants to reflect on the readings. Take some time with this if participants are interested. Mention, also, some of the general concerns related to body image that were identified on participants' Personal Concerns Checklist from Session One. Explain that this session explores feelings about body image.

2. Ask participants to think about worries and concerns people their age have about the way their bodies look. Distribute index cards and pencils and give instructions for the activity:

- Don't put your name on this card. The information on the cards will be shared anonymously.
- On one side of the card, write one worry that young people of your gender have about the way their bodies look. Label this side of the card A.
- On the other side of the card (labeled B), write a worry or concern that you think the other gender has.
- Identify your gender by putting an M or an F on side A of the card and circling it.

3. When participants have finished, collect the cards, shuffle them, and redistribute them randomly.

NOTE: If you have any concerns about group members' ability to read or write, collect the cards and read them yourself.

4. Go around the room and ask participants to read the author's gender and then the comments written on side A of the card. List the concerns on newsprint.

5. Now, have participants turn their cards over and read side B. List all the concerns on newsprint. When all the cards have been read, ask participants the following questions as appropriate:

- How do you feel about this list of concerns?
- How correct were the boys in guessing the girls' concerns? How correct were the girls in guessing the boys' concerns?
- If you had a friend who came to you with any of these concerns, what would you tell him or her?

6. As discussion proceeds, be prepared to give reassuring information such as:

- It is normal at this stage of development to have these feelings because the body is changing rapidly: people feel better about their bodies in their later teens.
- Girls' hips widen as they develop. This is to broaden the pelvis for possible childbearing later in life. Some models have very thin hips, but this is not a common body type.
- Media messages encourage us to feel insecure about our bodies. Advertisers encourage insecurities because they want us to buy products that are supposed to make us look better.

Pay special attention to comments that point to unhappiness with physical appearance related to race, ethnicity, or disability. Point out that certain features like fine hair texture, light skin color, and being able-bodied are considered beautiful by our society and that this unfair ideal creates insecure and unhappy feelings inside people who don't fit this mold.

## **PERSONAL CONCERNS OF BOYS AND GIRLS**

40 Minutes

1. This personal concerns session gives young teens time alone with an adult of the same gender in case they have questions that would be embarrassing to discuss in the whole group. Participants are separated into same-gender groups, with a leader of the same gender. In introducing this activity, make it very clear that youth are not being separated in order to get any secret information. Each gender will get information about topics of special importance to them, such as menstruation for girls and nocturnal emissions (wet dreams) for boys. However, both groups can ask questions about any of these topics.

2. Divide participants by gender into two groups to meet with a same-gender leader in a quiet, comfortable space.

NOTE: It is common for girls to engage in this process more easily and more quickly than boys. However, it is a good experience for both genders. Boys tend to need prompting and role modeling from a strong male leader. The male leader can move things along by sharing some of the concerns he had at their age. Also, humor goes a long way with boys. Bring some personal concern questions asked by boys in previous sessions to help jump-start the conversation. Feel free to create some of these questions yourself, if necessary.

3. Tell participants that this is their session and they can bring up any issues they want. Pass out index cards and pencils and ask participants to write any questions they have about any aspect of puberty or sexual development (menstruation, masturbation, crushes, etc.).

4. Collect the cards. Answer the questions one by one, taking time to give additional information and to encourage sharing of feelings. This activity should be a youth-centered group discussion rather than a lecture, rigidly controlled by the leader. Use the questions as vehicles to get discussion going. This is a time when it would be very appropriate for leaders to talk about their growing-up years, concerns they had, lessons they have learned, and so on.

5. Be sure to bring up specific issues of interest to each gender, using the information in Leader Resource 6, Facts About Girls, and Leader Resource 7, Facts About Boys. For example, with girls, discuss the external female genitals (vulva, vaginal lips, clitoris, urethra opening, vaginal opening, and anus) and feminine hygiene. Dispel myths about the vulva and encourage positive images of female genitalia. With the boys, discuss erections, wet dreams, circumcision, pressure to be always “horny” and to initiate sexual behavior at an early age. It is very important for both male and female leaders to be careful to avoid subtly reinforcing gender role stereotypes related to any of these issues. Boys, in particular, benefit greatly from interaction with adult men who are regarded as “cool,” yet are not bound by male stereotypes.

