

Sexual and Reproductive Anatomy Supplemental Activities

SUPPLEMENT OVERVIEW

The *Best Practices in STI/HIV and Pregnancy Prevention* curriculum contains 10 lessons of essential knowledge and skill-based activities related to sexual health. This supplement includes additional information that your students may need as a review, or to allow for deeper understanding on the topic of sexual anatomy. This supplement includes activities that can be delivered individually, in the order that best meets your needs. Review the material first, to determine what is developmentally appropriate for your students, based on your curriculum needs and the culture of your classroom, school or community. Include the content where it fits best as you deliver *Best Practices* or any other sexual health curriculum. The supplement includes activities that address basic knowledge on the topic of sexual anatomy, as well as activities that explore attitudes, skills and student self-reflection.

All activities are designed to be gender inclusive. Anatomy is not labeled as ‘male’ and ‘female’ but rather as the individual body parts that people may have regardless of their gender. For more information on presenting anatomy in a gender inclusive way, see the Facilitator Note in the Anatomy Review activity.

PURPOSE

Students may or may not have received education on sexual and reproductive anatomy prior to participating in the *Best Practices* curriculum. Having correct information about sexual anatomy and function creates a foundation and context for the other *Best Practices* lessons. Discerning anatomy myths from facts can empower young people to make healthy decisions, avoiding unintended pregnancy and STIs. When students have the facts and can talk comfortably about sexual anatomy, they are more likely to communicate with a partner and seek advice from health care providers when they have questions or concerns. In order to take care of their sexual health into the future, it is also important for students to understand the exams and screenings that can prevent cancer, disease and infertility. These screenings can be part of a person’s long-term plan for achieving optimal health and well-being.

USING THIS SUPPLEMENT WITHIN *BEST PRACTICES IN STI/HIV AND PREGNANCY PREVENTION*

These activities can be used as a supplement for students who do not have this information, as a review, or to explore the topic in a more comprehensive way. It can be delivered in its entirety or integrated with the other *Best Practices* lessons. Options for using the activities in the Sexual and Reproductive Anatomy Supplemental include:

1. Delivering the **Introduction, Anatomy Review, Power of Language**, and/or **Anatomy Myths and Facts**:
 - after *Best Practices, Lesson 1: Talking About Sexual Health*, as a continuation of the introduction to the sexual health unit;
 - before *Best Practices, Lesson 4: Sexually Transmitted Infections*;
 - before *Best Practices, Lesson 5: What's the Risk?*; or
 - before *Best Practices, Lesson 7: Birth Control Methods*.
2. **Power of Language** can start off your Sexual Anatomy lesson, or be part of *Best Practices, Lesson 1: Talking about Sexual Health, Activity 1C*, when discussing sexual health terms and definitions.
3. Incorporating **Taking Care of Your Sexual Health, Now and in the Future** along with *Best Practices, Lesson 9: Accessing Services and Support*.

STUDENT LEARNING OBJECTIVES

The activities in this Supplement cover the following learning objectives.

Participants will:

1. Identify and describe sexual and reproductive anatomy and functions.
2. Understand that there are differences in anatomical make up and body parts that vary from person to person.
3. Identify how language can be helpful or harmful and promote gender stereotypes.
4. Build comfort and skills in communicating about sexual and reproductive anatomy.
5. Understand common myths and facts about sexual and reproductive anatomy.
6. Explain ongoing actions for achieving and maintaining sexual health.

SEXUAL AND REPRODUCTIVE ANATOMY SUPPLEMENT OVERVIEW

Activities	Student Learning Objectives	Minutes	Materials and Preparation Checklist
Introduction to Sexual and Reproductive Anatomy	<ul style="list-style-type: none"> Identify and describe sexual and reproductive anatomy and functions. Understand that there are differences in anatomical make up and body parts that vary from person to person. 	10	<ul style="list-style-type: none"> Review the videos and decide if you will show one or more in class or assign them as homework.
Anatomy Review	<ul style="list-style-type: none"> Identify and describe sexual and reproductive anatomy and functions. Understand that there are differences in anatomical make up and body parts that vary from person to person. Build comfort and skills in communicating about sexual and reproductive anatomy. 	25	<ul style="list-style-type: none"> Read Facilitator Note. Make copies of the Sexual Anatomy Terms and Definitions handout and Anatomy Diagrams, one set for each individual. If using, review Google slides. Cut two sets of the Anatomy Salad Bowl: Definition Cards and the Anatomy Salad Bowl: Anatomy Words. Copy and post two sets of the Anatomy Salad Bowl: Anatomy Diagrams. A bowl for each group to hold the strips of paper.
The Power of Language	<ul style="list-style-type: none"> Identify how language can be helpful or harmful and promote gender stereotypes. Build comfort and skills in communicating about sexual and reproductive anatomy. 	20	<ul style="list-style-type: none"> Write the examples of different types of language on the board. Post newsprint with the suggested words and definitions around the room. Timer or clock.
Anatomy Myths and Facts	<ul style="list-style-type: none"> Understand common myths and facts about sexual and reproductive anatomy. 	20	<ul style="list-style-type: none"> Review the Myth/Fact statements and educator resources. If using, create jeopardy, polling or game-style format for identifying myths and facts.
Taking Care of Your Sexual Health, Now and in the Future	<ul style="list-style-type: none"> Explain ongoing actions for achieving and maintaining sexual health. 	20	<ul style="list-style-type: none"> Review information on common sexual and reproductive health concerns and screenings. Newsprint and markers for brainstorm. Print handout of Taking Care of Your Body, Now and in the Future, one for each student. Decide if you will use one of the assessment options.



INTRODUCTION TO SEXUAL AND REPRODUCTIVE ANATOMY



Say,

Today we are going to talk about sexual and reproductive anatomy. Reproductive anatomy includes the body parts involved in starting a pregnancy. Sexual anatomy includes the body parts involved in the sexual feelings and the physical responses that can happen during sexual activity.

Understanding how the body functions can help someone stay sexually healthy. Many people have concerns about their bodies and turn to the Internet to find out if their anatomy is 'normal'. The truth is, that bodies are different and variations in the shape, size and color of sexual and reproductive anatomy is normal.

OPTIONAL VIDEOS

Review the following videos. Some may be appropriate for younger youth and others may be more suitable for older youth. Many of the videos about anatomy use binary (male/female) language to describe bodies. Once you have reviewed and selected the video(s) appropriate for your class, you can watch them in class or assign students to watch them individually.

- ***Different is Normal - Changing Bodies and Genitals***

This video from Planned Parenthood identifies parts of the genital anatomy and reinforces the fact that variations in genital appearance is normal.

<https://www.youtube.com/watch?v=t9tFk835vjo>

- ***Anatomy: Assigned Sex at Birth (Female)***

Amaze.org provides a review of anatomy for a body with a uterus.

<https://amaze.org/video/puberty-biological-female-anatomy/>

- ***Anatomy: Assigned Sex at Birth (Male)***

Amaze.org provides a review of anatomy for a body with a penis.

<https://amaze.org/video/puberty-biological-male-anatomy/>

- ***What It's Like to Be Intersex?***

This video features intersex young adults talking about what being intersex means and their experiences as intersex people.

<https://www.youtube.com/watch?v=cAUDKEI4QKI>

SUMMARIZE

In summarizing this introduction, include these key points.

- **Variations in anatomy are common, having unique anatomy is nothing to be ashamed of.**
- **In our culture there are strong messages from advertisements and media around what is considered attractive or acceptable for bodies. What really matters, is having a positive relationship with your own body and respecting the bodies of others.**



ANATOMY REVIEW



Say,

For some people in class, this may be the first time you are identifying and discussing sexual and reproductive anatomy. For others, this may be a review. For everyone, this activity may help increase your comfort level in discussing these parts of the body. This is essential for communication and consent with partners during sexual activity, and for communicating about your body with a health care provider.

Sexual anatomy includes body parts that are involved in arousal and sexual pleasure, such as the penis, anus, clitoris and vulva. Reproductive anatomy includes the internal reproductive organs such as the testicles, ovaries and uterus which are capable of creating a pregnancy and growing a fetus into a baby.

The diagrams that we will be using in this review of the anatomy do not represent all bodies. There is a great amount of variation in how bodies look. In addition, some intersex people may have bodies that do not fit into the male/female binary. Also, some trans people may decide to take puberty blockers, hormone therapy or have gender affirming surgeries which may affect what their sexual and reproductive anatomy looks like.

All bodies change over time as people grow and age. Knowing about your body will help you identify what is normal for you and what may need to be checked-out by a health care provider.

FACILITATOR NOTE

Intersex and transgender youth may face unique challenges when discussing sexual and reproductive anatomy, since those communities have historically been treated as abnormal and in need of treatment by the medical community. This has also led to being stigmatized and shamed by society and in the media.

Talking about the experiences of intersex and transgender people is an opportunity to build a more inclusive classroom. It is also an opportunity to identify resources for community support and advocating for rights.

Similar to how homosexuality was once seen as a mental disorder and is now seen as normal, intersex and transgender communities are advocating for their rights to be treated as normal and healthy by the medical community and others. Many intersex infants and children have experienced non-consensual surgeries so that their anatomy will appear more typically male or female. The intersex community is working to end these often unnecessary and traumatizing surgeries.

As you are teaching sexual and reproductive anatomy, keep in mind that transgender youth may experience discomfort with their anatomy if they feel it doesn't reflect their gender. The transgender community is working to improve access to health care services such as puberty blockers, hormone therapy and gender affirming surgeries to receive medical care they need to support their health. However, it is important to note that not all transgender people may seek these services.

For more information about movements to prevent non-consensual surgeries on intersex infants and minors visit:

- <https://interactadvocates.org/>
- <https://www.intersexjusticeproject.org/>

For Maine resources supporting transgender health care and support, visit:

- <https://www.mainehealth.org/Barbara-Bush-Childrens-Hospital/Services/The-Gender-Clinic>
- <https://www.mainetrans.net/>

IDENTIFYING THE ANATOMY

- Give each student a copy of the **Sexual Anatomy Terms and Definitions** handout and a set of the **Anatomy Diagrams**. Tell them to read through the terms and definitions, and fill in the blank spaces on the diagrams to identify the individual body parts. Have them review the information thoroughly as there will be a game afterwards to test their knowledge.
- Give students 10 minutes to fill out their worksheets.
- Alternatively, you can explain the body parts and functions in a mini-lecture, using this Google Slide presentation: <http://bit.ly/2OxYisA>.
- Next, to assess student knowledge, you can have students play the following Anatomy Salad Bowl Game or provide them with the Anatomy Quizlet link.

OPTION 1: THE ANATOMY SALAD BOWL GAME

This option includes two rounds in which students work together to: 1) guess the correct anatomy terms based on the definitions, and 2) match the terms to their respective parts on the anatomy diagrams. Depending on the size of your group, you can play with competing teams, or as one group.

Preparation

- Round 1: Cut up sets of the **Anatomy Salad Bowl: Definition Cards** and put them in bowls, one for each team to draw from.
- Round 2: Cut up sets of the **Anatomy Salad Bowl: Anatomy Words** and place a set in each bowl. Copy and post 2 sets of the **Anatomy Salad Bowl: Anatomy Diagrams** on the board, one for each team. Prepare two sets of tape for each team near to where you've posted the diagrams.

Instructions

- Break the class into two teams for a game of Anatomy Salad Bowl. Tell the students that they will be playing a game to review the sexual anatomy terms and definitions and increase comfort in saying and describing anatomy.
- Let them know that there are two rounds to the game, one for matching the correct anatomy term with the definition, and another round for matching the anatomy parts to the respective places on the anatomy diagrams.
- Acknowledge that the activity may feel awkward or uncomfortable at first, but practice using the terminology can increase comfort in communicating with a partner or a health care provider.

Round 1 – Guess the Term by the Definition

- Each team will have one student start in front of the bowl, the rest of the team will be lined up single file behind the bowl.
- When you say “start” the student in front of the bowl will pick up an anatomy definition, and without reading the name of the body part, they will read aloud the *definition* to the first person in line.
- If the person guesses the body part correctly, the term is removed from the bowl and the student who guessed the term then moves to the bowl to pick out the next term and read the definition to the next person in line. The reader moves to the end of the line.
- If the word is not guessed correctly, the guesser moves back to the end of the line and the next person in line tries to guess the term.
- Whichever team is first to guess all of the terms correctly wins the round.

