

Always
**Changing
& Growing Up**

always

Grades 5 & 6 Puberty Education
Leader's Guide 2023

always

Dear Educator,

The Always Changing & Growing Up Leader's Guide is intended to provide content, lesson plans and teaching strategies to help your students understand their changing bodies, the stages of **puberty**, hygiene routines, and support with the development of positive self-image.

This program is designed principally for gender-inclusive classes in the hopes that through open and realistic discussions with students of all **genders** present, students have the opportunity to practice a lifetime of healthy and appropriate communication – in their relationships, at school, and, eventually, in the workplace.

Each year, the health education professionals from Ophea and Physical and Health Education Canada (PHE Canada) conduct a review of the program materials to ensure they reflect the most up-to-date curriculum deliverables for your students. For over 20 years, Procter & Gamble Inc., in conjunction with Ophea and PHE Canada, has provided these resources at no cost to classrooms across Canada. The goal is to provide educators with a user-friendly, state-of-the-art, puberty education program for grades 5-6 and grades 7-8.

All of the Always Changing & Growing Up resources are available online in digital form at www.ophea.net and www.phecanada.ca. In addition to this Leader's Guide and the Always Changing & Growing Up Student Guides and Parent Guide, educators can view or download several activity sheets, pre- and post-tests and answer sheets supporting their efforts to teach this material.

Recently this program pioneered the idea of helping students avoid missing school because they lack access to products needed to manage their periods. Research shows that nearly 1 in 7* Canadian students with female sex organs are missing out on school activities, have left school early or have missed an entire school day! The #endperiodpoverty initiative has inspired many schools and school boards as well as government officials to address this issue directly and establish local programs to provide access to free feminine care products at schools.

What's NEW for 2023

The Grade 5-6 Leader Guides have been updated to include all-inclusive, gender-neutral language.

We hope you enjoy the content.

Contents

Educational Outcomes	1
Before you Begin	2-5
Lesson Plans 1-4	6-7
Lesson 5 - Bridging the Confidence Gap	8-10
Lesson 6 - Failing is More Than OK	11
Overview of Human Development and Sexual Health	12
A Changing You (activity)	13
Physical Changes at Puberty for those with Male Sex Organs	14
Overview of the Male Sex Organs	15
Physical Changes at Puberty for those with Female Sex Organs	16
Overview of Female Sex Organs	17
Additional Facts	18
Helping Skin Stay Clear	19-20
Oral and Personal Hygiene	20-21
Explaining Menstruation	22-23
Hygiene Products	24-25
Take Charge (activity)	26
Target What You Would Like to Change (activity)	27
Commonly Asked Questions	28-29
Glossary	30-31
Resources	32-33

All the words in **red bold type** in this booklet are defined in the glossary.

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*The Always Confidence & Puberty Keep Going Study, March 2018; based on Canada females 16-24 years old.

Educational Outcomes

This program has been developed to help students achieve the following outcomes:

Students will identify the connection between personal choice and healthy body systems.

CONFIDENCE

- Acknowledge and understand the changes that are occurring to their brain and body.
- Understand their unique abilities and skills.

BODY CARE

- Identify the importance of personal hygiene practices.
- Apply personal hygiene behaviours.

BODY KNOWLEDGE

- Identify the factors that one can and cannot change that affect sexual health at **puberty** (hormonal changes, hygiene, diet, exercise, stress).

Students will identify the changes associated with puberty.

- Describe the changes of **puberty** (e.g. physical, emotional and social).
- Identify the male and female sex organs.
- Describe the stages of the **menstrual cycle** and **spermatogenesis**.

Students develop social-emotional learning skills associated with puberty.

- **SELF CONCEPT**
Accept themselves as unique and special.

- **PERSONAL RESPONSIBILITY**
Take responsibility for their own choices and actions related to sexuality and health.
- **RESPECT FOR SELF AND OTHERS**
Display behaviour that respects the sexuality and gender identity/expression of others.
- **GOAL-SETTING**
Assess personal choices and behaviours in relation to their own short-term and long-term goals.

WHAT IS AVAILABLE THROUGH THIS PROGRAM:

Leader's Guide

- Lesson plans.
- Background information.
- Glossary.
- Additional resources.

Activity Sheets

(www.ophea.net / www.phecanada.ca)

Always Changing Student Guide

- An interactive resource that can be used independently by students or as an enrichment to classroom study.

Parent/Guardian Guide

- A resource for your students' Parent or Guardian.



Before you begin

CLASSES ON PUBERTY

Establishing ground rules for the discussion of sensitive topics will allow students to share and explore feelings and opinions in an atmosphere of trust. The leader can set the ground rules or brainstorm with the students what they should be. Ground rules usually include the following:

NO PUT DOWNS

All thoughts, feelings, ideas and opinions are accepted. No one's thoughts and feelings are better or wrong.

NO PERSONAL QUESTIONS

People can voluntarily share but no one should be put on the spot with specific questions.

RIGHT TO PASS

Everyone has the right to NOT answer a question, including the leader.

IT'S OKAY TO GIGGLE OR BE EMBARRASSED

At first this kind of discussion may make students embarrassed. Gradually, it is expected that the giggling will stop.

CORRECT TERMS SHOULD BE USED

Students should be encouraged to ask questions using the words they know. They should also understand that they will learn correct terms and be expected to use them. Sometimes students will use explicit or slang language for shock value. They can be guided back to 'correct terms' by the leader.

LISTEN WHEN OTHERS ARE TALKING

Practice attentive listening.

NO TALKING ABOUT CLASS MEMBERS' COMMENTS OUTSIDE THE CLASSROOM

Everyone needs to feel that their privacy will be respected and that what they say in class won't be repeated by someone else outside of the class or posted via social media.

DIFFERENCES WILL BE RESPECTED

Many students come from families with different points of view and beliefs about what should or shouldn't be discussed in the classroom. It is important that they and their families wishes are respected.

PLANNING YOUR PROGRAM

School boards across Canada have many different approaches for teaching human development and sexual health. In some areas the content is precisely defined and monitored; in others, educators may draw on a variety of resources and adapt lessons based on their students' needs. The Always Changing Program has been designed to be flexible and adaptable to your teaching plans.

PROFESSIONAL DEVELOPMENT

Many educators feel comfortable and prepared to teach about **puberty**. There are individuals in the community that provide workshops and can assist with new and innovative strategies and additional information.

Contact the health and physical education program support personnel in your board of education, local public health unit or provincial or territorial health and physical education association for more information.

BEWARE OF YOUR OWN BIASES AND EXPERIENCES

Leaders are important role models and can have a powerful influence on students' attitudes and acceptance of individual, family, cultural and ethnic differences. Think about your own experiences growing up and how they may be similar or different from those of students in the class. Be aware of your own personal biases as you assist young people in examining their own opinions and feelings about growing up.

Question box

The use of an anonymous question box can greatly enhance **puberty** education. A good way to utilize the question box is to hand out small pieces of paper to each student at the beginning of the class. Anytime a student has a question that they don't feel comfortable asking in front of the class, they may write their question on the piece of paper. As the class is drawing to a close, collect the piece of paper from each student in a question box (even if it doesn't have a question written on it). Therefore, the questions will remain anonymous!

When preparing to answer questions, use the following four-point plan to ensure that each point is represented in your answers:

FACTS

- Establish the facts.
- Dispel myths.
- If you don't know, find out together!

VALUES

- Discuss global values of non-discrimination, mutual respect and personal privacy.

RESPONSIBILITIES

- Actions have consequences.
- Students are encouraged to take more responsibility for their health and wellness.

SELF-ESTEEM

- Value and respect self, others and the environment.

The questions students ask can be separated into four different groups:

1 REQUEST FOR INFORMATION

Generally, students are seeking factual information and these questions can be answered in class or answers can be sought out by the student or leader.

2 "AM I NATURAL?" QUESTIONS

Explain to students while they will go through some natural physical and emotional changes. Our brain and bodies are all very different. Be certain to remain objective, validate concerns ("many young people worry about that") and refer them to other resources for support.

3 PERMISSION SEEKING QUESTIONS

Students may ask permission to engage in or not engage in certain behaviours. Use universal values and refer to family values.

4 SHOCK QUESTIONS

Use established ground rules to deal with inappropriate questions in the classroom.

PARENTAL INVOLVEMENT AND SUPPORT

Many parents/guardians have indicated that they wish to know when **puberty** education classes are scheduled in their child's school. This provides them with an opportunity to discuss the issues with their child or children.

You might choose to do any or all of the following:

- Send a letter home to parents/guardians. A sample letter is available at www.ophea.net or www.phecanada.ca.
- Host an open house for parents/guardians to preview materials.
- Hold an event for parents/guardians and their child or children to attend together.
- Create homework assignments that might be completed with parents or guardians.

Students may wish to talk to their parents/guardians about **puberty** but do not know how to initiate the conversation. As part of one of the lessons, you could ask the students to brainstorm a list of suggestions of how to begin discussing **puberty** issues with their parents (or other adults in their lives). You could also use the decision-making process to identify the best solution for this problem.

There are cultures where discussion about the human body and sexuality is considered inappropriate. Some students may be withdrawn from class when **puberty** is the topic. Other students may stay in class but will not be able to discuss human development and sexual health issues with their families.

WHAT VALUES DO WE TEACH?

Sometimes parents/guardians or others will ask what 'values' are taught as part of classes on **puberty**. The broad values conveyed in this resource are:

- Parents are the primary sexual health educators of their children. The school functions as a partner in their education.
- At this stage of development, children should have access to appropriate information about their bodies, health and life skills.
- Every person has equal dignity and worth, regardless of **gender**, race, religion, or culture.
- People, including children, are responsible for their own behaviour and the consequences of that behaviour.
- It is good for children to be able to talk openly and comfortably about **puberty** and sexuality issues with peers, parents/guardians and other adults they trust such as leaders or close relatives.



Activity Sheet Downloads

A - PERMISSION LETTER TO PARENTS/GUARDIANS

Outlines classroom content as well as provides web resources to help parents/guardians have the “talk” with their children.

B - TESTS

Pre-Test

Identifies general **puberty** knowledge before unit begins.

Post-Test

Evaluates general **puberty** knowledge learned from unit.

C - ACTIVITY SHEETS

1 Introducing Terry

An introductory class activity intended to initiate student dialogue regarding the changes that take place in **puberty**. Terry’s **gender** is not revealed in this fictional grade student’s accounting of what changes they are feeling and experiencing.

2 Facts about the Female Sex Organs

Diagram labelling & Definitions activity.

3 Facts about the Male Sex Organs

Diagram labelling & Definitions activity.

4 Hidden Changes

Word Search helps students recognize that certain changes that accompany **puberty** are not visible.



5 Myths & Facts

True & False questionnaire helps magnify non-sexual body changes and personal health and hygiene needs.

6 Taking Care of Yourself

Helps students identify their increasing role and choices towards their personal care.