6. Near the end of the small group discussion, ask participants to write questions they have about the other gender.



7. Bring the groups back together to discuss the following:

- What was that activity like?
- How comfortable would you have been discussing the same issues in a coed group? Why do you think that is true?
- What questions did your group write about the other gender? [Answer some of these questions and invite input from participants of that gender. However, do not put any participant on the spot if he or she does not feel comfortable answering the question.]
- What is one new fact that you want to share with your same-gender friends who do not attend this program?

### **REFLECTION AND PLANNING FOR NEXT SESSION**

5 Minutes

1. Tell participants that you want to end the session as usual, with a time for reflection. Use the “whip” or ball-toss technique to have participants respond to the following incomplete sentence:

I feel more comfortable and confident now that I know...

2. Tell participants that in Session Six they will learn about another aspect of sexuality—gender roles and what culture says about what is okay and not okay behavior for males and females.

3. For the Question Box, distribute index cards so participants can write anonymous questions they may have about male and female roles.

### **LEADER REFLECTION AND PLANNING**

Take a few minutes to discuss these questions with your coleader:

1. What was good about this session? Why?
2. What was not good? Why?
3. What can I learn from this session to strengthen future sessions?
4. What preparation do I need to do for the next session?

# Leader Resource 6

## SESSION FIVE

### FACTS ABOUT GIRLS

#### *The Female Genitals*

[Refer to the diagram of the external female genitals from Session Four or a diagram in a book or poster that you have brought in.]

The parts of the external female genitals include labia (vaginal lips), clitoris, urethral opening, and vagina. This area of the female's body is called the vulva. Many girls are unfamiliar with the *vulva*, which may have never been named for them. They also may not have information about the clitoris, because its sole purpose is for sexual pleasure. Since the clitoris has nothing to do with reproduction, it is often skipped in discussions of puberty.

Ask girls for their gut reactions to the diagram or drawing of the vulva. What do they think? How do they feel? [Some girls may say the diagram is ugly or that it makes them feel vulnerable.] Explain that the only way to see this view of the vulva is to sit with one's legs open and look into a mirror. Ask girls if they have ever heard any negative messages about the vulva (for example, it smells like fish, that the vagina is an endless tunnel, that blood passing through the vagina makes it dirty, etc.).

Discuss girls' reactions to these myths. Stress that the vulva is an amazing part of a woman's body that is specially designed to keep itself clean. Girls and women do not need to use douches and feminine hygiene sprays for cleanliness—soap and water is sufficient. The only time that the vulva may have a bad odor is if a female has a vaginal infection. Otherwise, the vulva (just like the male genitals) has a musky odor that is very normal and sensuous to many noses. Encourage girls to imagine a rose or other flower in bloom as they look at the diagram.

NOTE: You might want to display one of artist Georgia O'Keeffe's flowers that is quite reminiscent of the vulva.

#### *The Menstrual Cycle*

1. *Pituitary gland:* At puberty, the pituitary gland, located at the base of the brain, releases a hormone that signals the ovaries to start producing other hormones. These hormones regulate the menstrual cycle.
2. *Ovaries:* Once a month, an egg ripens and is released from the ovary. This process is called ovulation.
3. *Uterus:* Each month, in preparation for a fertilized egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. If the egg is not fertilized, this lining is not needed and is shed through the vagina during menstruation.
4. *Pregnancy:* In most cases, menstruation ceases during pregnancy. However, some women experience a brief period after becoming pregnant. During pregnancy, the tissue and blood that usually form the menstrual flow provide nourishment to the developing fetus. Since the woman is pregnant, her pituitary gland stops sending its hormonal message.

All women have menstrual periods from puberty (ages 9 to 16) to menopause (ages 45 to 55) unless they have had a complete hysterectomy (the removal of the uterus). Periods generally last from three to seven days.