Round 2 – Identifying the Anatomy on the Diagrams

- Post two sets of the **Anatomy Salad Bowl: Anatomy Diagrams** on the board, one set for each team.
- This time, you will fill the two bowls with matching sets of the **Anatomy Salad Bowl: Anatomy Words**.
- Have each team line up single file behind the bowl. When you say “start” the first person in each line will take an anatomy word from the bowl and tape it to the correct spot on the diagrams. Continue with each person in line until all words are placed on the diagrams.
- It is important for students on the same team to pay attention to the person placing the word. If the person is unsure of where to put their word or is placing it in the wrong spot, their teammates can assist them in placing it in the correct spot.
- When a team says they are finished, pause the game and the educator should check to make sure the terms are all in the correct places. If the terms are not in the correct places, tell the team the game will continue until all the terms are placed correctly on the diagrams. As a team, they should work together to correct the diagrams until all the terms are in the right place. The game can stop again for the educator to check after the team has agreed on the new placement of terms.
- The team who finishes correctly matching their terms to the diagrams first, wins the game.

OPTION 2: ANATOMY QUIZLET

If you prefer using a digital option, you may share this Quizlet link with students so they can become more familiar with the terms, definitions and diagrams or you may use the Quizlet as an assessment.

- Share the Quizlet link: <https://bit.ly/3qrUPKf>
- Each student will need access to their own device to play.
- Students can go through the Quizlet flashcards to review the anatomy terms and definitions. Quizlet also has matching games. When the student feels confident that they know the terms, the student may complete the Quizlet test.
- Students can screenshot their Quizlet score and share it with you to confirm that they have completed the assessment.

DEBRIEF THE ACTIVITY

To debrief the activity, ask the whole class to respond to the following questions, or you may want to do a think/pair/share. For a think/pair/share, write the questions on the board and give students a couple of minutes to think quietly about their response to the questions. Then have the students get into pairs to discuss their thoughts with each other. Finally, process as a large group by asking questions such as: *Did both of you have similar or different thoughts?* or, *Did anyone hear something from their partner that they hadn't considered before?*

Use these debrief questions with the large group.

- 1. Do you think most teens know the correct terms for the parts of the sexual and reproductive systems? Why or why not?**
- 2. Why is it important to use the medically accurate terms and know the parts and functions of the sexual and reproductive anatomy?**

Possible answers:

- *It's helpful to be able to tell a medical provider specifics if you have questions or something is going wrong.*
- *It contributes to your sexual well-being when you understand how your body works.*

- 3. Why do you think it is important to know about the variations in how sexual and reproductive anatomy can look?**

Possible answers:

- *So people don't feel insecure about how their bodies look.*
- *So people are more accepting of variations in anatomy like having a foreskin or not, or having genitals that are of different sizes and shapes.*
- *So people are accepting of those who have historically been stigmatized and discriminated against, like intersex and transgender communities.*

SUMMARIZE

In summarizing the activity, include these key points.

- **Knowing your own anatomy, as well as a sexual partner's, can help ensure consent and communication during sexual activity. It is also important to be able to communicate with a health care provider about your body.**
- **Many people may feel uncomfortable discussing reproductive and sexual anatomy; however, communication can become easier the more we can discuss it openly.**
- **Everyone's anatomy looks different. Just like our other body parts, like our eyes, noses, and mouths, have different shapes, so do our genitals. Variation in sexual and reproductive anatomy is normal.**
- **Intersex people may have unique variations to their sexual and reproductive anatomy. People who are intersex have a right to informed consent to medical procedures.**
- **Many people struggle with body image, wondering if their bodies are normal or attractive.**
- **When it comes to body image, trans people may feel body dysphoria, or discomfort, with their sexual and reproductive anatomy. Just like everyone else, transgender people have a right to make decisions about their own bodies as to what is best for them and their health.**



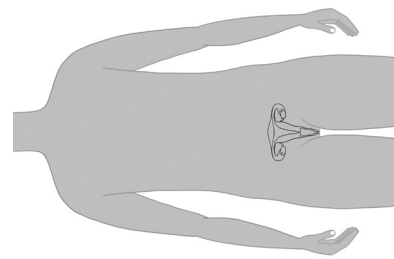
HANDOUT: SEXUAL ANATOMY - TERMS AND DEFINITIONS

1. The **vagina** is the birth canal and the passage that connects the vulva (external genitals) to the cervix and uterus. It also allows menstrual blood to leave the body.
2. The **Bartholin's glands** are two pea shaped glands on either side of the vagina. They produce mucus that lubricates the vagina during arousal, decreasing friction and increasing comfort during sex.
3. The **Skene's glands** are two small glands on either side of the urethra in a body with a vulva that secrete fluid during sexual activity. They are believed to be the source of ejaculation during sexual arousal. The fluid also prevents urinary tract infections.
4. The **cervix** is the narrow, lower part of the uterus. It has an opening that connects the uterus to the vagina. This opening allows menstrual blood to leave the uterus and sperm to enter into the uterus.
5. The **uterus** is a pear-shaped, muscular reproductive organ from which menstrual blood is produced and where a pregnancy develops. It is normally the size of a fist but stretches many times that size during pregnancy. It is sometimes referred to as the womb.
6. The **fallopian tubes** are two narrow tubes that carry eggs from the ovaries to the uterus. Sperm travels into them to fertilize the egg.
7. The **fimbriae** are like dozens of tiny fingers at the end of each fallopian tube that sweep the egg from the ovary into the tube.
8. The **ovaries** are two organs that store eggs. They also produce hormones, including estrogen, progesterone and testosterone. During puberty, they start to release an egg each month and do so until menopause.
9. The **clitoris** is the spongy tissue in the body of someone with a vulva that fills with blood during sexual excitement. It is made up of a network of highly sensitive nerves and is very sensitive to touch. The sole purpose of the clitoris is sexual pleasure.
10. The **outer labia** are folds of skin that are covered by pubic hair and connect to the thighs.
11. The **inner labia** are folds of skin that surround the vaginal opening and the urethra.
12. The **urethra** is the tube that empties the bladder and carries urine out of the body. In a body with a vulva, the small opening of the urethra is located below the clitoris and is difficult to see or feel.
13. The **anus** is the opening through which the body eliminates solid waste. It is surrounded by many nerve endings that can produce pleasure.
14. The **penis** is a multifunctioning organ that can be used for sex, reproduction and urination. It is formed of spongy tissue that fills with blood during sexual excitement, causing an erection (hard on). It is made up of a shaft and a glans (also known as the head) and is very sensitive to the touch.



HANDOUT: SEXUAL ANATOMY - TERMS AND DEFINITIONS

15. The **corpus cavernosum** are two columns of spongy tissue in the penis that fill with blood during arousal causing the penis to get hard, also known as an erection. This spongy tissue is also part of the clitoris and fills with blood during arousal causing the vulva to swell.
16. In the body of someone with a penis, the opening of the **urethra** is located at the tip of the penis. This is where pre-ejaculate, semen, and urine leave the body.
17. The **foreskin** is a retractable tube of skin that covers and protects the head (glans) of the penis. In some people, the foreskin has been removed by circumcision during infancy, usually for religious or cultural reasons.
18. The **scrotum** is a sac of skin divided into two parts, enclosing the internal reproductive organs, the testicles (also called the testes).
19. The **glans** is located at the tip or head of the penis and is also the name of the external part of the clitoris. The glans contains many nerve endings and can be very sensitive to touch. It is often covered by the clitoral hood or foreskin at rest and is more visible when the genitals are aroused/filled with blood.
20. The **shaft** is the fleshy tube connecting the glans of the penis to the base of the penis.
21. The **testicles** (also called the testes) are two ball-like glands inside the scrotum that produce sperm and hormones, including testosterone. They are sensitive to touch.
22. The **epididymis** is a tightly coiled tube on top of and behind each testicle where sperm mature. It leads from each testicle to each vas deferens. It stores sperm before ejaculation.
23. The **vas deferens** are long, narrow tubes that carry sperm from the epididymis to the seminal vesicles during ejaculation. There are two of them, one connected to each epididymis.
24. The **prostate gland** produces a fluid that helps sperm move through the reproductive tract. It is about the size of a walnut or golf ball and is sensitive to pressure and touch.
25. The **Cowper's glands** attach to the urethra. They produce a fluid, pre-ejaculate or pre-cum, that prepares the urethra for ejaculation. They are also called bulbourethral glands.
26. The **seminal vesicles** are two small glands on each side of the bladder that produce nutrient fluid to semen during ejaculation.



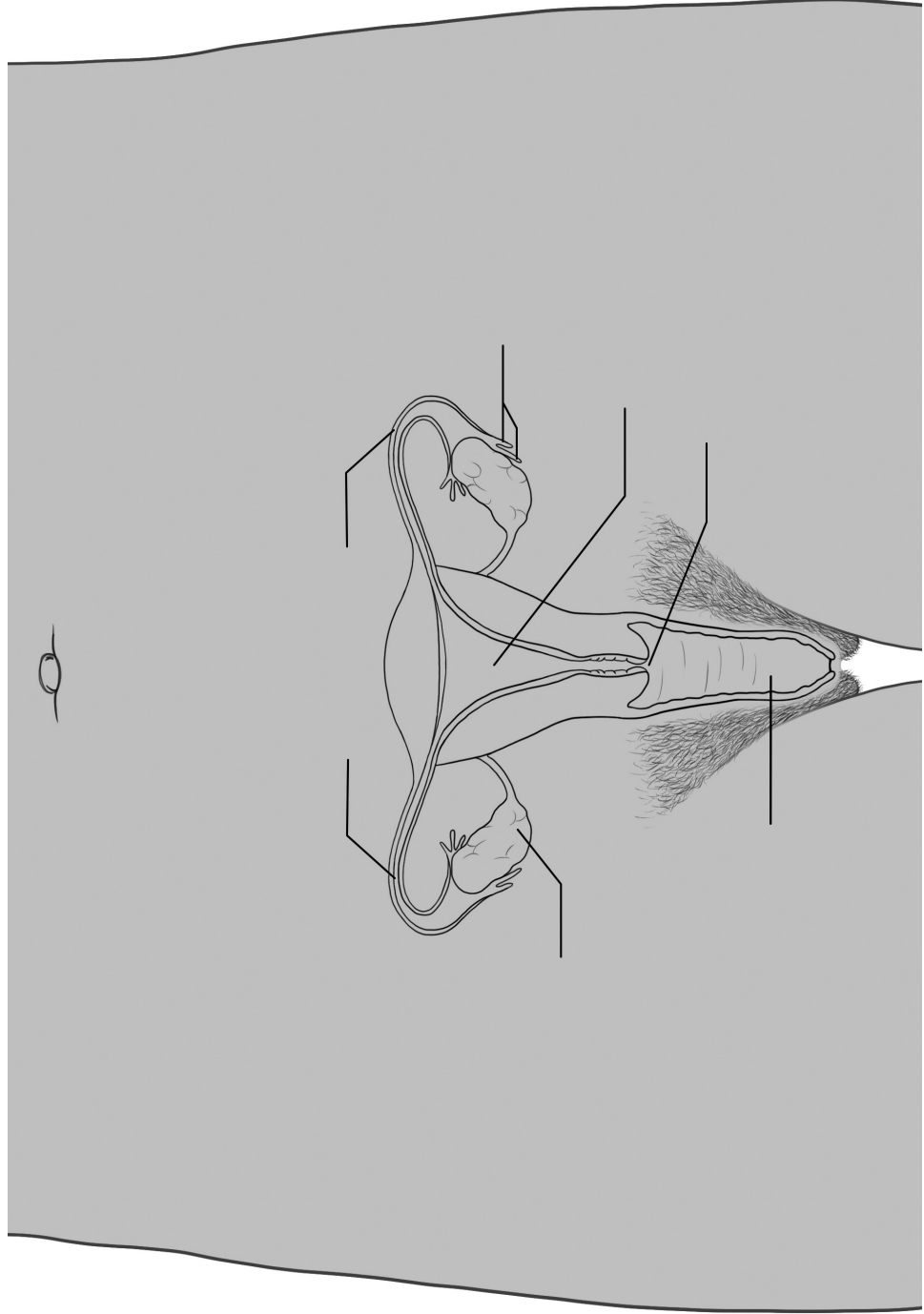
ANATOMY DIAGRAMS

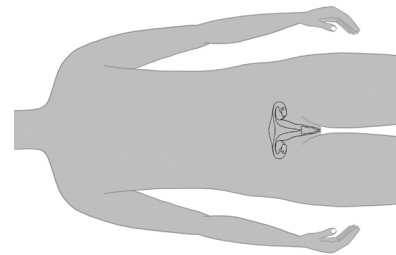
ANATOMY OF A BODY WITH A UTERUS - INTERNAL VIEW

Instructions: Label the internal parts of the anatomy using the word bank below.

