

Sex Education

Resources that can be parents/carers can request to withdraw their child from:

Introduction to Sex Education:

Sex Education is a statutory requirement for all schools to delivery. Sex Education may be delivered across other subject across school as well as PSHE, namely Science.

We believe that Sex Education forms an important part of our academic offer her at Belper School as it teaches students about their bodies, the changes they might experience in their body and how to approach sex and intimacy when and if they are ready.

We want to be transparent with parents and make them aware that they do have the right to withdraw their child from the two Sex Education lessons which are delivered each academic year for all key stage 3 & 4. We do please ask that you look through the slides attached below which shows you the resources used for these lessons for each year group before making your decision.

Please be aware, from three terms before the student turns 16, a pupil can choose to opt back into sex education even if their parent has requested withdrawal. For example, if a pupil turns 16 during the autumn term, the pupil can opt back into sex education at any time after the start of the previous autumn term. As a school we have a duty to inform students that they have this option.

If you if you decide you do wish to request to withdraw your child from sex education this academic year, please email belperchool@belperschool.co.uk to request the withdrawal form

Week Beginning 13/04/25

Theme - Trust & relationships

If anything in this weeks lessons makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.



Learning Objectives:

- To understand the importance of trust in relationships.
- To understand the behaviours that can undermine or build trust.

Session 1

Gender: What is trust?

Consider the 3 questions below and record your answers:

1) What does trust mean to you?



2) What makes you trust someone?

3) What makes you NOT trust someone?

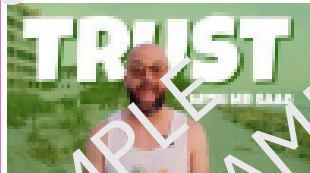
What is Trust?

EXT: How do you know when you can trust someone?

What is trust and why is it important?



Watch the video and answer the following questions:



Questions:

- 1) What is the definition of trust given in the video?
- 2) Give 3 examples of people we might typically trust.
- 3) When do we start developing trust?
- 4) How can we be more trustworthy?
- 5) Why is trust so important?

Finishing off!



Use your learning from today's session to consider the questions below:

Questions:

- 1) Why do you think Trust is easy to lose? Can you think of an example?
- 2) Why do you think trust is hard to build back? Can you give an example?
- 3) Do you think this statement is always true?

"Trust is the easiest thing in the world to lose and hardest thing in the world is to get it back"

Session 2:

Starter: What causes trust to be broken?



Work through the questions below and share your answers with your partner

- 1) What would make you not trust someone before meeting them?

- 2) What could break your trust in someone?

What causes trust to be broken?

Would it be easy to trust that person again?

How can trust be broken?



Watch the video and answer the following questions:



- 1) Record the 10 signs from the video.
- 2) Now generate an example scenario for each sign.
- 3) How would these act feel if you experienced them?

Finishing Up!



Open up your PSHE workbooks and find the box titled 13/04/15. Answer the 4 quiz questions to test your understanding of this topic.

- 1) Write a definition for the word Trust.
- 2) Why is trust important?
- 3) Identify 3 behaviours which might lead to someone not having or losing trust in someone.
- 4) Identify 3 ways you can build trust.

If anything in this session has felt familiar or triggered some feelings, please remember that our safeguarding are here to talk to:



Week Beginning 27/04/25

Theme - Puberty

If anything in this weeks sessions makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.



Learning Objectives:

- To understand the key stages of puberty for different sexes.
- To understand strategies to manage the physical and mental changes that are a typical part of growing up, including puberty and menstrual wellbeing

Session 1:

Starter: Sort the following words into 1 of 4 categories
split your whiteboard in 4 and add the 4 titles below:



Work with your partner to organise all the words on the next slide into one of the 4 categories. You can only have 3 not sure answers.

FEMALE

MALE

BOTH

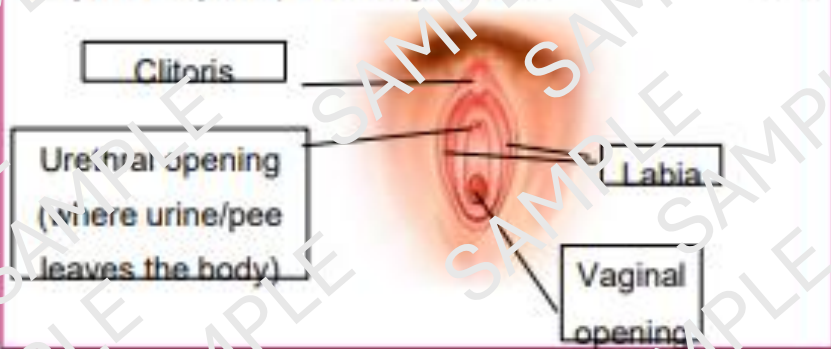
**NOT
SURE**

20

SEMIN	TESTOSTERONE	GESTAGEN	HIP WIDENING	EJECTION
DISCHARGE	BREASTS DEVELOP	CLITORIS	OVARIES	PENS
VOICE BREAK	SPERM	TESTES	CONSTRUCTION	ARMPIT HAIR
NOCTURNAL EMISSION	GROWTH SPURT	FACIAL HAIR	PUBLIC HAIR	EJECTION