NOTE: Women who have very little body fat due to sports activities or eating disorders sometimes do not have menstrual periods.

Menstrual cycles, or the time between periods, are approximately 28 days, with great variation among individuals. Some girls and women have cycles as short as 21 days or as long as 34 days; others have periods at irregular intervals. When girls first start having their periods, it is not unusual for them to be irregular, at least for the first year or two. This is perfectly normal and usually means that the ovaries are not releasing an egg every month. The average menstrual discharge is approximately one-half cup in volume, consisting of four to six tablespoons of blood, other fluids, and mucus.

Women who have too much bleeding (more than 7 to 10 days, extremely heavy with clots, or requiring more than one pad or tampon every two hours), or who go more than two or three months without a period should have a medical check-up. Hormones or birth control pills are safe ways to make the periods more regular.

### **Menstrual Hygiene**

1. *Sanitary napkins*: Gauze-covered cotton pads worn during menstruation to absorb the flow of blood.

- Pads come in many sizes and shapes to accommodate the lightness or heaviness of the menstrual flow.
- Pads should be changed several times a day and before one goes to bed.
- Most pads are made with an adhesive strip on the underside, designed to stick to regular underwear.
- Pads have a plastic layer on the underside to keep blood from coming through and staining clothes. The side that lies against the body is usually plain white.
- Since the pad stays close to the body, no one can tell it is being worn, even when a woman is dressed in slacks.

2. *Tampons*: Thin rolls of cotton and/or other fibers, with a string attached to one end.

- Although there are no medical prohibitions, some people believe it is better for young girls to wear pads than tampons during the first years of menstruation. Daughters should talk with their mothers or other caretakers about tampon use.
- How to use a tampon:
  - Relax and take your time.
  - Stand with legs apart and knees slightly bent; sit with knees apart; or place one foot on the toilet or a chair.
  - To make insertion easier, gently hold applicator with thumb and middle finger.
  - Insert the tip of the tampon into the vagina and slant toward lower back until your fingers touch your body.
  - Use forefinger or other hand to gently push the inner tube until flush with outer tube.
  - Withdraw applicator, being sure both tubes are removed.
  - Gently tug on removal strings until you feel slight resistance to make sure the tampon is properly positioned.
  - Avoid using deodorant tampons; they may irritate the vagina.
  - Change tampons every four to eight hours.

- Toxic Shock Syndrome (TSS) is a rare but serious disease that may cause death. Scientific studies have shown that tampons contribute to the cause of TSS. To reduce risk of TSS,
  - Each woman should use the minimum absorbency needed to control her flow—preferably regular or junior tampons unless the menstrual flow is too heavy.
  - Alternate using tampons and sanitary napkins during the menstrual period.
  - Know the warning signs of TSS—sudden fever, vomiting, diarrhea, fainting, dizziness, or a rash that looks like a sunburn.

### ***Dealing with Cramps***

1. Menstrual discomfort varies. Some women experience cramps before and during their periods. Cramps are caused by the tightening and relaxing of muscles around the uterus. Cramps can be treated with a variety of remedies:

- Apply a hot-water bottle to abdomen.
- Take a walk or a warm bath.
- Drink a hot beverage. (Chamomile, comfrey and raspberry leaf teas are recommended as relieving agents.)
- Take medications such as ibuprofen or acetaminophen for severe cramps. Make sure you do not have allergies or other reasons to avoid using particular medications and always consult with your doctor before using any medication.
- Exercise, drink lots of water, and get plenty of sleep.
- If severe cramps persist, see a doctor.

2. Some girls and women also experience premenstrual syndrome (PMS) symptoms such as bloating, pimples, tender breasts, food cravings, headaches, constipation, and feeling irritable, sensitive, or tired. Nonprescription methods of dealing with PMS include getting regular exercise, taking B vitamins, drinking lots of fluids, and avoiding caffeine. Young women with PMS symptoms can check with a health practitioner for further advice.

3. The body may retain more water than usual at this time. Cutting down on salty foods (such as cheese, soda, canned vegetables, and canned soups) will help prevent this. These premenstrual symptoms end when menstruation begins.

