

Year 8: PSHE Checklist

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

2. **Sexual anatomy** – **Puberty**: *time of transition from child to adult → development of “secondary sexual characteristics” / ability to reproduce. Height increases, pubic hair & genitals grow, boys’ voices “break” & muscle mass increases. Girls start to menstruate, 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 are often stronger than boys.*

3. **What is “normal”?** → if it works & feels okay (no pain/ discomfort), 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. Bodily hair, marks (moles/ birthmarks) → normal.
 - Flaccid penis size varies, although 90%+ of erect penises are within the 5-6 inch range.
 - Typical length of vaginal passage – 3-4 inches, rarely longer. Clitoris – usually not visible (clitoral hood), but when erect may stand up, & 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 an idea(often very warped) of sex.*
 - **“Social Media”** → people constantly “finessing” their ‘image’ are behaving oddly. **There is no “perfect appearance”**. **‘Sexting’** → **possibly illegal (certainly for children!), and definitely dodgy!**
 - **Humans are individually unique**: either made in God’s image, or the product of exquisitely complex biological processes, or both!

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4. Sex – the “right time”?

Legal age of sexual consent in the UK is **16** - may differ elsewhere (15 in France; 18 in most states of the USA).

- **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.***

“ACK ACK”:

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

5. Sexuality and related matters:

- Most are ***heterosexual*** (“straight”); some (2-12%+ - *opinions* vary) are ***homosexual*** (“gay”).
- Some are ***bisexual***; others may self-describe as ***“non-binary”***, ***“pan-sexual”***... or other terms.
- A few are ***trans-sexual*** (not the same as ***transvestite***), and some who are ***gender dysphoric*** (***transgender***) may wish to undergo sex change (“gender re-assignment”) to “transition” (*Gender Recognition Act*).
- Most people are either “straight” or “gay” - a few may be ***asexual*** – uninterested in sex.
- 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 reasons. Others think that (in private!) it’s a safe way to explore sexuality; may be beneficial (stress buster; prostate health). [BTW, most girls do it too.]

6. Sex – what happens?

- People can, and do, have sex in many places/ ways. Majority, however, tend to have sex in private/ comfortable places, usually in bed.

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- Typically, the couple will undress – for most, skin contact is important to sexual intimacy. *Foreplay* – increasingly 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).
 - 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.
 - For most, the culmination of this is penetrative *intercourse* – often very vigorous – leading to *orgasm* and *ejaculation*. (NB male “refractory” period after ejaculation)
 - NB Most women (60%+) report never, or rarely, orgasming during intercourse, which is why many women find extended foreplay more sexually gratifying than intercourse itself.
 - Semen (containing millions of sperm cells) enters vagina/ uterus – consistency changes with body warmth → less viscous → spreads sperm widely in “target area” → ovum may be fertilised/ implant in wall of uterus/ cell div → 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 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”. Only takes one – bacteria/ viruses don’t care.***
 - ***NB Certain common sexual practices (eg anal sex) are very high risk for spread of STIs, so great care is needed if engaging in such activities.***
7. **Contraceptive methods widely used:** “Barrier” (condom, femdom, cap) – often combined with spermicidal gels. “Hormonal” (pill, implants); Other (IUD – “coil”, NFP). **NB No contraception is 100% reliable.** Used correctly, pill is 99% reliable; condom 95%+. But...!
8. **Sexually Transmitted Infections/ Diseases:** so-called because these infections are spread by sexual contact. In theory, such diseases can be caught without sex - reality, the degree of physical intimacy required only usually occurs during sex. Far more on this & contraception when you’re older... (CRH, 2019)