7 Word Scramble

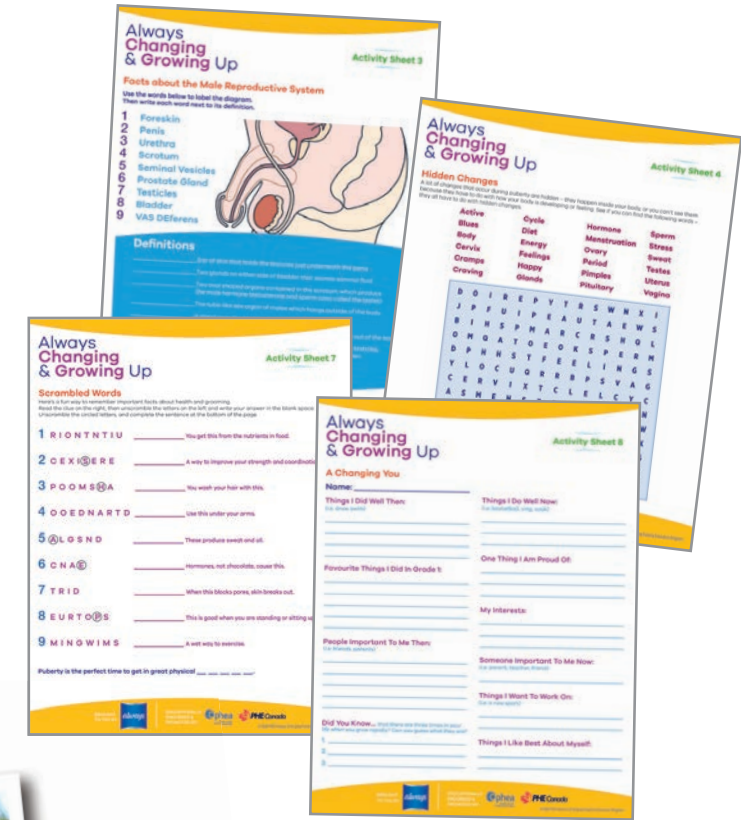
Summarizes important facts about health and hygiene.

8 A Changing You

A reflection and growth worksheet.

D - ANSWER SHEET

Includes answers for Pre and Post-test as well as Activity Sheet #'s 2, 3, 4, 5 and 7.



These tools support classroom activities (see lesson plans, next page) and are available at www.ophea.net and www.phecanada.ca

Lesson One

GROWING AND CHANGING OUTCOMES

- Students will identify the importance of personal hygiene practices.
- Students will understand that each person is unique and that they grow and change at different rates.

SUPPORTING ALWAYS CHANGING MATERIALS

- Leader's Guide.
- Activity Sheet 1 Introducing Terry (Activity Sheet Download).

RECOMMENDED PROCEDURE

Introduction: Indicate to students that they are going to be discussing human development and sexual health at **puberty**, and developing healthy attitudes about appearance and positive self-esteem. Establish ground rules (see page 2).

A Changing You: (see page 13) Have students complete as many questions as they can in class. Discuss the changes they have experienced since first grade and the changes they may be experiencing now and how they feel about themselves.

Introducing Terry: Have students read and complete Downloadable Activity Sheet 1. Ask volunteers to share their answers.

Rapid Growth Periods: Ask students what they think are the three times in their life when they grow rapidly. Discuss and outline what triggers **puberty**.

ENRICHMENT

Have students look through magazines or search online to create a collage that will describe how they are changing and how children their age feel about these changes. Have volunteers share their collages.

FOR NEXT LESSON

Explain the use of the question box (see page 3 in Leader's Guide).

Lesson Two*

THE CHANGING BODY OUTCOMES

- Students will describe the changes of **puberty** (physical, emotional, social).
- Students will identify the male and female sex organs.
- Students will describe the stages of the **menstrual cycle** and **spermatogenesis**.
- Students will learn changes are ongoing and part of growing up.

SUPPORTING ALWAYS CHANGING MATERIALS

- Activity Sheet 2 Facts about the Female Sex Organs (Activity Sheet Download).
- Activity Sheet 3 Facts about the Male Sex Organs (Activity Sheet Download).
- Activity Sheet 4 Hidden Changes (Activity Sheet Download).
- Activity Sheet 5 Myths and Facts (Activity Sheet Download).

RECOMMENDED PROCEDURE

Remind students about the question box.

ENRICHMENT

Students are to pretend that they have fallen asleep and have awakened to find it's five years in the future. Have them write about the changes they expect in the next five years. Share stories in class.

FOR NEXT LESSON

Distribute Activity Sheet 5 Myths and Facts about personal care (Activity Sheet Download), and ask students to complete it before the next lesson. Remind them about the question box. Provide students with the opportunity to add a question at this time.

*Note: If time permits this lesson could be spread over two sessions.

Lesson Three

TAKING CHARGE OUTCOMES

- Students will identify the importance of personal hygiene practices.
- Students will identify the factors that one can and cannot change affecting sexual health at **puberty**.
- Students will assess personal choices and behaviours in relation to their own short-term and long-term goals.

SUPPORTING ALWAYS CHANGING MATERIALS

- Activity Sheet 5 Myths & Facts (Activity Sheet Download).
- Activity Sheet 6 Taking Care of Yourself (Activity Sheet Download).
- Activity Sheet 7 Word Scramble (Activity Sheet Download).

RECOMMENDED PROCEDURE

Skin Change: Review the changes of **puberty** that impact on skin care (Leader's Guide page 19 and 20), that may result in **pimples** and changes in perspiration. Review the activity students have completed.

Myths and Facts about Skin Care: Review the three steps to skin care.

Goal-Setting: Introduce or review goal-setting with students. Setting goals and working to achieve them helps give direction. When you reach a goal you feel good about yourself and are confident to try other new things.

A person is more likely to reach a goal if it is based on what they know about themselves, what their interests are, and how they are behaving now. The steps to goal setting are easier to remember using the SMART steps:

- S Simple
- M Measureable
- A Attainable
- R Realistic
- T Time Specific

Taking Charge: Distribute and have students complete "Taking Care of Yourself" (Activity Sheet Download). Explain that by looking at your personal attitudes, skills, and behaviours, you can identify where you are successful and areas for improvement. This will allow you to set appropriate goals. Have them complete the activity sheet. How would they like to increase their responsibility for their own personal appearance and health?

ENRICHMENT

Ask students to think about their futures and what they want their lives to be like. How could they fit a 'life goal' with the goal-setting exercise they just used?

FOR NEXT LESSON

Tell students that the next lesson will introduce all the changes of **puberty** and answer some of their specific concerns and questions. Remind them about the question box.

Lesson Four

THE CHANGING BODY OUTCOMES

- Students will describe the changes of **puberty**.
- Students will identify the male and female sex organs.
- Students will describe the stages of **menstrual cycle** and **spermatogenesis**.
- Students will identify the importance of personal hygiene practices.

MATERIALS REQUIRED

- Post-Test (Activity Sheet Download).

RECOMMENDED PROCEDURE

For Female Sex Organs:

- Review the changes of **puberty** and stages of development (pages 16-17).
- Discuss the external female **sex organs** and hygiene (pages 16-17).
- Review the process of **menstruation**, choosing hygiene products and the disposal of products.
- Review other personal care habits: showering, skin care, oral care (pages 19-21).
- Conclude with questions and Post-test (Activity Sheet Download).

For Male Sex Organs:

- Review the changes of **puberty** and stages of development (pages 14-15).
- Discuss **penis** size, **erections**, **wet dreams**, **circumcision** and hygiene (page 18).
- Review other personal care habits: showering, skin care, oral care (pages 19-21).
- Review the changes of **puberty** for people with female sex organs and discuss the similarities and differences of people with male sex organs (pages 14-17).
- Conclude with questions and Post-test (Activity Sheet Download).



Lesson Five

BRIDGING THE CONFIDENCE GAP

56% of people with female sex organs lose confidence during **puberty**. The number one reason cited for this drop is a lack of information about what's happening to them.¹ That's where leaders come in. **You can make all the difference by arming students with the information they need to combat the confidence gap.**

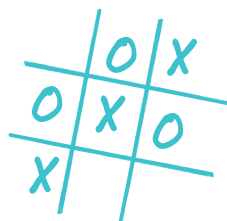
Find the right keys and their potential to be unstoppable.

WHAT'S HOLDING THEM BACK?

From an early age, those with female sex organs receive messages from society telling them what it means to be "like a girl": **pleasing others, being liked, and being perfect.** This can affect how they approach challenge and failure. Educators from the award-winning Harpeth Hall School identified several factors holding them back from taking on challenges they need to grow: perfectionism, sensitivity to criticism, fear of failure, and the language of self-doubt.²

Research has shown that those with female sex organs are more likely to internalize negative feedback and mistakes.³ They blame themselves and believe their ability is the reason for their mistakes. What's worse, Dr. Susan Nolen-Hoeksema of Yale University has discovered that they are more prone to over-thinking their decisions and their mistakes.³

All of these factors hold them back. **But there's an easy way forward. In this section, we'll tackle all these issues and explain how you can make a positive difference in their confidence levels.**



1 Always 2014 Confidence & Puberty Survey – on line survey with 1,300 females ages 16 to 24 Mackey, Allyson P., Alison T. Miller Singley, and Silvia A. Bunge. "Intensive reasoning training alters patterns of brain connectivity at rest." *The Journal of Neuroscience* 33.11 (2013): 4796-4803.
2 Hill, Jess, Kathryn Bowers, Armistead Lemon, Elizabeth Baker, and Jennifer Jervis. "Growth Mindset and Confidence." Telephone interview. 20 Apr. 2015.
3 Nolen-Hoeksema, Susan. *Women Who Think Too Much: How to Break Free of Overthinking and Reclaim Your Life*. New York: Holt Paperbacks, 2004. Reprint edition.

Lesson Five

BRIDGING THE CONFIDENCE GAP

THE CONFIDENCE GAP IN THE CLASSROOM

In the classroom, the confidence gap shows up differently than it does in their social lives. Rachel Simmons and Simone Marean of Girls Leadership Institute have found that when they lose their confidence, they're less likely to take on challenging projects and more likely to give up or not even try.⁴ **As their leader, you have the power to change that.**



THE POWER OF WORDS:

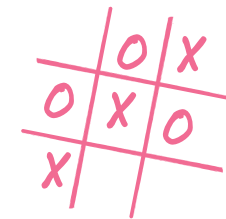
Changing your choice of words can change their worldview. When students are working hard on a task, use "process praise," or encouragement that focuses on the process, not the outcome. Try adding these examples of process praise to your classroom vocabulary, and your students might try harder:

YET! Whenever you hear one of your students giving up or refusing to keep trying, encourage them with "Yet!" The word "yet" encourages students to focus on the process: It reminds them that they have already invested time and effort into the task, but may need a bit more time before they can complete it.

