

# Puberty

and PSHE Education

Professionals' Pack

**2023**

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# INTRODUCTION

This pack aims to support education providers to deliver quality PSHE education around puberty. This will be achieved through:

- Identifying the curriculum links within the PSHE Association's Spiral Curriculum and the Department for Education's statutory guidance
- Developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- "Puberty including menstruation should be covered in Health Education and should, as far as possible, be addressed before onset."
- Pupils should be prepared for the changes they and their peers will experience.
- Pupils should be taught the main facts of menstruation including what is the average period, the range of menstruation products available and the implications for emotional and physical health.
- As part of a whole school approach, schools should make adequate and sensitive arrangements to help girls prepare and manage menstruation including requests for menstrual products.

Education providers can help raise awareness of puberty and menstruation, by increasing the knowledge of children and young people to the physical and emotional changes that will occur and, developing skills and strategies for manage these changes e.g. hygiene routine, availability of menstrual products.



# SAFE LEARNING ENVIRONMENT

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently. We have created a guidance document to support professionals to create this safe in their own setting.



## **No. 01 — Ground Rules**

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



## **No. 02 — Collaborate with DSL**

Check with your DSL whether any group members (including members of school as well as children and young people) have been affected by any of the issues that might be raised in the session.



## **No. 03 — Staff Confidence**

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone.



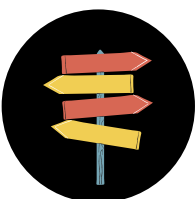
## **No. 04 — Learning Techniques**

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



## **No. 05 — Difficult Questions**

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



## **No. 06 — Signposting**

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

**A more detailed version of this page is available by emailing either Natalie or Ellie**

## Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, being caught unaware by the menstrual period. They will need to recall learning from PSHE education at that moment to help them make a decision. It also is about increasing their ability to be able make healthy decisions.

They will, of course, require knowledge e.g., being aware that you should wash regularly due to the hormonal changes in the body does not equip you with the skills on how this should be carried out. Defining what the menstruation is does not enable you to explore what menstrual product might be preferable.

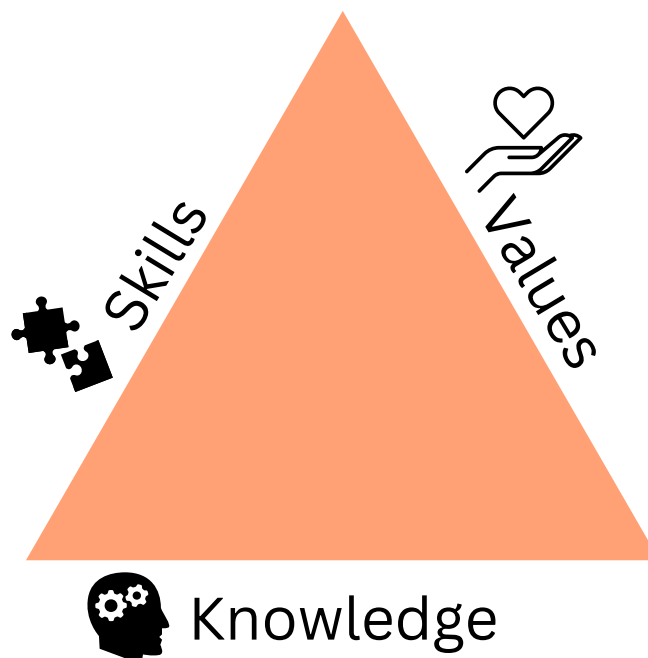
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

**Knowledge:** gaining new information on a topic

**Skills:** gaining new skills on a topic

**Values:** reflecting on, and potentially altering, your own values in relation to a topic



## Inclusivity

### Language

It is important to remember that not everyone's biological sex will be the same as their gender. Some people identify with a gender that is different to their biological sex, which is known as transgender.

### Sex

In this context the term "sex" relates to biological sexual characteristics, - meaning the external genitals, internal reproductive organs, chromosomes and hormones.

This is usually determined at birth, when based on what external genitals someone appears to have.

Penis and Testicles - Male

Vulva and Vagina - Female

Some babies are born with external genitalia that cannot be clearly defined. This may mean that they baby has one of a group of conditions called "differences or variations in sex development (VSD) or variations in sex characteristics (VSC). This is sometimes referred to as intersex (around 1.7% of the global population, Office of the United Nations High Commissioner for Human Rights).

### Gender

Gender is the range of characteristics of women, men, girls and boys that are socially constructed (WHO). As it is a social construct, gender varies from society to society and changes over time.

Sex and gender are related to but different from gender identity. Gender identity refers to how a person sees or feels about themselves. A person's gender identity is not necessarily connected to what their body looks like.

To enable your curriculum to be more inclusive you could use a mixture of language including the term "people with a penis" as well as "boys" and "people with a vagina" alongside "girls". This will help ensure you deliver an inclusive lesson.

Although sexuality will not be the main focus of any puberty lesson, when talking about attraction it should be acknowledged that people can feel attracted to the same or opposite sex.

## Teaching

Best practice is to teach puberty in mixed sex classes, as this reduces taboos associated with puberty and enables children and young people to develop respect for themselves and empathy to others based on shared knowledge.

It is recognised that some education settings may prefer to offer single sex groups in order to make the children and young people feel more comfortable and engage better with the learning. This may be in response to sensitivities in the local community or from parental religious or cultural concerns.

It is essential that the setting's policy e.g. Relationship Education, RSE or PSHE reflect this provision.

Within some religions there are religious expectations that are associated with puberty that parents/carers with religious beliefs will want to discuss with their children.

For example in Islam once a girl has had their first period or a boy has had their first ejaculation they are regarded as fully accountable to Allah. Both sexes are required to follow certain hygiene rules once they reach puberty. Education settings should take into account their pupils' religious background as part of their teaching on the topic.

It is important to recognise that there will be crossovers with the national curriculum for science including:

- the main external body parts
- changes to the human body (including puberty)
- reproduction (including menstrual cycle)

PSHE Leads should work with other curriculum leaders to ensure consistency of messaging and to reduce duplication.



# LINKS TO PSHE CURRICULUM<sup>8</sup>

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Puberty.

## Primary

### PSHE Association: Key Stage One

H11.	About different feelings that humans can experience
H25.	To name the main parts of the body including external genitalia (e.g. vulva, vagina, penis, testicles)

### Key Stage Two

H26.	That for some people gender identity does not correspond with their biological sex
H30.	To identify the external genitalia and internal reproductive organs in males and females and how the process of puberty relates to human reproduction
H31.	About the physical and emotional changes that happen when approaching and during puberty (including menstruation, key facts about the menstrual cycle and menstrual wellbeing, erections and wet dreams)
H32.	About how hygiene routines change during the time of puberty, the importance of keeping clean and how to maintain personal hygiene
H33.	About the processes of reproduction and birth as part of the human life cycle; how babies are conceived and born (and that there are ways to prevent a baby being made); how babies need to be cared for



H34.	About where to get more information, help and advice about growing and changing, especially about puberty
H35,	About the new opportunities and responsibilities that increasing independence may bring

# SEND

## PSHE Association:

### CG2 – Changes at Puberty

Encountering	Respond with curiosity to adult prompting of the names for body parts and changes of puberty
Foundation	Recognise correct vocabulary for some of the main body parts, including genitalia
Foundation	Recognise that bodies change as people become adults, including the onset on menstruation (when appropriate)
Core	Describe the main physical difference between male and female bodies, including the onset of menstruation at puberty (when appropriate)
Development	Describe some of the physical changes that occur as we grow up (e.g. body shape, height, menstruation)
Enrichment	Describe what happens during puberty, including mood swings, emotional changes, menstruation and wet dreams/ejaculation , hair growth, skin and voice changes

Enrichment	Use correct vocabulary to name male and female reproductive organs
Enrichment	Recognise that during and after puberty, some people enjoy masturbating, and this should be done in private
Enhancement	Recognise that people experience the physical and emotional changes of puberty over different lengths of time
Enhancement	Identify reliable sources of advice on growing and changing

### DfE Statutory Guidance:

## By the end of Primary pupils will know:

CAB1.	Key facts about puberty and the changing adolescent body, particularly from age 9 through to age 11, including physical and emotional changes.
CAB2	About menstrual wellbeing including the key facts about the menstrual cycle.



