

Grade 8, Theme Three

Family Letter

Dear Family,

We are ready to begin Theme Three of *Fully Alive*, our Family Life program. Because the partnership of home, church, and school is so important, this letter is written to let you know what we talk about in class and to offer some ideas for your involvement. For more information, please go to www.acbo.on.ca.

About Theme Three

Theme Three of *Fully Alive* is called “Created Sexual: Male and Female.” God made us male and female, and all of God’s creation is good. In earlier grades, this theme was presented through a continuing story, which emphasized God’s plan for new life as the result of the love of mothers and fathers. In later grades, the message is unchanged but the approach is more direct. As students enter puberty, they need to know about the changes they will experience and about the responsibilities of being created male and female and following God’s plan for them.

In Theme Three we will:

- reflect on the gift of sexuality and God’s plan for us to be loving and life-giving persons.
- explore the role of sexuality within marriage and for those who are single.
- reflect on the virtue of chastity, which helps us to honour the gift of sexuality and live according to God’s plan.
- review some aspects of adolescence — changing appearance, moods, stress, and sexual attraction. We will also reflect on homosexuality from the perspective of God’s plan for sexuality.
- examine some of the pressures on young people to become involved in exclusive male-female relationships at an early age and discuss some serious abuses of sexuality.
- review basic information on sexually transmitted infections and their potential impact on fertility and introduce the topic of family planning from the perspective of living in harmony with the gift of fertility.
- complete Theme Three with a reflection on the meaning of true love as it is expressed in the enduring commitment of marriage.

New Topics Introduced in Theme Three

- The subject of sexual orientation and homosexuality was introduced in Grade 7. In Grade 8, some of this information is reviewed and the moral teaching of our Church on homosexuality is presented.
- Family planning is also introduced in this grade. Both natural family planning methods and some methods of artificial contraception are described and the moral

teaching of our Church on contraception is presented.

Working together at school and at home

- Most parents find their children less open at this stage of life to talking about issues related to sexuality. Many young adolescents consider this topic very personal and prefer not to discuss it. Often, an indirect approach works best. Some natural openings might be a television show you both watched; an incident involving a friend that your child tells you about; or an item in the newspaper or on television news.
- The essential message of this theme is the Christian understanding of sexuality: that male and female persons are called to build loving relationships with each other and that together they have been given the power to co-operate with God and bring new life into the world.
- If an opportunity arises, you might ask your child about the virtue of chastity, which is highlighted in this theme. It is the virtue that helps us to control our desire for sexual pleasure. At school, the students will discuss the need to be thoughtful consumers of media, ignore gossip or rumours about sexual matters, and to avoid situations that may lead to pressure for sexual intimacy. Reinforcing these values at home can make a big difference.
- We will also discuss pornography, which is widely available on the internet and is particularly damaging for young people who are forming their ideas and values about sexuality. Many experts, including the police, strongly advise that children and young adolescents should not have access to an internet connection in a private space, like a bedroom. There are simply too many temptations.
- There are many pressures for young people to become involved at an early age in exclusive male-female relationships and to engage in sexual activity. These pressures include media, the influence of peers, and unmet personal needs that drive some young people to seek attention and love in a relationship. The best defence against these pressures on young people is the self-confidence that comes from knowing that they have the love, support, and shelter of their families.

Teacher: _____

Date: _____

School telephone: _____

Theme Three Topics

In Grade 8, Theme three is developed through six topics. The first two topics invite the students to reflect on what it means to be created male and female, and on the role of sexuality in our relationships, depending on our state in life. Topics 3 and 4 focus on the life stage of adolescence and includes a number of areas: changes in appearance, moods and stress, the new experience of sexual attraction and feelings, and the pressures to become involved in exclusive male-female relationships at an early age. In Topic 5, the students consider two issues related to the gift of fertility (sexually transmitted infections and family planning), and discuss the need to protect this gift. In the final topic, the students reflect on the meaning of true love as it is expressed in an enduring commitment between a man and a woman.

Theme Three Virtue

The virtue of chastity is highlighted in Theme Three. The focus is on the true meaning of the gift of sexuality and the need to express ourselves as males and females who honour this gift and live according to God's plan. This reflection on the virtue of chastity is from the student text.

The Virtue of Chastity

"... do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought for a price; therefore glorify God in your body." (1 Corinthians: 19-20)

The virtue of chastity helps us control our desire for sexual pleasure, and is part of the virtue of temperance. It's not easy in our society to develop this virtue. There are many temptations to think and act in a way that is in conflict with Christian values.

- Intimate sexual relationships outside of marriage are part of many television shows and movies, and are presented as if they were normal.
- Entertainment news sources offer a continuous stream of gossip and rumours about the sexual lives of celebrities.
- Some music degrades the gift of sexuality with stereotypes of males as aggressors and females as sex objects.
- Pornography is easily available to people of any age.

The message from these sources is: sex is not a big deal. Sex is just about bodies and pleasure. Why not enjoy it?

This message diminishes the dignity of body/spirit persons and the gift of sexuality. Where is relationship? Where is love? Where is respect for self and others? Where is self-discipline? Where is the image of God?

God created us male and female and designed us to be attracted to each other and to seek friendship, intimacy and love. Sexual feelings are very powerful, but we are not at their mercy. Through the new life we received in baptism, which is strengthened by Eucharist and Reconciliation, we are given the grace to meet the challenge of becoming truly loving people who honour the gift of sexuality. This challenge includes learning how to be thoughtful consumers of media, to ignore gossip or rumours about sexual matters, and to avoid situations that may lead to pressure for sexual intimacy.

When we respond to the gift of sexuality by living in the way God asks, we are practising the virtue of chastity. Like all virtues, the more we practise chastity, the easier it becomes. Intimate sexual relationships are intended for marriage and sexual intercourse is a unique sign of the enduring commitment of a husband and wife. The virtue of chastity strengthens them so they will always be faithful to each other.

Unmarried people — adolescents, adults, those who hope to marry, and those who have decided to remain single — show their respect for the gift of sexuality by expressing love and affection, but abstaining from intimate sexual acts. Strengthened by grace and their efforts toward self-discipline, they learn to follow God's plan and grow in the virtue of chastity.

Talking to Children about Sexuality

Before children begin school, they often ask their parents about where babies come from and about the differences between the bodies of boys and girls.

These are natural questions and parents are the best people to answer them. No one else has such a special relationship with the child or knows the child as well as parents.

Sexuality — God made us male and female and his creation is good. We are made to be images of God's love and this includes our bodies. In marriage, one of the ways we express this love is through our bodies, in sexual intercourse. This special expression of love creates a deep bond between husband and wife. Through sexual intercourse, they can share in God's creation of new life and welcome new children into their families.

Sexuality, of course, is not just about bodies, male and female reproduction, or how babies are born. It is mainly about people, who are male and female. Parents teach their children a great deal about what it means to be men and women. It isn't something parents talk about, or at least not often, but something

that they do and are. The way a person feels about herself as a woman and the way a person feels about himself as a man are communicated to children. When parents respect each other, and the work that each parent does, children are learning about sexuality. When children see parents co-operating, helping each other, speaking lovingly to each other, and touching each other affectionately, they are learning very important lessons about sexuality.

Talking about sexuality — Most parents want to talk about sexuality with their children, but many find it difficult. They feel shy because of a natural sense of modesty and because they are somewhat unsure of what to say. It's important to realize that the exact words you use don't matter. What matters is letting children know that you are happy to answer their questions.

In general, 13 – 15 year old children are reluctant to talk about physical development or other topics related to sexuality. There are a number of reasons: embarrassment, reluctance to admit that they don't know everything, and, especially among girls, a strong sense of privacy as they become accustomed to menstruating and adjusting to a developing body.

Many parents have found that it is easier to communicate with children who are approaching or well into puberty when natural opportunities come up rather than sitting down to have a "big" talk. For example, a television program that involves a conflict about appropriate dress for 13 or 14 year-old girls; a complaint by a child that he or she is the smallest person in the class; a child's mention of gossip among about girlfriends and boyfriends. All of these situations are opportunities to talk about growing up, which can lead to a discussion of sexuality.

Part of a discussion of growing up and sexuality should be the development that happens during puberty. The physical changes of puberty were introduced and explained in the *Fully Alive* school program in Grades 5 and 6, and were reviewed in Grade 7. Information about puberty is also included in this Online Family Edition for Grade 8 at the end of Topic 3 in this theme.

Protecting children from abuse — Another important reason for talking to children about sexuality is the important responsibility parents have to protect

their children from sexual abuse. All children need to know that, with a few exceptions (for example, if the doctor needs to examine them), no one is allowed to look at or touch the private parts of their bodies. They should also be told that they should not look at or touch the private parts of another person's body, even if that person asks or tells them to. They should say no and tell you right away. It's important to let children know that if someone touches them in a way that makes them uncomfortable or behaves in a way that worries or frightens them, they can always talk to you and you will know what to do.

Exposure to sexual content through the media — In our society, it is very difficult to shield children, even when they are young, from explicit information about sexuality. Television, the internet, popular music, movies, and newspapers all contribute to the situation. Despite the best efforts of parents, children are exposed to ideas about sexuality that are not Christian. They will also hear about topics such as abortion, pornography, or gay marriage, and are likely to have questions about these issues. Parents can, however, try to limit what children see and hear by carefully monitoring the media to which they are exposed, and by providing clear rules for using the internet.

Encouraging children to talk about sexuality — As children begin to develop during puberty, they are often very hesitant to talk to their parents, especially about topics they have heard about, but don't understand. The reason for their hesitation could be a natural tendency to be more private as they develop; not knowing how to start a conversation; or because they are concerned that parents will be shocked or even angry if they want to talk about topics related to sexuality.