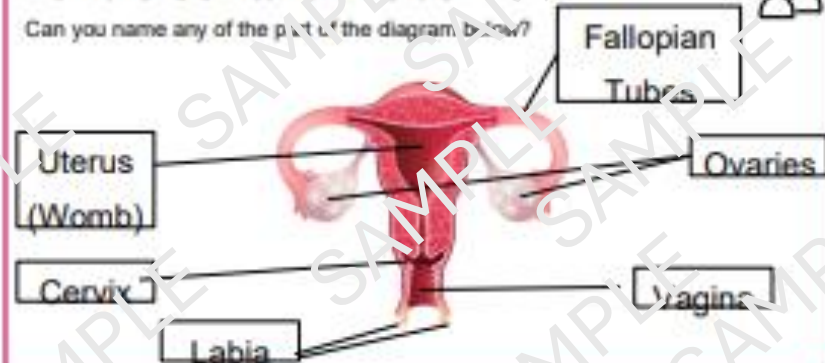
Female Genitalia: Outside

Can you name any of the part of the diagram below?



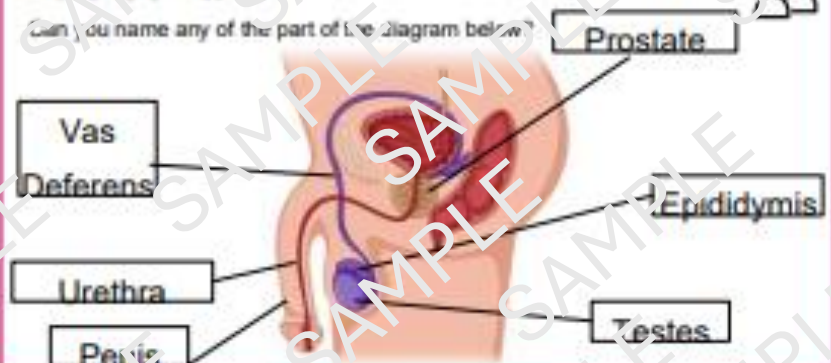
Female Genitalia: Inside

Can you name any of the part of the diagram below?



Male Genitalia:

Can you name any of the part of the diagram below?



Finishing Up!

Using your knowledge from the session today, test your understanding by answering the questions below:



- 1) What are the 2 hormones are needed by men and women? And which way round do they go?
- 2) Name 3 parts of the male reproductive system.
- 3) Name 3 parts of the female reproductive system.
- 4) How often does a woman typically release an egg from her ovaries?
- 5) Breast development only happens in women. True/False

Session 2:

Learning Objectives:

- To understand the key stages of puberty for different sexes.
- To understand strategies to manage the physical and mental changes that are a typical part of growing up, including puberty and menstrual wellbeing

Starter: Addressing misconceptions: True or False?



Read the statement from our learning today and decide whether the statement is True or False: You have 30 seconds thinking time before you vote.

- 1) Only men get pubic hair, armpit hair & leg hair.

FALSE: Women can also develop hair in all of these places, as well as some facial hair. The facial hair women get tends to be finer and lighter than men's facial hair. Modern beauty standards can make us believe that women don't have any body hair, but that is not true!

Year 7

Starter: Addressing misconceptions: True or False?



Read the statement and decide whether the statement is True or False: You have 20 seconds thinking time before you vote.

2) Everyone goes through puberty at the same age, you should have gone through puberty by the time you start at secondary school.

FALSE: Everybody's body is different - there is no right or correct time to go through puberty. Some people start early, some people start later, that is what makes us all unique. Our bodies start puberty when they ready.

Starter: Addressing misconceptions: True or False?



Read the statement and decide whether the statement is True or False: You have 30 seconds thinking time before you vote.

3) The outside part of a woman's genitals is NOT called a vagina.

TRUE: The vagina is actually the inside part of a woman's genitals, the outside part is called the vulva. This part also includes the clitoris and labia.

Starter: Addressing misconceptions: True or False?