## PSHE Association: Key Stage Three

H34.	Strategies to manage the physical and mental changes that are a typical part of growing up, including puberty and menstrual wellbeing
R4.	The difference between biological sex, gender identity and sexual orientation
R5.	To recognise that sexual attraction and sexuality are diverse
R28.	To gauge readiness for sexual intimacy

## SEND

### PSHE Association:

#### CG2 – Puberty

Encountering	Respond with curiosity to stimuli about the ways in which we change as we get older
Foundation	Identify some of the different ways we have changed as we grown older
Core	Describe some of the new opportunities and responsibilities we have experienced as we have grown older
Core	Identify some of the different stages of change people progress from birth to adulthood (physical, emotional, social)

Core	Explain why puberty happens
Development	Describe the physical and emotional changes that happen during puberty, including menstruation, wet dreams, skin and voice changes, body hair, mood swings
Development	Explain aspects of personal hygiene that we can take responsibility for, and why this is important during puberty
Enrichment	Identify the function of the reproductive organs, including how conception occurs
Enrichment	Describe the different stages of reproduction, pregnancy and birth
Enhancement	Evaluate how emotions may change as we get older and are no longer children
Enhancement	Recognise that fertility changes over time and in response to some lifestyle factors

## DfE Statutory Guidance:

### By the end of Secondary pupils will know:

CABI	Key facts about puberty, the changing adolescent body and menstrual wellbeing.
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## NYA Youth Work Curriculum:

HR1.	Offering relationship support and guidance to young people, including sex and relationship education, in settings and in a way chosen by young people
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# USEFUL RESOURCES

Please check all resources are suitable for your settings and participants.

## Videos

Rise Above - KickthePJ - [Growing Up](#)

Rise Above - [The Puberty Talk](#)

Jimmy Investigates - [Does Puberty Mess with your Mind?](#)

Operation Ouch - [How Babies are Made](#)

BBC - Personal, Social and Health Education for SEN - [Clips](#)

BBC Teach - [KS3: Talking Periods](#)

BBC Teach - [KS3: How to have clear skin](#)

Amaze - [Puberty Videos](#)

## Books

[Susan's Growing Up](#) - picture book about periods that has been specially developed for people with learning disabilities

[The Period Book: Everything You Don't Want to Ask \(But Need to Know\)](#) - explains what to expect and how to cope with periods

[The Autism-Friendly Guide to Periods](#)

[I said No](#) - Kids guide to keeping private parts private

[Hair in Funny Places](#) - book about puberty

## Lesson Plans

KS3 - Public Health England - [Puberty Lesson Plan Pack](#)

13+ - NHS Solent - [Puberty Lesson Plan](#)

9-15 - Advocates for Youth - [Puberty Lesson Plan](#)

KS1-4 - Medway Public Health - [Changing and Growing Lesson Packs](#)  
(only available to PSHE Association Members)

9-18 - NHS Leeds - [Puberty & Sexuality for children and young people with a learning disability](#)

Stoke-on-Trent & Staffordshire PSHE Education Service - [Puberty Activity Guide for KS2-KS3](#)

## Training

DfE - [Changing Adolescent Body](#)

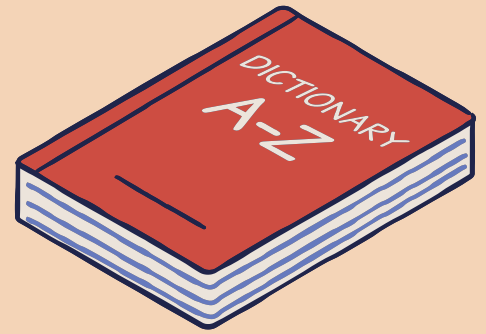
Brook Learn - [Puberty](#)

# DEVELOPING SUBJECT KNOWLEDGE



**PUBERTY**

# PUBERTY



## Definition

The stage in people's lives when they develop from a child into an adult because of changes in their body that make them able to have children.

(Cambridge Dictionary)

These changes are both physical and mental and can feel intimidating for a child or young person.

Every person will experience puberty differently. Some children and young people might start experiencing puberty at a young age, some might start later and others will feel like the process stops and starts.

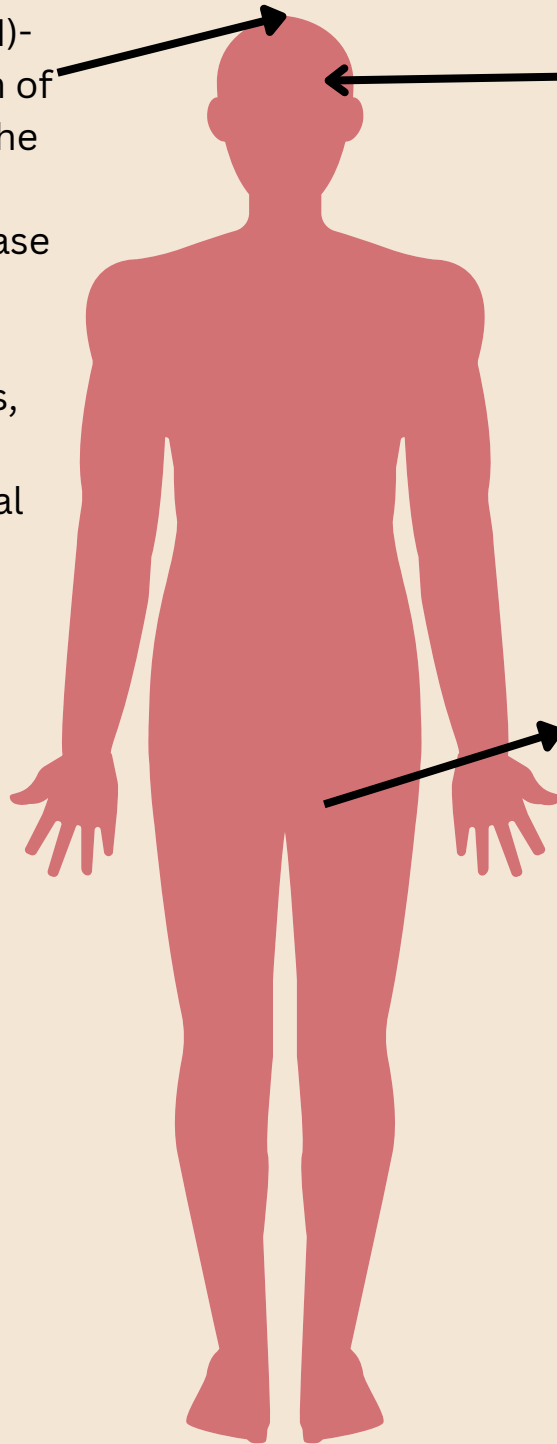
Usually the body will start changing between the ages of 7 to 16 and commonly takes between two and four years to fully develop.

Girls will usually begin at any point between 8-13 years and in boys between 9-14 years. There is no need to worry if puberty does not begin around these average ages, but parents/carers should be advised to speak to their GP if puberty starts before 8 or has not started by 14 (NHS).