EXAMPLE: "I can't figure out this word problem!" "I think you mean you haven't figured it out **YET!** Let's talk about what you already know and have done – that's how you got to this point."⁵

AND. Avoid using the word "but" when you offer students feedback. By saying "and" instead, you show them that their areas of improvement are part of the process – not a barrier to it.

EXAMPLE: "You're working hard on this, **and** I think one way you can improve is..."⁶



4, 6 Simmons, Rachel, and Simone Marean. "Growth Mindset." Telephone interview. 9 Apr. 2015.
5 Hill, Jess, Kathryn Bowers, Armistead Lemon, Elizabeth Baker, and Jennifer Jervis. "Growth Mindset and Confidence." Telephone interview. 20 Apr. 2015.
7 Dweck, Carol, and Rachel Simmons. "Why Do Women Fail?" CNN. Cable News Network, 30 July 2014. Web. 26 May 2015.
8 Always 2014 Confidence & Puberty Survey – on line survey with 1,300 females ages 16 to 24 Mackey, Allyson P., Alison T. Miller Singley, and Silvia A. Bunge. "Intensive reasoning training alters patterns of brain connectivity at rest." *The Journal of Neuroscience* 33.11 (2013): 4796-4803.

Lesson Five

BRIDGING THE CONFIDENCE GAP

Activity

Be Unstoppable!

They should be perfect	They aren't strong	They can't be sports newscasters
They can't be brave	They should please the people around them	They can't study science or math

LEADERS NOTES

LEARNING OBJECTIVE

- Help students understand how society tries to limit them by telling them what they should and shouldn't be or do, and teach them that they don't have to accept those limitations.
- Help students understand that societal limitations — even positive ones — can hold them back and stop them from trying new things.
- Encourage students to smash their limitations and be unstoppable.

CHALLENGE TASK

Think about categories that are used to describe people and how it might make them feel.

INSTRUCTIONS

Ask students if they know what a stereotype or label is. Share a description of what a stereotype is: a belief about a group of people that is not true for everyone in the group. Ask students if they can think of an example of a stereotype (e.g., only those with male sex organs like to play with trucks). Read the following sentences to students and ask them to stand up and say, "That's a stereotype!" if they think it is.

- All smart people like to read and do math.
- Adults can be silly and funny.
- All teenagers are lazy and sleep all the time.
- Some people who like to read are shy.
- All people with female sex organs like the colour pink.

Extended Exploration: Discuss how stereotyping and labelling makes others feel and how to think about everyone as an individual with different qualities and characteristics.

Lesson Six

FAILING IS MORE THAN OK

Activity

Keep Going!

Students can feel paralyzed by fear of failure during puberty.



But guess what? Failing is more than okay, it's what helps you grow in confidence!

LEADERS NOTES

LEARNING OBJECTIVE

The objective of this lesson is to help students see the positive role that failing can play in their lives. Encourage self-reflection on how they think about and react to failing. The vision is to drive a mindset shift from students considering failing as something to be feared, to something to be embraced as a way to grow, learn and build confidence.

WHAT YOU WILL NEED

- 3 tips to boost your confidence - Ted-ed video available at: https://www.youtube.com/watch?v=L_NYrWqUR40
- Student notebooks and pens or markers.

MINDS-ON

To begin the class discussion, we recommend you share your own example of a time you failed, but didn't give up and kept persevering through failing. Then move into the following discussion questions:

- What are some ways you have failed and didn't give up on your goal?
- Do you think there are differences between how different genders deal with failing?
- Do you think failure might be particularly hard for some people vs. others? Why?

ACTION

Watch the Always® Ted-ed video in class.

THEORY TO BE EXPLAINED TO STUDENTS:

Even though it's something that you may not like or may be afraid of, failing is okay; actually it's more than okay. Why? Because when you persevere through failing you learn new skills and gain wisdom and strength. In fact, failing — and choosing to work through it — is critical to help you learn, grow and build your confidence.

Following the video and explanation of the theory, have students write a reflection in their notebooks answering the following questions (ensure questions are written on the board):

- Write about a time you failed recently: How did failing make you feel? What were some of your thoughts at the time?
- How did you deal with the failure? Did you keep trying, take a break or give up?

CONSOLIDATION

To close out the lesson, have students write a letter to a younger student they love or who looks up to them about the time they experienced failing (from action). Have them think about answering the following questions in the letter:

- Looking back on it now, would you do anything differently?
- What did you learn if you did keep trying? Or what do you think you could you have learnt if you hadn't given up?
- What words of encouragement would they share with a student facing the same situation?

Invite 2-3 students to share their letters with the class.

Overview of Human Development and Sexual Health

Centuries of cultural and religious traditions have led us to treat **puberty** as everything from a reason for great celebration to a cause for shame or silence. However viewed, early **adolescence** is a complex time of change: emotionally, physically, socially and intellectually.

Students in the fifth and sixth grades are usually between the ages of 10 and 12 and there is enormous diversity in these children. Not only do most students with female sex organs enter **puberty** about two years earlier than those with male sex organs, but individual rates of growth vary widely as well. The timing of development at **puberty** is influenced by heredity, nutrition throughout childhood, and physical activity levels.

LIFE'S THREE PERIODS OF RAPID GROWTH

From conception to birth the human **fetus** grows from one cell (fertilized **ovum**) to 26 trillion cells. This is the most rapid growth period.

In the first year an infant usually triples its birth weight, the second most rapid growth period. Asking students to imagine what they would look like if they tripled their weight in one year puts everything in perspective.

Puberty is the last rapid growth period in life. It is the slowest of the three and is different than the others because it includes changes to sex organs as well as a growth spurt.

IT'S ALL ABOUT CHANGE

Growing up involves change. It may be helpful to put these **puberty** changes in perspective by asking students to think about the changes we experience every day, every year. What is the difference between those changes and the ones that come with **puberty**? As adults, what major changes occur?

Students between 10 and 12 years notice obvious differences in development in their peer group and worry about changes happening too quickly or too slowly. Often they are sensitive to popular commercialized messages about 'ideal' body shape and size. Given the mixed messages and pressures facing these children, this resource can provide a welcome forum for addressing questions, concerns and worries about growing up.

Puberty for many children is a time of emotional intensity. With assistance they can learn ways to cope with sudden mood changes. One educator has said that it is common for pubescent young people to get the "mads, sads and glads."

Mood swings triggered by fluctuating hormone levels can be puzzling for young people and their families. Classroom sessions that focus on ways to cope can be helpful to students and parents/guardians.

Emotional Changes at Puberty

The wide emotional swings that everyone experiences during **puberty** are caused by **hormones: testosterone**, as well as **progesterone** and **estrogen**. As an educator, helping them know what to expect can lessen the ups and downs of growing up. Explain and emphasize the following changes:

- **Mood swings.** Naturally caused by changing hormone levels, mood swings are part of **puberty** for everyone. For those who that have started **menstruation**, this may be most noticeable around day 15 of their cycle.
- **Change in self-confidence.** A changing body - whether it's ahead, behind or on pace with their peers - can be a source of concern for many young/pre-teens. An increase in feelings of awkwardness and embarrassment are common. Stressing that it's good to be an individual, physically and emotionally, can help young/pre-teens cope with all these changes.
- **Emotional instability.** Young/pre-teens often become more emotional and react more strongly than they did when they were younger, regardless of whether it's a school or peer-related issue. Conversation is the key to helping young/pre-teens learn self control.
- **Need for independence.** As a natural part of **puberty**, young/pre-teens will begin to question boundaries set by their parents/guardians and other authority figures in their lives, including you. Finding ways to offer young/pre-teens more responsibility while maintaining firm boundaries is an ideal way to help them grow without stepping out of bounds.

Remember, the more young/pre-teens understand what's happening physically and emotionally, the more they can recognize and cope with the changes in all aspects of their lives.

Personal and Social

SKILL BUILDING

Over the last decade, evaluations of health programs in schools show that effective programs have similar key elements. These programs use peers as leaders, actively involve parents and guardians, and support students' personal and social skill development. Most importantly, they include personal and social skill building activities. Teaching these skills as part of a **puberty** education unit will provide students with the ability to be in control and take more responsibility for their own health and wellness.

The four broad personal and social skills that are integrated into this resource are:

- **Decision-Making** – assist students to solve problems that may arise in relation to the changes at **puberty** and to take responsibility for their own choices and actions.
- **Communication** – assist students to express thoughts, feelings and listen actively to others.
- **Goal-Setting** – assist students to look ahead and consider the steps to healthy decisions and goals.
- **Self-Awareness** – assist students to increase awareness of their unique and positive qualities.

A Changing You

Name: _____

Me Then

THINGS I DID WELL THEN:
(i.e. draw, swim)

FAVOURITE THINGS I DID IN GRADE 1:

PEOPLE IMPORTANT TO ME THEN:
(i.e. friends, parents/guardians)

DID YOU KNOW...

that there are three times in your life when you grow rapidly? Can you guess what they are?

Also available as Activity Sheet 8 (Activity Sheet Download).

Me Now

THINGS I DO WELL NOW:
(i.e. basketball, sing, cook)

ONE THING I AM PROUD OF:

MY INTERESTS:

SOMEONE IMPORTANT TO ME NOW:
(i.e. parent/guardian, leader, friend)

THINGS I WANT TO WORK ON:
(i.e. a new sport, math, painting)

THINGS I LIKE BEST ABOUT MYSELF:



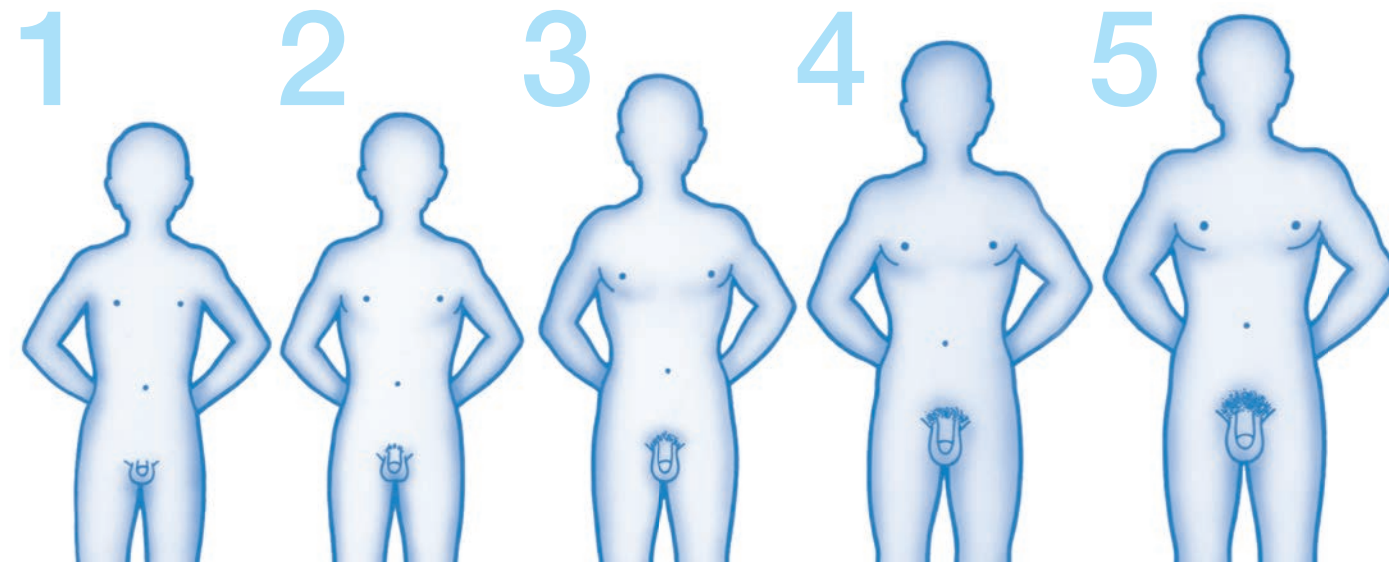
Physical Changes at Puberty for those with Male Sex Organs

STAGES OF PUBERTY

For those with male sex organs, stages of development are typically described by the five stages of genital and pubic hair growth, along with other signs of maturation: the deepening of the voice, the growth spurt, muscle development and the growth of facial and body hair.