### ***Normal Vaginal Lubrication and Discharge***

1. Beginning at puberty, all girls and women have a certain amount of clear or cloudy discharge that may dry to a yellowish color on underclothes and give off a mild odor. This normal discharge is created when droplets of mucus are secreted by the cervix. The mucus cleans and moistens the vagina and helps protect the uterus from infection. Just after menstruation, a girl produces very little vaginal discharge and has the sensation of dryness. As she approaches ovulation, the cervix produces more, stretchier mucus, which feels wet. Once ovulation is over, the mucus changes to a dry, thick, heavy consistency. A girl's period generally starts 11 to 16 days after the day of wettest cervical mucus.

2. A girl will also produce more vaginal discharge when she is taking antibiotics or birth-control pills, when she is sexually excited or nervous, or when she is pregnant.

NOTE: Without proper instruction, monitoring vaginal discharge is *not* an accurate way to determine ovulation.

## **Sexual Arousal**

Girls have physical feelings when they get sexually excited or “turned on” either with a partner or alone. The vagina lubricates (gets wet) to prepare for sexual activity. This is entirely normal. Girls and women also have *orgasms*, emotional and physical sensations that occur at the peak of sexual excitement. Orgasm is different for different females and on different occasions for the same female. In most cases, females experience a series of rhythmic muscle contractions near the opening of the vagina, accompanied by feelings of warmth, relaxation, and pleasure.

## **Vaginal Infections**

1. *Symptoms:* If a girl’s vagina becomes infected, she will usually notice changes in her vaginal discharge, although she may notice no symptoms at all. The changes listed below may be symptoms of a sexually transmitted infection:

- Constant, heavier than usual discharge
- Foul odor
- Change in color (discharge becomes greenish, grayish, or bloody)
- Clumpy, curdy discharge (like cottage cheese)
- Itching and/or burning sensation near the entrance to the vagina
- Chills or fever
- Abdominal pain or cramping
- Blisters, sores or warts near the vaginal opening
- Burning sensation during urination
- Unusual bleeding
- Pain during intercourse

2. *Treatment:* When a girl experiences any of these symptoms, she should visit her doctor, nurse practitioner, or a clinic. Upon diagnosis of the specific type of infection, oral medication or a vaginal cream will usually be prescribed.

3. *Prevention:* Some vaginal infections—like yeast infections—are common for adolescent girls and women but can often be avoided:

- Enhance overall health. Eat nutritious food, get enough rest, and exercise regularly.
- Since germs thrive in warm, moist places, keeping clean and dry is important. Bathe or shower daily and wear cotton underpants.
- Bacteria spreading from feces is a common source of vaginal infection. Always wipe from front to back after using the toilet.
- Avoid wearing panty hose, nylon underwear, or tight-fitting slacks. (Panty hose or nylon panties that have a cotton crotch are more likely to help prevent infection.) Also avoid contact with irritating chemicals such as douching products, bubble baths, hygiene sprays, scented toilet paper, and deodorized tampons. (Nondeodorized tampons are fine.)
- Vaginal infections that stem from sexually transmitted diseases cannot be prevented by these measures. STD prevention is discussed elsewhere in the program.

## **Douching**

Some women cleanse the inside of the vagina with liquid by using a douche bag. A douche bag looks like a hot-water bottle that has a tube with a nozzle on the end. Disposable douches are sold in plastic bottles that have a nozzle on the end.

Douching is not recommended because it washes away the natural bacteria in the vagina. Women should consult their doctor or medical provider for further advice about douching.

### ***Bladder Infections***

Sometimes bacteria from the vagina or rectum move into the urethra and up into the bladder. The proximity of the vaginal opening, rectum, and urethra to one another at times allows bacteria to be transmitted from the bowels to these other areas. Frequent urination and a burning sensation during urination are symptoms of a bladder infection and should be reported to one's medical provider for treatment.