# HORMONES

**Luteinizing Hormone (LH)-**  
Stimulates the production of testosterone by cells in the testes.  
Testosterone levels increase by up to 50 times  
This sculpts the body, increase lean body mass, shapes features and promotes body and facial hair

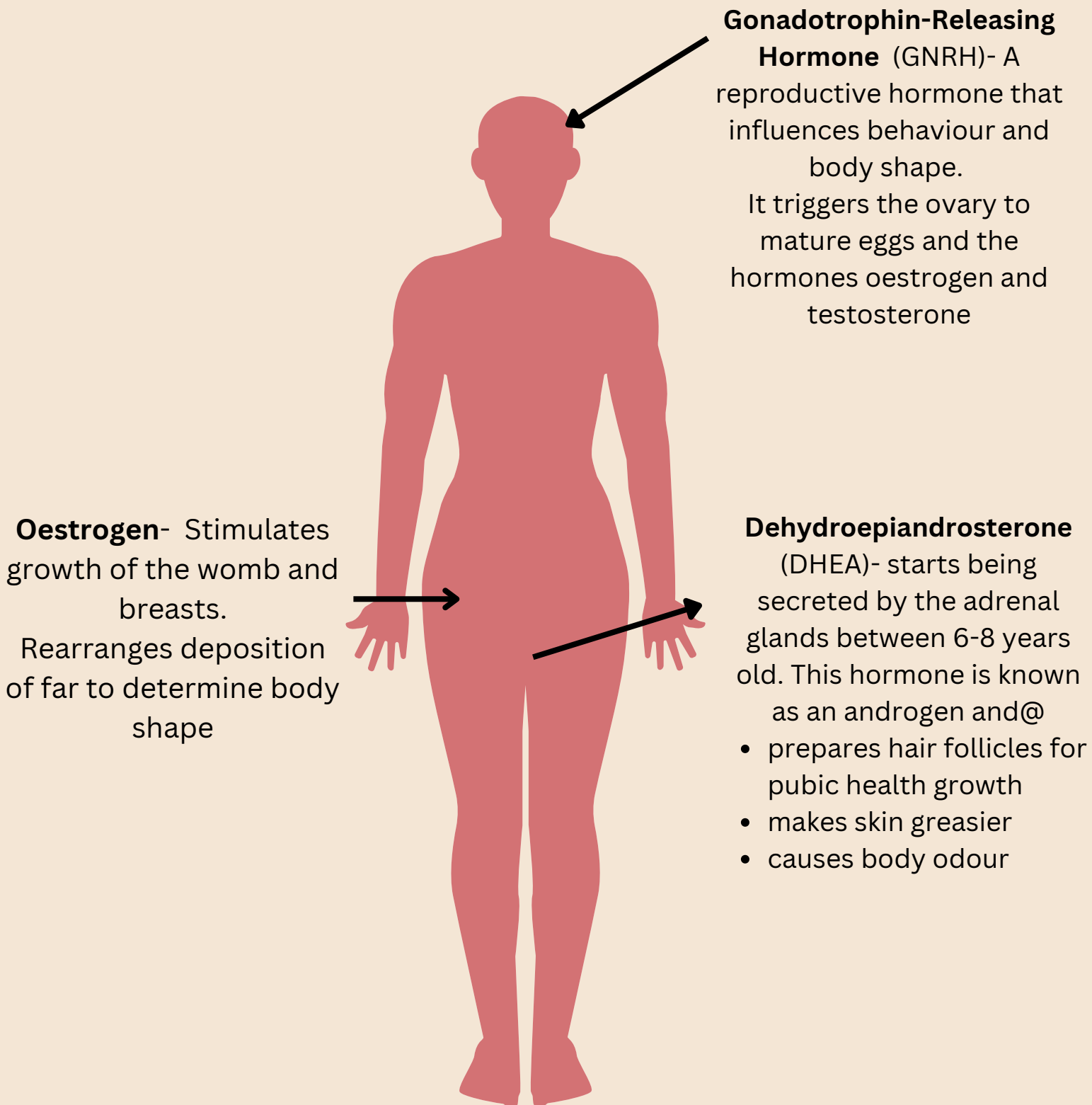


**Gonadotrophin-Releasing Hormone (GNRH)-** A reproductive hormone that influences behaviour and body shape.  
It triggers the testes to produce sperm and the hormones oestrogen and testosterone

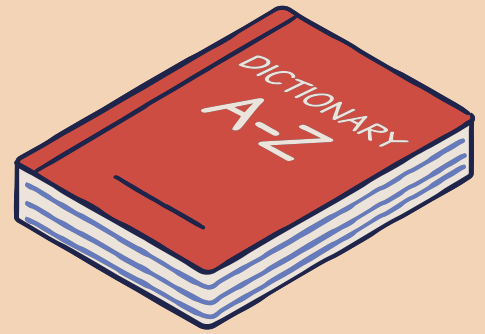
**Dehydroepiandrosterone (DHEA)-** starts being secreted by the adrenal glands between 6-8 years old. This hormone is known as an androgen and@

- prepares hair follicles for pubic health growth
- makes skin greasier
- causes body odour

# HORMONES



# BODY PARTS



## Language

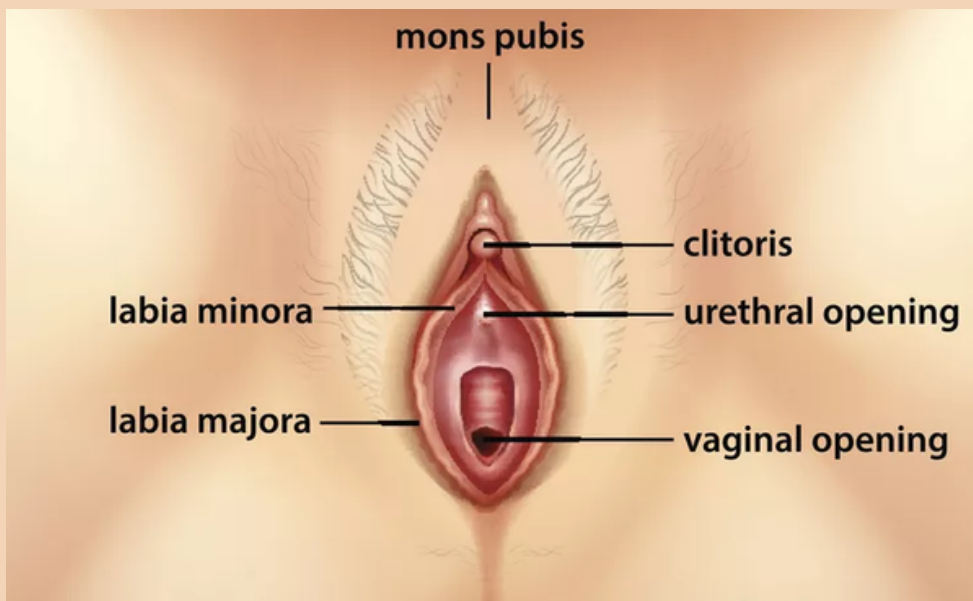
It is essential that professionals talking about puberty are confident to use the correct terminology. Practice saying the words in front of a mirror until you feel confident.

By not using the correct words we are reinforcing the idea that certain parts of our body are shameful or embarrassing, rather than them simply being parts of our body like fingers and toes.

Within the home and within peer groups familial or slang terms might be used, but it is important that children and young people know the anatomically correct names, particularly if they need to seek medical support later in life.

# BODY PARTS

YouGov research found that 59% of men and 45% of women were unable to correctly label a diagram of a vulva.



**Vulva** - the term for the external genital organs. Often mistakenly referred to as the vagina (this is the muscular tube that leads from the cervix to the vulva)