Read the statement and decide whether the statement is True or False: You have 30 seconds thinking time before you vote.

4) Vaginas create discharge, this is a natural part of a woman's cycle.

TRUE: The vagina creates discharge as a way of cleaning the vagina, this is a natural occurrence. Discharge should be a creamy white to clear. Book an appointment with your GP if the colour or smell changes.

Starter: Addressing misconceptions: True or False?



Read the statement and decide whether the statement is True or False: You have 30 seconds thinking time before you vote.

5) Masturbation is something only boys should do, not girls!

FALSE: Masturbation is something anyone can explore and can definitely be done by girls. Some people do it more, some people do it less - it is personal choice.

Starter: Addressing misconceptions: True or False?



Read the statement and decide whether the statement is True or False. You have 30 seconds thinking time before you vote.

8) Voice breaks are not a real thing - Boys just do it to be funny.

FA. So, voice breaks are real and can happen at random times. These are due to hormones. Boys usually grow out of them and their voice typically becomes deeper.

Female Reproductive System & Menstruation



- The first sign of puberty, usually is breast development, but it's different for everyone.
- Menstruation (periods) start- these may be irregular as it can take a while to get into a cycle.
- Vaginal discharge- a white or clear fluid from the vagina. This isn't harmful and is totally normal.
- Pubic hair starts to develop around the vulva. Over time it becomes thicker and coarser.
- Hips widen and some people naturally put on weight. Extra body fat usually develops along the upper arms, thighs and upper back; their hips grow rounder and the waist gets narrower.

These are general signs to look out for- but remember everyone's body is unique and the puberty you experience will be unique to your body.

Male Reproductive System & Body Changes



- The first sign of puberty, usually (but remember it's different for everyone) is the testicles starting to develop. The skin on the scrotum starts to get thicker and may appear darker or redder. Pubic hair starts to develop around base of the penis.
- The chest and shoulders become broader and the body becomes generally more muscular. There can be temporary swelling in the chest (man-boobs) but this is totally normal.
- Erection start to happen - don't worry as these can be totally random at times.
- You may experience wet dreams- this is nothing to be embarrassed about. Your testicles will also become deeper - as your voice 'breaks'.

Changes that happen in both sexes:



- External genitals will develop, but this can take place at different times for everyone. By the age of 16-17 this should have happened.
- Most people will also experience a growth spurt, but this often depends on your genetics. Puberty tends to start earlier in biological females so they may be taller initially until others catch up.
- Masturbation is not just a biological male thing! This is where someone explores and touches their genitals for pleasure. It's a perfectly natural and private thing to do. There is no normal amount of masturbation- some people do it more, and others less. It's very individual.

Changes that happen in both sexes:



- Surprisingly facial hair can develop in everyone, although in biological males it is much thicker, darker and covers more of the face. Some biological females develop fine hair on the upper lip during puberty.
- Most people grow hair under their arms and genitaly and start sweating more during and after puberty. Extra hair also grows on the arms and legs of most people. This tends to be thicker and darker in biological males.
- Shaving is an option for anyone to get rid of excess hair.

Finishing off!



Open up your PSHE workbooks and find the box titled 22/04/25. Answer the following questions in your workbook.

- 1) List 3 changes that happen to just males during puberty:
- 2) List 3 changes that happen just to females during puberty:
- 3) List 3 changes that happen to both males and females during puberty:
- 4) How might going through puberty affect a young person's mental health?
- 5) Who can you speak to if you have questions or concerns about going through puberty?

If anything in this session has felt familiar or triggered some feelings please remember that our safeguarding are here to talk to:



Week Beginning 27/04/25

Theme - Contraception & STIs

If anything in this weeks sessions makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.



Learning Objectives:

- To learn about the different forms of contraception; how and where to access advice
- To understand that certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain sexually transmitted infections (STIs)

Starter: What does the term contraception mean?
Why do we need it?



What is a
contraception?

Examples of
contraceptives
we know

Why might
someone use
contraception?

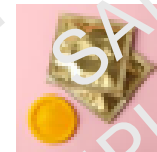
Contraception

What happens if
we can't
overcome the
barriers?

What different contraception options are there?



Look at the picture below. Which ones do you recognise? Can you name them all?



What different contraceptive options are there?



Look at the picture below - Which ones do you recognise? Can you name them all?



Contraceptive Pill



Male Condoms



Intrauterine device (IUD)



Hormonal Implant



Calendar method

Contraception - Everything you need to know:



Let's find out a bit more about the different types of contraceptives and the advantages and disadvantages of each.