It can be helpful if parents let their children know that they are happy to discuss any questions or concerns their children have. If your child raises a controversial topic, you may want to give a brief answer and say you will provide more information when he or she is a little older. If your child asks a question that you don't know the answer to, just say so. You can always ask someone else or look it up and then provide an answer. Children don't need experts. They need parents who care and are willing to talk and listen.

Vocabulary List — At the end of Theme Three you will find a list of words that have been introduced in this theme, beginning in Grade 1. This vocabulary list also includes any new terms that are introduced in Grade 8. The *Fully Alive* Teacher Guide includes this list and teachers are given the option of duplicating it for the students. The students are not expected to memorize these terms, but to have some familiarity with them and their meaning. You may find it useful as a reference for yourself as you discuss this theme with your child.

Topic 1 — The Gift of Sexuality

A fundamental objective of (sex education) is an adequate knowledge of the nature and importance of sexuality and of the harmonious and integral development of the person towards psychological maturity, with full spiritual maturity in view, to which all believers are called.

Educational Guidance in Human Love, Congregation for Catholic Education, 1983

Summary

The opening topic of Theme Three provides the students with an opportunity to reflect on the gift of sexuality. Some of the aspects they consider are our identity as body/spirit persons who are created male or female; the body as the expression of the person; our Creator's intention that we be loving, life-giving persons; and the challenge of understanding the true meaning of sexuality.

Main Ideas

- The whole body/spirit person is male or female. Sexuality is a fundamental aspect as our identity as persons.
- We are created in God's image as male or female and are intended to be loving and life-giving persons.
- Learning to understand the true meaning of sexuality and accept responsibility for this gift is a great challenge. The wisdom of the Christian community is there to help us meet this challenge.

Family Participation

- **Learning about sexuality** — In class, the students were asked to identify some of the ways in which they have learned about sexuality, for example, from family, teachers,

Church, friends, and media. They were also asked to critique these sources of information by answering several questions: Is it a helpful source? Is it a reliable source? Does the source provide you with facts or values, or both? Do the values you learn from the source reflect Christian belief?

These are also important questions for parents to think about when they consider their growing children. What are their young people learning about sexuality from the media? From friends? What are they learning from their parents?

Parents of young adolescents often point out that the topic of sexuality doesn't seem to come up very easily. This is partly because most young people are self-conscious and self-protective as they go through the changes of puberty, and therefore tend to avoid discussions of sexuality. Also, many young people say that they cannot ask questions about sexuality at home since their parents will assume they are involved (or are planning to become involved) in sexual activity. Because of this, parents have to make a special effort to create opportunities to talk about this subject and to let their children know they want to hear their questions and concerns.

Often young people and parents are most comfortable when they can talk about sexuality in the context of a television show or an item on the news. Sometimes, clipping a relevant newspaper story and putting it on the refrigerator or a bulletin board is a way of getting the discussion going. Experienced parents point out that no matter how little you think you know about sexuality, or how unsure of yourself you may feel, you know your child, and that is the most important strength you bring to these discussions. What you say has a special significance for your child because you are his or her parent.

• **Christian Wisdom** — Christians consider sexuality to be part of God's gift of creation. We are created male and female and are intended to be loving and life-giving persons. Together male and female persons are called to build loving relationships with each other and have been given the power to co-operate with God and bring new life into the world.

The gift of sexuality is a responsibility. Learning about this gift is too important to be left to the media or peers. Young people need the wisdom of the Christian community, which includes the teachings of the Church, the advice of trusted adults, especially parents, and the experience of countless men and women who have struggled to live good lives and serve God.

At the end of this topic, the students said “A Prayer for Wisdom” together. You will find this prayer in Grade 8 *Fully Alive* Prayers.

Topic 2 — Male and Female: In Relationship

Sexuality is an enrichment of the whole person — body, emotions and soul — and manifests its inmost meaning in leading the person to the gift of self in love.

Pope John Paul II

Summary

Topic 2 explores the place of sexuality in our relationships. The students examine the meaning of intimacy and the expression of the loving and life-giving dimensions of sexuality according to one’s state in life: married or the single state and celibacy.

Main Ideas

- We are made to live in relationship with others. Some of our relationships are intimate — close, personal, and built on trust and openness.
- Most people express their life-giving and loving nature through marriage. For married couples, sexual intimacy is a sign of their enduring love and faithfulness. Outside of marriage, sexual intimacy is not part of God’s plan for us.
- Some people remain single and express their loving and life-giving nature through their friendships, family relationships, and the work they do. Some people remain single for religious reasons and become priests, sisters, or brothers to serve God by helping many people.

Family Participation

- **Religious and moral values** — When parents talk to their young people about their religious and moral values, and provide a model by practising their faith, they can be a strong positive influence in their children’s lives. Because divorce and premarital sex are so common, young people often come to see these situations as normal and inevitable. It is part of the culture in which they are being raised. It is an important responsibility for parents to offer them an alternative vision.

We live in a society in which large numbers of adolescents are becoming sexually active in the early years of high school, not as the result of a conscious decision, but for reasons related to unmet needs, peer pressure, inability to make thoughtful decisions, and

a lack of clear values and adult guidance. Among the consequences of this sexual activity is an epidemic of sexually transmitted infections among young people, as well as unintended pregnancies at younger and younger ages. Some parents seem to feel that there is little they can do to influence their children in this area, but this is simply not true. Parents must have the courage to communicate the value of chastity and to provide the supervision and guidance that all young people require.

Topic 3 — Growth and change

*Adolescence represents an inner emotional upheaval,
a struggle between the eternal human wish to cling to the past,
and the equally powerful wish to get on with the future.*

Louise J. Kaplan

Summary

In Topic 3, the students look at the life stage of adolescence. They examine the need to prepare themselves for the future, adjust to a changing appearance, manage moods and stress, and understand the experience of sexual attraction. This topic also includes a reflection on homosexuality in the light of an understanding of the purposes of sexuality — love and life.

Main Ideas

- Adolescence is a journey from childhood to adulthood. For a successful journey young people need support from families, friends, other adults, a maturing relationship with God, and a sense of perspective that includes the future.
- The experience of adolescence includes adjusting to a changing appearance, shifting moods and greater stress, and the beginning of sexual attraction and feelings.
- A homosexual orientation is an exclusive or predominant sexual attraction to people of the same sex. All people, whether homosexual or heterosexual in orientation, are called by God to be chaste and to honour the gift of sexuality.
- People with a homosexual orientation are unique individuals who need love and friendship in their lives, as we all do. As Christians, we have a responsibility to

treat all people with the respect that is owed to them as persons whom God created and loves.

Family Participation

- **Encouraging a long-range perspective** —An important focus in this topic, and in the entire Grade 8 program, is how important it is for young people to develop a long-range perspective about themselves. Adolescents are on a journey toward maturity, and the love and guidance they receive from their families are an essential support for this journey.

Since young people enjoy talking about their plans for the future, it's good to ask them what they think they'll be doing ten years from now. What will they be like? What interests will they have? Will they be married? If they are, what will their husband or wife be like? It is this kind of conversation that helps young people develop a long-range perspective and see themselves as capable of influencing what their future will be. An important part of this perspective is their sense of Christian values and their belief that God will be with them on their journey.

- **Changing appearance** — The most obvious change of puberty is physical appearance. This change was introduced in Grade 5 and 6 and reviewed in Grade 7. In Grade 8 the details of the development of the primary and secondary characteristics are not included in the student book. If the teacher, however, thinks the students need another review, there are information sheets in the teacher guide for the program that can be given to them. **Note:** At the end of this topic you will find detailed information about puberty, including physical changes, other changes, boys' concerns about puberty, and suggestions for preparing girls for menstruation.

The emphasis at this grade level is to encourage the students to avoid letting concerns about their appearance become a preoccupation and to remind them that teasing or negative comments about a classmate's appearance is unacceptable and hurtful. An "Ask Sophia" feature in this topic addresses the issue of teasing others about appearance. You will find this feature at the end of this theme.

- **Eating disorders** — Some adolescent girls are disturbed by weight gain as their bodies develop. It is normal for females to have more body fat than males. Without a certain percentage of body fat, the female fertility cycle cannot be established.

For a very small number of females (and the rare male), a preoccupation with weight and dieting can result in the development of an eating disorder known as *anorexia nervosa*. This disorder includes dieting to the point of starvation and may involve excessive exercising. Some anorexic people also use weight loss methods that are associated with another eating disorder called *bulimia* — binge eating followed by vomiting or using large amounts of laxatives.

Many young people, especially girls, have concerns about their weight, but do not have anorexia. Experts suggest that there are some signs parents should pay attention to: a sudden or dramatic loss of weight; obsession with food and calories; a distorted body image (insisting she is fat when it is clear she is not, or constant dissatisfaction with parts of her body); excessive exercise; signs of depression and social withdrawal; nausea or bloating after eating; and feeling cold when the room temperature is normal. Anorexia is a serious psychiatric illness and requires specialized treatment.

- **Moods and stress** — Students in Grade 7 and 8 generally feel more stressed than they did when they were younger. More is expected from them at home and at school, they often have many activities outside of school, and they want time for their friends. At the same time, the hormones that are responsible for sexual development also have some influence on their moods, sometimes causing ups and downs that come and go without specific reasons.