**Mons Pubis** - where pubic hair grows above the vulva

**Clitoris** - sole purpose is to provide sexual pleasure. Is full of nerves so is extremely sensitive to touch

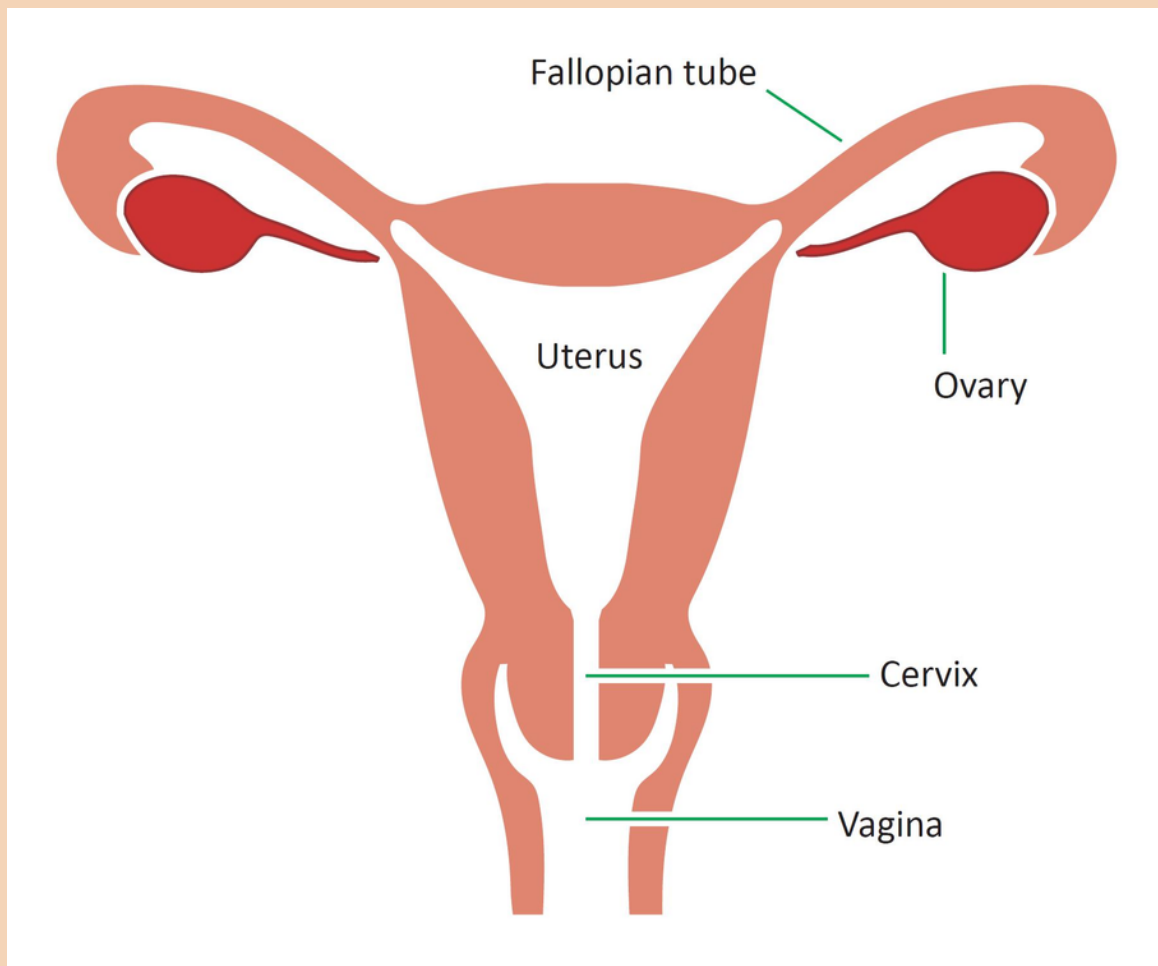
**Labia Minora** - also known as the inner labia. These are positioned inside the labia majora (outer labia) and have no pubic hair. They come in all shapes, sizes and colours. Some people have one labia larger than the other - this is completely normal.

**Urethral Opening** - where urine leaves the body

**Labia Majora** - also known as outer labia are fleshy folds of tissue that protect the other external genital organs. Pubic hairs grows here.

**Vaginal Opening** - where menstrual blood leaves the body, or where a baby leaves during a vaginal birth. It also where body parts and objects can be inserted during sexual activity.

**Hymen** - A thin membrane that surrounds the opening of the vagina, mistakenly linked to virginity. However some people are born without a hymen and others it stretches long before their first experience of penetrative sex.



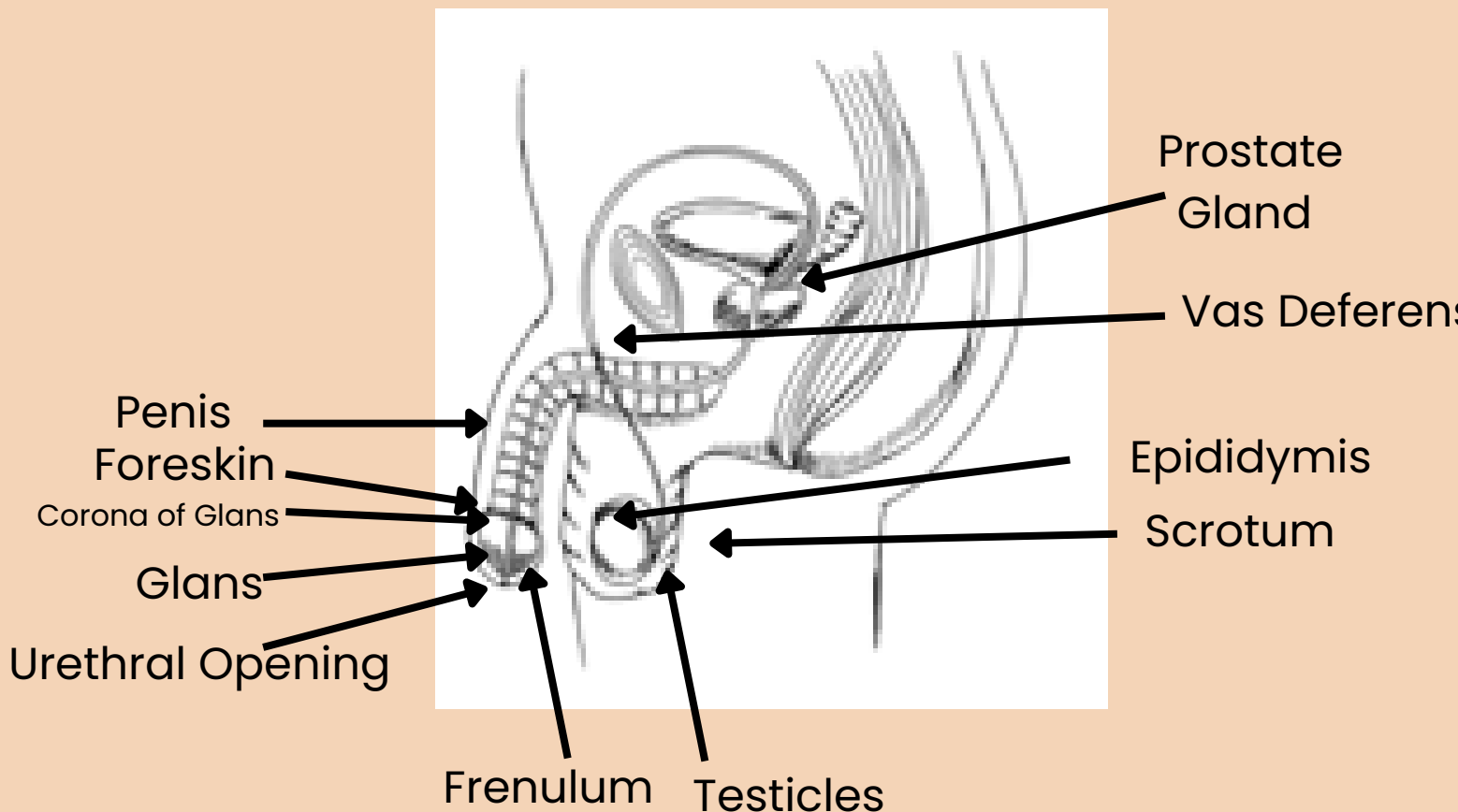
**Fallopian Tubes** - there are two, one either side of the uterus. These are lined with tiny hairs that transport the egg from the ovaries to the uterus. This is where fertilisation takes place

**Ovary** - there are two ovaries, each one contains thousands of undeveloped eggs that are in place from birth. Each month the ovary produces several follicles (tiny fluid-filled sacs). One of these will mature and release an egg

**Uterus** - also known as the womb. This is muscular with a soft lining and is where a baby develops until birth

**Cervix** - a ring of muscles at the lower end of the uterus. This keeps a baby in place during pregnancy

**Vagina** - a muscular tube that leads from the cervix to the vulva



**Penis** - made up of the shaft and the head (or glans)

**Foreskin** - hood of loose skin that surround the penis. Some people have this removed for religious or medical reasons (circumcision)

**Corona of Glans** - the ridge separating the glans from the shaft of the penis

**Glans** - rounded part that forms the end of the penis (e.g. the head)

**Urethral Opening**- where urine and semen leaves the body. A ring of muscles ensure there is no chance that urine and semen can be mixed up

