



Menstruation and Puberty Manual
for
Young People in Control Project

Purpose

This manual contains all the key information and guidance that facilitators trained to deliver Young People in Control sessions in schools are expected to need. Facilitators must complete an Irise training day and pass the online knowledge test before they are able to teach in schools.

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Contents

Introduction	4
Summary of how Irise sessions meet identified needs:	4
Using this resource:	5
Section1: The Knowledge.....	6
Core Knowledge	6
Puberty.....	6
Anatomy.....	8
The Menstrual Cycle	12
Subsidiary Knowledge	14
Missed Periods (Irregularity).....	14
Pain & Emotions.....	17
Menstrual Products and Hygiene.....	18
Common Questions and How to Answer Them.....	20
Section 2: The Delivery	24
Facilitation vs Teaching	24
Answering Difficult Questions.....	26
One Hour Session Outline:	27

Introduction

Irise's 'Young People in Control' Project has been developed in recognition that young people in the UK are often not getting the information and support they need from current Sex and Relationship Education (SRE).

Background research revealed that 1/3 of young people were not learning about puberty at school and 10% of girls were receiving no preparation at all before their first period. In addition, a 2013 Ofsted report concluded that over 1/3 of schools were failing to prepare young people for the emotional and physical changes experienced during puberty.

Furthermore, a review in the British Medical Journal concluded that sex education is overly moralistic, not practical enough, perpetuates negative attitudes about gender roles and that young people often want to (but do not) receive education from an external person rather than someone they see daily.

Irise's "Young People in Control" project aims to develop and deliver education sessions that respond to these needs.

Our approach is informed by the work of Paolo Freire who believed that education is not about transferring information into an "empty vessel" but an active, two-way process between two individuals and Augusto Boal's methodology which engages individuals in a process of discovery, critical reflection and dialogue. Practically this means:

- Using the experiences of participants as the starting point for change
- Using a range of interactive activities to explore these experiences
- Creating a safe space for reflection and participatory learning

This manual focuses on delivering education about menstruation and puberty to the top end of primary school or the bottom end of secondary school. It is designed to create a strong foundation for future SRE and give young people the key information they need as they start to experience puberty.

Summary of how Irise sessions meet identified needs:

- The column on the right lists the key ways young people identified that existing SRE needs to be improved. The column on the left described how Irise aims to address it in the 'Young People in Control' sessions.

Components	How it is addressed in proposed lesson
Rights based (opposed to moralistic)	<p>The sessions have been developed according to the principles that young people have a right to accurate information about how their bodies work and a right to form their own opinions about what they believe is right and wrong. Knowledge imparted in the sessions is rooted in an evidence based approach and information is imparted in a manner that clearly separates fact from opinion. All facts are based on literature reviews and reviewed regularly by our team. New questions raised by young people are carefully researched before a model answer is created.</p> <p>The use of interactive activities encourages the participation of young people, building their confidence to ask questions and seek answers. For areas where fact based information is not an adequate response, young people are</p>

	encouraged to engage in a facilitated dialogue to develop their own attitudes and beliefs. For example, one activity asks young people to list words that come into their mind when they think of menstruation, to discuss what these words tell us about our attitudes to menstruation and to girls and whether these attitudes are positive or negative.
Practical	<p>The sessions briefly cover anatomy and physiology but is focused on the experience of puberty. For example, the description of the anatomy is followed by a discussion of how clitoris, labia and testes vary greatly in size from person to person and that this variation is entirely normal. This is in response to girls and boys worrying about whether their genitals are normal. Similarly, with physiology an emphasis is placed upon the wide range of healthy variation in menstrual cycles, onset of puberty etc. as young people's primary concern when they enter puberty is whether or not they are "normal".</p> <p>Practical and interactive activities help to emphasise these key points. For example, young people are asked to line up in order of height demonstrating that there is a wide range of variation in height but that this is healthy, so too with other parts of our anatomy and physiology.</p> <p>The sessions also include the opportunity to ask anonymous questions. These questions not only give young people an opportunity to voice taboo concerns but also help to inform the development of future sessions.</p>
Positive attitudes about gender roles	<p>The sessions use ground rules to create a safe space and carefully considers how to effectively engage boys and girls, with current learning suggesting that some activities and parts of the session are best delivered separately whereas others should be delivered together. Importantly, teaching girls and boys about the changes both sexes experiences helps to create understanding and respect. Interactive activities actively encourage participants to consider the session in the context of gender norms. For example, one activity asks young people to list what is good about being a girl or boy and what is bad with many participants listing menstruation as a negative part of being a girl. Participants then discuss what their responses tell us about people's attitudes to girls and boys and whether these norms can be changed.</p>
Delivered by an external person	<p>We are using volunteers and community champions to deliver the sessions. These individuals are close in age and experience to young people and receive training and support from Irise to deliver the session. They act as role models and young people feel more comfortable raising tricky issues with a person they can relate to but who is not part of their day to day life.</p>

Using this resource:

This resource is divided into two sections.

The first section covers the basic scientific knowledge required to conduct a lesson and answer questions on menstruation. The first part covers the core knowledge that is actively delivered as part of the session and the second part contains subsidiary knowledge to help prepare facilitators to answer questions that might arise during the session. The resource has been compiled by healthcare professionals using textbooks and literature searches to ensure accuracy.

The second section describes the way in which Irise uses interactive teaching methods to deliver this teaching in a fun and memorable way. There are suggested lesson plans and detailed instructions for a range of activities as well as guidance for facilitators on a range of topics.

Section1: The Knowledge

This section covers the basic scientific information required to teach about menstruation and puberty.