### ***Preventive Health Care***

1. *Pelvic exam*: This is a routine yearly examination of a woman's reproductive organs and genitals to determine if they are healthy and normal and to check for sores, growths, or signs of infection. Teenage girls should begin having exams if they are having sexual intercourse or once they reach the age of 18.

What happens during a pelvic exam?

- It begins with an inspection of the outer skin folds, labia (lips), and pubic hair.
- To examine the vaginal lining, cervix, and lower portion of the uterus, the medical practitioner uses a *speculum*, a plastic or metal instrument that spreads apart the walls of the vagina. The practitioner touches the cervix with a tiny brush to take a Pap smear. The Pap smear is sent to a laboratory to determine whether there are signs of cancer of the cervix. This simple test has helped save many women's lives.
- After the speculum is removed, the ovaries and the upper portion of the uterus are also checked. Pelvic exams should not be painful. If there is pain, it may be a signal that something is wrong. The more relaxed the woman, the easier the procedure. A woman should expect her medical practitioner to take enough time to help her relax and to explain each step of the examination.

2. *Breast Self-Exam*: Girls and women are encouraged to take the time each month to examine their breasts for any unusual flattening or bulging, puckering skin, discharge from a nipple when it is gently squeezed, reddening or scaly crust on a nipple, one nipple harder than the other, or an unusual lump that does not go away in a week or so. The American Cancer Society publishes free information and simple diagrams on breast self-examination.

# Leader Resource 7

## SESSION FIVE

### FACTS ABOUT BOYS

#### *The Male Genitals*

[Refer to the diagram of the male genitals in Session Four or a diagram in a book or poster that you have brought in.]

The parts of the external male genitals include the testicles and the penis. The testicles are inside the scrotum. Display the diagram of the male genitals. Ask guys for their gut reactions to the diagram. What do they think? How do they feel? [Boys typically do not have strong reactions to the male genitals probably because they see and touch their genitals every day during urination.] Ask the boys if they have ever heard any strange or negative messages about the penis (for example, that bigger penises are better for lovemaking, that certain products can make the penis bigger, that circumcised penises are better than uncircumcised). Discuss boys' reactions to these myths. Stress that though there is some variation in flaccid (soft, or not erect) penises, there is less variation in erect penises. Also, and perhaps more important, penis size does not affect sexual functioning or pleasure. Describe circumcision and explain that it has no bearing on sexual health or functioning.

#### *Cleanliness*

Wash and dry the penis and testicles daily. If uncircumcised, pull back skin to wash away odor-causing smegma (accumulated dirt, lint, and oily substances under the foreskin of the penis). Dry the penis completely; otherwise you risk chapping. Such chapping is not usually serious but can be quite uncomfortable. Male athletes' propensity for chapping has earned the problem the slang term *jock itch* or *jock rash*. It can be treated by applying cornstarch (obtained at the grocery store) or over-the-counter medications.

#### *Athletic supporter*

The supporter is also called a jockstrap. Boys and men wear this elastic supporter to protect and support the penis and testicles during recreational activities. If you participate in certain contact sports, you can purchase, at most sporting-goods stores, a plastic or fiberglass cup to insert in the athletic supporter to give additional protection from injury.

#### *Circumcision*

This is the removal of the foreskin covering the glans (head) of the penis, usually when the boy is an infant. In the United States, the majority of males are circumcised; in Europe, only a small percentage are. Prior to the 1960s and 1970s, it was generally accepted that circumcision was an important preventative health practice. Then, policy statements from the American Academy of Pediatrics and American College of Obstetricians and Gynecologists concluded that there was no medical indication for circumcision. Current research has provided mixed results—some studies showing

risks associated with uncircumcised males and their sexual partners and others contradicting the same results.

In spite of controversies regarding a medical rationale, many parents prefer the cosmetic appeal of circumcision and want their sons to look like most other boys. However, the incidence of circumcision has declined moderately in recent years as a result of growing concerns about the risk of damage to the penis during circumcision and about the pain experienced by infants during the procedure. Circumcision is an individual decision that each parent will make, preferably after gaining information on the pros and cons.