**Frenulum** - on the reverse of the penis and connects the foreskin to the base of the head of the penis

**Testicles** - produces sperm. The sperm travels through the **epididymis** and **vas defrens** to the **prostate gland** where it mixes with prostate fluid to create semen

**Scrotum** - the skin containing the testicles

# BODY CHANGES

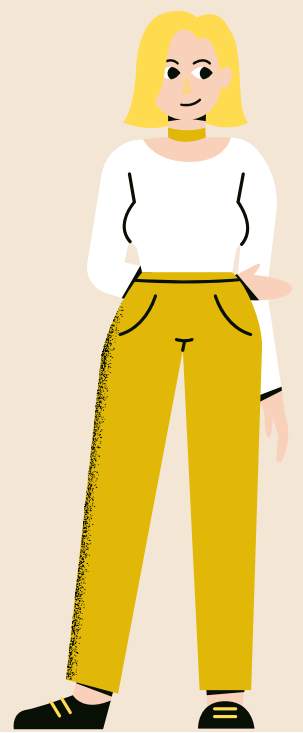
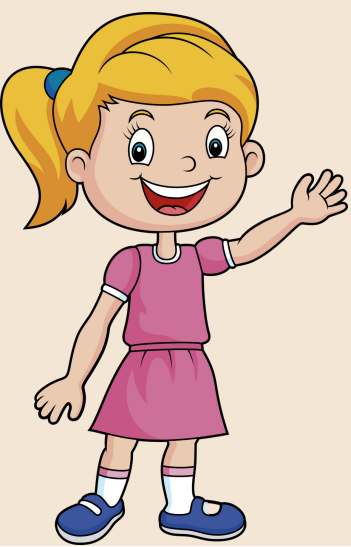
## People with Penises/Boys

- Growing taller
- Penis and testicles grow larger
- Pubic hair grows at the base of the penis
- Erections -happens when the spongy tissue in the penis fills with blood and becomes hard.
- Wet dreams
- Voice gets deeper as the larynx/voice box grows larger
- Muscles develop and chest grows broader
- Feelings and moods may change daily
- Spots may appear on face, back, neck and cheek
- Sweat more under arms and between the legs
- Hair and skin become oily
- Hair grows on the face, arms and legs
- Feel attracted to others



## People with Vaginas/Girls

- Growing taller
- Hips widen
- Vulva and labia can change in appearance
- Periods will start
- Spots may appear on face, back, neck and cheek
- Breasts grow
- Hair grows around the vulva, and underarms and legs
- Sweat more under arms and between the legs
- Hair and skin becomes oily
- Feelings and moods may change daily
- Feel attracted to others





# MANAGING THESE BODY CHANGES

## People with Penises/Boys

- The penis should be washed gently with warm water and unperfumed soap. If there is a foreskin this should be pulled gently back to wash underneath. If underneath the foreskin is not washed correctly this can lead to a build-up of smegma which can cause an unpleasant smell and breed bacteria.

# MANAGING THESE BODY CHANGES

## People with Vaginas/Girls

- The vagina naturally produces discharge to keep itself clean. The vagina should never be washed inside (douching) as this washes away good bacteria. Instead gently wash the vulva using unperfumed soap and water,
- After urinating, the vulva should be wiped from front to back to avoid transferring bacteria from the anus.
- It is completely normal for one breast to develop more quickly than the other. Nipples also change size and colour.
- Some people decide to wear a training bra as their breasts develop and then move to wearing a bra. Some people choose not to wear a bra ever.
- It is important that children and young people recognise that people feel differently about wearing a bra and are sensitive to each other.

# MANAGING THESE BODY CHANGES

## Everyone

### Spots

- Most people will get spots at some point. These can appear anywhere on the body, but are most likely to appear on the face, neck, chest and back. It is important not to pick, squeeze or touch spots as this makes them worse.
- Having spots does not mean someone is unhygienic, it is important to maintain clean skin. Some people may choose to use face washes or creams, in addition to soap/shower gel. Some people conceal their spots using make-up.

### Sweat

- During puberty and into adulthood it is natural to sweat, usually this occurs under the arms and between the legs. If these places are not washed regularly then the sweat will start to smell. The best way to avoid body odour (BO) from occurring is to wash every day and wear clean socks and underwear.
- Antiperspirant - prevents sweats from forming or  
Deodorant - masks odour can be used to prevent sweat and smells.

### Body Hair

- Body hair is completely natural. Some people prefer to remove some or all of their body hair, whilst others are comfortable to leave it. If someone wishes to reduce or remove their body hair

# MANAGING THESE BODY CHANGES

## **Body Hair**

- Body hair is completely natural. Some people prefer to remove some or all of their body hair, whilst others are comfortable to leave it. If someone wishes to reduce or remove their body hair
  - Shaving or waxing
  - Electrolysis or lasering
  - Threading
  - Bleaching

## **Oily Hair**

Hormones can make hair feel oily and greasy. Some people increase the number of times they wash their hair from weekly to twice a week, others change their hair product to those suited for greasy/oily hair.

# IMPACT ON SELF ESTEEM

As puberty occurs at different times for different people and can be unpredictable it can have an impact of children and young people's self-esteem and confidence. This is especially true if they feel they are developing at a much quicker or slower pace to their peers.

Particular impacts include:

- Not wanting to speak up in class due to voice changes
- Wearing a bra
- Missing PE due to menstruation
- Attending PE and having to change/shower with peers
- Feeling emotional over little things
- Physical appearance e.g. facial hair, acne, experiencing a spontaneous arousal/orgasm

# PERIODS AND REPRODUCTION

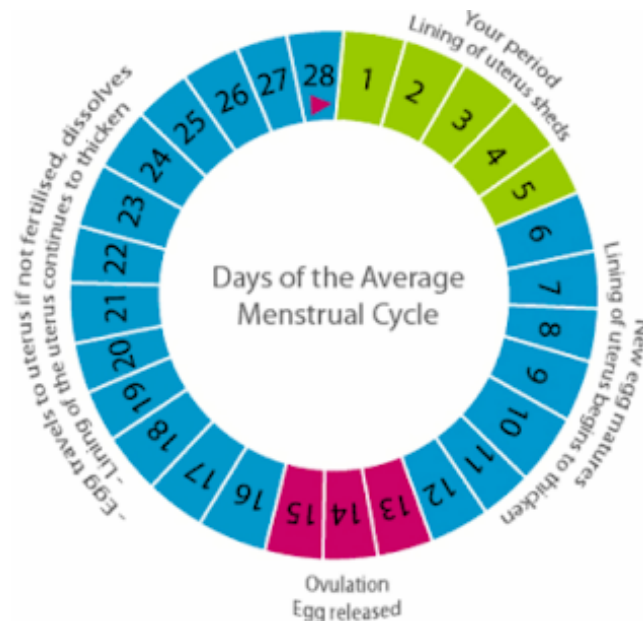
All children and young people should be taught about periods. This enables stigma to be challenged and for children and young people to be empowered to understand their bodies and fertility.

This short [video](#) explains the reproductive process.

At some point between 8 and 18 years old, people with vagina's will start to have periods - menstruation. This is just one part of a whole process that the body goes through each month to prepare for the possibility of getting pregnancy.

# MENSTRUAL CYCLE<sup>31</sup>

You will find detailed information about the menstrual cycle [here](#)



**Menstruation** (days 1-5) - a menstrual cycle starts on the first day of a period (when blood is released) and lasts until the day before the next one. The average cycle is 28 days, but can be anywhere between 21-40 days.

**New egg matures** (days 6-12) - increasing oestrogen levels ensure that the lining of the uterus/womb is thick. The vaginal mucus also changes to become thin and slippery to allow sperm to swim more freely.

**Ovulation** (days 13-15) - an egg is released from the ovaries and travels down the fallopian tube towards the uterus. This usually occurs 14 days after the first day of the period (or 10-16 days before the start of the next). This is when someone is most likely to become pregnant

**Post Ovulation** (days 16-28) - After ovulation the hormone progesterone is produced which causes further development of the womb lining in preparation for a fertilised egg. Once released, the egg lives for around 24 hours and if pregnancy does not occur it is reabsorbed into the body. As the levels of oestrogen and progesterone decrease, the uterus lining is shed. This is the start of the period and begins the next menstrual cycle.