In class, the students discussed some ideas for managing stress and moods. You might encourage your child to try some of these methods when life seems to make too many demands:

- Talk to someone you trust if something is really bothering you or you can't shake a bad mood. Everyone needs help sometimes and it's a sign of strength to ask for it.
- Feeling annoyed? Don't take it out on others. Spend some time alone — listen to music, read a book or a magazine, go for a walk or run, or take a short nap.
- Regular physical exercise is an excellent way to combat bad moods and stress
- Learn some relaxation methods — deep breathing, visualization, yoga, or tai chi.
- Eat nourishing food and get enough sleep. Junk food and lack of sleep are a recipe for stress and irritable moods.

- Make a list of your activities and obligations and develop a plan to manage them. If you need some help with this, ask for it.
 - Don't leave things to the last minute — it increases stress and anxiety.
- **Sexual attraction and feelings** — Like the changes in appearance that are part of the process of maturity, so also is a greater awareness of the opposite sex. Young people become conscious of things they haven't noticed before — the appearance of people of the opposite sex, feelings in their own bodies, or images that call attention to the body. This capacity to be attracted and to experience sexual feelings is part of the gift of sexuality.

Most parents do not find it easy to discuss sexual attraction or sexual feelings with their children. It is important, however, for parents to be aware of the challenge young people face as they learn to handle their sexual feelings, especially in a society like ours that offers so many temptations. Prayer, the sacraments, developing habits of self-discipline in other areas of their lives, avoiding situations that stimulate strong sexual feelings, keeping busy with activities, interests, and friendships — these are the ways in which young people can meet this challenge.

- **Pornography** — As part of the topic of sexual attraction and feelings, the students briefly discussed pornography. *Pornography* is the term used for films, internet sites, magazines, other written materials, and photographs that are sexually explicit and intended to cause sexual arousal. The internet, in particular, has made pornography widely available to viewers of all ages. This is one of the reasons that experts in child safety recommend that young people not have access to the internet in a private area, like a bedroom.

Males tend to be the majority of users of pornography. They are more quickly aroused, particularly by visual images, and face a greater challenge than females to integrate their drive for sex with their need for close personal relationships. Meeting this challenge takes time, patience, and self-discipline.

Parents should be aware that pornography is addictive and its distorted view of sexuality can do nothing but harm young people. Their task during adolescence is to grow in maturity and self-discipline. Pornography has no place in this process. What is important to make clear to young people is that pornography is a distortion of something

that is beautiful and deeply meaningful.

- **Homosexuality** — It is also normal during adolescence for both males and females to have very strong feelings for people of the same sex. This might be an older student or a teacher whom they admire. Young people, and especially boys, are often concerned that this means they are homosexuals, but are unlikely to mention this concern to anyone. It is helpful if parents have talked about homosexuality and mentioned how normal these adolescent “crushes” are.

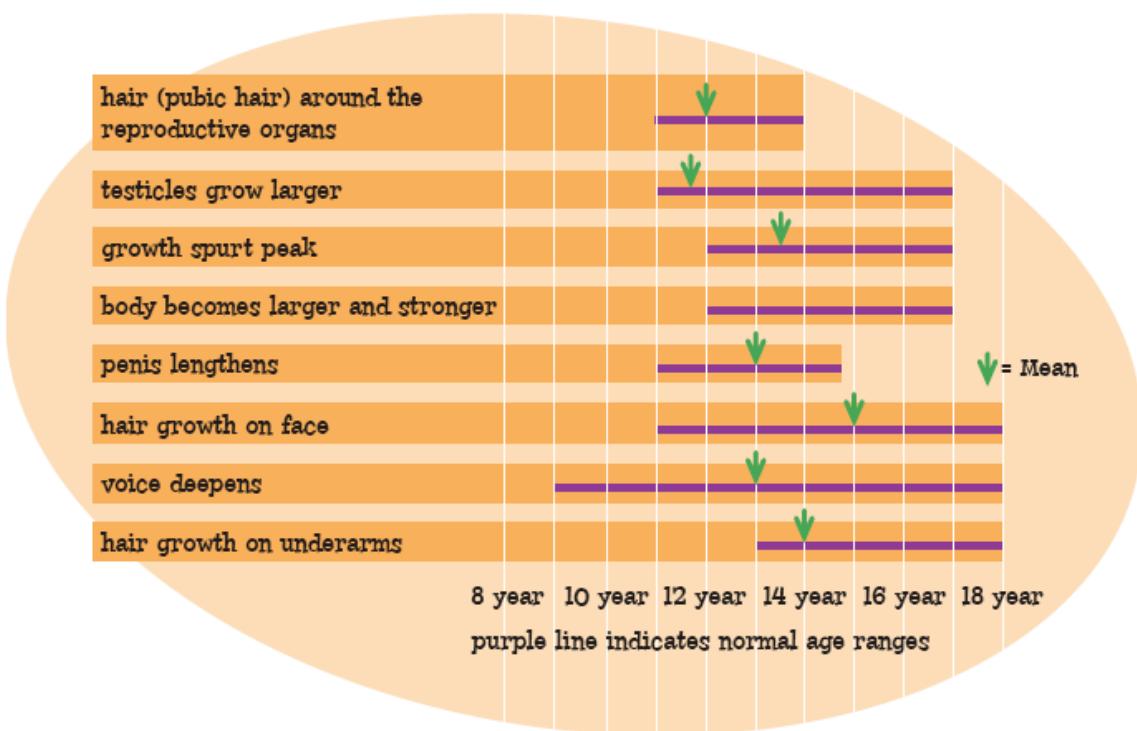
Some young adolescents tend to be quite intolerant in their attitudes toward those who are homosexual. In part this is a result of their stage of development with its confusions and uncertainties about sexuality. But their attitudes are often confirmed and strengthened by adults who see only the sexual orientation, and not the person. An important message that young people need to hear at home is that all people have a fundamental dignity and are deserving of respect.

The Changes of Puberty

Physical Changes

- Built into each person’s body is a special “time-clock” for puberty. A gland inside the brain called the *pituitary gland* controls this biological clock. The pituitary gland releases chemical messengers called *hormones* into the bloodstream. Certain hormones carry messages from the pituitary gland to the ovaries in girls and the testicles in boys. These messages tell the ovaries and the testicles to produce their own hormones. Only then do the bodies of boys and girls begin to develop the physical characteristics of adult men and women.
- This chart shows the physical changes of puberty for boys, and the average age (mean age) at which the changes occur. As you can see there is a wide range of ages for each of these changes.

Puberty: When Male Sexual Characteristics Develop

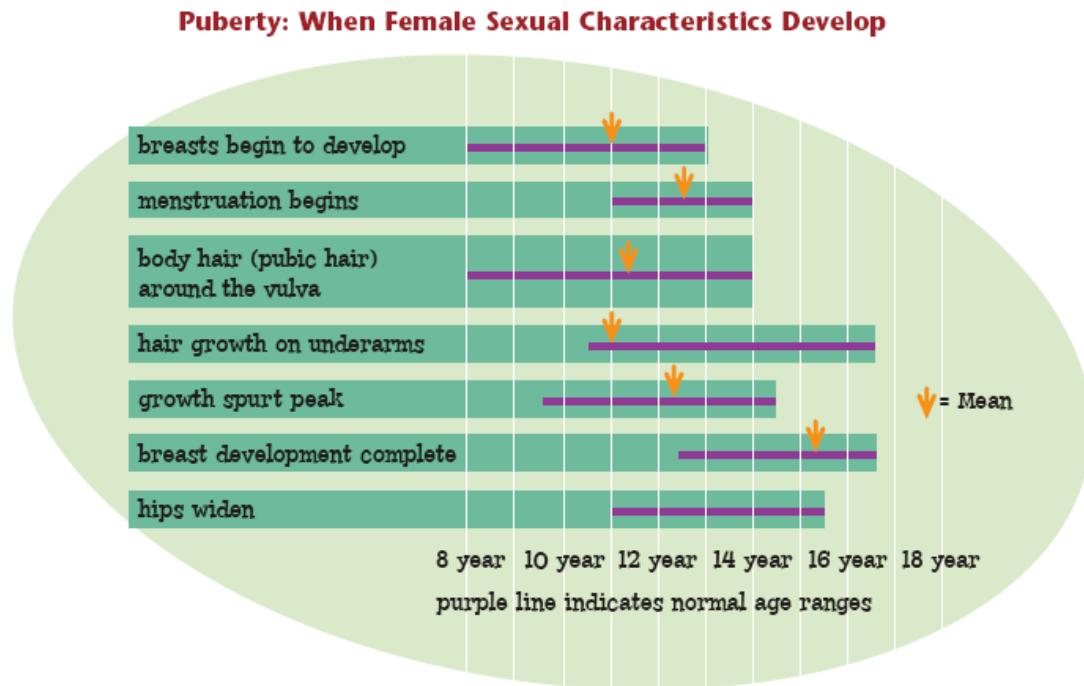


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- Most boys show some signs of puberty by age 13 or 14. But it could be a few years earlier or a few years later. Once puberty has begun, it usually takes about 4 or 5 years for the body to complete the physical changes from boyhood to manhood. Even when males are fully grown, there are differences among them. Some men are taller and heavier than others. Some have thicker beards and more body hair than others.
- Some time after a boy's appearance has begun to change, the testicles begin to produce sperm cells and special fluids that nourish and protect the sperm cells. The mixture of sperm and these fluids is called *semen*. There are special storage areas in the male body for the sperm cells, and at times these areas become too full. When this happens, the body expels semen through the penis. This process of clearing out extra sperm begins a number of years after puberty begins. It can happen so gradually that it may not be noticed, but sometimes it happens all at once, usually when the body is at rest. This is called a *nocturnal emission* because the semen leaves the body while it is at rest during the night. This is a

natural body process that is a sign of male fertility.

- This chart shows the physical changes of puberty for girls, and the average (mean) age at which these changes occur. As you can see there is a wide range of ages for each change.