It is important to emphasize that each person's progression through the stages will be slightly different according to their own body's timetable, and those with male sex organs usually move through the stages of **puberty** one or two years later than those with female sex organs.

Stages of development for those with male sex organs



Stage One:

Up to ages 9 to 13

- Childhood stage; no visible signs of pubertal development.

Stage Two:

May begin ages 9 to 15

- **Testicles** and **scrotum** grow larger.
- Fine, straight hairs start growing at the base of the **penis**.

Stage Three:

May begin ages 11 to 16

- **Testicles** and **scrotum** continue to grow.
- **Penis** grows larger.
- Pubic hair becomes darker, thicker and curlier.
- Vocal cords increase in size, causing voice to deepen.
- Height and weight may start to increase noticeably.

Stage Four:

May begin ages 12 to 17

- Growth spurt continues.
- Shoulders begin to broaden and physique becomes more muscular.
- **Penis** grows in width as well as length.
- Pubic hair coarsens and takes on a triangular shape.
- Underarm hair appears.
- Traces of hair may appear on upper lip and chin.
- **Testicles** start to produce **sperm**; **ejaculation** occurs for the first time.

Stage Five:

May begin ages 14 to 18

- Adult stage; overall look is that of a young adult.
- **Genitals** and pubic hair have an adult appearance.
- Growth spurt slows down.
- Facial hair growth becomes heavier.
- Body hair growth, especially on the chest, may continue into the twenties.

IS MY PENIS NATURAL?

This questions comes up often for adolescents with male sex organs Each one is unique - thick, thin, long, short, straight or curvy.

SOME FICTIONAL BELIEFS

Those who are tall, with husky, builds have bigger **penises** **False** than those who are short and skinny.

Those with big thumbs, big hands, big feet have larger than average **penises**. **False**

Some racial or ethnic groups have larger **penises** than other racial, ethnic groups. **False**

Those with larger **penises** have more sex drive than those with smaller **penises**. **False**

Overview of the Male Sex Organs

Understanding male sex organs is as important as understanding any other organ system of the body. Encourage students to learn this system and understand the function of each part. By becoming familiar with anatomy, students of all **genders** can better comprehend changes to male sex organs. Ensure that students learn the correct terminology and pronunciation as well.

Begin by explaining that the main purpose of the male sex organs are to produce **sperm** – the male reproductive cells. During **puberty**, the hormone **testosterone** enables the **testicles** to start producing mature **sperm** for the first time. When a **sperm** reaches an **egg** inside a person with female sex organs and **fertilization** takes place, the person with female sex organs becomes pregnant.

Sperm is combined with other fluid in the **vas deferens** to make seminal fluid, which is called **semen**. To explain how this happens and how **semen** leaves the body through **ejaculation**, you may want to trace the path of the **sperm**. Start from the **testicles**, then through the **vas deferens**, **seminal vesicles**, **prostate gland** and **urethra**. Define **erection** and **ejaculation**. Be sure to explain that urine also leaves the body through the **urethra**, but never at the same time as **semen**.

Share with students that even if their body is now ready to fertilize an egg, it doesn't mean they are! It's important to know why they get erections and what is happening inside their body. There are many other external factors about pregnancy to be considered and these include age, readiness, and much more!

PERSONAL CARE FOR THOSE WITH MALE SEX ORGANS

Circumcision: This is the removal of the **foreskin** covering the head of the **penis**, usually when they are an infant. It is done for religious, cultural or hygienic reasons.

Cleanliness: **Penis** and **testicles** should be washed and carefully dried daily. If uncircumcised, pull **foreskin** back to wash away **smegma**. Drying carefully is important to avoid chapping. Chapping can be uncomfortable and is sometimes called jock itch. It can be treated by applying corn starch or over-the-counter medications.

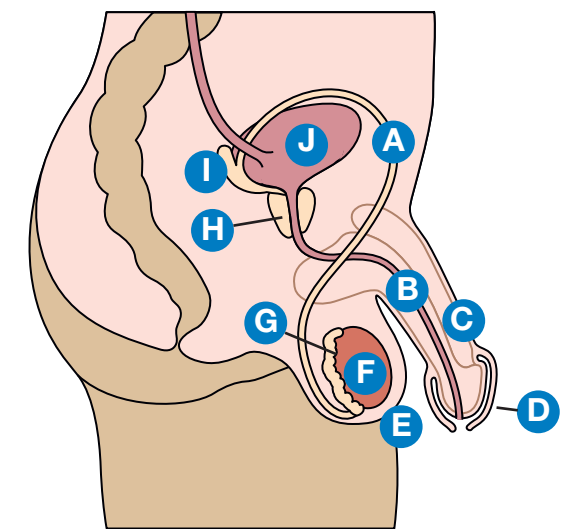
Athletic Supporters: Also called jock straps. Athletic supports are worn to support the **penis** and **testicles** during physical activity. For contact sports you can purchase a plastic or fiberglass 'cup' to insert or attach to the jock strap to give additional protection against injury.

- A** - **vas deferens (sperm duct)**
- B** - **urethra**
- C** - **penis**
- D** - **foreskin**
- E** - **scrotum**
- F** - one of two **testicles**
- G** - **epididymis**
- H** - **prostate gland**
- I** - one of two seminal vesicles
- J** - **bladder**

Sperm facts

- During puberty, those with male sex organs starts to make sperm in the testicles and will continue to make new sperm every day, about 400 million sperm a day.
- A new sperm takes four to six weeks to mature. During that time it travels through long coiled tubes in the testicles.
- The testicles have to be slightly cooler than the natural body temperature to produce healthy sperm. When it's cold outside, the scrotum pulls the testicles closer to the body to warm them.
- When it is warm the scrotum hangs lower so they stay cool.
- Once sperm are mature, they travel up through the 35-45 cm sperm duct or vas deferens and over the bladder. They are then stored until they are ejaculated.
- A natural ejaculation contains 150 – 500 million sperm.
- If a person has only one testis (born that way or sometimes an accident or cancer causes the loss) the remaining testis doubles its sperm production.

DIAGRAM OF MALE REPRODUCTIVE ORGANS



Uncircumcised penis

Physical Changes at Puberty for those with Female Sex Organs

STAGES OF PUBERTY

For those with female sex organs, the stages of development are typically described by the five stages of breast development and pubic hair growth, along with other signs of maturation: the growth spurt, the onset of vaginal discharge and start of **menstruation**. The drawing below describes these five stages with average age ranges.

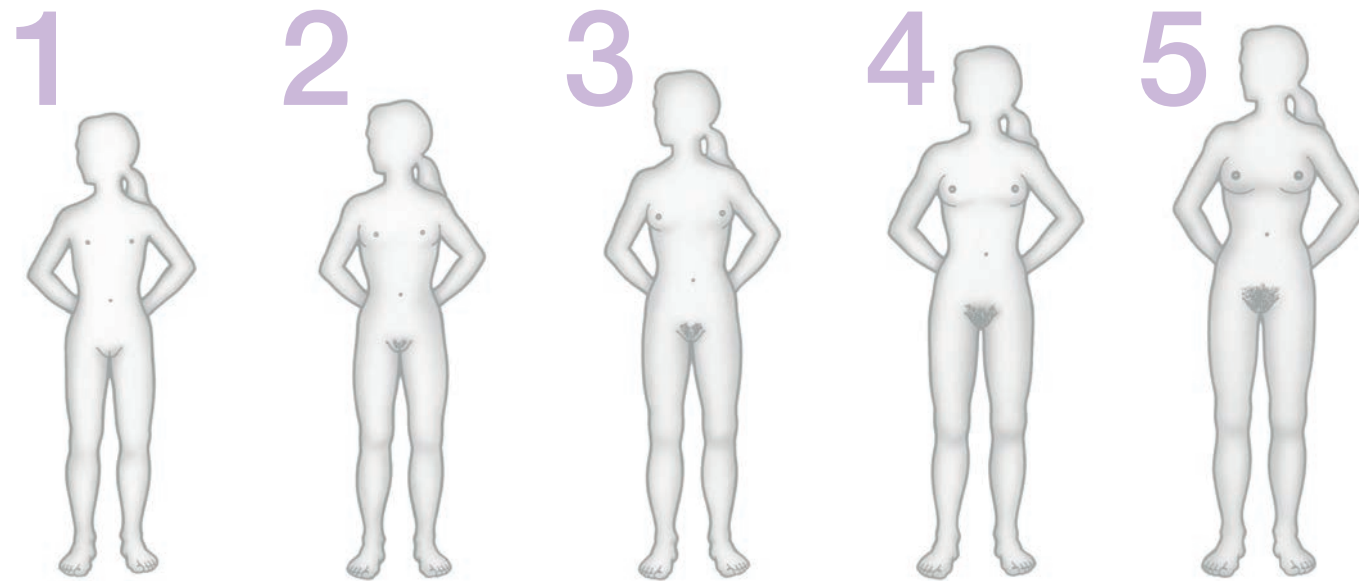
It is important to emphasize that each person's progression through the stages will be slightly different according to their own body's timetable.

BREASTS

The sequence of early changes for those with female sex organs involves growth spurts and breast buds, so many questions involve breast changes.

- It takes three to five years for **breasts** to grow to their full size.
- **Breasts** come in different sizes and shapes. **Nipples** may differ in colour and shape.
- Some may have one breast that is bigger than the other and **nipples** that look different. Sometimes developing **breasts** may make them self-conscious.
- **Breasts** begin to enlarge because milk producing glands, cushioned by layers of fat tissue, are forming under the **nipple**.
- Those with large **breasts** have no additional milk glands, just extra fat tissue. They do not produce more milk than those with small **breasts**.