# PERIODS

Period bleeding can be heavy or light and changes throughout a period and between each period. Some period will have regular periods, i.e. there is a clear pattern to when they start and how long they last whereas others have irregular periods, making it harder to predict when they will start and/or how long they will last. There are some factors that can cause periods to become irregular such as extreme exercise, diet and stress.



During a period approximately three to eight tablespoons of blood will pass. It can be thick or watery and may contain clots. The colour can also vary during the period.



# PERIODS & NEURODEVELOPMENTAL CONDITIONS

Some people with neurodevelopmental conditions e.g. autism may need longer to adjust and understand the changes in their lives. It can be beneficial to explore menstruation as early as possible to enable the child/young person to feel prepared.

Explaining the menstrual cycle to enable the child/young person to understand why it happens and how they may be affected can prepare them and help them plan ahead.

Social Stories can also be a useful way to prepare by providing a step-by-step process of what will happen.

Some people may have sensory difficulties and not want to use tampons or pads, it is important that they are aware of other period products that are available including menstrual cups, reusable pads and dark sanitary pads if they sight of blood is an issue.

Staffordshire School Nurses website has a autism and period social story that you can access [here](#).



# COMMON PERIOD SYMPTOMS

**Headaches** - due to the changes in hormones during the menstrual cycle

**Spots**- or blemishes often occur a week before bleeding begins

**Breast Tenderness** - or swelling can occur, often during the second half of the menstrual cycle, being most severe just before bleeding starts

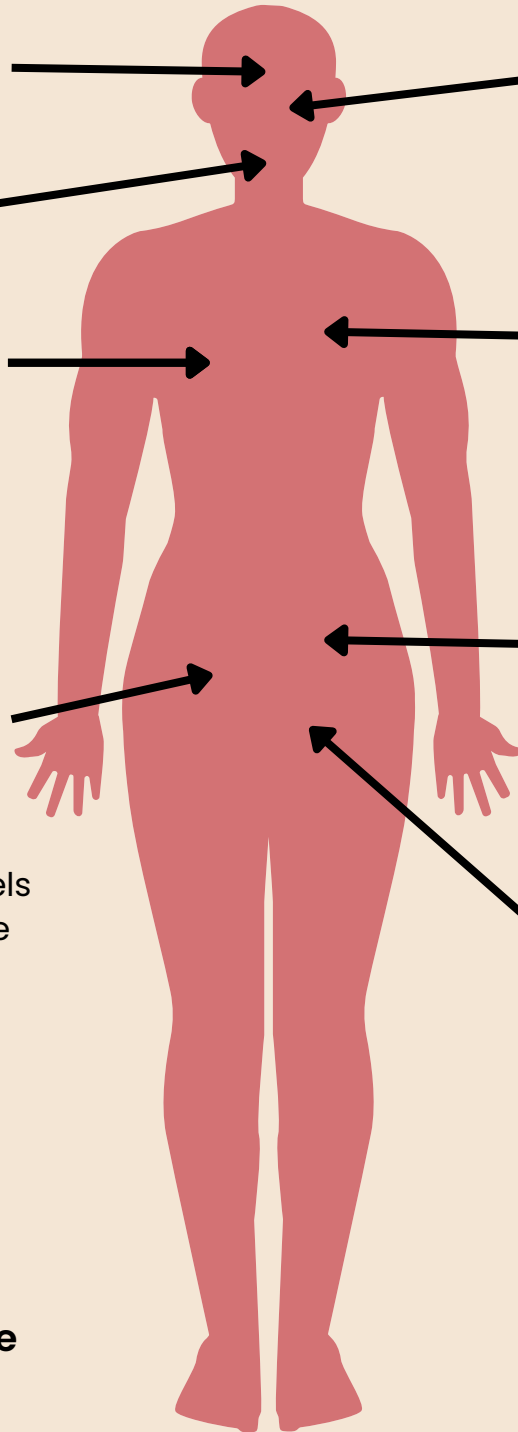
**Bloating**- or trapped wind can often occur one or two weeks before bleeding and can mean the stomach feels swollen and uncomfortable

**Tiredness** - particularly if bleeding is heavy. Energy levels usually return to normal after hormone levels increase post-bleeding

**Mood Changes**- feeling tense, emotional or irritable before bleeding is common, this is due to the changes in hormone levels

**Upset Stomach**- or changes in bowel movements can be caused by contractions in the intestines caused by an increase in hormones released before bleeding

**Stomach Cramps**- occur most commonly during bleeding due to the womb muscles contracting to expel the thickened lining



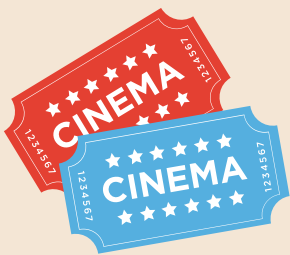
## Top Tips to manage these symptoms

Keep busy - Distraction from discomfort

# TIPS TO MANAGE PERIOD SYMPTONS



**Painkillers**- Follow the instructions for taking them as the recommended dose differs depending on age



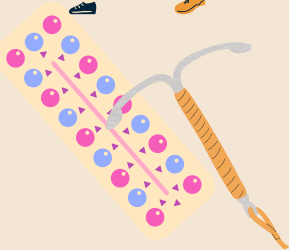
**Keep busy** - Distraction from discomfort



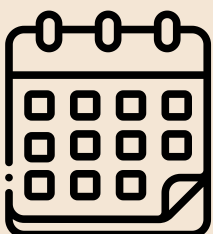
**Warm bath or hot water bottle** - Will help to relax the muscles and ease cramps



**Gentle exercise** - Releases hormones called endorphins that block pain receptors in the brain, meaning signals of pain caused by periods will be stopped



**Contraception** - Some methods of hormonal contraception e.g. pill, patch, ring or IUS may help ease period pain or stop periods. It is advisable to speak to a doctor or nurse about this.




**Period Tracker**- Keeping a diary or using a tracker app can help to plan, manage and understand their symptoms and periods

# PERIOD PRODUCTS

Sometimes these are called feminine hygiene or sanitary products, however this can lead people to believe that periods are unsanitary or unhygienic so it is best practice to refer to them as period products.

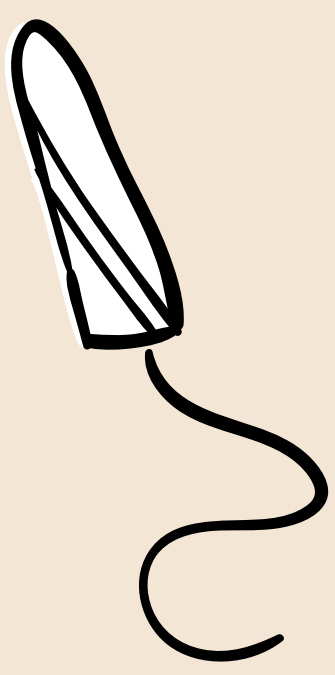
## Applicator Tampons



These come with a plastic or cardboard tube that is used to insert the tampon, into the vagina, instead of using fingers. The tube has been designed to position and push the tampon into the correct place. The applicator is thrown away after the tampon is in place.

These are made from cotton or cotton-like material compressed into a cylindrical shape and absorbs the blood. They can be worn when swimming. This [video](#) explains how to insert a tampon.

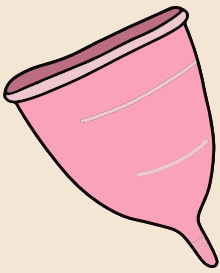
## Non-Applicator Tampons



There is no applicator to guide the tampon in, you use your fingers. This gives greater control when inserting the tampon and can be adjusted to ensure it is comfortable. These are ideal if someone is trying to reduce their plastic usage.

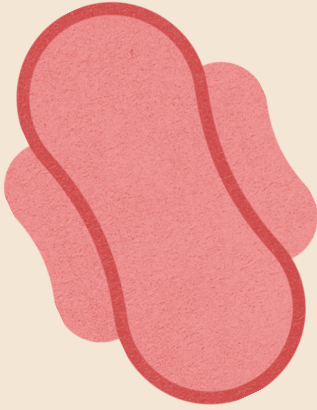
These are made from cotton or cotton-like material compressed into a cylindrical shape and absorbs the blood. They can be worn when swimming. This [video](#) explains how to insert a tampon.