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- Most girls show some signs of puberty by age 11 or 12. But it could be a few years earlier or a few years later. Once puberty has begun, it usually takes 4 or 5 years for the body to complete the physical changes.
- These physical changes begin at different times. One girl may notice the earliest changes of puberty at age 9 or 10. Another girl may be 15 or 16 before her body begins to take on the appearance of a woman's body. Even when females are fully developed, there are differences among them. Some women are taller and heavier than others. Some have wider hips and larger breasts than others.
- Sometime after a girl's appearance begins to change, she menstruates for the first time. This happens to most girls when they are between eleven and thirteen

years old, but it could be one or two years earlier or later. This first menstruation is an important sign that her body is maturing. Menstruation is often called a period, because it is something that happens about once a month for a period of about three to seven days. When girls first menstruate, however, their cycles are not like those of adult women. Instead of a monthly cycle, it may be a number of months between their periods.

Other Changes of Puberty

Emotional and social changes — The emotional and social changes of puberty are many but are less predictable than the physical changes. Moodiness, anxiety, embarrassment, and irritability are all normal signs of adolescence, and are in part caused by the changing levels of hormones in the bloodstream. Usually, however, the way a boy or girl handles the changes of puberty is in line with his or her development up to the time of puberty. For example, easygoing children tend to remain easygoing; difficult children often are difficult adolescents.

Self-consciousness — Being self-conscious, especially about the body, is very common during early adolescence. It takes time to get used to a changing body. Young adolescents are easily embarrassed, especially by any comments about their appearance. This sensitivity can make it difficult for parents to know what to say and what not to say. Tactfulness from adults is especially important during this stage of life.

Relationships with parents — It is normal, especially in the early years of adolescence, for relationships with parents to be more uneven than they were during the childhood years. It is normal for young people to complain about family rules and to want more independence and privacy. This can be difficult for parents, particularly since children also tend to be more critical of their parents and more argumentative as they develop. Parents need a sense of humour and of perspective during the early years of adolescence. It is also important for them to give young people as much responsibility and freedom as they prove they can handle. Most families go through a few uneven years, but serious problems are not inevitable.

Friendship — Friends are extremely important to young people, especially at the

beginning of adolescence. The experience of being left out or of losing a friend is very painful. This may not seem like a large problem to an adult, but to a young adolescent it can be a major upset. Parents cannot solve friendship problems for their children but they can listen and offer suggestions.

Feelings for someone of the same sex — It is also normal during adolescence for both males and females to have very strong feelings for people of the same sex. This might be an older student or a teacher whom they admire. Young people may be concerned that this means they are homosexual, but this is not something that they are likely to talk about with anyone. It is helpful if parents have talked about homosexuality, and mentioned the concerns that young people sometimes have and how normal adolescent “crushes” are.

A time of vulnerability — Puberty is a time of extraordinary change. It is, therefore, a time of vulnerability. Young adolescents need parents who believe in them, who challenge them, and who provide clear guidelines for them. They also need sympathetic listeners who can remember the time in their lives when they felt overwhelmed by their feelings and their changing bodies.

Boys' Concerns About Puberty

Appearance — At this age, many boys do not have a lot of questions or worries about puberty since they are still in the early stages of development. Parents may find that their sons are interested in talking about how tall or muscular they might be when they reach adulthood, when their voice will change (and why), or when they will grow whiskers and shave. If your son has these kinds of questions, you might want to remind him that his physical characteristics (his height, build, amount of body hair) will probably be somewhat like those of other men in his family. If most of his male relatives are tall, then he is likely to be so also. If most of them have heavy beards, then he probably will too. If some are tall and some are short, then he will have to wait and see.

Boys who are somewhat further along in their development may have more specific concerns and questions, which are best addressed by fathers (other male relatives, or trusted male friends):

- **Nocturnal emissions** — Nocturnal emissions, sometimes called wet dreams,

are an absolutely normal occurrence. They are nature's way of making room for new sperm cells. They are often accompanied by sexual feelings, and this too is normal. The frequency of nocturnal emissions varies widely, and is affected by factors like fatigue or illness. Embarrassment, fascination, and alarm are some of the feelings that most boys experience when this first happens to them.

- **Arousal** — Erections become more frequent as boys develop, and can be caused by direct stimulation (masturbation, looking at pictures, thinking about sexual things), or by unintended causes such as tension, nervousness, tight clothing, rough-housing, or other body contact. Or the cause could be nothing more than the normal activity of hormones. All boys find it embarrassing when an erection occurs in a situation where other people can notice. The most effective thing to do is to concentrate on thinking about something else.

- **Size** — Another concern that boys sometimes have is about penis size. Some differences among boys of the same age are related to their stage of development. But boys should also know that penis size is inherited (as are all other physical characteristics), and has no relationship to masculinity, function, or future marriage, despite what they may have heard to the contrary.

Information and moral guidance — Two other areas in which both boys and girls are in need of help during adolescence are:

- Masturbation is quite common among young adolescent males (and to a lesser extent among females.) Unfortunately, young people are often left to struggle with this issue alone. They do need guidance in this area, for although masturbation at this stage of development is common, it is not without moral significance. It uses the gift of sexual pleasure, which is meant to be part of the relationship of marriage, in an immature and self-centred way. It can become a habit that is difficult to break, especially for those young adolescents who are unhappy about themselves.

Young people should be encouraged to grow toward maturity and self-control, to

use the sacrament of reconciliation and prayer, and to keep busy and involved with friends and activities. Sexual urges can be very powerful;

they are natural, normal, and healthy. But growth toward real maturity is a process of learning to be in charge of oneself and to overcome self-centredness.

- It's important for young adolescents to recognize the moral difference between deliberately stimulating their sexual feelings, and those that simply happen. This is a more difficult issue for boys since they are more easily aroused than girls, and react more strongly to visual stimulation — pictures, clothing, movies, or videos. All young people need clear guidance in this area, especially since sexually explicit material is so easily available in our society. They need to know that to seek out this kind of material deliberately is a choice that doesn't respect the value of sexuality, or lead them toward chastity and the kind of love they will want to share with another person if they choose to marry.

Preparing Girls for Menstruation

Signs of development — Breast development generally precedes menstruation by one to two years as does the beginning of the growth spurt. Sometime before first menstruation, some girls notice a periodic discharge on their underwear. Since they may be concerned by this and think that something is wrong with them, it is important to reassure them that this is a normal part of development. It is something that all women experience and there is no need for them to be worried or embarrassed. This is normal and is caused by the hormones produced by the ovaries.

Irregular periods — As you explain menstruation it's a good idea to mention that when girls first begin to menstruate, their periods are often quite irregular. They may have their first period, and then not menstruate again for several months. For many girls it takes a number of years before a regular pattern of menstruating is established.

Girls' concerns — Most often, girls' concerns about menstruation include whether it hurts, the amount of blood that is involved, and how quickly a period starts. You will want to reassure your daughter that there's no reason for menstruation to interfere with any of her activities. The amount of blood that is

lost is actually quite small. Explain that periods normally start very slowly with a few drops of blood, which she will notice on her underwear, and that other people will not know that she has started menstruating. Sometimes girls are surprised or worried because the colour of the blood is brown. You might mention that this is what happens when blood is exposed to the air and dries.

Discomfort — You need to explain that often there is mild discomfort at the beginning of a period, which is caused by contractions of the uterus, and this is not anything to worry about. Although a few girls have very painful menstrual cycles, it is not a good idea to mention this since it is the exception rather than the rule.

Caring for themselves — Girls need information about caring for themselves during menstruation. At some point, you should explain how sanitary pads are worn. Many girls eventually use tampons, but generally not until a few years after they have started menstruating. They may have questions about tampons, however, and you could explain how they are used. Often, mothers feel that girls who have just started menstruating are too young to use tampons and the majority of younger girls are not anxious to use them. Girls who are involved in sports such as gymnastics and swimming, however, can find it embarrassing to wear pads and may want to discuss using tampons with their mothers.

Worries about the first period — Girls who are expecting their first period in the near future are often concerned that they will start when they are away from home. They may want to be prepared by carrying a mini-pad with them. They should also know that they can ask their teacher, the school nurse, or the secretary in the school office. All they have to say is, “I think I’ve just started my period and I don’t have anything with me.”

A healthy, normal process — It’s extremely important to present menstruation as a normal, healthy process. Girls may have heard menstruation described as the “curse” or that they cannot bathe, wash their hair, or participate in sports while they have their period. They should be reassured that menstruation is not an illness, but a normal part of life, and that they can engage in all of their regular activities.

Topic 4 — Young People: In Relationship

(Chastity) is a difficult virtue for all ages, but it is especially so for the young, who are discovering their sexual nature for the first time and are anxious to explore it.

But youth is also the time for idealism, for courage, for strength, for generosity.

Young followers of Christ know that he alone can teach them what love means; and he will give them the strength to walk on his way of love.

Love is for Life, Irish Bishops' Pastoral

Summary

In Topic 4 the students continue to explore sexual attraction and examine some of the pressures on young people to become involved in exclusive male-female relationships at an early age. These sources of pressure include media, peers, and unmet personal needs. This topic also includes a feature on serious abuses of sexuality.

Main Ideas

- Sexual attraction is a new experience for young adolescents. There are many pressures on them to act on their feelings and become involved in exclusive male-female relationships at an early age.
- Some pressures on young people are external, such as media and peers. Others are internal pressures, such as unmet needs for attention, love, and acceptance.
- It is important for young people to begin to form healthy friendships with people of the opposite sex and to value this stage of life as an opportunity to develop all aspects of themselves.