Stages of development for those with female sex organs



Stage One:

Up to ages 8 to 12

- Childhood stage; no visible signs of pubertal development.

Stage Two:

May begin ages 8 to 14

- Height and weight increase rapidly.
- Breast buds appear; **nipples** become raised and this area may be tender.
- Fine, straight hairs start growing close to the **labia**.

Stage Three:

May begin ages 9 to 15

- Height continues to increase.
- **Breasts** become rounder and fuller.
- Pubic hair becomes darker, thicker and curlier.
- Hips may start to widen in relation to waist, giving a softer, more rounded shape.
- **Vagina** begins secreting a clear, whitish fluid called vaginal discharge.
- For some, **ovulation** and **menstruation** begin late in this stage.

Stage Four:

May begin ages 10 to 16

- Underarm hair appears.
- The **nipple** and the dark area around it (**areola**) may stick out from the rest of the breast.
- Pubic hair starts to form a triangular patch in front and around sides of the genital area.
- For many, **ovulation** and **menstruation** begin during this stage.

Stage Five:

May begin ages 12 to 19

- Adult stage; overall look is that of a young adult.
- **Areola** rejoins breast contour and breast development is complete.
- Pubic hair forms a thick, curly, triangular patch.
- Adult height is probably reached.
- **Ovulation** and **menstruation** occur regularly.

Overview of Female Sex Organs

Understanding the female sex organs is as important as understanding any other organ system of the body. Encourage students to learn this system and understand the function of each part. By becoming familiar with the female sex organs, students of all **genders** can better grasp what happens during the **menstrual cycle**. Ensure that students learn the correct terminology and pronunciation as well. Help students understand the approximate location, size and shape of each organ.

PERSONAL CARE FOR THOSE WITH FEMALE SEX ORGANS

The whole area of soft skin between a body with female sex organs is called the **vulva**. The **labia** are two sets of soft folds of skin inside the **vulva**. The **clitoris** is a small mound of skin above the **urethra** and is very sensitive.

Unlike the male sex organs that are easily seen, internal female sex organs may be more challenging to conceptualize. An easy way of explaining the external genitalia is to say that from front to back there are three openings in the body:

Urethra: A very small opening, the tube that drains urine from the body.

Vaginal opening: The passageway to the **uterus**, opening through which the menstrual blood flows. Sometimes the vaginal opening is covered with the **hymen**, a thin piece of skin. The **hymen** looks slightly different on each person and some are born without one.

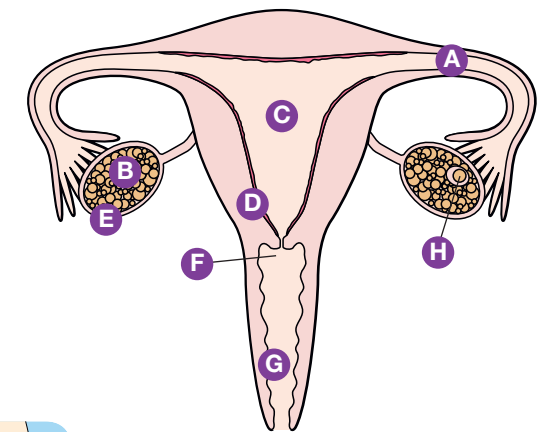
Anus: A small opening through which bowel movements leave the body.

Washing the entire **vulva** often is important as it is an area where bacteria grow and cause odour. White **smegma** develops in the folds of the **labia**. It is best not to use perfumed soaps or powders in the genital area, to avoid irritation.

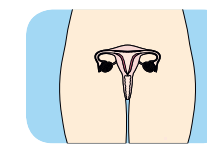
Ovum facts (plural ova)

- Those with female sex organs are born with hundreds of thousands of ova resting deep inside their ovaries.
- The ovum is the largest human cell, and yet is no bigger than the tip of a pencil lead.
- Ova carry one half the codes or genes that determine human life, while sperm carries the other half.
- It is believed that the ovaries take turns ovulating from one month to the next - one month the left ovary, and the next month the right ovary.
- Each ovum is encased in a lining sac called a follicle. At puberty some of the follicles start to mature and move toward the surface of the ovary.
- A mature follicle forms a tiny blister-like bubble on the surface of the ovary. At ovulation the ovum pops out and is pulled into the fallopian tubes.

DIAGRAM OF FEMALE SEX ORGANS



- A** fallopian tubes (2)
- B** ovum (eggs)
- C** uterus
- D** endometrium
- E** ovaries (2)
- F** cervix
- G** vagina
- H** ova



Position inside the body

Additional Facts



BRAS

- Questions related to breast development and bras may be an uncomfortable subject for some students to discuss at home.
- Bra sizes are measured by underbust/band size (number) and cup size (letter). For instance, a person who wears a size 34A bra has a 34 inch underbust and A cup size **breasts**.
- Some adolescents may choose to wear 'training bras' during early breast development for some support. Note, these bras do not change the process or pace of breast development.

BRA MEASURING GUIDE

- 1 Measure around your chest, just below your **breasts**. Add 5 inches if it is an odd number; add 4 inches if it is an even number. This is your bra measurement.
- 2 To find out what cup you need, measure again around your chest, over the fullest part of your **breasts**.
If the two numbers are the same, you need an AA-cup.
If the two numbers differ by 1 inch, you need an A-cup.
If the two numbers differ by 2 inches, you need a B-cup.
If the two numbers differ by 3 inches, you need a C-cup.
If the two numbers differ by 4 inches, you need a D-cup.

Example:

Natalie's first measurement is 27 inches. Adding 5 inches gives 32 inches. This is their bra measurement.

Natalie's second measurement is 33 inches.

The difference in the two numbers is 1 inch, so they need an A-cup.



CHANGES IN PENIS SIZE DURING PUBERTY

The **penis** grows in length and width during **puberty** in slow and gradual stages. When adolescents understand these stages of growth, some of their concerns may be lessened. **Testicles** and **scrotum** enlarge first, changes in the **penis** happen later and only towards the end of **puberty** does the **penis** attain adult size.

Areas of frequent concern are **wet dreams** and **erections**. Let students know that these concerns are common during **puberty**. **Wet dreams**, also called **nocturnal emissions**, happen to about one third of people with male sex organs. Sometimes they can ejaculate when asleep. This is called a wet dream. It happens without them knowing about it – they may notice that their pyjamas or sheets feel a bit wet or sticky when they wake up. **Wet dreams** can be embarrassing, especially if they do not understand why they happen.

Involuntary **erections** are also common during **puberty**. An involuntary **erection** occurs for no apparent reason. They don't have to be thinking about sex or anything in particular. This can happen without warning as they reach **puberty**. But it's not always noticeable, and it will go away as the muscles at the base of the **penis** relax and allow the blood to leave the **penis** so that it gets smaller and softer again. You can offer them suggestions of how to deal with **erections** that happen at awkward times (i.e. sit down, put hands in pockets, wear baggy clothes).

Helping Skin Stay Clear

The appearance of blemishes and **pimples** during **puberty** happens to 8 out of 10 young people. **Acne** is a more severe case of **pimples**. It's one more worry that affects how people feel about themselves. Yet, by understanding the causes of **acne** and the appropriate steps to control skin breakouts, (pre)teens can gain confidence and skills to care for their skin.

At **puberty**, changes in the skin that take place are caused by body **hormones**. The sebaceous or oil glands in skin become enlarged and more active, producing excess amounts of an oily substance called **sebum**. Oil glands are in the skin throughout the body, but there are more of them on the face (especially across the forehead, and down the nose and chin, often called the T-zone), neck, shoulders, upper chest and back – the areas where **pimples** and **acne** are most likely to appear.

Skin problems begin beneath the surface of the skin in the underlying **dermis**. The **dermis** contains nerve endings, **sweat glands**, **sebaceous glands** and hair follicles.

Naturally, oil produced by **sebaceous glands** flows up through the hair follicles or pores to the skin's surface. When the amount of oil increases, it can combine with dead skin cells within the follicles to clog pores. This blockage, also called a plug, allows a **pimple** to develop.

Plugs exposed to air appear as blackheads. It's not dirt that make blackheads dark, it's when melanin (the same substance that gives skin its colour) is exposed to air. White-heads are closed plugs. They are the more serious of the two because they can become inflamed.

Anyone who has ever had a **pimple** appear just at the wrong time knows how frustrating it is that it can't be banished overnight. (Pre)teens may be short on patience, but learning to take care of skin over time is the best defense against **acne**. No skin care routine can deliver results overnight. But by following a Clean, Prevent and Treat routine, (pre)teens can achieve clearer skin and learn to better manage **acne** breakouts.

CLEAN

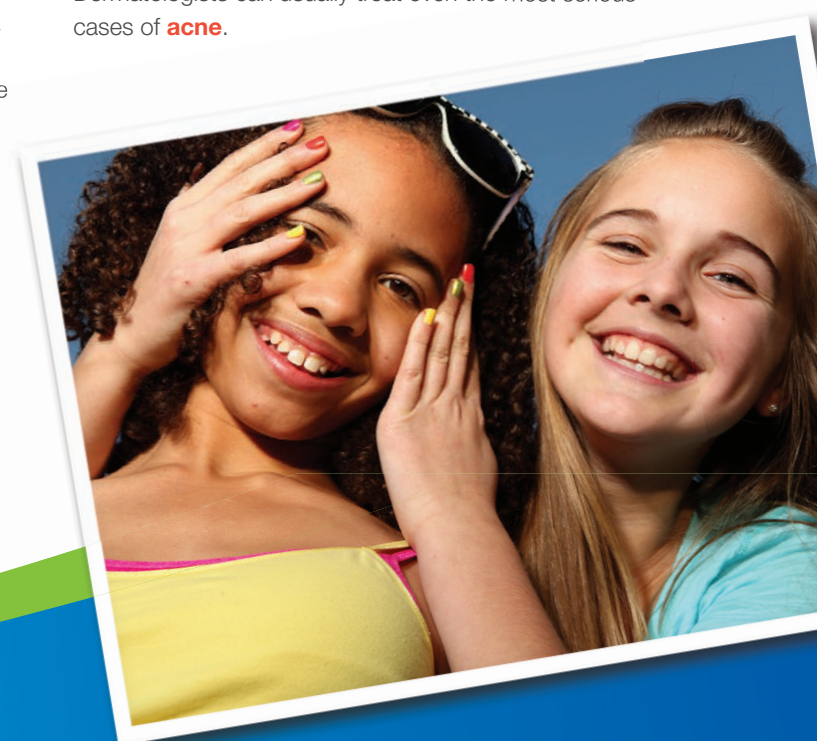
- To help get rid of everyday dirt and oil on their face, (pre)teens should wash their face gently, twice a day, with soap or cleansers, which can be medicated or non-medicated. Scrubbing hard only aggravates breakouts. (Pre)teens who wear makeup or who have blackheads may benefit from deep cleansing with a special cleanser containing salicylic acid. This helps prevent clogged pores that can lead to **pimples** and **acne**.