## Menstrual Cups



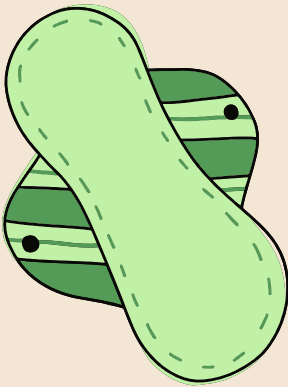
These are sometimes referred to as "moon cups" and are small, reusable containers made of silicon. They are inserted into the vagina to collect blood, this blood is then emptied and the cup washed and reinserted. They can be worn when swimming.

## Disposable Pads



Also known as sanitary pads or towels. These are worn outside the body and have a sticky back (and sometimes wings) to keep them in place in the underwear. They are rectangular and made of an absorbent material that absorbs the leaks and stops leaks.

## Reusable Pads



Like disposable pads but are made of washable cloth so can be washed and reused.

## Panty Liners



Sometimes referred to as pant liners or liners. Similar in look to disposable pads, but thinner and shorter and are also worn outside the body within underwear. They can be used to absorb discharge, if concerns period is due or at the start or end of a period if flow is very light.

## Period Pants



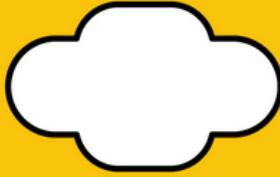


Worn outside the body, period pants are designed specifically with a built in absorbent layer that can be washed and reused. Available as underwear or swimwear.

# ABSORBENCY AND SIZE<sup>38</sup>

## Disposable Pads







Usually available in three sizes, this does vary by brand. This is based on the length of the pad.

Common terms include:

<b>Normal</b>	
<b>Long</b>	
<b>Night</b>	

## Tampons

Absorbency refers to how heavy or light the blood is and NOT the size of the vagina.

<b>Lite</b>		Very light to light flow
<b>Regular</b>		Light to medium flow
<b>Super</b>		Medium to heavy flow
<b>Super plus</b>		Heavy flow
<b>Super plus extra</b>		Very heavy flow
<b>Ultra</b>		Extremely heavy flow

# TOXIC SHOCK SYNDROME

This is a rare but life-threatening condition caused by bacteria entering the body and releasing harmful toxins.

Toxic Shock Syndrome (TSS) is often associated with tampons so it's important to change (tampon) or wash (menstrual cup) every 4-8 hours.

To reduce the chances of TSS it is important to:

- Wash hands thoroughly after inserting a tampon or menstrual cup
- Use the lowest absorbency tampon for the flow of blood
- Switch to a pad or liner every now and then during your period
- Never use more than one tampon at once
- Remember to remove the tampon or menstrual cup at the end of the period
- At night use a fresh tampon or clean menstrual cup before going to bed and remove as soon as possible following waking



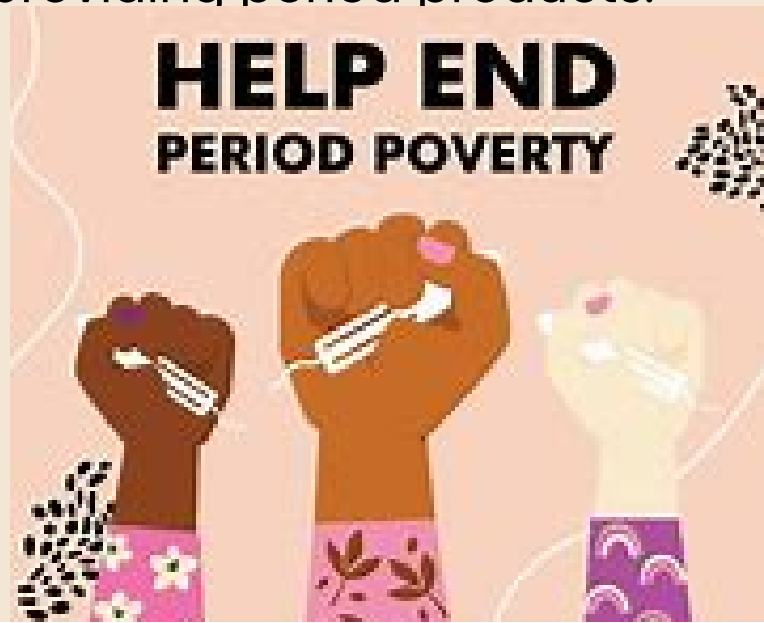
# ACCESSING PERIOD PRODUCTS

Whilst period products are easily accessible in supermarkets and pharmacies it can get expensive, especially as periods occur monthly.

A [YouGov poll](#) in 2022 states that one in eight (13%) who currently have periods say it is likely they will be unable to afford period products in the next 12 months.

Schools and colleges in England can [access](#) free period products for their students until July 2024. You can view the [brochure](#) here.

Locally [Period Power](#) works across Stoke on Trent and Staffordshire supporting schools, football clubs, local authority and foodbanks by providing period products.





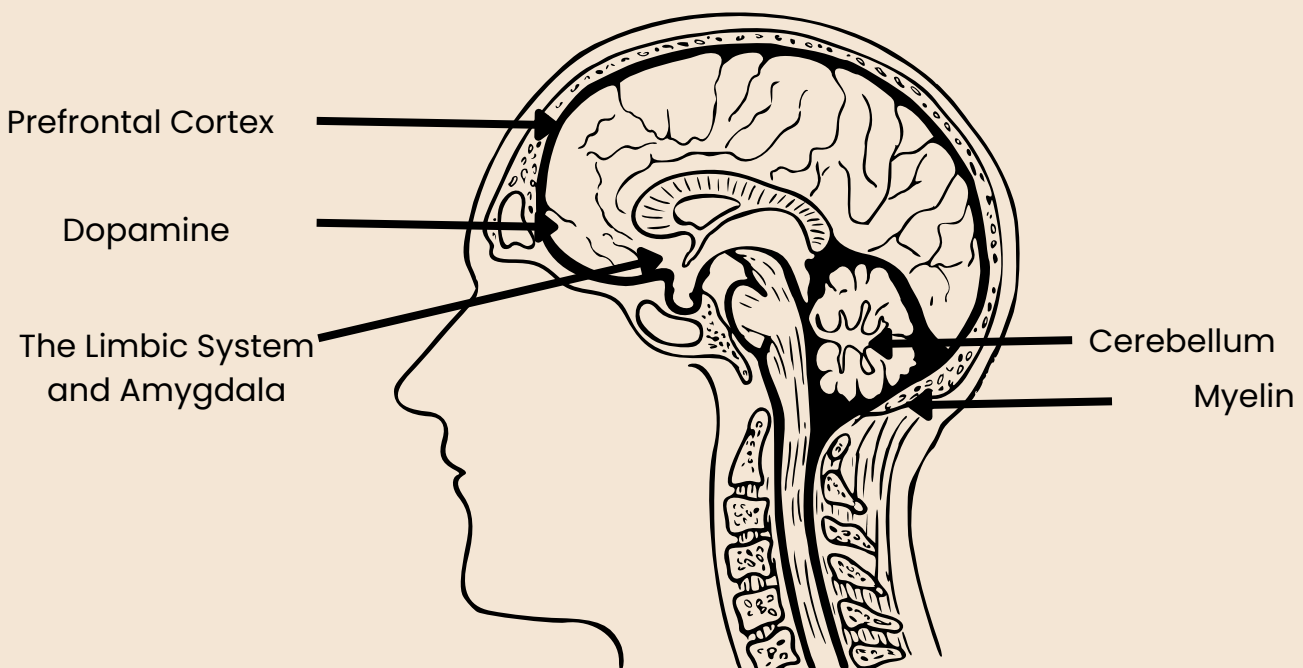
# BRAIN CHANGES AND PUBERTY

This short [Ted Talk](#) explains the changes that take place within the brain during puberty and this [video](#) gives a powerful insight into the brain development of young people.