Word Bank

cervix fimbriae fallopian tubes ovary vagina uterus



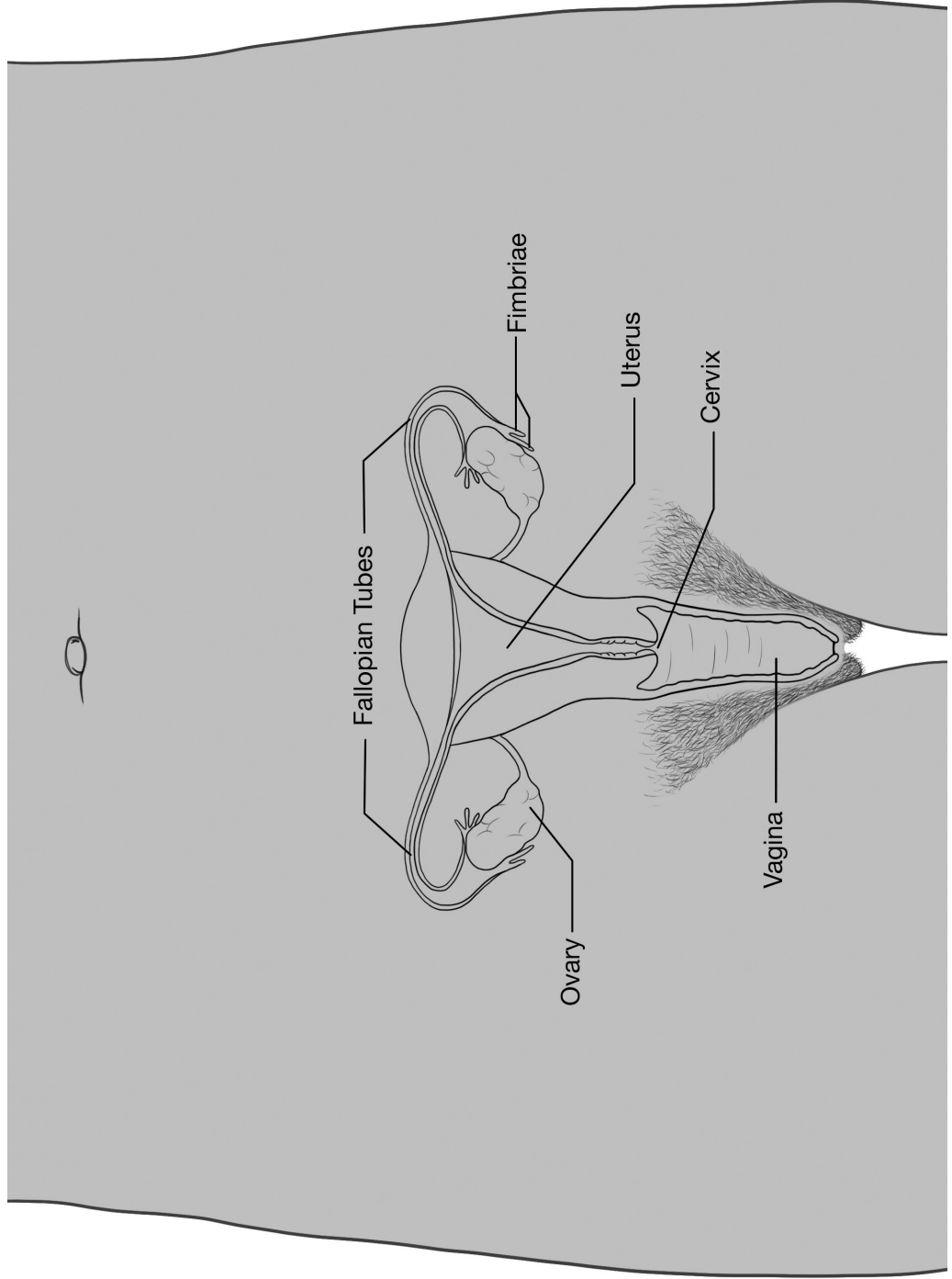


FACILITATOR KEY

ANATOMY DIAGRAMS

ANATOMY OF A BODY WITH A UTERUS - INTERNAL VIEW

Instructions: Label the internal parts of the anatomy using the word bank below.



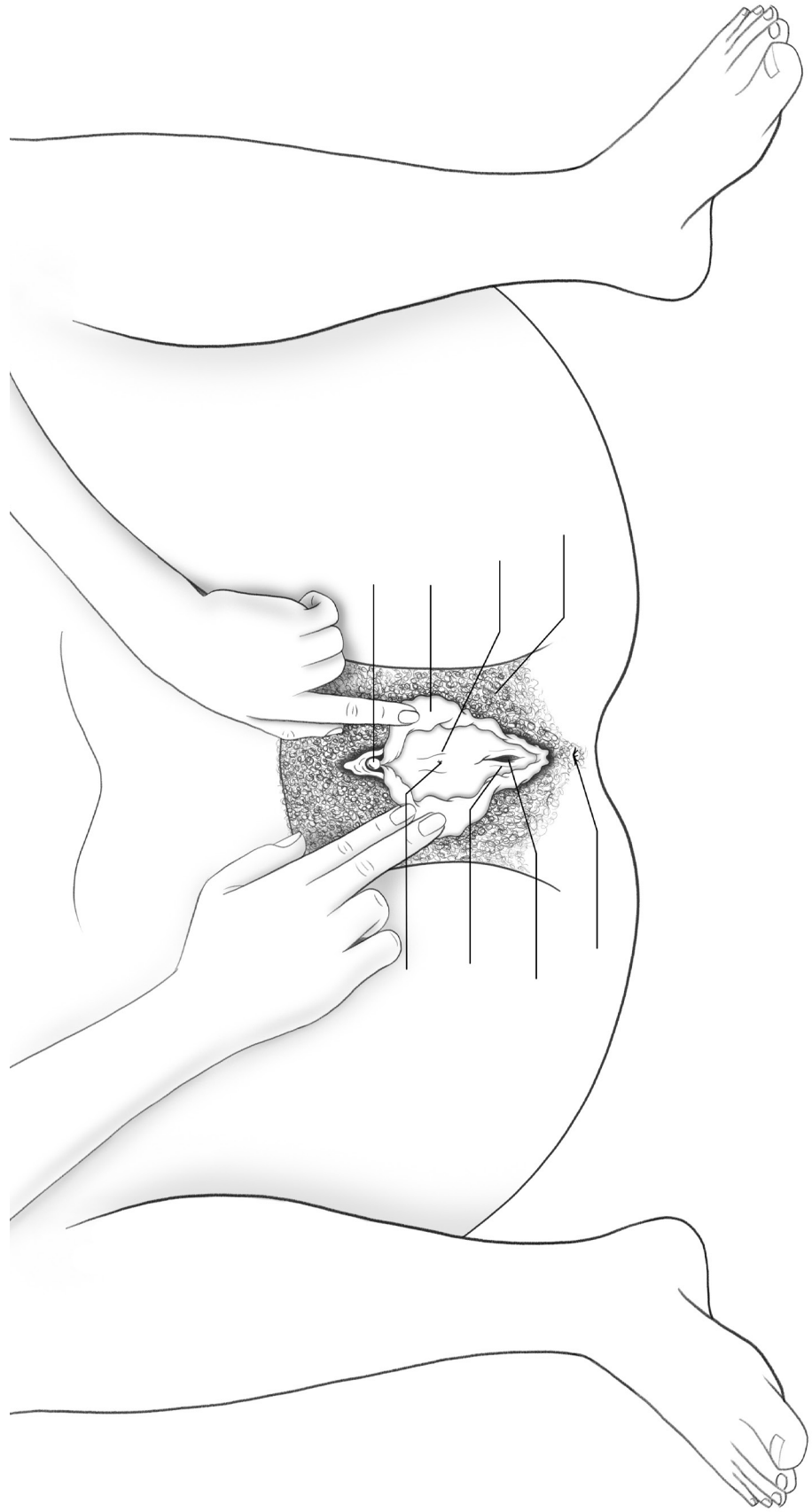
ANATOMY DIAGRAMS

ANATOMY OF A BODY WITH A VULVA – EXTERNAL VIEW

Instructions: Label the external parts of the anatomy using the word bank below.

Word Bank

anus	clitoris	inner labia	outer labia	Bartholin's glands <i>(internal/ not visible)</i>	Skene's glands <i>(internal/ not visible)</i>	urethra <i>(opening)</i>	vagina <i>(opening)</i>
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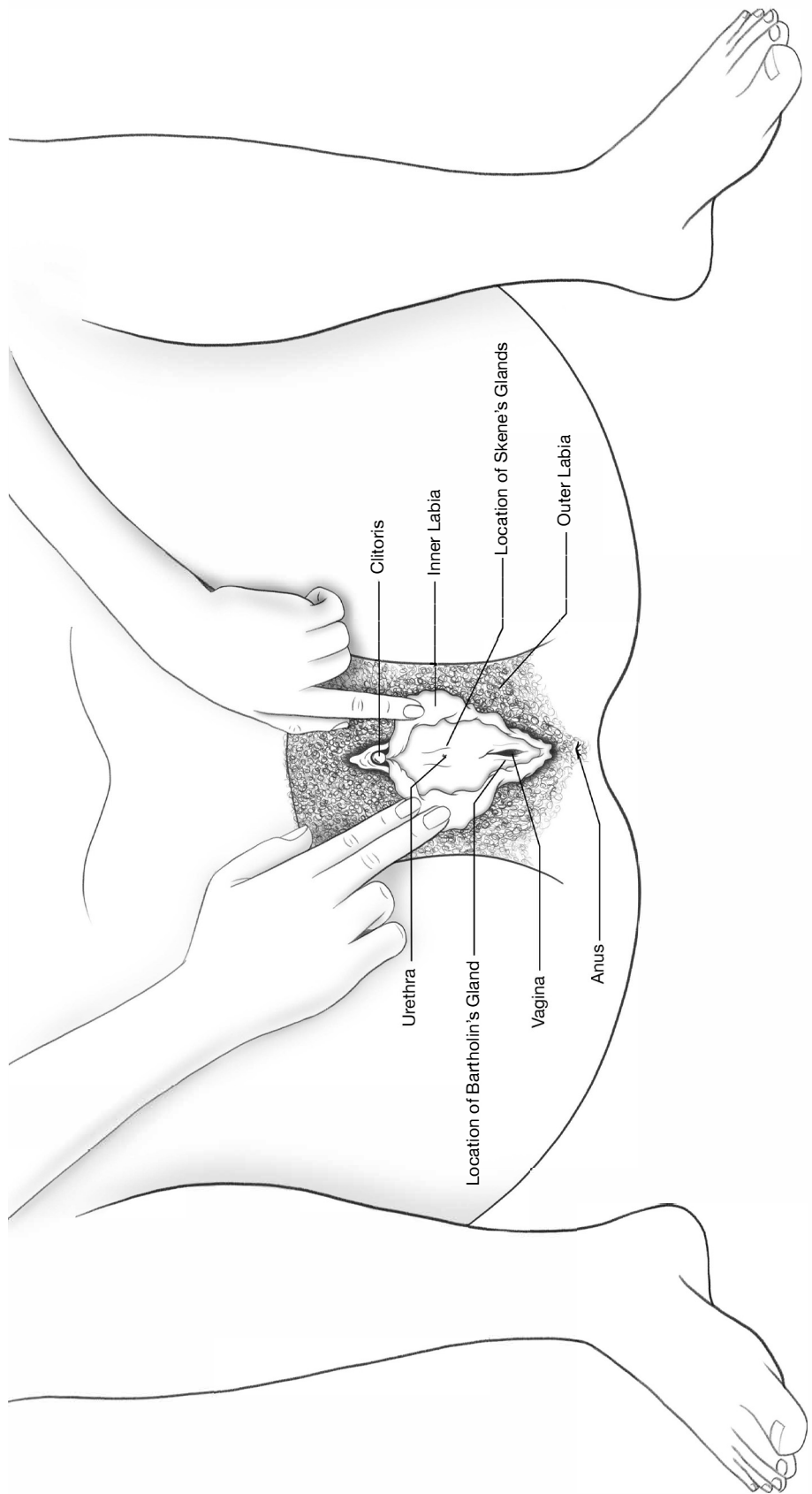


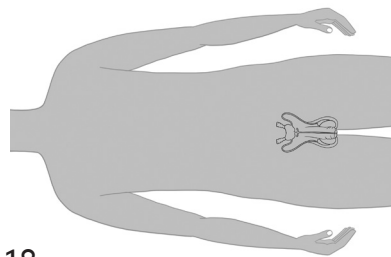
FACILITATOR KEY

ANATOMY DIAGRAMS

ANATOMY OF A BODY WITH A VULVA – EXTERNAL VIEW

Instructions: Label the external parts of the anatomy using the word bank below.