PREVENT

- To help prevent pores from becoming clogged, use a salicylic acid product all over the face two times a day to help prevent **pimples**.
- Use moisturizer and drink water to keep skin hydrated. Dry skin forces the body to produce more oil which can lead to more **acne**.

TREAT

- Despite (pre)teens' best preventative efforts, some stubborn **pimples** may still form. To help get rid of existing **pimples**, (pre)teens should use a medicated treatment containing benzoyl peroxide. It works to unclog pores and helps eliminate **pimples** fast. There is no stronger **acne** fighting medication available without a prescription.
- Use products correctly. (Pre)teens should follow product directions carefully. Individual routines may need to be adjusted to take into account individual sensitivities. Care should be taken not to over dry or over treat skin. For example, some (pre)teens may be sensitive to a combination of salicylic acid and benzoyl peroxide. If skin should become dry, red, itchy or flaky, treatment frequency should be reduced.
- Do not squeeze, pick or pop! This can cause inflammation to spread under the skin.
- A (pre)teen who has serious **acne** or whose skin does not improve after a month of regular treatment should be encouraged to see a family physician or dermatologist. Dermatologists can usually treat even the most serious cases of **acne**.



Myths and Facts about Skin Care

(Pre)teens can be misinformed about skin care. They may even hear some of it from well-meaning adults. Help your students understand the truth about the causes of blemishes and appropriate skin care with this myths and facts discussion.

- **My diet may worsen acne.**

Fact. While diet is not the cause of **acne**, certain foods (e.g., dairy, carbohydrate-rich foods) may intensify the problem.

- **Scrubbing skin hard will prevent breakouts.**

Myth. In fact, hard scrubbing can actually aggravate the **acne** condition. Also, harsh soaps or other products can make skin problems worse and lead to dry, flaking skin.

- **Environmental conditions can increase skin problems.**

Fact. People who live in hot, humid climates can have more problems.

- **Skin irritation can cause acne.**

Fact. When skin is rubbed by backpack straps, athletic gear, or other items that cause undue friction, a type of **acne** known as **acne** mechanic can result. Hats, headbands or visors can also contribute to skin problems.

- **The sun is good for acne.**

Myth. In fact, the sun can actually aggravate **acne**. The sun also speeds aging of skin and can cause skin cancer. All students should be encouraged to use sunscreens and in more extreme situations, consult a physician.

- **Stress can contribute to skin problems.**

Fact. Although stress does not directly cause **acne**, it may aggravate it. When (pre)teens are under pressure, or are anxious, hormonal activity may increase, setting off an **acne** cycle.

Oral Hygiene

Students should be reminded that overall oral hygiene is very important at all ages. While continuing to try to prevent cavities, they are probably beginning to face new challenges such as maintaining fresh breath and dealing with braces. These pointers can help keep students on the track to proper oral care and good oral hygiene.

- **Brush teeth and tongue at least twice a day with a fluoride toothpaste.**

Brushing removes plaque and reduces the amount of bacteria in the mouth. Bacteria in the mouth multiply quickly. When teeth and gums aren't cleaned regularly, the volume of bacteria in the mouth increase. Students with braces should pay special attention to cleaning their teeth. Cleaning that is not thorough allows food to collect around wires or plastic, causing splotched teeth or tooth decay.

- **Clean between teeth with dental floss** at least once a day to remove food and break up bacteria between teeth.

- **Use mouthwash** to provide additional help in controlling bad breath.

- **Visit a dentist at least twice a year** for a check-up and professional cleaning to remove plaque from below the gums, even if they have been brushed and flossed regularly. Students should be reminded that tobacco and caffeine drinks can stain teeth and cause other negative health effects.

- **Avoid sugary or starchy foods.** Although students may snack on foods containing sugars or starches, these kinds of foods increase the production of acids that attack tooth enamel. Encourage them to consider alternatives like plain popcorn or raw vegetables as they don't produce acid and offer other health benefits.



Body Odour

FACTS ABOUT STAYING DRY

Sometimes pre-teens don't realize they've reached a stage where increased perspiration and body odour can occur. It can be very embarrassing for a young person to find out from others they need to pay closer attention to their personal hygiene. Making pre-teens aware they should bathe daily and use deodorant or antiperspirant can help them avoid this embarrassment.

PERSPIRATION

Perspiration is natural. Perspiration is a complex fluid composed of water, salt, proteins and other nutrients. Perspiring is how the body regulates its temperature. Therefore, it is important not to stop all of the body's sweat because as perspiration evaporates from the skin's surface, it cools the body.

PRE-TEENS ARE NOT ALONE

Throughout history people have been trying to cover up or mask underarm odour. The methods, formulations, scents and effectiveness have changed over time, but their main focus has always been to help people stay dry and prevent or reduce body odour.

WHAT HAPPENS WHEN PEOPLE PERSPIRE

Perspiration is produced by two types of **sweat glands**, the **eccrine** and **apocrine glands**. The **eccrine glands** are located all over the body, and the perspiration they produce is clear and odourless. **Eccrine glands** secrete mainly salt water.

The **apocrine glands** are located primarily under the arms and in the genital area. They become active at the onset of **puberty** and are associated with the growth of body hair and the other physical changes of **adolescence**. When the **apocrine glands** are stimulated, especially by emotions like stress, nervousness and excitement, the glands produce a milky-looking perspiration. As the sweat comes into contact with bacteria on the skin, the result is body odour. Therefore, pre-teens, like adults, need to start a regular personal hygiene routine.

CONTROLLING BODY ODOUR

Daily Bathing – The first step in controlling perspiration odour is bathing regularly with deodorant bath soap or body wash and water. A daily bath or shower removes dirt and oil from the skin and reduces the bacteria that can lead to odour. Taking showers after intense or vigorous physical activity can also help pre-teens stay fresh and dry. Clothes also absorb body odour. So it's important for pre-teens to understand they should put on clean clothes and undergarments after bathing.

Deodorants/Antiperspirants – The second step is using either a deodorant or antiperspirant in addition to regular bathing. A deodorant counteracts odour. It contains ingredients that inhibit the growth of odour-forming bacteria and also helps neutralize or mask odour. Deodorants have no effect on the amount of perspiration secreted. An antiperspirant/deodorant helps control odour and wetness by actually restricting the flow of perspiration from under the arms as well as counteracting odour. The best time to use either of these products is immediately after bathing, when skin is clean. Pre-teens should select a deodorant or antiperspirant that is right for them, based on levels of effectiveness and how it feels on the skin. Generally, the most effective products are, in order: soft solid, solid, roll-on, aerosol and clear gels.



Explaining Menstruation

Begin by explaining that **menstruation** is part of the reproductive process for bodies with female sex organs just as **sperm** production is part of the people with male sex organs reproductive process. Every month, the body will prepare for pregnancy. If no pregnancy occurs, the lining of the uterus (endometrium) will shed and leave the body as a period.

Share with students that even if their body is now ready for pregnancy, it doesn't mean they are! It's important to know why they get their period and what is happening inside their body. There are many other external factors to be considered for pregnancy and these include age, readiness, and much more.

For convenience, a 28 day cycle and a 5day menstrual flow is used or explanation:

DAYS 1 – 5

During this time, when **fertilization** has not occurred, there is a discharge or sloughing off of the **uterus** lining. This menstrual flow consists of blood, mucus and other tissues.

DAYS 6 – 13

One **ovum** begins to develop inside a sac or follicle in an ovary. The lining of the **uterus** grows thicker in preparation for a fertilized **ovum**. The follicle with the ripe **ovum** will move towards the surface of the ovary.

DAY 14

The ripe **ovum** breaks away from the follicle and ovary. It enters the fallopian tube where **fertilization** can take place. If **fertilization** does not take place the **ovum** will disintegrate in 24 to 48 hours.

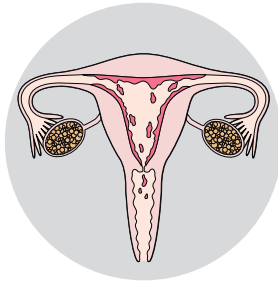
DAYS 15 – 28

If there is no **fertilization**, the lining of the **uterus** is not needed and it begins to break down. On about the 28th day, it will leave the **uterus** as menstrual flow and a new **menstrual cycle** begins.

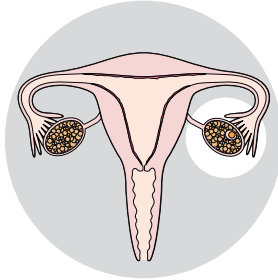
The length of time between each menstrual **period** differs for each individual. Some, especially those who have just begun to menstruate, have an irregular number of days between **periods**. Usually, but not always, the body settles into a regular pattern after a few years. **Menstruation** generally lasts from three to seven days. The total amount of menstrual flow can be from 2 tablespoons to 1/2 cup. It often seems like more. Menstrual discharge starts as a reddish fluid, then usually becomes brighter red. As **menstruation** finishes it changes to darker brownish colour.

A person with female sex organs who is pregnant does not menstruate. are pregnant do not menstruate. **Menstruation** generally continues until they are between 40 to 60 years old. The end of **menstruation** is called **menopause**.

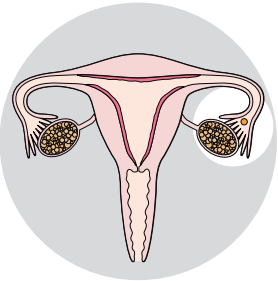
Days 1-5



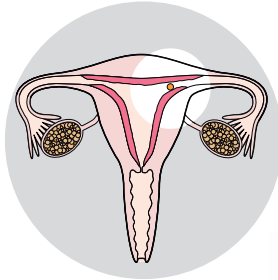
Days 6-13



Day 14



Days 15-28







MENSTRUAL MYTHS



- Have a shower rather than bathe during **menstruation**. False
- Avoid strenuous exercise (like aerobics, jogging, horseback riding) while **menstruating**. False
- Drinking cold drinks during **menstruation** will make the flow heavier. False
- Eating cold food during your **period** will give you cramps. False
- A person with female sex organs can't get pregnant during their **period**. False
- Tampons are unsafe for a pre-teen with female sex organs. False
- Others can tell by looking at you when you are **menstruating**. False

Charting Menstruation

YOUR MENSTRUAL CYCLE

Using , mark the days on which you have your **period** each month. Use ,  or  to show the level of flow for each day.

 light  medium  heavy

Count the days from the first  of one **period** to the first  of the next. This is the length of your **menstrual cycle**. Try to work out when your next **period** will start. Check to see if you were right!