Create a table on your whiteboards with the following columns:

- Male/Female
- Protects against pregnancy
- Protects against STIs
- How effective is the contraception?

As we go through the information pages - record in your table which contraceptives fit in each section.

Contraception - Everything you need to know:



Condoms:

- Worn by males
- Is a barrier contraceptive, so protects against pregnancy and STIs.
- Are 98% effective if used correctly
- In reality more like 87% effective



Femiconas:

- Is worn by/inserted into female
- Is a barrier contraceptive, so protects against pregnancy and STIs.
- Are 95% effective if used correctly
- In reality more like 79% effective



Contraception - Everything you need to know:



The contraceptive pill:

- A pill taken daily by women
- Is a hormone contraceptive so just protects against pregnancy
- Are 99% effective if taken daily



Hormonal implant:

- A hormone releasing implant inserted into a woman's arm.
- Is a hormone contraceptive which is effective for 3 years, but can be removed early.
- Only protects against pregnancy
- Are 99% effective if used correctly



Contraception - Everything you need to know



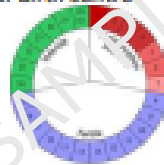
ICDs:

- A hormone releasing implant inserted into a woman's uterus.
- Is a hormone contraceptive which is effective for up to 10 years, but can be removed early.
- Only protects against pregnancy.
- Are 99% effective if used correctly.



Calendar method:

- Involves tracking a woman's cycle to see when she is not fertile.
- Is considered one of the least effective forms of birth control.
- Limits sex to set times in the month.



Finishing Off!



Which contraceptive method would be best in these 4 situations and why?

1) Natalie wants to have sex with a stranger she has met on a night out.

3) Val is allergic to latex and therefore cannot use standard condoms during sex.

2) Charlie is starting a new relationship, things are moving quite quickly. She doesn't have a sexual history.

4) Harry is not ready to have sex, but him and his partner has started to explore touch and oral.

Session 2:

Learning Objectives:

- To learn about the different forms of contraception; how and where to access advice
- To understand that certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain sexually transmitted infections (STIs)

Starter: Recapping our knowledge!

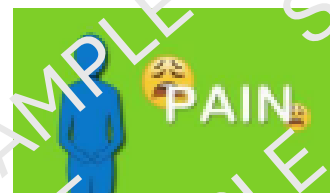


- 1) Hormone contraceptive protect against STIs. True/False
- 2) What is meant by a barrier contraceptive? Can you give an example.
- 3) No contraceptive is 100% effective. True/False
- 4) Which method of contraception is the least effective
- 5) List three more contraceptive methods of males or females?

What are STIs? Sexual Transmitted Infections



There are lots of different types of STI - Let's watch a video to find out a bit more general information about them.



1. What does STI stand for?
2. Some STIs can be transmitted through touch or oral sex. True/False
3. List 4 possible symptoms someone could get from an STI
4. What type of contraception stops the transmission of STIs?
5. How do you get tested for an STI?

Where can I get advice about safe sex?



Follow the link to find out more about the NHS' Sexual health advice



<https://www.nhs.uk/live-well/sexual-health/where-can-i-get-sexual-health-advice-now/>



Sexual Health Services

For more information visit
www.sexualhealthservices.org.uk
 Info & booking line: 0800 328 0083
 @yeshendays

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Sexually Transmitted Infections

Get tested
Get treated

- STIs can be passed on by unprotected sex
- Some STIs can't get rid of themselves with antibiotics - you need to get them treated
- STIs can be passed on even if you don't have any symptoms or signs of the infection
- STIs can be passed on even if you don't have any symptoms or signs of the infection



Finishing Up!



Draw up your PSHE workbooks and find the task titled 'Finishing Up!'. Read through the different scenarios and decide 1) which contraception method you would recommend 2) Are they at risk of contracting an STI?

- 1) Maggie is 17 and doesn't really want a serious partner. She is exploring her sexuality and has been intimate with multiple partners. She is definitely too young to be a mum!
- 2) Sarah is in a committed relationship with her boyfriend Scott, they have been together for 9 months. Sarah has never had sex but Scott had sex with his last girlfriend. Sarah feels ready to have sex.
- 3) Tommy and his partner are having sex regularly and have been together for 4 years. They aren't ready for children now but want to have children in a few years time. They both got tested for STIs before having sex.

If anything in this session has felt similar or triggered some feelings, please remember that our safeguarding are here to talk to.



Week Beginning 04/05/25

Theme - Consent

If anything in this weeks sessions makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.