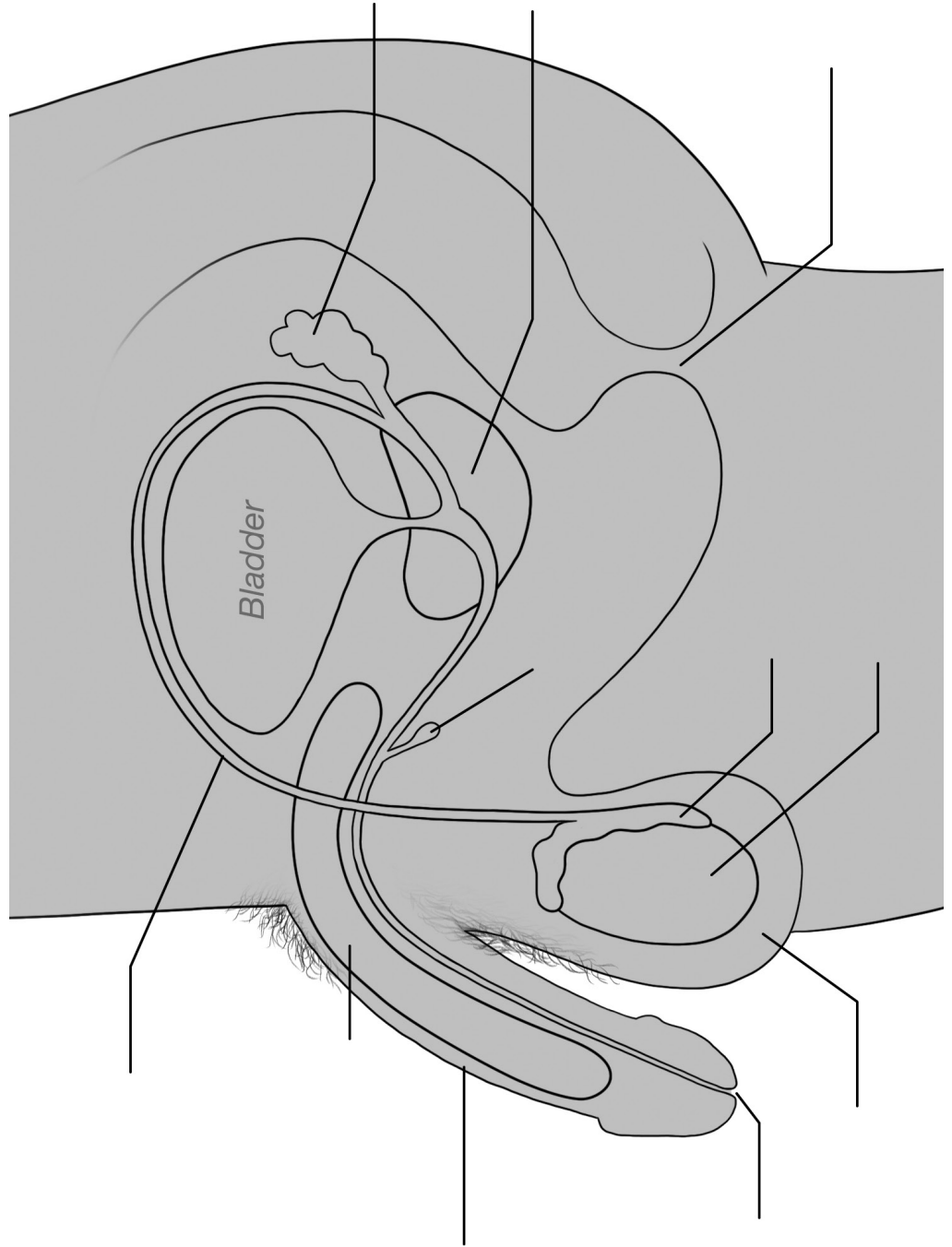
ANATOMY DIAGRAMS

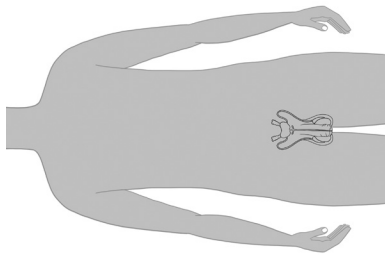
ANATOMY OF A BODY WITH A PENIS - INTERNAL VIEW

Instructions: Label the parts of the anatomy using the word bank below..

Word Bank

anus epididymis penis scrotum testicles vas deferens urethra
seminal vesicles prostate corpus cavernosum Cowper's gland

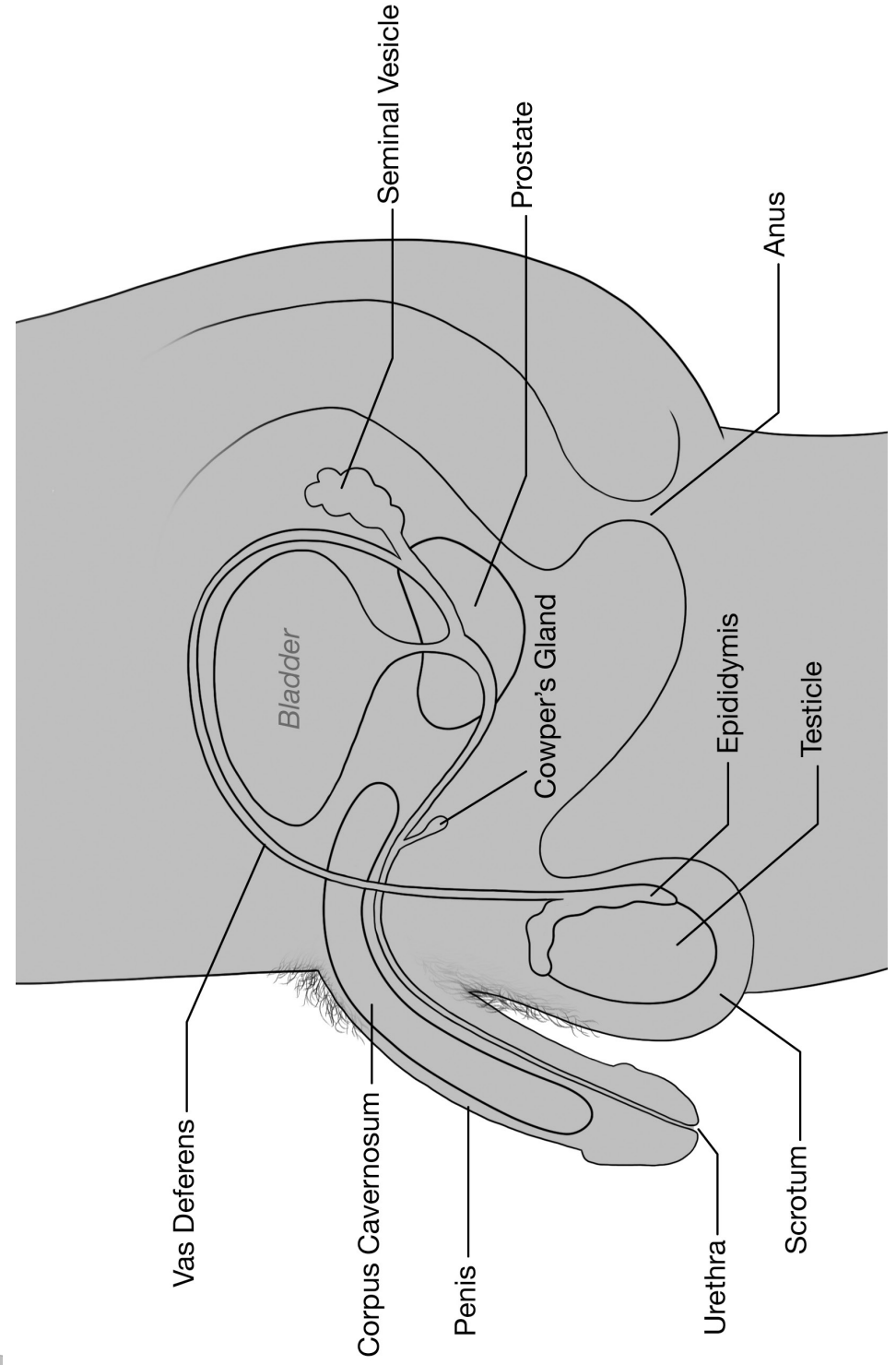




FACILITATOR KEY **ANATOMY DIAGRAMS**

ANATOMY OF A BODY WITH A PENIS - INTERNAL VIEW

Instructions: Label the parts of the anatomy using the word bank below.



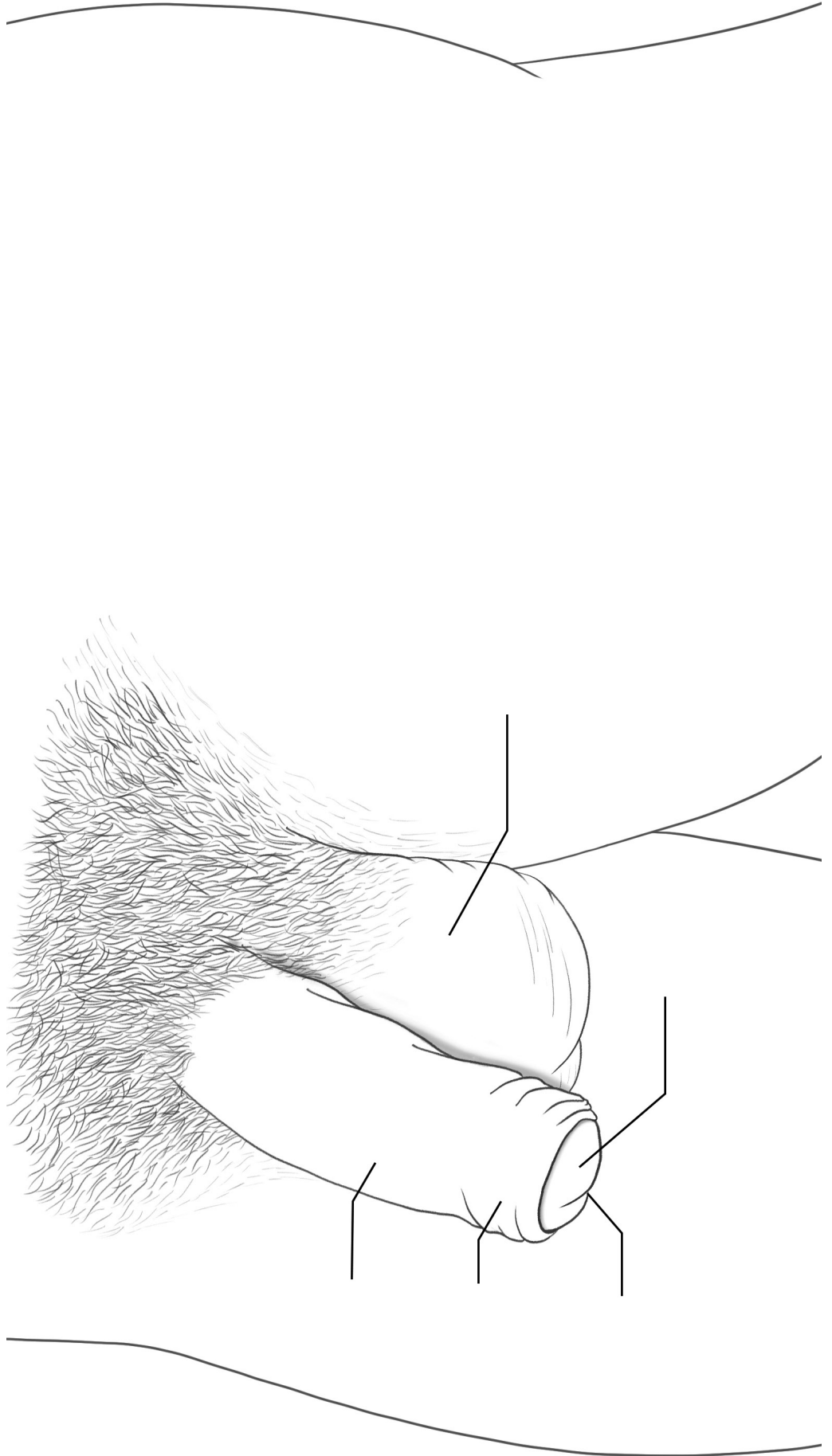
ANATOMY DIAGRAMS

ANATOMY OF A BODY WITH A PENIS - EXTERNAL VIEW

Instructions: Label the external parts of the anatomy using the word bank.