Family Participation

- **Infatuation and crushes** — Until now, young people's friendships have been with people of the same sex. Sexual attraction, however, introduces a new element into relationships. In general, girls, because of their earlier development, become interested somewhat sooner than boys. Infatuations, rumours, and teasing about who likes a particular boy or girl are quite normal, as are crushes on members of music groups or other entertainment personalities. There are differences in when this happens, of course, and some young people are well into their teens before they show much interest in the

opposite sex.

- **New challenges for parents** — As the issue of school dances and mixed parties comes up, parents face new decisions. Some young people also begin to ask the question: When can I date? Each family has to set its own rules in these areas, but it is good to think ahead and begin to discuss these issues with children before immediate decisions and rules have to be made. Young adolescents do need opportunities to socialize in mixed groups as a sign of their growing maturity, but adult supervision is essential.

In class, the students held an informal survey expressing their opinions on when adolescents should be allowed to go out (date) as a couple by themselves. You might ask your child about the outcome of this survey.

- **External and internal pressures on adolescents** — In class, the students examined two kinds of pressures on young people to become involved in exclusive male-female relationships and to engage in sexual activity. The first pressure comes from outside the person (external) and involves aspects of the social environment in which young people live. In class, the students discussed media and the influence of peers as examples of external pressures.

- **Media** — Media includes television, advertising, magazines, popular music, and the internet, particularly social networking sites. A constant media diet that involves romantic and sexual relationships among young people, or of sexual gossip and rumours on social networking sites, has an impact. It makes sexual intimacy between teenagers appear normal and healthy and challenges Christian beliefs and values. Also, it rarely highlights the negative consequences of such relationships, especially for young people: the possibility of pregnancy or a sexually transmitted infection, and a sense of loss and regret.

Many parents worry about the influence of media, and with good reason. It does take a lot of effort to monitor and restrict what young people are watching, listening to, and doing online, but it is worth it. It is normal for young adolescents to believe that they can monitor themselves, but, in fact, they lack the life experience and maturity to do this without guidance from their families.

- **Peers** — The desire to fit in and be accepted is very strong in early adolescence. In fact, some young people will pretend to be interested in someone of the

opposite sex simply to avoid being teased or pressured. Since interest in the opposite sex happens at different times during adolescence, young people who are not interested may begin to think there must be something wrong with them. The best defence against pressure from peers is a strong sense of self-confidence, loyal friends, and involvement in a variety of interesting activities. Family support can also make a difference — being aware of what is going on in their children's lives, taking time to listen to daily worries or frustrations, and letting their young people know how much they matter. This kind of support creates the self-confidence that allows young people to be comfortable being who they are.

The other pressure the students discussed is an internal one. This kind of pressure comes from within the person and is often related to unmet personal needs, for example, the desire to gain status and popularity, to feel more grownup, to get attention and feel loved, or to compensate for difficulties at home or at school. Young people who are vulnerable to these kinds of internal pressures often make risky decisions when it comes to relationships with the opposite sex, and they invariably get hurt.

The same advice for coping with pressure from peers applies to internal pressures. Young adolescents can be touchy and sullen at times. They sometimes act as if their parents are now irrelevant. In response, parents may leave them alone in an effort to avoid a confrontation. It's important, however, for parents to remember that 13- or 14-year-olds want to be sure that they are loved and appreciated, no matter how difficult they may be at times. They need to know that their parents' love is unconditional.

- **Sexting** — This topic includes an “Ask Sophia” feature dealing with questions about instant messaging and sexting. You will find this feature at the end of this theme.

The word *sexting* is a combination of the words *sex* and *texting*. Sexting is the act of sending sexually explicit messages or photographs, usually from a cell phone. Although most young people are aware of the risks to privacy, that doesn't seem to stop them. This is an issue that parents must discuss with their young people, and stress the need for caution. Electronic information is permanent. In many cases, messages or photos that are meant for one or a few people get passed on to a much wider audience. Once a message is sent, the sender has no control over its final destinations.

As for sexting, parents are strongly encouraged to make it clear that it is wrong

for young people to send these kinds of messages to each other. There can be consequences for a person's reputation and, certainly, for their moral development.

- **Sexual Abuse** — Another feature in this topic provides information about serious abuses of sexuality: sexual assault and sexual abuse of minors. You will find this feature at the end of this theme.

It's important for you to know that research in both Canada and United States indicates that girls who start dating at an early age, especially with someone who is more than two years older than they are, are vulnerable to physical, emotional, and sexual abuse. Their lack of maturity and experience makes it difficult for them to develop a healthy male-female relationship and to stand up to pressure to engage in sexual activity.

- **Encouraging healthy relationships** — Young people of both sexes do need opportunities to do things together in groups and to realize that what they already know about friendship is also relevant in male-female relationships. These opportunities help young people to be comfortable with members of the opposite sex, discover some of their differences and similarities, and develop personal friendships.

In class, the students worked in small groups and discussed ideas for activities and events at school and in the community that would give them opportunities to socialize in mixed groups. You might ask your child about this discussion.

Topic 5 — The Gift of Fertility

The demands of the kingdom may seem quite contradictory to what the rest of the world may deem tolerable, but it is the gift and sign of the Christian, through his or her whole life, to point to a loftier and deeper reality, namely eternal life. And it is with this in mind, that often the things we do are made perfect by the things we refuse to do.

OCCB Guidelines for Family Life Education

Summary

In this topic, the students examine two issues related to human fertility: sexually transmitted infections (STIs) and family planning. Both of these issues are considered in the context of fertility as a gift and the need to protect and live in harmony with this gift.

Main Ideas

- We are created male and female, and our sexuality is deeply personal. The whole person, body and spirit, is created for love and life.
- Sexually transmitted infections are primarily spread by intimate sexual contact. Many STIs have the potential to damage or destroy a person's fertility.
- Natural family planning involves identifying symptoms of the fertile days in a woman's cycle and avoiding intercourse during this time if a husband and wife do want to conceive a child. Barrier and chemical methods alter the body in some way to avoid a pregnancy. Natural family planning allows couples to live in harmony with their fertility and respect the mystery of God's gift of life and love.

Family Participation

- **The gift of fertility** — Sexual intercourse is a unique sign of the gift a man and woman offer each other in marriage and communicates a love that goes beyond the present and reaches in the future. It is a creative love that may result in new life. The power to create new life, which is the gift of fertility, is not, however, experienced in the same way as the power of sexual attraction, muscular strength, or even the power of the mind to grasp and create ideas.

Young people begin to notice some signs of their fertility as they develop, but the idea of becoming fathers or mothers is something for the future. Sadly, the choices that some adolescents make can have serious consequences for their future freedom. If they become sexually active and get a sexually transmitted infection they can damage their fertility and be unable to conceive a child later in their lives.

- **Sexually transmitted infections** — The potential health risks of sexual behaviour is a very sensitive topic to discuss with young adolescents, but they do have to be aware of the implications of intimate sexual contact for their well-being as body/spirit persons.

In class, the students discussed some questions and answers about sexually transmitted infections (STIs), and reviewed a chart showing the major STIs, including symptoms, treatments, and potential consequences and complications. You will find the questions and answers, information about the major STIs at the end of this theme, and a letter from a young woman (a real person) who wrote to Grade 8 students to tell them about her inability to conceive as a result of a STI.

You might ask your child about the class discussion of STIs and the protection of fertility. The topic of STIs is one that most young people say that they could not possibly talk about with their parents. Many young adolescents believe that parents would immediately assume that they were sexually active or considering it in the near future. In fact, sexual health and the many other consequences of intimate sexual activity are topics that parents should be discussing with their young people.

- **Living in harmony with fertility** — The information the students received on family planning and moral values flows naturally from the view of fertility that has been developed in *Fully Alive*, especially in Grades 7 and 8. Sexual intercourse is intended to be a total expression of love between a wife and husband, a love that is open to God's plan for them. The gift they offer each other includes their fertility, even though they know that only on a few occasions will they conceive a child.

In class, the students were briefly introduced to the two best-known modern methods of natural family planning: the sympto-thermal method and the Billings ovulation method. Natural family planning involves no health risks and is highly effective when couples are trained to use it properly. These methods allow couples to determine the time of fertility with great accuracy, to make responsible and unselfish choices about the question of how many children to have, and to live in harmony with their fertility.

The students were also introduced to other methods of family planning: the control of fertility by devices or chemicals that interfere with fertility and prevent conception. The class briefly discussed barrier methods and the oral contraceptive pill.

Family planning is an intimate and difficult topic for parents to discuss with their children, but you might want to begin by asking your child to tell you about what he or she has learned at school. You will find the information about family planning that was provided in the Grade 8 student book at the end of this theme.

Topic 6 — True Love

Nothing worth doing is completed in our lifetime, therefore, we are saved by hope.

*Nothing true or beautiful or good makes complete sense
in any immediate context of history; therefore, we are saved by faith.*

Nothing we do, however virtuous, can be accomplished alone.

Therefore, we are saved by love.

No virtuous act is quite as virtuous from the standpoint of our friend or foe as from our own. Therefore, we are saved by the final form of love, which is forgiveness.

Reinhold Niebuhr

Summary

The final topic of Theme Three highlights the meaning of true love, particularly as it applies to relationships that lead to marriage. The students are encouraged to have faith in the possibility of true love and an enduring commitment between a man and a woman.

Main Ideas

- True love is not a feeling, a sexual attraction, sexual intimacy, ownership of another person, or an instant experience.
- True love is a choice. It is a self-giving love that is expressed in an enduring commitment that a man and woman offer each other in marriage.
- True love is not easy, but with God's help people overcome their failings and find new strength and hope in each other.