YEAR 20__	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January...																															
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Remember
that your periods can take 2 years or more to settle into a regular pattern



Choosing Hygiene Products

Research reveals most people with female sex organs rely on a trusted adult for advice for choosing products when their **period** begins. However, not all students have someone they feel comfortable talking with. As an educator, you can play a role in helping students understand the range of products available that will fit their needs.

Primary concerns at this age are: avoiding accidents, avoiding a wet feeling and using protection that doesn't show.

Feminine hygiene products are primarily designed to absorb menstrual flow. There are external protection products that are placed in their underwear (e.g. Always® pads and liners) or internal protection products that are inserted vaginally (e.g. Tampax® tampons, menstrual cups). It might be helpful to talk about these products as a system: pads for the beginning of the **period** when flow might be the heaviest, all the way to liners for very light days prior to and following **menstruation**.

Unlike other feminine hygiene products, liners can be used throughout the month to help keep underwear clean and fresh from natural, everyday daily discharge.

A demonstration of pads of varying thickness and tampons of different absorbencies can be very informative. Also discuss about how often to change pads (three to four hours), how to dispose of pads (never in the toilet) and how often to change tampons (four to eight hours). Pads and tampons may be wrapped in toilet paper and placed in wastepaper basket. Plastic applicators must be disposed of in a wastepaper basket or disposal bin.

SOME FACTS AND IDEAS YOU MAY WISH TO DISCUSS WITH STUDENTS:

- Ultra thin pads give effective protection with less bulk than a thick pad.
- **Pads with wings/tabs offer more secure protection** because they wrap around the sides of underwear to help hold the pad in place.
- Stress that daily discharge is natural and not something they should feel embarrassed about.
- Liners can provide reassurance when they think their **period** is coming (especially when they are new to their cycle and it hasn't become regular) and at the end of a **period** when flow is lighter. Suggest students experiment at home first.
- Tampons of varying absorbencies are available since the amount of menstrual flow varies, depending on the individual and the day of the menstrual **period**. **They should use the lowest absorbency that meets their needs.**
- Unlike pads, Tampons are worn internally so they can still participate in activities they enjoy such as swimming, gymnastics, dance, etc. **It is important to stress that a tampon should only be worn when they have their period.**
- **Tampon use does not affect virginity.** Tampons may be used by a person with female sex organs if so desired. Where a **hymen** exists, the tampon is inserted through a small opening in the **hymen**, into the vaginal canal. It is recommended that they further discuss tampon use with a parent/guardian or trusted family member/adult.
- **A period preparation kit** (with pads, and/or tampons and a pair of underwear) kept in a locker or backpack offer peace of mind in case their **period** starts unexpectedly.

Hygiene Products

With so many products in the market today, making selections can be confusing and many are embarrassed by that first trip to the store to buy hygiene products.

This chart details which products they can consider and when they might use them:

	SLENDER	REGULAR	LONG/HEAVY	OVERNIGHT
RADIANT				
INFINITY® STYLISH & ABSORBENT				
ULTRA THIN THIN & ABSORBENT				
MAXI THICK & ABSORBENT				

← Shorter Pad & Daytime Protection Longer Pad & Overnight Protection →



LINERS

There are a variety of liners available, and they come in a wide range of sizes and shapes (thin, regular, long, extra long, and thong).

PADS

Pads come in different shapes, sizes and absorbencies because every body is different - so are each individual's **period** and the level of protection needed each day of **menstruation**.



SLENDER

REGULAR

LONG

OVERNIGHT



TAMPONS

Tampons come in a range of absorbencies. There are two types of tampons – applicator and non-applicator. For a more comfortable insertion experience, they should consider a plastic applicator.

TOXIC SHOCK SYNDROME (TSS)

Although it has been more than 40 years since the discovery of the potentially life-threatening illness known as **Toxic Shock Syndrome** (TSS), many questions still remain unanswered about its cause.

TSS is so rare that most physicians will never see a single TSS case. Individuals of any age or **gender** can experience TSS. About one-half of all cases occur in **people who menstruate**. There is an increased risk of TSS when using tampons. TSS is caused by toxins produced by the bacterium *Staphylococcus aureus*, which is commonly found in the nose and the **vagina**.

TSS can occur any time during a **period**, or shortly afterward. It is not a contagious disease; but if you have had TSS once, you can get it again. Be sure to talk with your doctor before using tampons again if you have had TSS.

TSS Symptoms are similar to the flu. They can include:

- Sudden high temperature (usually 102°F/38.8°C or higher)
- Vomiting
- Diarrhea
- A sunburn-like rash
- Muscle aches
- Dizziness
- Fainting or feeling faint when standing up

Any of these symptoms could be an indication of TSS, though they may not experience all of them. If they are using tampons and have any of these symptoms, they should:

- Remove the tampon immediately and contact a doctor.
- Tell the doctor they have been using tampons and are concerned about TSS.

Reducing TSS Risk

When you discuss TSS with your students, explain that they can reduce TSS risk by:

- Always using the lowest absorbency tampon that meets your needs.
- Alternating tampon use with pads.
- Not wearing a tampon.
- Change your tampon every 4-8 hrs, and *do not exceed this recommended time for tampon use.*

Make sure students consult a doctor before using tampons if they have ever suffered from TSS.

Important Advice About Tampons

It is important that tampons are changed regularly, every 4 to 8 hours. Never use a tampon before or between **periods**, and never use a tampon to absorb vaginal discharge. If they wish to use feminine protection for vaginal discharge, they should use a liner instead.





Take Charge

Learning a little more about yourself helps you to take charge and change those things you want to change.

HOW ARE YOU FEELING?

How do you feel about ...

Changes that occur in your body at **puberty**

Discussing **puberty** with family

Discussing **puberty** with friends

Being the age you are now

GREAT OK UNSURE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How are you doing?

I shower or bathe often

I wash my face twice a day

I change underclothes everyday

I get 30 minutes of physical activity or exercise each day

I make the healthiest food options I can

I consider the feelings of others

I can communicate my rights and beliefs

I complete tasks given to me

GREAT OK UNSURE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Goal Setting

WHAT WOULD YOU LIKE TO CHANGE?

There are lots of things about **puberty** you cannot change. However, there is still an opportunity to be in over many things in your life.

LIST ONE THING YOU WOULD LIKE TO CHANGE AND USE GOAL-SETTING STEPS "TARGET" TO REACH YOUR GOAL.

THINK ABOUT YOUR GOAL.

I will: _____

ASK YOURSELF 'CAN I DO IT?' IS THIS A REASONABLE GOAL FOR ME?

DETERMINE THE INFORMATION YOU MIGHT NEED TO HELP YOU ACHIEVE YOUR GOAL.

CREATE A PLAN. WHAT ARE THE STEPS YOU WILL TAKE TO REACH YOUR GOAL?

Begin your plan.

Date to begin: _____

Date to achieve goal: _____

ASSESS THE RESULTS, DID YOUR PLAN WORK?



Commonly Asked Questions

THOSE WITH FEMALE SEX ORGANS

Why do we go through puberty?

All the changes you experience during **puberty** are part of your growth and maturation. This includes a rapid growth of your bones and muscles. The changes that take place will also allow you to reproduce if you choose to pursue the responsibilities of parenthood.

What is a period?

A **period** is when you lose some fluid, including blood, from your **vagina**. Each month a soft lining thickens inside your **uterus** (womb). If you become pregnant, this lining is needed to look after and nourish the growing baby. If you don't become pregnant, this lining is not needed, and most of it leaves your body through your **vagina**. This is your **period**. It is a sign of a natural and healthy body.

How long does a period last?

It lasts for a few days – usually somewhere between 3 and 7 days.

How often will I have a period?

Most people with female sex organs have a **period** each month. The average time between **periods** is about 28 days, but for some it can be less, and for some it can be more. Anywhere between 21 and 35 days is natural.

When will I start having periods?

Most people who menstruate start having **periods** between the ages of 10 and 16. There is no “right” time – your **periods** will start when your body is ready. It might be reassuring to talk to your doctor if you have not experienced any of the changes of **puberty** by the age of 14; or if your **breasts** and pubic hair have started to grow, but your **periods** haven't started by the age of 16.

Will it hurt when I have a period?

Every individual's **period** is different. Some people who menstruate hardly notice any discomfort during a **period**. Others might have what are called “**period cramps**.” These are usually an ache or cramp in the lower abdomen. Or sometimes you might have an ache in your back or along your inner thighs. For many individuals, **period cramps** are a natural part of **menstruation**. **Period cramps** vary in severity from person to person, if you are concerned about the pain associated with your **period cramps** consult your parent/guardian or doctor.

Some ways to ease **period cramps**:

- Try a warm bath.
- Hold a heating pad on your lower abdomen.
- Exercise.

If cramps continue to be a problem for you, make sure you visit a doctor to recommend alternative ways to manage painful symptoms (e.g., medication) and ensure there are no problems.

What if I have my first period when I'm at school?

Most are taken by surprise when they get their first **period** – even if they are well informed – so don't worry. It's probably a good idea to carry a pad and a clean pair of underwear in your bag just in case. But if you don't have a pad, it's fine to use some toilet paper or tissues if you need to. Ask a friend, a school nurse or a leader to help you – no one will mind. Most schools keep some spare pads for times just like this. (And stains in your underwear will soon wash out with cold water and some soap). Remember – it's something that every adult knows about and no one will mind helping you.

Will I always have periods?

Most people with female sex organs have their **periods** from **puberty** until they are about 50 years old. At around this age, their bodies go through another change – called **menopause**. At this time, the **ovaries** stop releasing **eggs** and the **menstrual cycle** comes to a stop. The only other time you will not have **periods** is if you become pregnant. Then, instead of leaving your body through the **vagina**, the lining of the **uterus** stays where it is and grows to nourish the baby as it develops. Also, sometimes when people with female sex organs are stressed, this can delay or cause irregularity in your **period**.

Who can I talk to if I have some worries?

It's always good to talk to someone about your worries. The best person to talk to is a trusted adult.

Will I lose much blood during my period?

The amount of blood in the **menstrual fluid** varies between individuals, and from day to day during the **period**. A **period** usually ends quite lightly, with most **menstrual fluids** lost in the first few days. Even then, it doesn't come out very quickly. You lose about 4-12 teaspoons of **menstrual fluid** during your **period**, but only a small amount of it is blood. It might look like a lot, but it's not as much as you think. Your body contains more than 5 quarts of blood, so it doesn't miss the little bit you lose during a **period** and quickly makes up for it.

Will anyone notice when I have my period?

Not unless you tell them!

Is it okay to have a bath or shower when I have my period?

Definitely. During your **period** is the most important time to keep yourself clean.

Where can I buy sanitary pads or tampons?

You can buy them in all kinds of places, such as supermarkets, pharmacies and large discount stores. There's no need to feel embarrassed about buying them, although some people prefer an adult to buy pads or tampons for them at first.

How does a tampon work?