Learning Objectives:

- To understand that consent is freely given that being pressured, manipulated or coerced to agree to something is not giving consent, and how to seek help in such circumstances
- To understand the law relating to sexual consent
- To know how to seek, give, not give and withdraw consent (in all contexts, including online)

Session 1:

Starter: What do we already know about this topic?



Questions:

- 1) What is consent?
- 2) Identify 3 things you would need to get someone's consent for.
- 3) If someone is forced to consent, is that really consent?
- 4) How do you know if someone consents to something?

What is consent?



Watch the video and answer the following questions:



Questions:

- 1) Why can't someone consent if they are unconscious or under the influence of drugs and alcohol?
- 2) Can someone change their mind about whether they consent?
- 3) Why do you think that using the example of tea helps people understand the idea of consent in a sexual relationship?

Finishing off! Testing our understanding.



Read the scenarios below - has the young person given consent?

(If they have been pressured, manipulated or coerced to agree to something it is not consent.)

Sam is ready to have sex, but his girlfriend says she isn't. He has said this is OK, but keeps bringing up that all his mates' girlfriends are ready and having sex. He keeps asking her when she will change her mind.

Abigail has received messages from her girlfriend which have upset her. Her girlfriend keeps teasing and mocking her for not being ready for sex. She calls Abigail a baby and immature.

Janice and Ollie have had sex. But Ollie has recently started to worry about Janice getting pregnant and says he wants to stop. Janice keeps forcing him to have sex and says he just needs to relax.

Session 2:

Starter: What does the law say about consent?



Watch the video and answer the following questions:



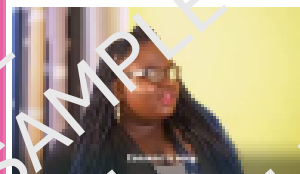
Questions:

- 1) What is consent?
- 2) What is not considered consent?
- 3) Which 3 crimes can someone be charged with if they do not get sexual consent?
- 4) How could someone's life in general be affected by not getting consent?

How do we give, not give and withdraw consent?



Watch the video and answer the following questions:



Questions:

- 1) How can consent be solicited badly in TV shows and movies?
- 2) How should 'No', 'ok, sure whatever' be interpreted?
- 3) Why is consent described as a grey area in the video?
- 4) Why do you think people struggle to say no?

Finishing Up!



Open up your PSHS textbooks and find the box titled C4/D5/25. Answer the 5 quiz questions to test your understanding of the topic.

- 1) Write a definition of the term 'consent'.
- 2) Consent can be taken away withdrawn or changed? TRUE/FALSE
- 3) Consent is needed for intimate and sexual acts, not just sex. (TRUE/FALSE)
- 4) What can be the consequences of not getting consent from someone?
- 5) Where can you get support with understanding consent?

Week Beginning 13/04/25

Theme: Relationships, values & intimacy

If anything in this weeks sessions makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.



Learning Objectives:

- To be able to clarify and develop personal values in friendships, love and sexual relationships
- To understand that everyone has the choice to delay sex, or to enjoy intimacy without sex

Session 1

Starter: What are values?

Work through the questions below and record your answers:

1) List examples of values



2) Which of these do you share with your friends and family?

3) What is a value that is really important to you?

What are values?

Does it matter if we have different values to our friends and family?

Values & boundaries for healthy relationships:



Watch the video and answer the following questions:



Questions:

Video 1:

- 1) What is unhealthy behaviour and what boundaries (rules) to cross?
- 2) Identify 3 signs that a relationship is not healthy.

Video 2:

- 1) What is a boundary?
- 2) What is the difference between a boundary and a request?
- 3) Why is setting boundaries beneficial?

Finishing off! What are my values?



Draw out the table below and complete with your ideas.

What values do you have? What is important to you?

-
-
-
-

What behaviours and values would you not accept in a relationship?

-
-
-
-

Session 2:

Starter: Why might someone decide they are not ready to be intimate or have sex?



Draw out the mind map and add your ideas to it:

Why might someone decide they are not ready to be intimate or have sex?

Are your answers similar or different to your partner's?

Why might someone decide they don't want to have sex?



Watch the video and answer the following questions:



Questions:

- 1) Why might someone's sexuality lead to them not wanting to have sex?
- 2) Why might someone simply want to avoid sex?
- 3) Why might someone choose to avoid having sex? Give 3 reasons.
- 4) How can body image affect whether someone wants to have sex?

Finishing Up!



Open up your PSHE workbooks and find the box titled 13/14/25. Read through the scenarios below and identify whether they have a healthy relationship, whether the relationship is intimate and advice you might have.

Scenario 1: Rob has a girlfriend who he really likes. She keeps asking him when he is going to have sex for sex. He knows a lot of his friends do it, but he also knows it's illegal as he is 14.