Family Participation

- **True love** — The last topic of Theme Three turns to a vital issue for many people: the meaning of true love. True love is the theme of innumerable novels, poems, movies, letters, and songs, and each generation that comes along contributes more. Starting in adolescence, and continuing into adulthood, people have questions about the meaning of love, in particular about the love that leads to the permanent commitment in marriage.
- **What true love is not** — The students examined a number of examples of what true love is not, but is often thought to be:

- **True love is not a feeling.** Many feelings are involved in loving, but love itself is not a feeling. Feelings come and go, but true love lasts.
- **True love is not sexual attraction.** Sexual attraction often leads to a relationship, but whether the relationship develops and becomes true love is unknown at the beginning.
- **True love is not sex.** An intimate sexual relationship between married people is an expression of true love, but sex itself is not love.
- **True love is not ownership.** There is no place for possessiveness and jealousy in true love. Instead, there is trust and confidence.

- **True love is not instant.** There can be instant attraction, but true love grows over time as people get to know each other — personality, character, interests, and hopes for the future.

These are important ideas to discuss with young people as they are growing up. Many adolescents and adults make painful mistakes in their lives because they do not really know the difference between infatuation and love, sex and love, or need and love. They have not understood that love is a choice, an enduring commitment that a man and woman offer each other.

Movies and television shows that are focussed around relationships are ideal opportunities for parents raise some of these topics. Asking young peoples' opinions usually works better in getting a conversation going rather than stating one's own view.

- **Healing the past** — The best preparation for a lasting marriage is the experience of growing up in a family with the example of a strong marriage. Sadly, this is not everyone's experience. It is difficult for young people who have grown up with the experience of separation or divorce, or with ongoing serious problems between parents, to have faith in true love — to believe that it is possible. It is made more difficult when parents are cynical about their marriage difficulties or use their growing children as people in whom to confide their problems.

No matter what the circumstances, young people need the support of parents to grow up with hope and belief in the possibility of enduring love. It is possible, because God is love. Both parent and children can rely on this love to heal the past. Everything is possible with God's help.

Theme Three Resources from the Student Text

Topic 3: This is the “Ask Sophia” feature with questions from young people about being teased about their appearance.

Ask Sophia

How can I deal with the physical changes of growing up? *Jenna*

How can dressing affect how you feel? *Denise*

How do you keep from letting body concerns annoy you, especially if someone is making fun of you? *Jacob*

•••

Dear Jenna, Denise, and Jacob:

Since all of your questions have something to do with appearance and the experience of the physical changes of puberty, they seem to belong together.

It's important to realize that everyone your age — and that includes people who appear to be so self-confident — has concerns about appearance and physical development. Self-consciousness and sensitivity are part of this stage of life, but they do lessen over time.

Jenna: The short answer to your question is: with patience. It takes time to go through the changes that lead to physical maturity. You may wish this part of your life was over, but these are also good years — a time to deepen your friendships, learn more about yourself, and become more independent.

Denise: Wearing flattering clothes helps many people feel more confident and attractive. The old saying that what's inside matters more than what's outside is true, but that doesn't mean that appearance and dress should be ignored. But it does mean that the kind of person you are is more important than what you wear.

Jacob: At a time when most young people are sensitive about their bodies, it seems strange that so many are thoughtless or nasty. Sadly, some people deal with their own insecurities by attacking others. The best way to keep the changes of puberty in perspective is to avoid focussing on them. Make sure other aspects of your life occupy your mind and body — friends, plenty of exercise, and time for new interests. Ignore the person who is making fun of you. Don't respond, and try not to let your feelings show. People who make fun of others want a reaction. No reaction makes you the winner. *Sophia*

Topic 4: The first item is an “Ask Sophia” feature with questions from young people about instant messaging and sexting. The second is a feature that provides information about serious abuses of sexuality: sexual assault and sexual abuse of minors.

Ask Sophia

Do you think a person's cell phone should be private? My mom saw this program about “sexting,” and now she wants to check my cell phone messages all the time. I send a lot of messages, and I don't want her to know what I'm saying. I'm not little kid, I'm 14, and it's my business. Am I right? *Eric*

I had a sleepover with a few friends, and we took pictures of each other. We weren't totally naked or anything, but we got silly, and did all these poses like models. We sent them to some friends, and now

everyone in our class has them. It's embarrassing and we feel like idiots. What can we do? *Anna*

Dear Eric and Anna:

Both of your questions have something to do with *sexting*, which is a combination of the words *sex* and *texting*. Sexting is the act of sending sexually explicit messages or photographs, usually from a cell phone. Although most teens are aware of the risks to privacy, that doesn't seem to stop them. And privacy is not the only issue. Is it appropriate for young people to be sending sexually explicit messages and photos to each other?

Eric: I would have to know you to be able to answer your question. If you are a thoughtful, reliable person who doesn't get into trouble, then I would say you have a right to some privacy.

Have you had a conversation with your mother about sexting, and other issues related to messaging? Are you aware of the risk that any message or photo you send could be shared with just about anyone? Are you aware that electronic information is permanent? If you haven't talked to your mother about being safe and cautious when you use your cell phone, then it's time to. Like many teenagers, you probably know more about electronic communication than your mother does, but she knows more than you do about the dangers of acting without considering the consequences.

Anna: I don't want to be mean, but you feel like idiots because you did something idiotic. You didn't stop and think about the almost certain outcome that your photos would be sent on to others. There really isn't anything you can do since what happened can't be undone.

When you and your friends get over feeling embarrassed, which you will, you might want to do some thinking about this question: Would your sleepover with your friends have been just as much fun if you hadn't taken photos of your poses? After all, the purpose of the gathering was to have a good time together, not to take pictures. *Sophia*

Some Serious Abuses of Sexuality

When we ignore God's plan for us and use the gift of sexuality in selfish and damaging ways, we are abusing this gift. Sexuality is so powerful and so fundamental to who we are as persons that its abuse can result in great harm.

- **Sexual Assault** — Sexual assault is a crime of violence. When a male or female is intimidated or forced into sexual intimacy of any kind, a serious abuse has occurred. Actions that are intended to express love and commitment have been used to express hostility and power. The victim of a sexual assault has been treated as if he or she was an object rather than a person.

When sexual intercourse is forced on a person, this abuse of sexuality is known as rape. Rape is a violent act of aggression and a serious crime. People who have been through this terrifying experience are urged to seek counselling.

The majority of sexual assaults in North America, many of which are never officially reported, are what is referred to as *date-rape* or *acquaintance-rape*. Rape by a stranger is less common. Young people need to be aware that research in Canada and United States indicates that girls who start dating at an early age, especially with someone who is more than two years older, are vulnerable to physical, emotional, and sexual abuse. Their lack of experience and maturity makes it difficult for them to develop a healthy male-female relationship and to stand up to pressure to engage in sexual activity.

• **Sexual Abuse of Minors** — Perhaps the most serious abuse of sexuality occurs when an adult involves a child or young teenager in intimate sexual activity. In most cases, sadly, the adult is someone whom the child or young person knows well and should be able to trust. It is for this reason that the sexual abuse of children or young people is so destructive. It destroys trust. It violates a child's right to grow up in a safe, loving environment. It is also a crime.

Sexual abuse within a family is called *incest*. The most frequent type of incest occurs between an older male relative (father, step-father, uncle, brother) and a young girl. Incest not only causes immense harm to the victim, but to the entire family.

Because children lack the maturity to give full consent to sexual activity with an adult, they are not to blame for what has happened, even though they may have feelings of guilt. Sexually abused children and young teens have had a terrible wrong done to them. It is essential for them to tell someone they trust about the abuse. If the first person they confide in does not believe them or cannot help them, then they must find another person. Help is available for victims of sexual abuse, but they have to take the first step by telling someone what happened.

Topic 5: The information from the student text about sexually transmitted infections (usually called STIs) includes some questions young people often ask about STIs, information about some of the most common STIs, and a letter to the students from a young woman about her inability to conceive a child as a result of an STI. The last feature is information about family planning from the Grade 8 student text.

• **What are STIs?** STIs are infections that are primarily spread by intimate sexual contact, such as sexual intercourse. In the case of some STIs, like genital herpes, a person can be infected by skin-to-skin contact, and through sexual activities involving the mouth and other parts of the body normally concealed by clothing. Most STIs are caused by bacteria or viruses.

- **How do you know if you have an STI?** You may not know. STIs do not always have obvious symptoms, or the symptoms may be so minor that the person doesn't pay attention to them. Some common physical signs that may indicate an STI include: any kind of sore on the sexual organs, a burning sensation when urinating, or an unusual rash, irritation, itch, or discharge involving the sexual organs. Women are less likely than men to notice symptoms because their sexual organs are deep inside their body.

- **Can STIs be cured?** In their early stages a number of common STIs can be cured with antibiotic drugs. Since there may be few or no obvious symptoms, particularly in women, many people do not seek treatment. An STI called *chlamydia* is the most commonly reported STI in Canada. It can be cured, but in most cases people have no obvious symptoms. Even if chlamydia is treated and cured, there is still a high risk that scarring of the fallopian tubes has already occurred and the person's fertility has been reduced or destroyed.

- **Do a lot of people get STIs?** It is estimated in reports by Statistics Canada that one in six Canadians will have a STI by the age of 25. The risk is even greater if a person has had intimate contact with more than one person. Young people between the age of 15 and 24 have the highest rate of STIs in Canada.

- **Can you get STIs in any other way than through sexual contact?** Chlamydia, gonorrhea, and syphilis are all spread through intimate sexual contact. It is extremely unlikely, but possible, for the virus that causes genital herpes to survive outside the body, for example, on a wet towel. HIV is spread when an infected person's body fluids, such as blood or semen, come into direct contact with another person's bloodstream. Intimate sexual contact is the most common cause, but HIV can also be caused by using a contaminated needle.