Word Bank

Penis	Scrotum	Glans	Foreskin	Urethra <i>(opening)</i>
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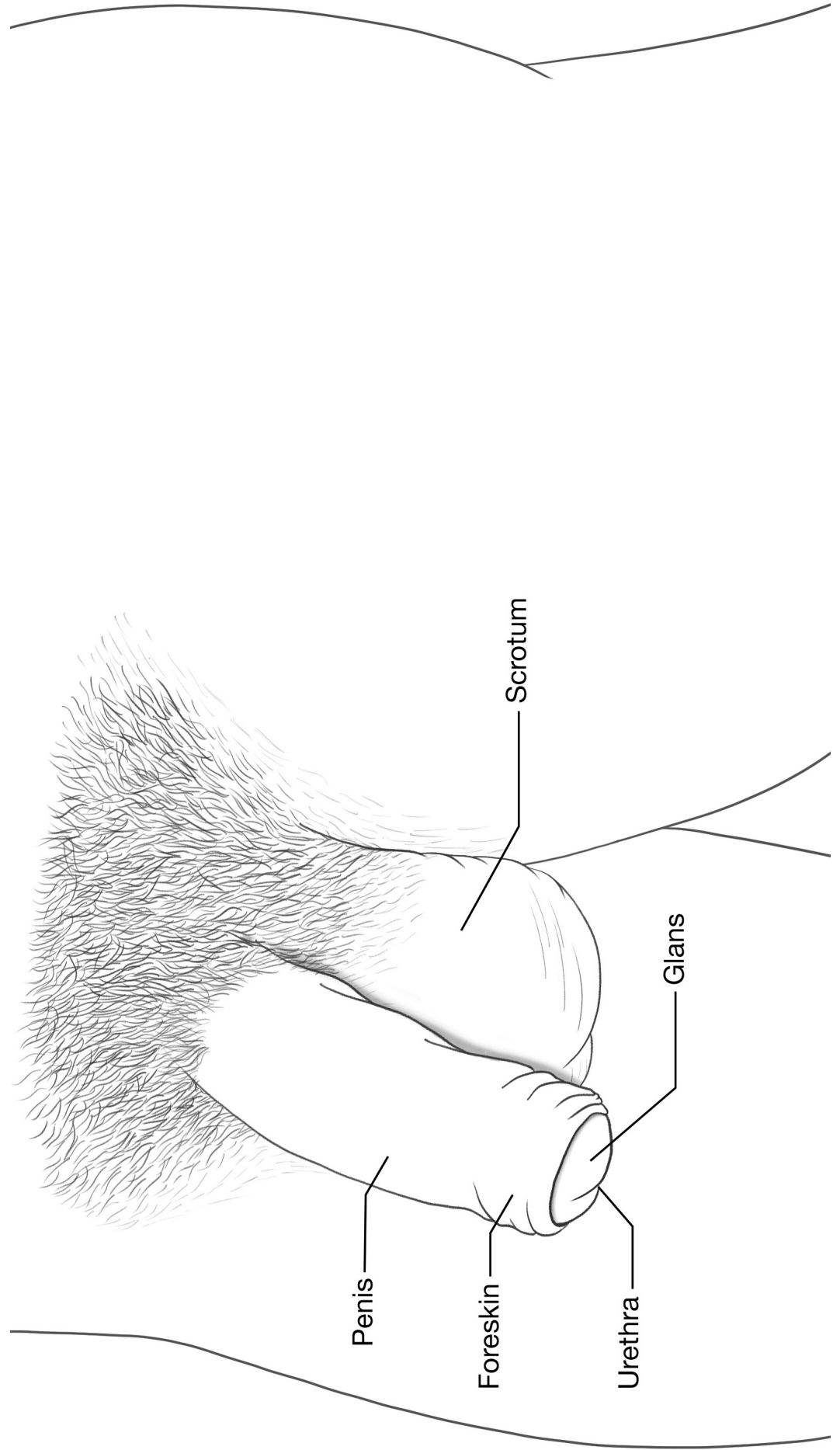


FACILITATOR KEY

ANATOMY DIAGRAMS

ANATOMY OF A BODY WITH A PENIS - EXTERNAL VIEW

Instructions: Label the external parts of the anatomy using the word bank.



ANATOMY SALAD BOWL: DEFINITION CARDS

Instructions: Cut out one set of definition cards for each team, and place a full set in each bowl.

Definition: The passage that connects the vulva (external genitals) to the cervix and uterus. It also allows menstrual blood to leave the body.

Term: *Vagina*

Definition: Two organs that store eggs and produce hormones. They release an egg each month from puberty until menopause.

Term: *Ovaries*

Definition: The narrow end of the uterus that connects the uterus to the vagina. This opening allows menstrual blood to leave the uterus and sperm to enter into the uterus.

Term: *Cervix*

Definition: The reproductive organ where menstrual blood is produced and where a pregnancy develops. Also referred to as the womb.

Term: *Uterus*

Definition: Two narrow tubes that carry eggs from the ovaries to the uterus. Sperm travels into them to fertilize the egg.

Term: *Fallopian Tubes*

Definition: These small, fingerlike projections sweep the eggs from the ovaries into the fallopian tubes so they can travel to the uterus.

Term: *Fimbriae*

Definition: The outer folds of the vulva covered by pubic hair and connected to the thighs.

Term: *Outer Labia*

Definition: The inner folds of the vulva that surrounds the vaginal opening and the urethra.

Term: *Inner Labia*

Definition: Spongy tissue in a body with a vulva that fills with blood during sexual excitement. It's only purpose is sexual pleasure.

Term: *Clitoris*

Definition: Two pea shaped glands on either side of the vagina that produces mucus that lubricates the vagina, increasing comfort during sex.

Term: *Bartholin's Glands*

Definition: Two small glands on either side of the urethra of a person with a vulva that secrete mucus during sexual activity.

Term: *Skene's Glands*

Definition: The opening through which the body eliminates solid waste. It is surrounded by many nerve endings that can produce pleasure.

Term: *Anus*

Definition: The tube that carries urine from the bladder out of the body.

Term: *Urethra*

ANATOMY SALAD BOWL: DEFINITION CARDS

Instructions: Cut out one set of definition cards for each team, and place a full set in each bowl.

Definition: A multipurpose organ that can be used for sex, reproduction and urination and is very sensitive to touch.

Term: *Penis*

Definition: Moveable skin that covers and protects the head of the penis. It is sometimes removed by circumcision, usually for religious or cultural reasons.

Term: *Foreskin*

Definition: A sac of skin that contains two compartments that hold the testicles (or testes).

Term: *Scrotum*

Definition: Two glands inside the scrotum that produce sperm and hormones.

Term: *Testicles (or testes)*

Definition: Tubes coiled on top of the testicles that lead from the testicles to vas deferens. This is where sperm mature and are stored.

Term: *Epididymis*

Definition: Long, narrow tubes that carry sperm from the epididymis to the seminal vesicles during ejaculation.

Term: *Vas Deferens*

Definition: This gland produces fluid that helps sperm move through the reproductive tract. It is about the size of a walnut and is sensitive to pressure and touch.

Term: *Prostate Gland*

Definition: These glands are attached to the urethra and produce a fluid that prepares the urethra for ejaculation.

Term: *Cowper's Glands*

Definition: Two small glands on each side of the bladder that produces nutrient fluid to semen during ejaculation.

Term: *Seminal Vesicles*

Definition: Spongy tissue in the penis or the clitoris that fill with blood during arousal causing erection in the penis and swelling of the vulva.

Term: *Corpus Cavernosum*

Definition: The tip or head of the penis and external part of the clitoris that contains many nerve endings and can be very sensitive to touch.

Term: *Glans*

Definition: The fleshy tube connecting the glans (or head) of the penis to the base of the penis.