Scenario 2: Chase and his partner Tom have been together for a year now. They have started to talk to each other and have taken the time to listen to each other. They have decided both of them need to be ready before they do it.

Scenario 3: Swarna and Charlie are good friends who talk through a lot of stuff together. They have been talking about sex and both think they are ready, but aren't currently in a relationship with anyone.

If anything in this session has felt familiar or triggered some feelings, please remember that our safeguarding are here to talk to:



Week Beginning 20/04/25

Theme - Reliable advice and information on sex

If anything in these sessions makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.



Learning Objectives:

- To gain strategies to access reliable, accurate and appropriate advice and support with relationships, and to assist others to access it when needed
- To understand the potential impact of the portrayal of sex in pornography and other media, including on sexual attitudes, expectations and behaviours

Session 1:

Starter: Types of Media

Can you identify all the different types of media below?



Starter: Checking our understanding so far



Draw out the table and fill in with your ideas.

Normal features of a real relationship and sex:

-
-
-
-

Unrealistic ideas of a relationship and sex:

-
-
-
-

What does a real & healthy relationship look like?



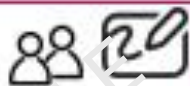
Watch the video and answer the following questions:



Questions:

- 1) Why do you think it is important to love and look after yourself in a relationship?
- 2) What is meant by the term 'red flag'?
- 3) Give 3 examples of uncomfortable conversations that might occur in a relationship?
- 4) Why is it important to be loyal and keep your promises?
- 5) Why is friendship an important part of a healthy relationship?

Where can you get advice?



Look at the pictures below, can you identify all the different places you can get support, guidance and advice?



Finishing Up!



Open up your PSHS workbook and find the box titled 10/04/25. Answer the 4 quiz questions to test your understanding of the topic.

- 1) Identify 3 media types that represent sex and sexual intimacy.
- 2) Where can you get reliable information about relationships and sex?
- 3) What could be the potential impact of this portrayal of sex and intimacy on people's attitudes and behaviours?
- 4) What problems could there be with realistic representations of sex and intimacy have on everyday relationships?

If anything in this session has felt familiar or triggered some feelings, please remember that our safeguarding are here to talk to:



Week Beginning 27/04/25

Theme - Contraception, STIs & safe sex.

If anything in this weeks lessons makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.

Learning Objectives

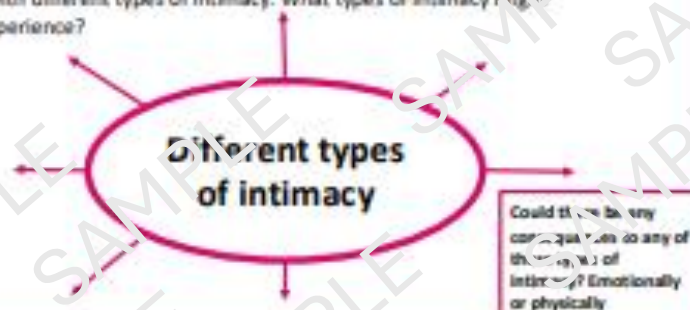
- To be able to identify the different types of intimacy — including online — and their potential emotional and physical consequences (both positive and negative).
- To understand about specific STIs, their treatment and how to reduce the risk of transmission.
- To understand how to respond if someone has, or may have, an STI (including ways to access sexual health services).
- To be able to overcome barriers, (including embarrassment and misconceptions) about sexual health and the use of sexual health services.

Session 1:

Starter: Different types of intimacy.



Throughout our life we will have a range of different relationships which involve us with different types of intimacy. What types of intimacy might someone experience?



Key facts and STIs



Watch the video to learn about the most common STI, their symptoms and when and how someone can get tested. Answer the questions below:



- 1) What does STI stand for?
- 2) What are 3 of the most common STIs?
- 3) What are some symptoms of STIs?
- 4) What can be a long term impact of having an STI?
- 5) Who should get tested?

How can we reduce our risk of transmission?



Everyone who is sexually active is at risk of STIs. However there are some steps people can take to reduce the risk of contracting STIs. Can you think of any?

How do your answers compare?

- Ask partners to get tested
- Use contraception which protects against STIs as well as pregnancy
- Get tested regularly
- Get tested at the start and end of each relationship
- Be open in discussions about STIs with new/new partners

Finishing off:



Can you identify the correct definition for each of the STIs? Look out for clues in some of the definitions that might help you!