There is another group of infections, which can be spread through sexual contact, but can also be acquired in non-sexual ways. These are inflammations of the vagina caused by a number of different organisms. The symptoms are itching and an abnormal discharge. The most common, which is often called a *yeast infection*, can occur after taking antibiotics, or even as a result of wearing very tight clothing that doesn't allow air to circulate in the genital region. A doctor can prescribe a medication to clear up such infections.

- **How can you keep from getting a STI?** There are only two sure ways:

- 1) Don't be sexually active and have intimate sexual contacts with other people if you are unmarried.
- 2) If you marry, choose someone who has the same values as you and remain faithful to each other.

You have probably heard other answers to this last question, like, be responsible and wear a condom. But the protection that condoms offer you against STIs is by no means certain. And there's an important question that has to be asked: is it responsible for unmarried people to be sexually intimate with each other? Your Christian values tell you that it is wrong, and wearing a condom doesn't make it right.

Major Sexually Transmitted Infections

Chlamydia

Symptoms: There are usually none in females, but possibly an abnormal discharge from the vagina or a burning sensation when urinating. Male symptoms may include a burning feeling when urinating, frequent need to urinate, watery discharge from the penis, and itching or pain around the opening of the penis.

Treatment: Chlamydia is a bacterial infection and can be treated with antibiotics. Since this infection may not have symptoms, many people do not seek treatment.

Consequences/Complications: It can result in sterility in both males and females and can be passed on by a pregnant woman to her child.

Gonorrhea

Symptoms: Both males and females may not have any signs or symptoms. If there are symptoms, females may notice an abnormal discharge from the vagina, pain in the lower abdomen, or a burning sensation when urinating. Males may experience a burning feeling when urinating, a thick discharge from the penis, burning or itching around the opening of the penis, and pain in the testicles.

Treatment: Gonorrhea is a bacterial infection and can be treated with antibiotics. Since people may not experience any symptoms, they may not seek treatment.

Consequences/Complications: Can result in sterility in both males and females. It can cause serious health problems and be passed on by a pregnant woman to her child.

Syphilis

Symptoms: In most cases, the first symptom is a sore that does not hurt and eventually disappears. The next symptoms are usually a body rash, fever, and loss of hair.

Treatment: Syphilis is a bacterial infection and can be treated with antibiotics, usually penicillin. Once treated, people must have regular blood tests for a period of time to ensure that they are free of infection.

Consequences/Complications: Untreated syphilis can lead result in damage to the heart, brain, and other organs of the body, and may lead to death. The infection can be passed on by a pregnant woman and can result in birth defects for the child or death.

Genital Herpes

Symptoms: A tingling, itching, burning or numb sensation in the affected areas, followed by a sore or blister.

Treatment: Genital herpes is a viral infection and cannot be cured, although the symptoms can be controlled.

Consequences/Complications: It can be passed on by a pregnant woman to her child during birth if the disease is active at the time. In these circumstances, the child is delivered by Caesarian Section. Genital herpes may be related to an increased risk of cervical cancer for women.

HPV

Symptoms: HPV stands for Human Papillomavirus, a virus that can cause warts in the genital area. Both males and females may not be aware of any symptoms.

Treatment: A vaccine for young females is now available, and protects against some types of HPV, but not all. For people who already have genital warts, there are several methods by which a doctor or nurse can remove them, although there is a chance they will return.

Consequences/Complications: HPV is known to affect the cells of a female's cervix and potentially lead to cancer. It has also been known to lead to other genital cancers in both males and females.

HIV/AIDS

Symptoms: HIV stands for Human Immunodeficiency Virus, and AIDS stands for Acquired Immune Deficiency Syndrome. HIV invades the immune system and reduces a person's ability to fight off infections and cancer. AIDS is the most severe form of HIV infection. Common symptoms of HIV are tiredness, fever, rashes, vomiting, weight loss, swollen glands, and muscle aches. Newly infected persons, however, may have no symptoms for some time.

Treatment: There are several antiretroviral medications that can slow the process of HIV developing into AIDS.

Consequences/Complication: The antiretroviral medications now available allow people with HIV to prolong their lives. The medications must be taken on a regular schedule, are expensive, have unpleasant side effects, and do not always work

Dear Students,

My name is Paula. That's my real name. I am infertile. My husband and I have been trying to have a baby for five years now.

I can't get pregnant because my fallopian tubes are severely damaged. Although I didn't realize it at the time, I had pelvic inflammatory disease a number of years ago, probably as a result of an STI. During microsurgery, the surgeon found great sheets of scar tissue like saran wrap around my ovaries, and more scar tissue that had blocked both tubes. Only one of the tubes could be repaired during the three-hour operation. I was told afterwards that I had a one in three chance of getting pregnant.

After three years of medical treatment, after countless tests, scores of injections, and half a dozen surgical procedures, what can I tell you about what it feels like to be infertile?

The tests, needles, and surgery are the easy part. It is the emotional pain that is the hardest to bear. I always wanted to have children—I like them, I want to share my life with them. I wanted to be pregnant and give birth, to feel connected to the flowers and the animals and to the whole of the fertile, creative world. But now, my body weeps for the loss. My womb is empty, and it always will be. While my friends, one after the other, celebrate the conception and birth of their children, I have to grieve for my children who will never be.

I am also terribly, profoundly angry that I never knew anything about STIs. Perhaps, if I had known, I could have saved my body from being ravaged and my heart from all that pain. I would never wish such emptiness on anyone. All I can say to you—or beg of you—is respect yourself, respect your body. Think very carefully about your choices. Please don't cut yourself off from the flowers.

Paula

Living in Harmony with Fertility

Human fertility is an amazing gift. It allows us to share in God's creation. The loving and life-giving nature of human sexuality is reflected in the fertility of the male and female body in an extraordinary way. When we recognize the value of the gift of sexuality, we are also recognizing the value of fertility. As human beings, we have to find ways to live in harmony with the life-giving power of our

bodies and with God's plan for us. The choices people make about fertility have a significant effect on their lives and their relationships. Are they loving choices? Unselfish choices?

The question of when to have children, and how many children to have, is one that each married couple has to think and pray about very seriously. To be life-giving is not only the ability to conceive a child, but also includes a commitment to love, nurture, and guide the child toward maturity. This is a huge responsibility.

Sexual intercourse is intended to be a total expression of love between a husband and a wife, a love that is open to God's plan for them. The gift they offer each other includes their fertility, even though they know that only on a few occasions will they conceive a child. There are natural methods of family planning that allow married couples to determine the time of fertility with great accuracy. If they do not wish to conceive a child, they refrain from having sexual intercourse for a number of days around the time of ovulation. If, however, they want to become pregnant, they express their love for each other through sexual intercourse during this time of fertility.

The two best-known modern methods of natural family planning are:

- **Sympto-Thermal:** This method is based on a number of different symptoms women experience during their fertility cycle, including a rise in body temperature around the time of ovulation, and changes in the mucus that comes from the cervix.
- **Billings Ovulation:** This method is based on the changes in cervical mucus that occur during the woman's fertility cycle.

Natural family planning involves no health risks and is highly effective when couples are trained to use the method properly. It allows husbands and wives to live in harmony with the life-giving nature of their sexuality, and in deep intimacy with each other. It encourages them to place their trust in God, who created them and gave them the gift of fertility. When this method of family planning is used unselfishly, it expresses a special awareness of the value of fertility and of children. Children are a priceless gift, and while there are legitimate reasons for limiting family size, this is a decision that married couples are called to make with generous and loving hearts.

There are, as most people know, other methods of family planning. Some people choose to control fertility by using contraceptives, or artificial methods of birth control. These devices or chemicals interfere with fertility and prevent conception. Some of these methods involve health risks, and all of them alter the body by deliberately making it infertile.

Anything that is done to the body is done to the person. When fertility is rejected, men and women are no longer living in full harmony with themselves. The life-giving meaning of sexual intercourse cannot be shared when fertility has been suppressed or eliminated. A husband and wife may love each other deeply, but their sexual intimacy is incomplete. It is for this reason that our Church teaches that contraception is wrong.

The most common methods of contraception in Canada at this time are condoms and the birth control pill. Condoms are an example of a barrier method of contraception, and the birth control pill is an example of a chemical method of contraception.

- **Barrier methods:** As the word *barrier* suggests, something is put between the sperm and the ovum. The most common barrier method is the condom, which is a rubber sheath worn by the man. Other barrier methods include the *diaphragm* and the *cervical cap*, which a woman inserts into her body to cover her cervix. The diaphragm and cervical cap are often used in combination with a spermicide, a chemical foam or cream that kills sperm.

- **The Oral Contraceptive Pill:** The birth control pill, which is taken by women, contains artificial hormones that suppress the natural cycle of fertility. In high doses, the birth control pill prevents ovulation. In lower doses, it thickens the mucus from the cervix so that sperm cannot move into the uterus, and also causes changes in the lining of the uterus. If conception occurs, these changes

make it likely that the embryo would not be able to implant in the wall of the uterus. When this happens, the birth control pill causes a very early abortion.

What are the consequences of these methods of contraception? Are these methods of controlling fertility safe?

- The barrier methods of contraception do not appear to place people's health at risk. They are not, however, highly reliable.
- The birth control pill, although highly reliable, has a number of negative side-effects, some of them more serious than others. Serious health risks include blood clots (which can lead to heart attacks and strokes), high blood pressure, and gall bladder disease. When used by teen-agers, the pill may interfere with normal growth and the development of fertility.