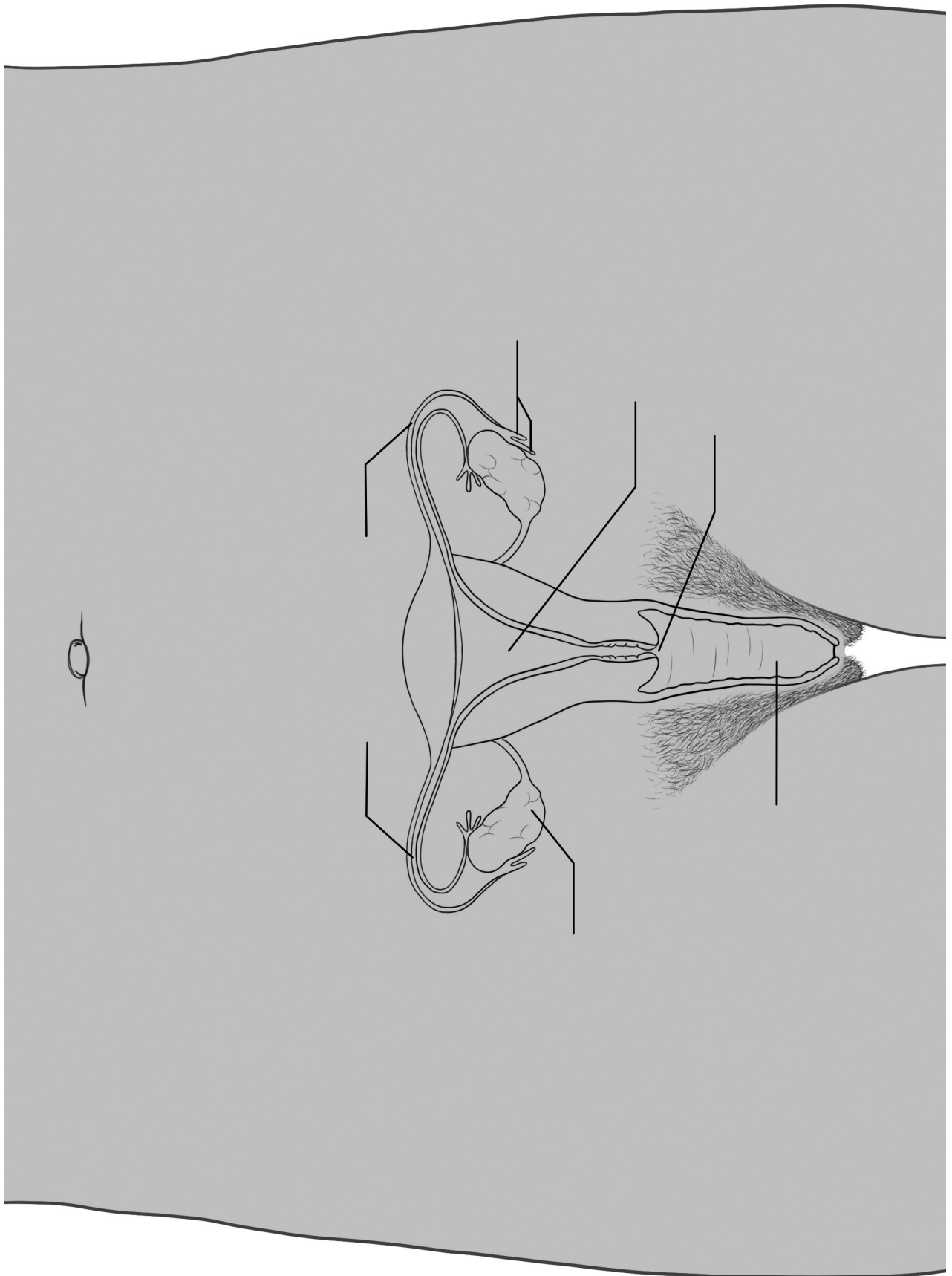
Term: *Shaft*

ANATOMY SALAD BOWL: ANATOMY WORDS

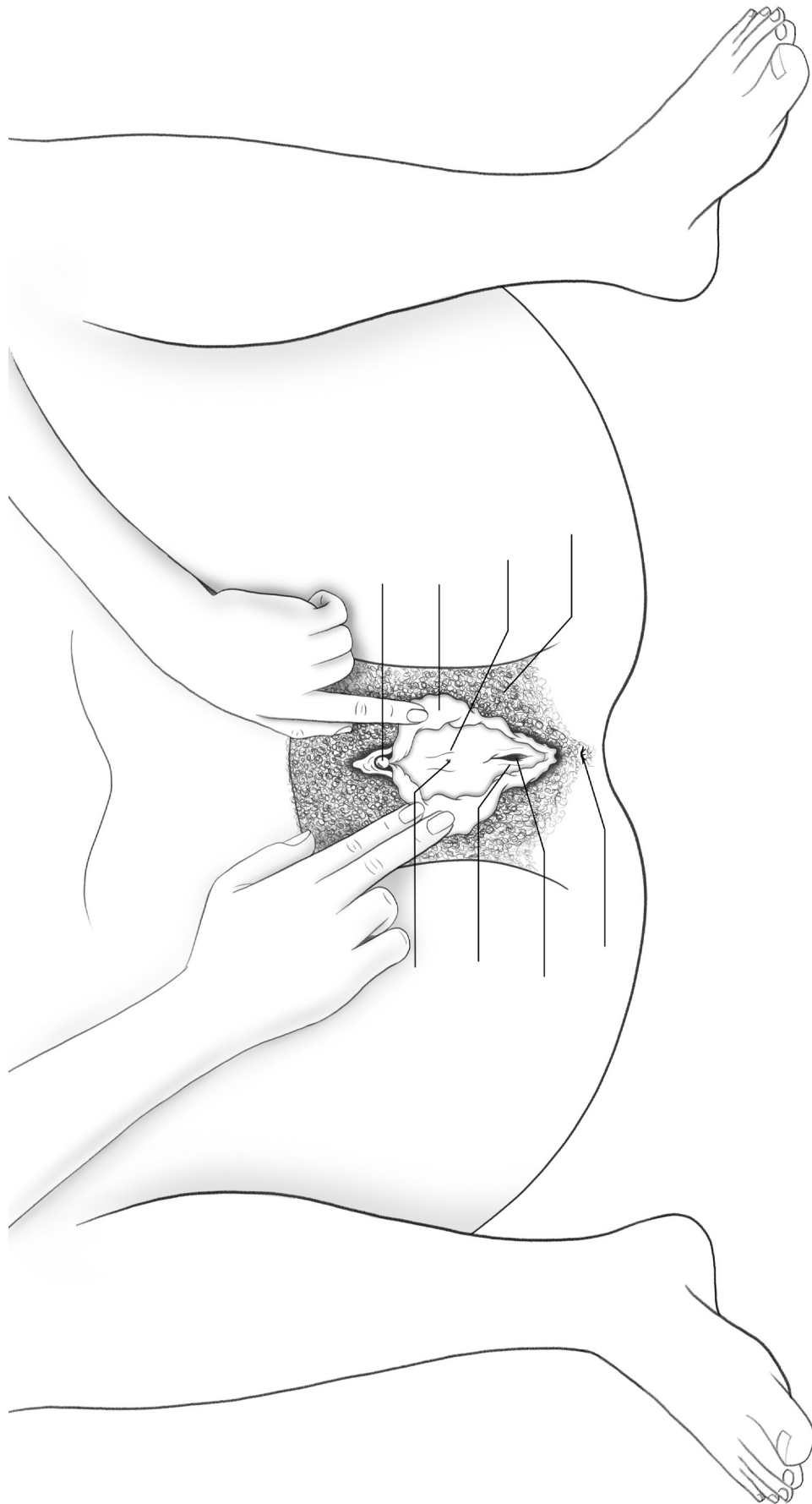
Instructions: Cut out one set of words for each team, and place one set in each bowl.

VAGINA	VAGINAL OPENING	CERVIX
SKENE'S GLANDS	BARTHOLIN'S GLANDS	UTERUS
OVARIES	FALLOPIAN TUBES	FIMBRIAE
INNER LABIA	OUTER LABIA	CLITORIS
ANUS	URETHRA	PENIS
CORPUS CAVERNOSUM	URETHRA	SCROTUM
TESTICLES	EPIDIDYMIS	VAS DEFERENS
SEMINAL VESICLES	PROSTATE GLAND	COWPER'S GLANDS
ANUS		

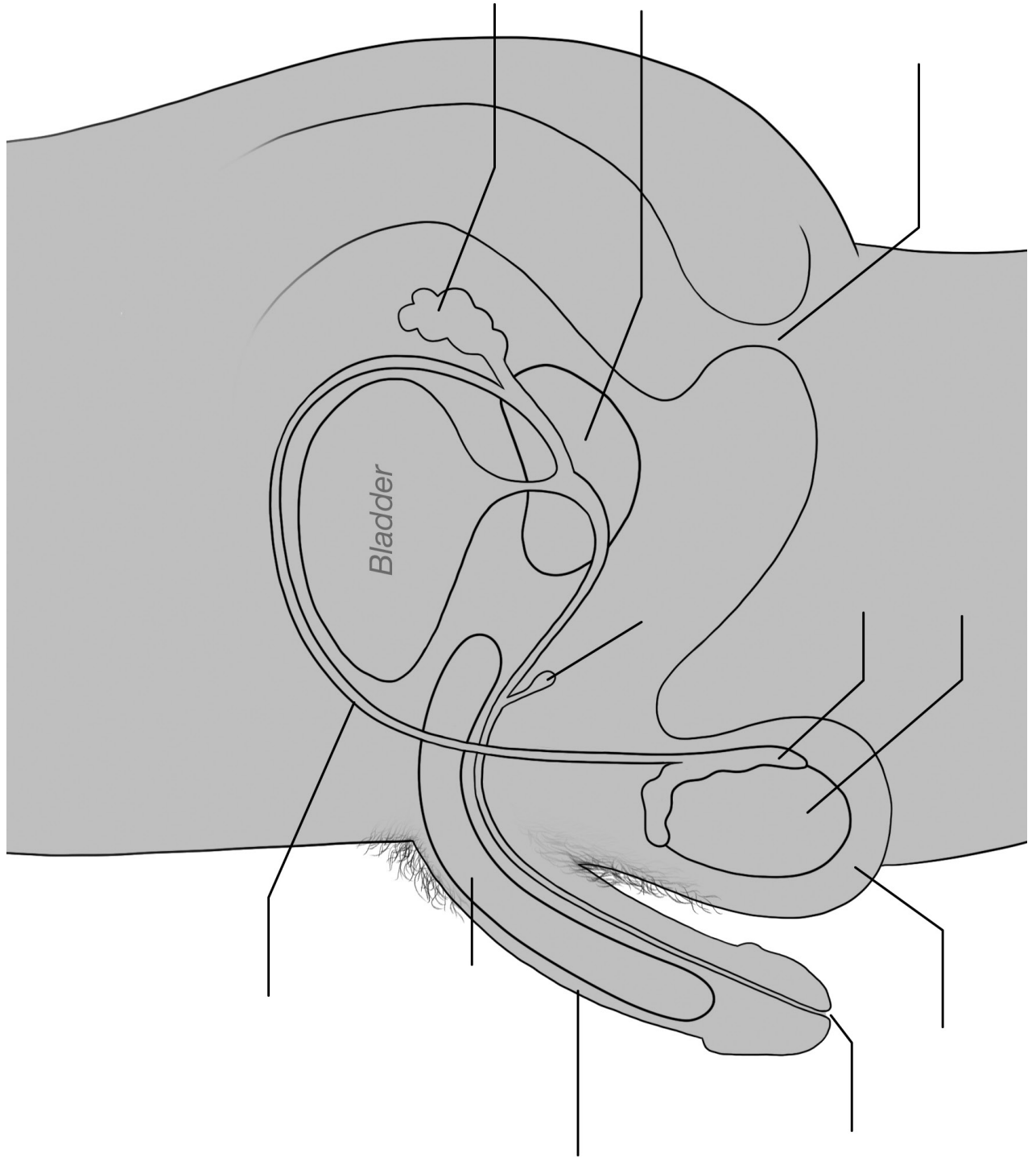
ANATOMY SALAD BOWL: ANATOMY DIAGRAMS



ANATOMY SALAD BOWL: ANATOMY DIAGRAMS



ANATOMY SALAD BOWL: ANATOMY DIAGRAMS





THE POWER OF LANGUAGE



Say,

How many different words can you think of to describe your ear? You probably can't think of that many. In comparison, if you think about sexual anatomy, people use a lot of different words to describe those body parts. When talking about sex and sexual anatomy, there can be a lot of confusion since we use many different words to describe the same thing. What words we choose to use may be helpful or harmful.

When you were younger, you may have used childhood language like your pee-pee or going number two. Some people use code language, for example, getting a visit from aunt flow instead of menstruation. You may also have heard slang about sexual activity, such as hooking-up. In this class we will use scientific language to describe anatomy parts and functions, like using the terms labia and scrotum.

In this activity, we will explore different words we have heard to describe our sexual anatomy and how they affect us and our relationships.

FACILITATOR NOTE

This activity works best when it is safe and acceptable to have open conversations about language related to sexual anatomy that may be perceived as taboo, inappropriate, funny or harmful. Laughing and feeling uncomfortable during the carousel activity is expected. However, it is important to recognize that some words may be derogatory or viewed as slurs. Depending on what is appropriate and acceptable in your classroom environment, you can set specific group agreements on how those words will be written or said during the activity.

Having a discussion on what words can be written or said in class is an opportunity in itself to promote awareness around how language can be helpful or harmful depending on the context. For example, some students may find a word harmful and not okay to say in class, while others may find the same word empowering. Many derogatory words have been reclaimed by younger people and specific groups or populations. Use your discretion on the use of terminology in this activity to ensure a safe learning environment.

CAROUSEL ACTIVITY

- Before beginning the carousel activity, write examples of the different types of language people may use for sex or anatomy on the board. Use some of the following or use your own examples to help prompt discussion.

Slang: Language specific to a particular group which can vary by age, culture, sexual orientation, etc. For example: *hooking up* may mean different things to different people, and may change over time.

Code: Language kept from other's knowledge and only shared with a few. This language can be used to cover discomfort. Example: Pen15 for penis, *down there* to describe the sexual anatomy, or *that time of the month* for menstruation.

Childhood: Language used with children. While often meant to protect children's innocence, these words are often used to cover adult embarrassment. Examples are using *pee-pee* for penis or *cookie* for vulva.

Romantic: People may use specific language for intimacy with a partner or spouse. Examples include: *making love* rather than *having sex* or terms of endearment, like *sweetheart*.

Archaic: Language used from past times, which is often either sexist or heterosexist. Examples include: *the marriage act* or *wifely duties*, *maidenhood*, being *deflowered*.

Scientific: Language standard for educational, medical or formal discussions. Examples include terms like vulva and penis.

- On newsprint, post several words with their definitions around the room, using the examples on the next page or others that may be relevant and appropriate for your group.
- Break the class up into small groups.
- Instruct the students that in small groups they will have 1 minute at each newsprint to write as many different words or expressions they can think of for the word on the newsprint. Let them know that some of the words may be awkward to write, and that they should be aware of the words that may have hurtful or derogatory association.
- Reference or add to the existing group agreements, as needed. Let students know that laughter and feeling uncomfortable during this activity is normal. Ask the students for their suggestions or let them know of specific group agreements in place for this activity, particularly for how words that are often used in a harmful way will be handled.
- After 1 minute at the first newsprint, have the groups move clockwise to the next newsprint, giving them another minute at the next station to add words or expressions to the list from the previous group(s). If they have heard a word that has already been written, they can put a checkmark next to it to help show which words are commonly used.
- Continue to have groups rotate to the next newsprint, until each group has had a chance to review and add to each station.
- Follow up the activity with the debrief questions below.

Suggested Words and Definitions for Newsprint Carousel

Here are some suggested words with possible definitions you can include on the newsprint papers. Add your own words as time and your specific group environment allows.

Breasts: The fatty tissue over the chest muscles that has the potential to produce milk.