1) Herpes	A) is an infection caused by bacteria. Usually, it spreads through sexual contact. The disease starts as a sore but is then painless. Can be treated with antibiotics.
2) Chlamydia	B) is a common infection caused by the herpes simplex virus (HSV). It can cause painful sores or ulcers on the mouth or genitals. There is treatment, but no cure.
3) HIV/AIDS	C) (human immunodeficiency virus, is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases (AIDS). There is treatment, but no cure.
4) Genital Warts	D) is an STI caused by the bacterium Chlamydia trachomatis. It's very common as it is often symptomless, especially in women. Can be easily cured with a tablet.
5) Syphilis	E) are fleshy growths caused by the human papillomavirus (HPV). Can be treated with medicine, but not got rid of.

Session 2:

Learning Objectives:

- To be able to identify the different types of intimacy – including online – and their potential emotional and physical consequences (both positive and negative).
- To understand about specific STIs, their treatment and how to reduce the risk of transmission.
- To understand how to respond if someone has, or may have, an STI (including ways to access sexual health services).
- To be able to overcome barriers, (including embarrassment and misconceptions) about sexual health and the use of sexual health services.

Starter: Recapping yesterday's knowledge



Using your learning from yesterday, answer the following questions to recall key information.

- 1) Name 3 types of intimacy
- 2) What does STI stand for?
- 3) What can the long term impact of have a untreated STI be?
- 4) How can you get tested for an STI?
- 5) List 3 ways to reduce the risk of getting an STI.

Talking about STI and responding to someone with an STI

Talking about sexual health can be difficult and uncomfortable, but it is an important conversation to have before you are intimate with someone. Watch the video to find out how:



Questions:

- 1) Is it possible to know someone has an STI by looking at them?
- 2) Why is it important to talk about sexual health before having sex?
- 3) How could you make someone feel ashamed if they test positive?
- 4) What should you do if your partner wants to avoid talking about

Week Beginning 27/04/25

Theme - Pregnancy & Fertility

If anything in this weeks sessions makes you feel uncomfortable or upset, please speak to either your tutor, head of year or the safeguarding team.



Learning Objectives:

- To understand about healthy pregnancy and how lifestyle choices affect a developing foetus
- To understand that fertility can vary in all people, changes over time (including menopause) and can be affected by STIs and other lifestyle factors
- To understand about the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy
- To understand about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice

Session 1:

Starter: Key terms from this topic



Look through the key term from this week's topic. Can you match the correct definition to the key word?

1) Infertility	A) The condition between conception (fertilization of an egg by a sperm) and birth.
2) Pregnancy	B) The period in a woman's life (typically between the ages of 15 and 50) when menstruation ceases.
3) Foetus	C) A miscarriage is the loss of a pregnancy during the first 23 weeks.
4) Menopause	D) Is a reproductive system disease that makes it difficult or impossible for a couple to conceive. It can be caused by issues with the male or female reproductive systems, or both.
5) Miscarriage	E) An offspring of a human or other mammal in the stages of prenatal development that follow the embryo stage.

Healthy pregnancy - What does this look like?



There are 3 main sections that make up a pregnancy - talk through the sections and questions below and generate some ideas.

Before getting pregnant:

- How can someone prepare and be physically and mentally prepared for a baby?

During pregnant:

- What can someone do to support their pregnancy?
- Who could support them?
- When might they need to go to the hospital?

The birth:

- Where should this happen?
- When should this happen?
- What should happen after the baby is born?

Healthy pregnancy - What does this look like?



How do your ideas compare to the ones below? Did you have anything different? Is there anything below you did not consider?

Before getting pregnant:

- Ready to have a baby
- Healthy weight
- Mentally ready to be a parent
- Fertile - Stopping contraception.
- What steps could someone take if they aren't ready for pregnancy?

During pregnancy:

- Healthy diet & lifestyle
- Support system
- Regular doctors appointments
- What options are available if someone can't get pregnant?
- What options are available if someone doesn't want to be pregnant?

The birth:

- In a safe medical facility
- Mother and babies health is monitored
- After as much as vaccinations are planned
- What options are available if the baby is not wanted?

Finishing off! Checking our understanding



Using your knowledge from today's session, answer these questions on pregnancy and fertility:

- Only women can be infertile. True/False
- Contraception prevents to some degree pregnancies from occurring. True/False
- Being an unhealthy weight can affect fertility. True/False
- How can someone get their fertility checked?
- How could someone know if they are ready to be a parent? What questions would they need ask themselves?