“DURING ADOLESCENCE, YOUR SENSE OF WHO YOU ARE, YOUR MORAL AND POLITICAL BELIEFS, YOUR MUSIC AND FASHION TASTES, WHAT SOCIAL GROUP YOU ASSOCIATE WITH UNDERGOES PROFOUND CHANGE. DURING ADOLESCENCE, WE ARE INVENTING OURSELVES.”

Sarah-Jayne Blakemore, [Inventing Ourselves: The Secret Life of the Teenage Brain](#), (2018)

Understanding the adolescent brain enables us to better understand how young people are thinking and feeling and respond appropriately.



**Prefrontal Cortex** - the part of the brain that enables us to plan for the future, organise, understand (and calm) our emotions and problem solve.

Develops at a slower rate to other parts of the brain and catches up with the part of the brain that drives emotions around the age of 25.

**Dopamine** - A chemical that increases dramatically during adolescence. This chemical is found in the "rewards centre" of the brain and can partly explain why adolescents are attracted to new, exciting and sometimes risky experiences, it also helps with focus and paying attention. This enables young people to learn from their new experiences.

**The Limbic System and Amygdala** - The emotional centres of the brain that develop rapidly during adolescence. This leads to heightened emotions and the ability to connect with others, read people and the environment and react quickly.

**Cerebellum** - This part of the brains involves movement and coordination, as it undergoes rapid development and maturity during adolescence it can often makes adolescents appear clumsy and awkward.

**Myelin** - This is white matter than enables electrical signals to train through nerves quickly and efficiently During adolescence vital connections are being made that allows thoughts, feelings, senses and experiences to be integrated alongside supporting knowledge and wisdom. .

# BRAIN CHANGES AND BEHAVIOUR

Puberty is incredible combining brain development with hormone production to equip young people for adulthood physically, emotionally and socially.

Due to all these changes it can sometimes lead to changes in behaviours including:

- **Taking risks** – Adolescents are wired to seek out new sensations and experiences due to the strongly wired reward centre in their brain. This means that young people are more likely to be exposed to risk, but they are also more likely to overestimate the risk and learn from the negative consequence. This is important for all professionals to remember who work with young people to reduce the stigma young people face within society and the media.
- **Seeking out new relationships** – Adolescence equips young people to become more independent and be ready for meaningful relationships. To form relationships takes risks, practice, failure and recovery.
- **Influencing peers** – During adolescence young people report that their biggest influence and source of information is their peers. This explains why risk taking and experimenting often occurs when young people are in groups.
- **Learning Quickly** – Their brains are wired to rapidly absorb experience, this enables their brain to be shaped by everything around them and is programmed to learn.
- **Reasoning Slowly** – It is important to remember that the final part of the adolescence brain development is the prefrontal cortex. This is the reasoning part of the brain and is developing and needs nurturing, young people may need support to make decisions and plan as this development occurs.

# SUPPORTING HEALTHY BRAIN DEVELOPMENT

To support healthy brain development those experience puberty should:

**Get a good night's sleep** – Adolescence is why the biological circadian rhythms change. The hormone melatonin is what makes people feel sleepy at night. During teenage years this is produced in the brain about two hours later than in childhood or adulthood, this makes it harder for a person to get up in the morning or go to bed early.

**Avoid drugs and alcohol** – Substances are likely to be attractive to adolescences, especially when in a group of their peers. However they can have a severe impact to both healthy brain development and emotional wellbeing.

**Manage Stress Levels** – Some stress is good and challenges people to adapt, improve and be the best they can be. However, continuous and high stress levels can damage the brains emotional and physical development. Ensuring young people have access to adult support, even during high levels of stress, helps to protect the brain's development this is why signposting people and organisations during PSHE lessons is so important.

**Be educated about Risk-taking behaviours** – As young people are hard wired to take risks it is important that they are educated on how to reduce risks and have a safe place to develop strategies on how to manage risks, especially when with a group of their peers.

**Have a healthy Diet** – Eating a healthy and varied diet during puberty is essential as it supports they changes experienced. For people with vaginas they should ensure calcium features within their diet, for people with penises they should ensure protein features in theirs.

# PUBERTY AND HEALTHY DIET

In 2011, the NHS estimated that teenagers aged between 13-18 should have the following calories:

Age	Boy	Girl
13	2,414 kcal	2,223 kcal
14	2,629kcal	2,342kcal
15	2,820kcal	2,390kcal
16	2,964kcal	2,414kcal
17	3,083kcal	2,462kcal
18	3,155kcal	2,462kcal

It is important to recognise this is a guide and will vary depending on a number of factors including how physically active they are.

A healthy, balanced diet for teenagers should include:

- at least 5 portions of a variety of fruit and vegetables every day
- meals based on starchy foods, such as potatoes, bread, pasta and rice – choose wholegrain varieties when possible
- some milk and dairy products or alternatives – choose low-fat options where you can
- some foods that are good sources of protein – such as meat, fish, eggs, beans and lentils

Teenagers should not fill up on too many sugary or fatty foods – such as crisps, sweets, cakes, biscuits – or sugary fizzy drinks. These tend to be high in calories but contain few nutrients.

# PUBERTY AND SEXUALITY

Sexuality is a holistic term for someone's sexual behaviours, attractions, likes, dislikes and preferences (Brook). Alongside physical and emotional changes puberty is also a time of sexual development.

During puberty a young person might start having sexual thoughts, feelings, exploring their own body and thinking about other people's.

Sexual feelings and sexual behaviour is a natural, healthy part of growing up providing it is:

- Displayed between people of a similar age or developmental ability
- Reflective of natural curiosity and experimentation
- Explored in a safe, private space
- Consensual for everyone involved
- Not excessive

Thinking about sex during puberty is normal and expected. This does not mean that young people want to or will have sex, the average age of a first sexual experience is 16 rather they are curious about it. and the following behaviours could take place:

**Wet Dreams** - These happen when ejaculations takes place during sleep, often caused by a dream. They are a normal part of puberty and begin approximately around the age of 12. They can also be experienced by people with a vulva who may orgasm in their sleep.

**Sexting/Sharing Nudes** - Some young people will share explicit messages or photographs. This is illegal under the age of 18, however the law is there to protect children and young people rather than criminalise them.

**Masturbation** - Stimulating yourself for sexual pleasure. This is a healthy way for someone to explore their body, their likes and dislikes. It is important that masturbation takes place in a safe, private space. Some people will masturbate more than others and some will not masturbate at all.

**Spontaneous Arousal/Orgasm**- During puberty the body will react to both sexual and non-sexual stimuli like clothes rubbing against the genital area, something a person has read or seen, vibrations on a vehicle.

**Watching Pornography** - To watch or buy pornography you must be over 18 but with easier access it is not uncommon for young people to access it earlier (53% of 11-16 years old had seen explicit material online) . It is not necessarily a problematic or harmful sexual behaviour on its own but could be for example depending on the content, the amount being viewed and where it is being watched. This Children's Commissioner [report](#) highlights the impact of online pornography.

To enable young people to navigate through these physical and emotional changes it is important that they have access to a well-planned, spiral RSHE/PSHE curriculum that explores consent, boundaries and healthy relationships.

# Useful Contacts:



**If you would like more information or support about puberty please contact:**

Families Health and Wellbeing Service (0-19).

Staffordshire - 0808 178 0611

Stoke - 0300 404 2993

**If a referral to Children's Social Care is required, please contact:**

**Staffordshire:**

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

**Stoke:**

CHAD - 01782 235 100

Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 01782 234 234



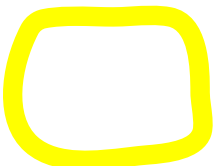
# Further Reading:



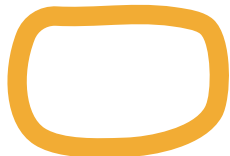
[Health for Teens - Puberty](#)



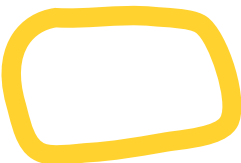
[Brook - Puberty](#)



[NHS - Starting your periods](#)



[Puberty and Adolescent Sexuality](#)



[Hackett's Sexualised Behaviour Continuum](#)



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With thanks to our Partners