Most male Jewish infants are circumcised, many during a ritual ceremony called a *Brith-Milah* (or *Brith*) eight days after birth. In some tribal cultures, circumcision is a religious ritual marking the passage into manhood; in these areas, circumcision is delayed until puberty or later.

### **Preventive Health Care**

**1. Testicular self-exam:** This simple, monthly, five-minute self-examination is the male's best hope for early detection of testicular cancer. The self-exam is best done after a warm bath or shower, when the scrotum is most relaxed. Examine each testicle by gently rolling it between the thumb and index finger to check for any hard lumps. Most men will notice a ridge along the top and back portion of their testicles; this ridge is the edge of the epididymis, the part of the organ where sperm are stored and mature. If a lump or nodule appears, it may or may not be malignant and should be brought to your physician's attention promptly. The incidence of testicular cancer is low, but it is most prevalent among young men in their late teens and early twenties.

**2. Male physical exam:** During a male physical exam, a doctor will feel the testicles, scrotum, and penis checking for lumps and pain. Sometimes a doctor will do a rectal examination—that is, feel inside the anus to check for lumps or swelling. He or she may ask questions about genital development, ejaculation, or wet dreams. Unless adolescent boys are actively involved in sports where exams are required frequently, they are unlikely to get annual exams. Ideally, adolescent boys should get a physical at least every two years. Many physicians prefer to see their adolescent patients every year to check in with them about a variety of health issues.

**3. Signs of STDs (sexually transmitted diseases) or other infection:** Normally, the penis is free of discharge. The following symptoms should be checked by a physician immediately: discharge from the penis (other than preejaculate or semen), blisters or sores on the genitals, and/or painful urination.

### **Common Experiences**

**1. Erections:** During an erection, the penis gets hard and stands out stiffly from the body. The penis has three spongy canals, which fill with blood and make the penis larger and stiffer. Erections start happening at birth and continue through old age.

They can be caused by:

- Any sexual stimulation (this can include pictures, touch, television, books, thoughts).
- Other common events (lifting heavy loads, straining to move bowels, dreaming, exposure to cold, tight clothing, fright, excitement, taking a shower, waking up).
- No apparent cause, especially during puberty.



Erections are the first stage of sexual excitement in males. Other important facts:

- Muscles at the base of the bladder prevent men from urinating while they have an erection.
- Erections will go away by themselves. It is not necessary for a male to have orgasm or to ejaculate to make the erection go away. No harm will result from having an erection without ejaculating—testicles will not turn blue.

2. *Ejaculations*: When sexual stimulation and excitement increase to a certain level, a white milky, “globby” fluid comes out of the penis accompanied by a pleasurable feeling and overall relaxation. This ejaculation is sometimes called having an orgasm or “coming.” Before puberty, a boy can “come” and will have a pleasurable feeling, but no fluid will come out of his penis. Facts about ejaculation:

- During ejaculation, muscles surrounding the base of the penis contract and relax and spurt semen through and out of the penis. Afterwards the penis gradually loses its erection.
- One ejaculation consists of 150 to 600 million sperm in one teaspoon of fluid. The sperm can live inside a woman for two to seven days.
- A full erection is not necessary for ejaculation. Ejaculations may occur during intercourse, masturbation, or wet dreams. However, boys can and do have many erections without ejaculating.

3. *Nocturnal emissions*: Pubescent boys and men regularly get erections while sleeping, often coinciding with periods of dreaming (REM sleep). Occasionally the boy will also ejaculate and may waken then or in the morning with wet clothes and bedding. Most men have had nocturnal emissions (wet dreams); they are especially common during early adolescence. If a boy has another regular outlet for sperm, such as masturbation, he usually won’t have wet dreams. This is normal. Many boys who have wet dreams worry that they are wetting the bed and may be too embarrassed to discuss their experience. However, wet dreams are completely normal experiences that boys are encouraged to discuss with their parents and other trusted adults. If a boy is embarrassed about semen on his sheets, he can change the sheets and wash them or take a wet cloth, clean the spot on his sheet and allow it to dry before making his bed.