Penis: The multifunctioning organ of someone with testicles that can be used for sex, reproduction and urination.

Vagina/Vulva: The vagina is the birth canal, the vulva is external genitalia comprised of the labia, clitoris, and urethral and vaginal openings. For this activity these words are combined since they are often not distinguished within popular culture and are commonly used interchangeably.

Masturbation: Self-stimulation of the genitals for pleasure or tension release.

Orgasm: a climax of sexual excitement which can be accompanied by vaginal contractions or ejaculation.

Virginity: A concept that varies across cultures but often describes someone who has not engaged in sexual activity or sexual intercourse.

DEBRIEF THE ACTIVITY

Debrief the carousel activity, by asking the following questions.

1. Why are there so many different words for the same sexual anatomy or sexual activity?

Possible answers:

- *People might be uncomfortable using scientific words, or do not know the scientific names of certain body parts.*
- *In society and different cultures, it may be taboo to talk directly about sexuality, so people create code or slang language.*
- *People use language they're familiar with and comfortable using with others, like close friends or partners, which feels casual rather than clinical.*
- *People might be embarrassed and want to communicate about their bodies without other people knowing what they are saying, so they may use code language.*

2. Are there any gender stereotypes or other messages associated with these different words?

Possible answers:

- *Virginity may be seen as positive or expected for young women but negative for young men. This promotes the value that men are supposed to be more sexually experienced and women are supposed to stay 'pure'.*
- *Masturbation is sometimes associated more with what men do, than what women do.*
- *Some slang words for genitals are used to shame people for not acting in a certain way, for example calling someone a 'pussy'.*
- *There can be pressure put on people with certain words such as saying 'the big O' which might communicate that orgasms are the most important part of sexual activity.*

3. How can using different types of words be harmful?

Possible answers:

- *It can cause a lot of confusion and miscommunication, for example if someone asks if you want to 'hook-up' and you don't know exactly what that means.*
- *It can feel disempowering and can be hard to advocate for yourself if you don't know the scientific words and have only been told childhood words.*
- *Some words can contribute to objectification, for example men talking about women's 'jugs, tits, and boobs'.*

4. How can using different types of words be helpful?

Possible answers:

- *Some people may find it sexy or more intimate to use certain words to describe their body or communicate with a partner.*
- *Transgender and gender-nonconforming people may find it helpful to have their own names for their anatomy if they experience gender dysphoria.*
- *It can promote cultural connection when groups have their own words to describe their experiences.*

SUMMARIZE

In summarizing the activity, include these key points.

- **There are many different words we may use to describe sexual anatomy and sexual activity. Knowing and using scientific language can help to avoid confusion and is important to clearly communicate with health care providers.**
- **It is important to reflect on what words we use and how they may be helpful or harmful.**
- **Some words we use may promote negative gender stereotypes, body image struggles or embarrassment.**
- **Talking to your partner about what words you both like to use to describe your body parts and sexual activity can make communication and consent easier.**



ANATOMY MYTHS AND FACTS



Say,

There is a lot of misinformation about sexual and reproductive anatomy and physiology. Many people are curious about sexual anatomy, which are the body parts, and physiology, which is how the anatomy functions.

Some people may wonder what to expect, others wonder if their anatomy is similar or different from others. Emotions, like feeling anxious, awkward or uncomfortable, can come up when talking about sex and bodies. Some people have grown up talking about their bodies and may be more comfortable discussing sexual anatomy. For others, it may be the first time they've discussed this in a group setting.

Building a positive relationship with your body can promote health and wellness. Remember that you are the boss of your own body and you get to decide what to do with it and when. When in a sexual situation with another person, communication and consent is crucial for a safe and enjoyable experience for each person.

Now let's talk about some myths and facts you may have heard about sexual anatomy.

MYTHS AND FACTS

- Review the following myth and fact statements, and decide if you will use all, or some, or if you have other myth or fact statements you would like to add that are relevant to your group.
- You can use an online feature like Google Forms, Poll Everywhere, or Quizlet to go over the myths and facts. Or simply give two notecards to each student and have them write **MYTH** on one card and **FACT** on the other (or use one notecard with MYTH on one side, and FACT on the other).
- You can have students respond to the statements using one of the online formats, independently or as a large group.
- If you are doing the activity in person, you can use one of the polling features or read each statement aloud, and have the students respond by lifting their cards to indicate whether they think the statement is a myth or a fact.
- Use the talking points written in italics as a guide for providing information for each statement.
- Check out the Facilitator Resources below to learn more about the topics included in the myth and fact statements.

Say,

I'm going to read some statements and I want you to respond whether you think this is a Myth or a Fact. It's okay if you don't know the answer, we're all learning together.

1. Masturbating, or stimulating the body for pleasure or release, is harmful to one's health.

MYTH: Masturbation is a normal, healthy and common sexual expression for most people. Some people masturbate and some people don't, either choice is healthy and safe. Some people choose to masturbate as a way to explore their body and sexual feelings. For some people, it may cause discomfort or shame if their religious or cultural beliefs do not support masturbation.

2. Stimulation of the clitoris is a common way people with a vagina experience orgasm.

FACT: Only about a quarter of people with a vagina consistently orgasm during vaginal intercourse alone, most need some form of clitoral stimulation to experience orgasm.

3. Only people with a penis ejaculate during sex.

MYTH: While penises can ejaculate during orgasm, some people with vulvas also ejaculate, though it is not as common. Fluid is produced in the vulva from the Skene's glands that surround the urethra. The amount of fluid (which is different from urine) can vary in quantity.

4. A person won't get pregnant if they have unprotected sex while having their period.

MYTH: Pregnancy is possible at any time during a menstrual cycle. People with a uterus can sometimes ovulate unexpectedly, and may even ovulate during their periods. Anytime semen comes into contact with the vagina there is a possibility of a pregnancy. There are about 100 million sperm in an ejaculation and sperm can survive in the body for days. The only reliable way to prevent pregnancy is through using birth control and/or condoms every time you have vaginal sex.

5. To be considered a virgin, a person with a vagina should have an intact hymen.

MYTH: Virginity is a social construct and not a medical condition. The hymen, a thin membrane that surrounds the opening of the vagina, has been made out to be a symbol of virginity and purity when in reality, it is a part of the body. To some, being a virgin means a person hasn't had sex, though what is considered sex varies from person to person. A common myth around the hymen is that it remains 'intact' until it's broken (popped) during vaginal sex. In actuality, some tearing or stretching occurs over time and the hymen may not be intact by the time a person considers being sexually active. A person with a vagina may not be born with a hymen and hymens come in many different shapes and sizes. For some people or cultures, virginity might be an important concept, and for others it may not be important.

6. Both men and women produce the hormones testosterone, estrogen and progesterone.

FACT: While most people who identify as men produce more testosterone and most people who identify as women produce more estrogen, everyone's body produces testosterone, estrogen and progesterone, just in varying amounts and levels can change at different times in your life.

7. Someone with an erection has to ejaculate to relieve discomfort or pain.

MYTH: *No harm occurs if a person with testicles or a person with a vulva does not ejaculate/ orgasm once aroused, though they might experience pressure and discomfort or pain. This is due to vasocongestion, also known as 'blue balls'. Vasocongestion is swelling of the penis or vulva due to an increase in blood flow during sexual arousal. Any discomfort experienced will disappear eventually, even without ejaculation. This experience should never be used to pressure or coerce someone into having or continuing with sexual activity.*

8. If a penis is erect or a vagina is lubricated that means the person wants to have sex.

MYTH: *Physical arousal such as erection or lubrication can often happen simply as a physical reflex in response to hormones or stimulation and does not always reflect a person's desire to have sex. The only way you can know for sure if a person wants to have sex is if they say that they do.*

9. All people with a vagina have a G-spot that, when stimulated, produces heightened orgasms.

MYTH: *Some people believe there is a sensitive part within the vagina that produces an orgasm different from one that is reached by stimulating the clitoris. Research has failed to find any separate structure. The most likely explanation is that the G-spot is the inner clitoral tissue within the vagina, and that orgasm may occur during interaction of the vagina, the internal part of the clitoris and the urethra. All people are different, so not everyone will experience clitoral or vaginal orgasms. When exploring another person's body, mutual consent should be present before, during and after sexual activity.*

10. The scrotum can move the testicles closer and farther away from the body.

FACT: *The scrotum's function is to help maintain the temperature of the sperm to keep them viable for fertilizing an egg. They do this by pulling the testicles closer to the body or letting them fall further away from the body depending on the outside temperature.*

11. Douching (cleaning out the vagina with water or other fluids) after sex can prevent a pregnancy.

MYTH: *Douching does not prevent pregnancy. Once ejaculation occurs, sperm swim very fast and reach the uterus before the person may have a chance to douche. In fact, if a person douches after having sex, the sperm may even be pushed through the cervix making it easier for the sperm to join with an egg. Douching can also harm the vagina's natural pH balance by washing away good bacteria. The slightly acidic environment of the vagina helps keep away harmful bacteria and infections. The vagina is self-cleaning and soap and warm water around the folds of the labia of the vulva is all that is needed. *Bonus fact – cervical mucous during ovulation and seminal fluid (which is also slightly alkaline) both help move the sperm safely through the vaginal canal for reproduction.*

FACILITATOR RESOURCES

Below are some helpful resources if you want more information on the topics included in the Myth or Fact activity.

- ***Is Masturbation Good for You?*** (Video)
<https://www.youtube.com/watch?v=GU3JqoUDkjA>
- ***The Unknown Greatness of the Clitoris*** (Video)
<https://www.youtube.com/watch?v=zdbD-ApZeFE>
- ***Female Ejaculation: What's Known and Unknown*** (Article)
<https://www.psychologytoday.com/us/blog/all-about-sex/201401/female-ejaculation-what-s-known-and-unknown>
- ***Vaginal Corona: Myths around virginity – your questions answered*** (Article)
<https://www.rfsu.se/globalassets/pdf/vaginal-corona-english.pdf>
- ***Vasocongestion, AKA: Blue Balls*** (Article)
https://www.scarleteen.com/article/bodies/fbi_files_vasocongestion_aka_blue_balls
- ***The Truth about Unwanted Arousal*** (Video)
https://www.ted.com/talks/emily_nagoski_the_truth_about_unwanted_arousal?language=en
- ***What is the Hymen Myth: Learn about virginity and the hymen*** (Article and Videos)
<https://www.justthefacts.co.nz/about-your-sexual-body/about-virginity-hymen-myths>
- ***G-Spot Science Can't Find it after 60 Years, Study Says*** (Article)
<https://www.livescience.com/17977-spot-science-find-60-years-study.html>

DEBRIEF THE ACTIVITY

Debrief the Anatomy Myths and Facts activity by asking the following questions.

1. Why do you think there are so many myths when it comes to sexual anatomy and sex?

Possible answers:

- *We don't often talk about sex or sexual anatomy openly.*
- *A lot of what people learn about sex comes from the media which is often dramatized, exaggerated and trying to sell you something.*
- *We don't often see other people naked, so we can't easily compare to see if our bodies are similar or not.*
- *Many cultures and societies consider talk about sexuality as taboo, which prevents facts from being shared, and leads to misinformation and myths getting passed on.*

2. How can we promote a culture of honest and helpful information about sex and sexual anatomy?

Possible answers:

- *Read more fact-based information about anatomy and sex from reliable and accurate sources.*
- *Practice discussing these topics with health care providers, trusted adults or peers so it becomes more comfortable.*
- *Be respectful of one another and never shame anyone for what their body looks like.*

SUMMARIZE

In summarizing the activity, include these key points.

- **Being knowledgeable about your anatomy and comfortable discussing it will make it easier to practice affirmative consent and to get the care you need to be sexually healthy.**
- **Knowing the terms and functions of sexual and reproductive anatomy is also important for communicating any questions or concerns you have with a medical provider.**
- **Knowing where you can go for accurate information about your sexual and reproductive anatomy is also important so you can discern between the myths and facts.**
- **If you have questions about your body you can check out reliable web sites such as www.teenshealth.org or www.CDC.gov/sexualhealth/**



TAKING CARE OF YOUR SEXUAL HEALTH: NOW AND IN THE FUTURE



Say,

Taking care of your sexual health is important for many reasons. Whether someone is sexually active or not, there are steps someone can take to prevent disease and keep their bodies healthy, now and into the future.

BRAINSTORM

Brainstorm with your students the following questions related to seeking out sexual and reproductive health care. If possible, record answers on the board or newsprint.