God has entrusted us with the responsibility of valuing and protecting the gift of fertility. The female cycle of ovulation and menstruation is not a disease or illness that requires treatment, but a healthy and normally functioning body system. As our knowledge of human fertility has grown, so have our attempts to control it. We can now make conscious decisions about when to have children, how many children to have, and whether or not to become pregnant.

But all methods of family planning have consequences and involve fundamental human values—the person and sexuality, chastity and intimacy, love and life—and the decisions we make must respect these values. This is why it is so important to learn about this issue and to listen to what our Church is saying. As Catholics, we believe that Jesus Christ gave the Church a special authority to teach us about the meaning of life and how to live in harmony with God's plan for us.

Fully Alive Theme Three Glossary

Amniotic fluid: the liquid inside the amniotic sac that cushions and protects the fetus.

Amniotic sac: a thin membrane filled with amniotic fluid; the new human life develops inside the amniotic sac.

Billings Ovulation: a natural method of family planning based on the changes in cervical mucus that occur during the woman's fertility cycle.

Birth canal: the passageway from the uterus to the outside of the female body, which includes the vagina and cervix; the term is used most often during the birth of a baby.

Caesarian section: an operation in which the baby is delivered through an

incision made in the abdomen and uterus of the mother; usually performed because the baby is too large for the birth canal, or in the wrong position for a safe delivery.

Cell: tiny structure of living creatures, both plant and animal. The adult human body is made up of billions of cells.

Cell division: the process by which one cell multiplies to two, from two to four, from four to eight, and so on.

Cervical cap: a barrier method of contraception; an object that is inserted by a woman to cover her cervix.

Cervical mucus: secretions from the cervix (the neck of the uterus), which are stimulated by hormones in preparation for ovulation, and assist the sperm to survive and reach the ovum.

Cervix: part of the female reproductive system; the neck or narrow, lower part of the uterus, leading to the vagina.

Chlamydia: a bacterial sexually transmitted infection that can cause sterility in both females and males.

Chromosome: a threadlike chemical structure that carries the genes, which determine the characteristics that are inherited from the parents; 23 pairs (46) chromosomes are found in the nucleus of each cell of the body with the exception of the sperm and ovum, which have only 23.

Conception: the time of fertilization when a new human life begins, which occurs when the sperm and the ovum join together and form a single new cell.

Condom: a barrier method of contraception; a rubber sheath used by a man.

Contraction: the process by which a muscle tightens and becomes thicker and shorter; during the birth of a baby, the uterus regularly tightens and relaxes over a period of time in order to push the baby through the birth canal.

Cycle: a series of events that are continually repeated in the same order. The female reproductive cycle is sometimes described as a *menstrual cycle* or a *fertility cycle*, which refers to the building up of the lining in the uterus, the ripening of an ovum, ovulation, and menstruation if the ovum is not fertilized. In adult women a fertility cycle is completed every three to five weeks.

DNA (deoxyribonucleic acid): a long molecule that stores coded information for building living things.

Ejaculation: a series of muscular contractions by which semen leaves the male body through the penis.

Embryo: the term used for the new human life from the time of implantation in the wall of the uterus until the end of the second month of pregnancy.

Erection: the condition of the penis when its soft tissues are filled with blood, causing it to become larger and firm.

Fallopian tube: part of the female reproductive system; two narrow tubes leading from the ovaries to the uterus, providing a passageway for the ova.

Female: the sex of a girl or woman.

Femininity: the term used for the behaviours, interests and qualities that are associated with females (see sexual role).

Fetus: the term used for the new human life from the end of the second month of pregnancy until birth.

Fertility: the physical ability or power to procreate, to give life.

Fertilization: conception; the uniting of the sperm and the ovum to form a single new cell.

Gene: a tiny chemical structure carried on a chromosome by which characteristics are passed from parents to children.

Genital Herpes: a sexually transmitted infection caused by a virus.

Gonorrhea: a sexually transmitted infection caused by a bacteria.

Heterosexuality: an exclusive or predominant attraction to members of the opposite sex.

HIV/AIDS: (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) an infection caused by a virus, and transmitted through contact with a body fluid that contains the virus.

Homophobia: a fear or strong disapproval of people whose sexual orientation is homosexual.

Homosexuality: an exclusive or predominant attraction to members of same sex.

Hormone: a chemical substance that is released by a gland in the body; hormones act as messengers to other organs in the body

HPV: (Human Papillomavirus) a sexually transmitted infection caused by a virus.

Implantation: the attachment of the tiny zygote to the wall of the uterus; implantation occurs from five to seven days after conception, and is usually completed by twelve days.

Labour: the time during which the child is born; labour occurs in three stages during which the baby, the amniotic sac, and the placenta are pushed out of the uterus through the birth canal.

Male: the sex of a boy or man.

Masculinity: the term used for the behaviours, interests and qualities that are associated with males (see sexual role).

Masturbation: deliberately touching the genitals in order to experience sexual pleasure.

Membrane: the thin covering of a cell.

Menopause: the end of menstruation, which usually happens when women are between the ages of fifty and fifty-five.

Menstruation: the shedding of the lining of the uterus; a small amount of blood, mucus, and cells from the lining of the uterus leaves the female body through the vagina; in adult women menstruation occurs once every three to five weeks if the ovum has not been fertilized.

Natural Family Planning: an approach to fertility that allows couples to plan their pregnancies without the use of devices or chemicals.

Navel: the mark on the body (in the center of the abdomen) where the umbilical cord was attached; belly button.

Nocturnal emission: an ejaculation during sleep (sometimes called a “wet dream”); nocturnal emissions are the body’s way of making room for new sperm cells, and begin to happen to boys sometime after the testicles have begun to produce sperm cells.

Nucleus: the part of a cell that contains the chromosomes.

Oral Contraceptive Pill: a pill containing artificial hormones that suppresses a

woman's natural cycle of fertility.

Organ: a part of the body that has a specific task, for example, the heart or the lungs.

Ova: the female reproductive cells produced by the ovaries; mature egg cells.

Ovaries: part of the female reproductive system; two small almond-shaped organs inside the abdomen on either side of the uterus; the ovaries ripen the egg cells and produce the female hormones.

Ovum: a female reproductive cell; a single mature egg cell.

Penis: part of the male reproductive system; a tube-shaped organ made of soft tissues that can fill with blood; at the end of the penis is the tiny opening of the urethra.

Period: a menstrual period, the time during which menstruation occurs, usually lasting from two to seven days.

Pituitary gland: an organ that releases hormones into the bloodstream: located inside the skull at the base of the brain; the pituitary is sometimes called the master gland of the body, and is responsible for the beginning of puberty.

Placenta: a large flat organ that develops during pregnancy and is attached to the wall of the uterus; the fetus is attached to the placenta by the umbilical cord and receives nourishment and oxygen and eliminates wastes through the placenta.

Pornography: term used for films, internet sites, magazines, other written materials, and photographs that are sexually explicit (clear and obvious) and are intended to cause sexual arousal.

Procreation: the creation of a new human life; parents co-operate with God in the creation of a new life.

Puberty: the period of time during which the bodies of males and females develop and become fertile.

Rape: the act of forcing sexual intercourse on another person; a serious crime.

Reproductive system: the system of the body that allows people to have children (to procreate); the reproductive systems of males and females differ, and begin to mature at puberty.

Scrotum: part of the male reproductive system; the sac of skin behind the penis that holds the testicles outside the body.

Semen: the mixture of sperm cells and fluids that is ejaculated from the penis.

Sexual: having to do with sex or gender; being either male or female.

Sexual identity: (also called *gender identity*) a person's understanding of herself as a female, or of himself as a male.

Sexual intercourse: an act which is intended to be a sign of the deep and committed love that exists between a husband and wife, and may result in the beginning of a new human life; during sexual intercourse the husband's penis fits inside the wife's vagina and at the time of ejaculation millions of sperm cells are released into the vagina and may travel into the uterus and Fallopian tubes.

Sexuality: the maleness or femaleness of the whole person, body and spirit.

Sexually Transmitted Infection (STI): an infection that is spread primarily by intimate sexual contact.

Sexual orientation: the direction of a person's sexual attraction, for example, to people of the opposite sex or to people of the same sex.

Sexual role: (also called *gender role*) the way males and females are expected to behave in a particular society.

Sperm: the male reproductive cells produced by the testicles.

Spermicide: a chemical foam or cream that kills sperm.

Sympto-Thermal: a method of natural family planning based on the rise in body temperature around the time of ovulation and on changes in the mucus from the cervix.

Syphilis: a sexually transmitted infection caused by a bacteria

Testicles: part of the male reproductive system; two oval organs that are held outside the body inside the scrotum; the testicles produce sperm cells and the hormone testosterone.

Trimester: a term used to describe a three-month stage in a pregnancy; there are three trimesters in a normal pregnancy.

Umbilical cord: the rope of tissue that connects the fetus to the placenta through which the fetus receives oxygen and nourishment and eliminates wastes.

Urethra: a narrow tube through which urine passes out of the body from the bladder; the urethra is part of the male reproductive system since it is also the passageway through which semen is ejaculated.

Uterus: part of the female reproductive system; a hollow muscular organ inside the lower abdomen; the uterus is shaped like an upside down pear and is the place where a new human life grows during pregnancy.

Vagina: part of the female reproductive system; the vagina is a muscular passageway which leads from the cervix (the bottom of the uterus) to the outside of the body. Together, the cervix and vagina are sometimes called the birth canal.

Vas deferens: part of the male reproductive system; two tubes that lead from tiny tubes inside the testicles, and move the sperm cells along inside the man's body.

Vulva: the term used for the external organs of the female reproductive system (the parts which cover the opening to the vagina).

Zygote: the term used for the new human life from conception until implantation.