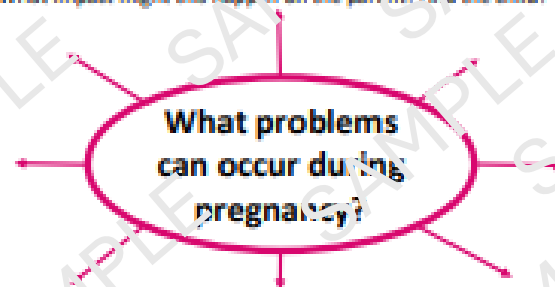
Session 2:

Learning Objectives:

- To understand about healthy pregnancy and how lifestyle choices affect a developing foetus
- To understand that fertility can vary in all people, changes over time (including menopause) and can be affected by STIs and other lifestyle factors
- To understand about the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy
- To understand about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice

Starter: What problems can happen before or during pregnancy?

Consider the different ways in which a problem could occur during the pregnancy? What impact might this have on the parent? And the child?



Problems during pregnancy - What does this look like?

There are 3 areas where problems during pregnancy could occur - talk through the sections and questions below and generate some ideas.



Infertility:

- What does this term mean?
- Who can be infertile?
- How do you know if your infertile?
- What can cause infertility?

Problems during pregnancy:

- What problems can occur during pregnancy?
- What impact could this have on the mother or child?

Miscarriage:

- What does this term mean?
- At what stage of pregnancy does this happen?
- What causes miscarriages?

Infertility - what is it? And what causes it?

How do your ideas compare to the ones below? Did you have anything different? Is there anything below you did not consider?

Definition of infertility:

Infertility is a reproductive system disease that makes it difficult or impossible for a couple to conceive. It can be caused by issues with the male or female reproductive system, or both.

Causes:

- Age
- Smoking
- Obesity
- Excessive alcohol consumption or substance abuse
- Exposure to environmental toxins
- Certain medications, including chemotherapy, metabolic steroids, and a blood thinner
- Sexually transmitted infections (STIs)
- Abnormal hormone-producing centers in the brain
- Menopause in women (when menstruation stops)

Problems during pregnancy



How do your ideas compare to the ones below? Did you have anything different? Is there anything below you did not consider?

Medical conditions

- Diabetes:
- High blood pressure:
- Kidney problems:
- Autoimmune diseases:
- Obesity

All of the above can cause complications during pregnancy or make the birth more complicated.

Infections:

- Toxoplasmosis:
- Food poisoning:
- Sexually transmitted diseases (STIs):

All of the above are potential infection that can threaten the fetus.

Substances:

- Smoking: Increases the risk of miscarriage, stillbirth, low birth weight, prematurity, and a sudden unexpected death in infants.
- Alcohol: Can risk the health of the unborn baby.
- Caffeine: Heavy use may be associated with miscarriage and low birth weight.

Healthy pregnancy - What does this look like?



How do your ideas compare to the ones below? Did you have anything different? Is there anything below you did not consider?

A miscarriage is the loss of a pregnancy during the first 23 weeks.

There are potentially many reasons why a miscarriage may happen, although the cause is not usually identified.

The majority are not caused by anything the parents have done. It's thought most miscarriages are caused by abnormal chromosomes in the baby. Chromosomes are genetic "building blocks" that guide the development of a baby. If a baby has too many or not enough chromosomes, it will not develop properly. In most cases a miscarriage is a one-off event and most people go on to have a successful pregnancy in the future.

Unplanned pregnancies:



What is meant by an unplanned pregnancy? What support is there out there?

Generate some ideas before we talk through the cause, support and help.

What is an Unplanned Pregnancy:

An unplanned pregnancy is a pregnancy that is unwanted or mistimed. It can occur when someone has sex without using a contraceptive or contraception.

Causes

- Unplanned pregnancies can be caused by sexual activity without consent.
- Reproductive coercion and abuse can occur when someone doesn't have control over their sexual and reproductive health.

Support & help:

- In the UK, an abortion can usually be performed up to 23 weeks and 6 days of pregnancy. After 24 weeks, abortions can only be performed in very limited circumstances.
- The NHS, local GP as well as Family Planning centres can all provide support and advice.

Finishing Up!



Open up your PSHE workbooks and find the box titled 12/4/23. Read through the 3 scenarios, what difficulties are the individuals facing to do with pregnancy?

1) Mandy had a few different partners in her twenties. She has never been checked for STIs. Her and her partner have been trying to get pregnant for 6 months, but have been unsuccessful.

2) Adele is 28 and was about to start a engineering course at university. She has found out she is pregnant. She loves her partner and can see living with them forever, but the pregnancy just doesn't feel right.

3) Justin (36) and Liv (37) are trying for a baby. They have been trying for a year, but Liv still isn't pregnant. Justin thinks only women can be infertile. Liv has booked an appointment with a fertility planning doctor.