A tampon is worn inside your body, in the **vagina**. It soaks up the menstrual flow internally. It is made of soft, flexible material compressed into a small, cylindrical shape, with a cord fastened securely to it. The cord remains outside your **vagina**, so you can remove and dispose of the tampon easily.

What is premenstrual syndrome?

Premenstrual syndrome, or PMS, is the name given to symptoms some experience 1 to 14 days before their **period** begins. These symptoms are physical and/or emotional, and include breast tenderness and feeling moody or sad. It's natural to feel a bit up and down at times, especially with all these changes going on. Emphasize that not all people who menstruate experience PMS.

Why do I feel all heavy and awkward?

Before your **period** your body sometimes stores more water than usual, which can leave you feeling bloated. It's also natural to feel a bit clumsy during **puberty** – that's because you're growing and changing so fast.

Why do my breasts always hurt right before my period?

The change in the level of **hormones** is responsible. It causes fluid to build up in your **breasts**, and this makes them sore and feel heavier. This feeling will soon go away when your **period** has finished.

When will I shave?

It depends on when thicker, darker hair begins to appear on your legs, underarms and in the **pubic area** and if you choose to remove it. Shaving is a personal choice and is a safe method for hair removal. Consult a parent/guardian or trusted adult to learn more about your options and safe hair removal practices.

THOSE WITH MALE SEX ORGANS

Is it natural to put on weight during puberty?

Definitely. An adult is broader, heavier, and more muscular than a child. **Puberty** is not a good time to limit the amount of food you eat. You are meant to put on weight during **puberty** because your body is growing. Exercising regularly and making healthy food choices that align will support your healthy development by giving your body the energy that it needs.

How tall will I be?

It's difficult to predict how tall you will be, but height is usually determined by heredity, that is, how tall your parents and grandparents are. If both parents are tall, chances are you will probably be tall. If both parents are short, you may be shorter. But this is not true for everybody. Occasionally, an individual will continue to grow or get another growth spurt in their late teens.

When will I shave?

It depends on how soon your facial hair appears and how thick it becomes, as well as your personal preference. Generally, heavy facial hair doesn't develop until later in **puberty**, maybe not until you're 16 or older.

Does a lot of body hair mean you have more testosterone?

No, **testosterone** is the hormone that starts body hair growing. How much hair you have is determined by your racial/ethnic group and heredity, not by how much **testosterone** you have.

I have male sex organs but I think I'm growing breasts.

It's quite natural for people with male sex organs to have some swelling around the **breasts** and **nipples**. This area can also feel a bit sore. It won't last for long.

Why is one of my testicles higher than the other?

This is quite natural. No one is perfectly symmetrical, and generally the right one is higher than the left one.

When I examined my testicles, I found a ridge down the back. Is this natural?

Yes. What you can feel is the epididymis where the **sperm** is stored. There is an epididymis down the back of each testicle. If you find any other lumps, you should visit your doctor to get a full checkup.

Sometimes I get erections for no apparent reason, and I feel embarrassed that someone will notice.

It is natural to get **erections** at different times. Don't worry that someone will notice – **erections** are not as noticeable as you think. Try to ignore the **erection**, and it will go away again on its own.

Do people with male sex organs stop having erections when they get older?

No. If someone is healthy, they can have **erections** all their life.

I have been having wet dreams for three years now. Will they ever stop?

You will experience **wet dreams** less frequently as your body progresses through **puberty**. Generally, as you grow older, you will have more control over your body. Some people experience **wet dreams** regularly, while others have very few.

What if someone notices your erection?

Most people are likely to notice you acting in such a way as to try to hide one than they are to notice you have one. Your best bet is to act naturally and don't call attention to it. And remember, it always feels noticeable to YOU because you're the one that feels it. But unless you're wearing something tight fitting it really isn't as noticeable as it feels.

Glossary

ACNE (AK-nee) a bad case of **pimples**

ADOLESCENCE (ad-oh-LESS-ens) the period of physical and psychological development from the beginning of **puberty** to maturity

ANUS (AY-nus) the opening where feces or bowel movements leave the body

APOCRINE GLANDS (AHPO-krine) **sweat glands** under the arms and in the genital area

AREOLA (ah-REE-uh-luh) the ring of skin around the **nipple**

BREASTS the milk-producing glands in people with female sex organs

BLADDER a sac inside the body that holds urine

CERVIX (SIR-vicks) the lower part of the **uterus**

CIRCUMCISION (sir-kum-SISH-un) an operation which removes the **foreskin** of the **penis**

CLITORIS (KLIT-or-is) a small sensitive organ above the urinary opening in bodies with female sex organs

DERMIS (DER-miss) the layer of skin that makes new skin cells

ECCRINE GLANDS (ek-rin) **sweat glands** found all over the body

EGG also called an **ovum**, it's the female reproductive cell

EJACULATION (ee-JACK-you-lay-shun) when **semen** comes out of the **penis**

EMBRYO (EM-bree-oh) a **fetus** during its first eight weeks of development in the **uterus**

ENDOMETRIUM (en-doe-MEE-tree-um) spongy, blood-filled tissue that lines the **uterus**

ERECTION (e-REK-shun) occurs when the **penis** fills with blood and becomes hard

ESTROGEN (es-tro-jen) a sex hormone produced in the **ovaries**

FALLOPIAN TUBES (fuh-LOPE-ee-un) narrow tubes between the **ovaries** and the **uterus**



Brought to you by

FERTILIZATION (fur-till-eye-ZAY-shun) the joining of an **egg** and a **sperm** to form an **embryo**

FETUS (FEE-tus) the unborn baby, after eight weeks of development in the **uterus**

FORESKIN (FOUR-skin) the skin around the head of the **penis**

GENDER (JEN-der) the socially constructed characteristics of those with female or male sex organs

GENITALS (JEN-a-tulls) the inside and outside sex organs

HORMONES (HOR-moans) chemical messages that tell parts of the body what to do

HYMEN (HI-mun) a ring of skin that may partly cover the vaginal opening

LABIA (LAY-bee-ah) the folds of skin around the opening of the **vagina**

MENOPAUSE (MEN-oh-paws) the end of a person's **menstrual cycle**, usually occurring when they are in their late forties or fifties

MENSTRUATION (MEN-stroo-AY-shun) the monthly shedding of the lining of the **uterus** if the person is not pregnant

MENSTRUAL CYCLE (MEN-stroo-al SIGH-cul) the process of **ovulation** and **menstruation** that occurs approximately once a month beginning at **puberty** and ending with **menopause**. Also referred to as a **period**.

MENSTRUAL FLUID (MEN-stroo-al FLOO-id) the uterine lining, consisting of spongy tissue and blood, that flows out the body through the **vagina** during a **menstruation period**

NIPPLE (nip-pull) the small raised part in the centre of the **breast**

NOCTURNAL EMISSIONS (nok-TUR-nal eh-MISH-uns) an **ejaculation** that occurs involuntarily while asleep, also called a wet dream

OVARIES (OH-vah-reez) the two glands that make the female sex **hormones** and **egg** cells

OVULATION (OV-you-lay-shun) the release of a mature **egg** from the ovary

OVUM (OH-vum) **egg**, the female reproductive cell (plural - OVA)

PENIS (PEE-niss) the tube-shaped male sex organ which hangs outside the body

PERIOD (peer-ee-uhd) the time when a person is **menstruating**

PERIOD CRAMPS (peer-ee-uhd kramps) also referred to as menstrual cramps - physical discomfort experienced during a **period**

PIMPLE **sebum** trapped beneath the surface of a pore, which can become enlarged and inflamed, and cause a **pimple**

PITUITARY GLAND (pih-TYOU-ih-terry) the gland at the base of the brain which is responsible for producing **hormones**, some of which regulate the developmental changes which occur during **puberty**

PROGESTERONE (PRO-jes-ter-own) a sex hormone produced in the **ovaries**

PROSTATE GLAND (PROSS-tate) a gland for people with male sex organs near the **bladder** that adds fluid to **semen**

PUBERTY (PEW-bur-tee) the stage of life during which humans become sexually mature

PUBIC AREA (pyoo-bik) the area between the legs where the **genitals** are located and where pubic hair appears during **puberty**

SCROTUM (SKROW-tum) the soft sac that holds the **testicles** or **testes** for people with male sex organs

SEBACEOUS GLANDS (suh-BAY-shus) the oil making glands of the skin

SEBUM (SEE-bum) the oily substance made in the **sebaceous glands**

SEMEN (SEE-men) a white, milky liquid that carries **sperm** out of the **penis** during **ejaculation**, also called seminal fluid

SEMINAL VESICLES (SEM-i-nul VES-i-kels) two small pouches that make part of the liquid in **semen**

SMEGMA (SMEG-muh) a secretion from the **sebaceous glands** that produces a white, cheesy substance found between the folds of the **vulva** and under the **foreskin** of the **penis**

SPERM (SPURM) the sex cell required to fertilize an **egg** in order to make a baby

SPERMATOGENESIS (SPURM-a-toe-JEN-a-sis) the name of the process for producing **sperm** in the **testicles**

SWEAT GLANDS (SWET) the parts of your body that regulate body temperature by releasing water and salt

TESTES (TES-teez) the **testicles**

TESTICLES (TES-ti-kuls) sex glands that make **hormones** and **sperm** in those with male sex organs

TESTOSTERONE (tes-TAH-stuh-rone) the hormone for people with male sex organs, produced in the **testicles**, that causes many of the changes during **puberty**

TOXIC SHOCK SYNDROME a rare illness (or infection) associated with tampon use

URETHRA (you-REE-thrah) the tube through which urine and **semen** leaves the body for people with male sex organs, and urine leaves the body for people with female sex organs

UTERUS (YOU-ter-us) the hollow muscular organ that holds and nourishes the **fetus**, or unborn baby for people with female sex organs. Also called the womb

VAGINA (VAH-jeye-nah) the passageway of muscles that joins the **uterus** to outside the body

VAS DEFERENS (VAZ DEF-eh-renz) the small tubes through which **sperm** travel from the **testicles** to the **urethra**

VULVA (VUL-vah) the female sex organs

WET DREAMS an **ejaculation** that occurs involuntarily while asleep, also called a nocturnal emission



Other Useful Resources

PROFESSIONAL RESOURCES

Changes in Me: A Resource on Puberty and Adolescent Development

<http://www.peelregion.ca/health/commhlth/bodyimg/changes-in-me/>

Growing Up OK Resource

<https://www.gov.mb.ca/healthychild/mcad/growingupok.pdf>

KidsHealth – All About Puberty

<http://kidshealth.org/en/kids/puberty.html>

Planned Parenthood – Puberty

<https://www.plannedparenthood.org/learn/teens/puberty>

SexualityandU – Puberty

<http://www.sexandu.ca/>

Teaching Sexual Health – Lesson Plans: Puberty

<https://teachingsexualhealth.ca/teachers/lesson-plans-resources/resource-finder/>

If you have any comments or suggestions for improvement, please contact Ophea and/or PHE Canada through their websites below.



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