1. What are some reasons someone may want to seek health care related to their sexual and reproductive health?

Possible answers:

- *Concerns about periods (too heavy, painful, irregular or no periods).*
- *Pregnancy testing.*
- *Birth control options and preventing pregnancy.*
- *Problems getting pregnant and infertility.*
- *Planning a safe pregnancy.*
- *STI testing and treatment.*
- *Pain when having sex.*
- *Unusual discharge from the penis or vagina.*
- *Lumps, bumps or rashes around the genitals.*
- *Screening to prevent cancer.*
- *Getting vaccines.*

2. What are reasons people may not seek out health care related to their sexual and reproductive health?

Possible answers:

- *Don't know where to go.*
- *Don't have a clinic nearby or way to get to a clinic.*
- *May have negative past experiences with health care (were treated poorly, or experienced discrimination or stigma/shame)*
- *Embarrassed to have genitals examined.*
- *Worried about confidentiality.*
- *Worried they might find out they have an STI or other sexual health problem.*

3. Where can people go to get sexual health services?

Possible answers:

- *Family practice provider or pediatrician.*
- *Medical specialist (ob-gyn, urologist, endocrinologist).*
- *Family Planning provider or STI clinic.*

SCREENINGS AND PREVENTIVE CARE

Refer to the brainstormed list (from question 1) of the reasons why someone might seek sexual health care. Ask students:

What could a person do to take care of their sexual health?

Possible answers:

- *Get regular exams or check-ups with a health care provider.*
- *Get vaccinated for STIs such as HPV and Hepatitis.*
- *Get regular STI and HIV testing when sexually active.*
- *Pregnancy testing if there is a missed period or unprotected vaginal sex.*
- *Pap test and pelvic exams.*
- *Do self-breast breast exams and look for any changes or lumps.*
- *Do self-testicular exams and look for any changes or lumps.*

Say,

We are going to go over some of the screenings, tests and prevention actions that are available to help people stay sexually healthy and avoid more serious or long term issues that could affect their health and well-being.

Pass out the *Taking Care of Your Body, Now and in the Future* handout and review together, or in small groups. To build and assess knowledge, use a matching game or Kahoot to go over the different prevention actions people can take to be sexually healthy. Refer to the Facilitator Resources below for additional information about the various sexual health prevention measures.

FACILITATOR NOTE

It is important to recognize and let students know that while sexual health issues such as cancer or STIs do not discriminate based on race or gender, discrimination in our society, communities and health care systems has created health disparities that put certain people and populations at higher risk of negative sexual health outcomes. This includes people of color, people who are intersex or transgender, undocumented people and people who are impacted by poverty or homelessness.

The following resources can help you and your students understand the impacts on sexual health outcomes, not only due to personal behaviors, certain medical conditions, or family medical histories, but also due to systemic racism, homophobia, transphobia and other discriminatory beliefs and practices in our society and health care system.

<https://www.cdc.gov/std/health-disparities/default.htm>

<https://amaze.org/video/hiv-health-disparities/>



HANDOUT

TAKING CARE OF YOUR BODY, NOW AND IN THE FUTURE

Ways to care for sexual health	Who should do this and when?	How is it done?	Why is it important?
STI and HIV Testing	<p>People who engage in oral, anal or vaginal sex.</p> <p>Annually when sexually active; with a change in partners; after unprotected sex; if exposed to an STI.</p>	Depending on the STI, testing includes a urine sample, blood, or a swab (of the mouth, throat, anus, or vagina).	<p>Testing and treatment prevents the spread of STIs to others.</p> <p>If left untreated, STIs can cause infertility and other health problems, including death.</p>
HPV Vaccine	<p>Everyone</p> <p>Starting at age 9-11 through age 26.</p>	Series of shots given by a health care provider.	Prevents genital warts and cancer of the cervix, vagina, vulva, penis, anus, mouth, and throat caused by the human papilloma virus.
Pap Test	<p>Anyone with a cervix</p> <p>Starting at age 25, or 3 years after becoming sexually active, whichever comes first.</p>	A swab of the cervix during an internal exam by a health care provider.	Pap tests check for abnormal cells that could become cancer.
Pelvic Exam	<p>People with a vulva/vagina</p> <p>When sexually active or starting at age 21.</p>	Internal exam by a health care provider.	To detect any infections, sores, or lumps in the reproductive organs.
Breast Self-Exam	<p>Anyone with breast tissue.</p>	Self-exam to check for lumps or changes.	For detection of breast cancer.
Testicular Self-Exam	<p>Anyone with testicles over 15.</p>	Self-exam to check for lumps or changes.	For detection of testicular cancer.

FACILITATOR RESOURCES

The bulleted points and web resources below provide additional information for answering questions you or your students may have about sexual health care. It is not meant to be a comprehensive list of sexual health screenings, exams, tests or preventive measures. Medical technology changes frequently, so refer to these web resources or contact a health care provider about the most up-to-date sexual health care information.

STI and HIV Testing

- Many STIs do not have symptoms, especially in the early stage of the infection.
- STIs can be spread through the mouth, vagina and anus, and (for HPV and herpes) through skin to skin contact, so testing should occur in all of the locations of sexual contact.
- HIV can be transmitted through sexual fluids (semen, pre cum, vaginal or anal fluids) as well as through blood or breastmilk.
- STIs, when diagnosed and treated, will lower the chance of long-term medical complications. Bacterial STIs can be cured with medication for the person infected and their partner(s). Viral STIs cannot be cured, but can be treated with medication to manage symptoms.
- Prevention of STIs includes:
 - Having consent and communication with sexual partners.
 - Not engaging in sexual activity without a barrier method.
 - Getting tested regularly.
 - Being immunized (from HPV and hepatitis A and B)

For more information about STI testing, go to: <https://www.cdc.gov/std/prevention/screeningreccs.htm>
<https://www.cdc.gov/hiv/testing/index.html>

Vaccines

- Vaccines are available for HPV (the human papillomavirus) and hepatitis A and B.
- The HPV vaccine is now routinely included in the series of vaccines provided to children, often between the ages of 9-12 and is a series of 3 shots. For people who have missed the vaccine, it can be provided to people up to age 26 (consult with a health care provider).
- Hepatitis A and B vaccines are also given as part of routine childhood vaccines and should also be given to people who are at risk, including people who have unprotected sex with people who are infected.

For more information on vaccinations for HPV and hepatitis A and B, go to:
<https://www.ashsexualhealth.org/vaccines/> or <https://www.cdc.gov/std/prevention/default.htm>

Pap Test

- A Pap test is a swab of the cervix to check for changes in the cells that could become cervical cancer.
- Pap tests are usually done starting at age 25, or 3 years after becoming sexually active, whichever comes first. Pap tests are routinely done every three years, but may be done more often if someone has had a Pap test that showed abnormal cells.
- Many people think that a Pap test also checks for STIs, but it does not.

For more information about cervical cancer screenings, go to:
https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

Pelvic Exam

- The pelvic exam is a physical exam of the cervix, ovaries, fallopian tubes and uterus. A duck-billed shaped device, called a speculum, is inserted into the vagina and opened so that a health care provider can see the cervix.
- A pelvic exam is a check of the overall health of the reproductive organs. It is a way to check for cysts, other abnormalities, the cause of unusual discharge and to check the size and shape of the uterus. A pelvic exam is done as a routine part of a sexual health care visit, or to help diagnose any problems someone may be having.
- A pelvic exam and Pap test are different, and often done at the same time.

For more information about the pelvic exam, go to:

<https://www.mayoclinic.org/tests-procedures/pelvic-exam/about/pac-20385135>

Breast Exam

- People, regardless of their gender, should know what looks and feels normal for their breasts, so that if they notice lumps or changes, they can talk to their health care provider.
- It is important to share personal and family health histories, so that a health care provider can determine if clinical breast exams and screenings (like mammograms) should be part of someone's routine health care.
- A mammogram is an X-ray of the breast tissue.
- For most people assigned female at birth, who are between 50-74 years old, it is recommended that they should have a mammogram screening every two years.

For more information about breast health go to: <https://www.cancer.gov/types/breast> and

<https://equitashealthinstitute.com/wp-content/uploads/Breast-Health-Field-Guide-2020-v4.pdf>

Testicular Exam

- For people who have testicles (also known as testes), it is important that they know what looks and feels normal for their body, so that if they notice lumps or any changes, they can talk to their health care provider.
- Testicular cancer happens when abnormal cells reproduce in one or both of the testicles.
- Testicular cancer is rare, but is the most common type of cancer in people with testicles. Half of cases are diagnosed among people between the ages of 20-34.
- Testicular cancer is highly curable, especially when it is discovered early. There is no routine exam or screening that is used to detect testicular cancer. That's why testicular self-exams are important.

For more information about testicular health, go to:

<https://www.cancer.gov/types/testicular> and <https://kidshealth.org/en/teens/tse.html>

OPTIONAL ASSESSMENT

If you have time, you can reinforce learning and assess students' understanding about sexual health prevention using the attached **Taking Care of Your Sexual Health, Now and in the Future Assessment** and **Facilitator Key**, or include the questions in an online quiz such as Kahoot, Quizlet, Google Forms, or another polling platform.

SUMMARIZE

To summarize this activity, include these key points.

- It's important to know your body from an early age so that you can identify when something doesn't feel right or normal for you.
- Early detection is key in preventing long-term health issues, such as infertility or cancer. That's why being self-aware of your body and sexual anatomy and being on the lookout for any changes, including lumps or bumps in the breast or testicles or changes that are not usual for you, can help identify problems before they become serious.
- It's important to see a health care provider on a regular basis so that they can let you know which screenings and exams you may need. Not all the sexual health screenings and exams are necessary for everyone at all points in their lives. Self-advocacy is often needed when navigating the health care system to ensure you get the services you need.
- Risk factors for sexual health problems can be based on individual factors, such as their sexual behaviors and activity, age, which sexual body parts they have, family history and individual medical conditions.
- There are also environmental factors that can put certain people and populations at greater risk for negative sexual health outcomes. This includes where someone lives, lack of access to health care, and systems that discriminate against people because of their religion, race or ethnicity, gender and sexual orientation.



ASSESSMENT: TAKING CARE OF YOUR BODY, NOW AND IN THE FUTURE

1. What is the main reason for checking breasts or testicles for lumps or other changes?
2. Why is the HPV vaccine important?
3. If someone has an STI that is not treated, what are 3 possible outcomes?
4. Name 3 ways that someone can avoid getting STIs or passing them on to others.
5. What is a Pap test?
6. Name 3 factors that can put someone at higher risk for sexual health problems.
7. How often should someone get tested for STIs?
8. What types of sexual activity can put someone at risk for STIs?
9. What can someone do if they are concerned about changes to their sexual anatomy or function?

1. What is the main reason for checking breasts or testicles for lumps or other changes?

Answer: To detect possible signs of cancer or other abnormalities.

2. Why is the HPV vaccine important?

Answer: To prevent cancer and the spread of genital warts.

3. If someone has an STI that is not treated, what are 3 possible outcomes?

Answers:

- *They could pass the infection to others.*
- *Many STIs, if left untreated, can result in infertility (not able to get pregnant).*
- *Some STIs can lead to serious health conditions or consequences, including death.*

4. Name 3 ways that someone can avoid getting STIs or passing them on to others.

Answers:

- *Using barrier methods, such as condoms or oral dams, every time they have anal, oral or vaginal sex.*
- *Getting tested and treated – annually and with a change in partner(s) if sexually active.*
- *Getting vaccinated (HPV, and hepatitis A and B).*

5. What is a Pap test?

Answer: A test to check the cervix for signs of abnormal cells that could lead to cancer.

6. Name 3 factors that can put someone at higher risk for sexual health problems.

Answers:

- *Their sexual behavior/activities, especially unprotected anal, vaginal or oral sex.*
- *Personal or family medical conditions and histories.*
- *Discrimination and stigma might prevent someone from getting the health care they need.*

7. How often should someone get tested for STIs?

Answers:

- *Annually when sexually active.*
- *With any change in sexual partners.*
- *If their partner has tested positive, or they are notified or believe that they've been exposed to an STI.*

8. What types of sexual activity can put someone at risk of STIs?

Answer: Anal, oral and vaginal sex, especially if no condom or oral dam was used.

9. What can someone do if they are concerned about changes to their sexual anatomy or function?

Answer: Contact or visit a health care provider.