Core Knowledge

This section contains the core knowledge that is covered as part of the session

Puberty

Puberty is the process by which boys and girls grow into adults. It is a long process, involving many changes. There are many physical manifestations of puberty but it also can be a confusing time when many people feel angry or lonely. These emotions are also normal and young people should be encouraged to discuss their feelings openly.

Key Changes During Puberty:

Female	Both	Male
Hips widening Breasts growing Starting periods	Growing taller Getting heavier Pubic hair Hair under the arms Sweating more Pimples/spots Feeling emotional Experiencing sexual desire	Voice deepening Morning erections Wet dreams Growing facial hair

Key Learning

- Puberty is the process by which a child becomes an adult
- There are many physical and emotional changes during puberty
- Some changes during puberty are common amongst males and females, some are specific to only males or females

Teaching Tips

- Divide the class into groups of 5-7 and ask them to discuss and list the changes during puberty.
Each group presents their changes and you can add changes that are missing after all teams have presented.
- In case of an incorrect answer, do not say 'That is wrong'
Instead you can ask 'Susan says xxxxx, anyone else with a different answer?'
- When you get a correct answer, acknowledge it's the correct answer and continue with the next topic/question.
The students then learn that a correct answer is acknowledged and an incorrect or partially correct one prompts further discussion.

Additional Information

Think carefully about the language you use. Words like “normal” can reinforce the idea that some experiences (or people) are abnormal. If you are talking about things where there may be an objective “abnormality”, for example severe period pain may be a sign of an underlying disease, try to use “healthy” and “unhealthy” instead. If you are talking about subjective experiences try to talk about how everyone is different and unique and will therefore have different but equally valid experiences.

Also take time to reflect on how the language we use can reinforce gender norms that may not reflect the experiences of all the young people in the room.

For example, some young people have female biological characteristics but identify as a man or vice versa.

Remember sex refers to biological characteristics whereas gender refers to the social constructs associated with those characteristics.

Check out the Gender-bread person for more information about how sex and gender interact: <http://itspronouncedmetrosexual.com/wp-content/uploads/2015/03/Genderbread-Person-3.3-HI-RES.pdf>

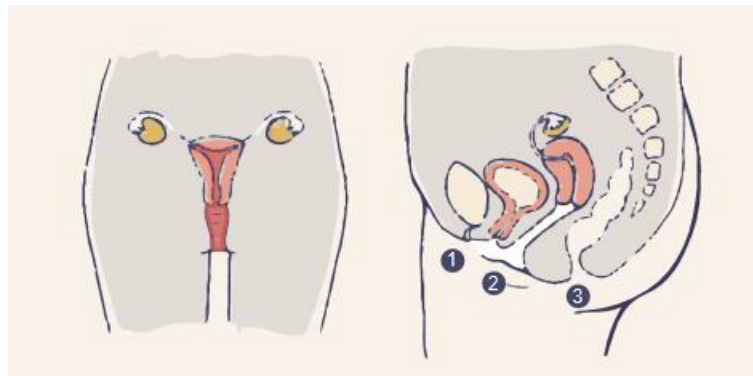
Words like “boy” and “girl” and “he” and “she” may make these individuals feel excluded from discussions or may make their experiences feel “abnormal.” Conversely, these are the words that most people use in day to day conversation and trying to change them may make communication difficult.

Be responsive to your group. Try to use gender neutral language when you can and when you can’t be quick to admit the limitations of language and reinforce the idea that we all experience puberty in our own unique way.

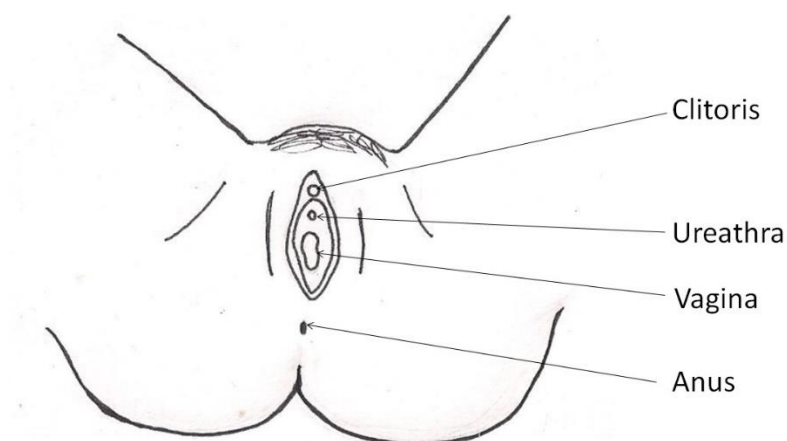
Anatomy

It is important to teach young people about their body parts. It can sometimes be challenging as many people find it embarrassing to discuss or even mention words relating to their genitalia. It can be helpful to remind the group that all men/women have these parts and it is nothing to be embarrassed about. It is also crucial for the facilitator to speak about the parts confidently and without embarrassment.

Female External Anatomy:



Body part	Description of function
Clitoris	This is a very sensitive tissue that plays an important role in female sexual arousal
Urethra (1 above)	This tube comes from the bladder and urine passes through it. The opening is separate and just above the vaginal opening.
Vagina (2 above)	This is the passageway from the womb which menstrual blood passes through and the site of sexual intercourse
Anus (3 above)	This tube comes from the large bowel and faeces passes through it



Female Internal Anatomy:

Uterus (womb)

This is where the egg implants itself if fertilised. The womb is the size of your fist. It expands when a foetus is growing inside it.

Fallopian Tubes (Oviduct)

Connect the ovaries to the uterus – the egg travels through here after release from the ovary.

Egg (Ovum)

Matures in the ovary and is released into the fallopian tube where it may be fertilised by a man's sperm. It is tiny, just the size of a full stop.

Ovary

Contains a woman's eggs and releases one regularly as part of a woman's menstrual cycle.

Cervix

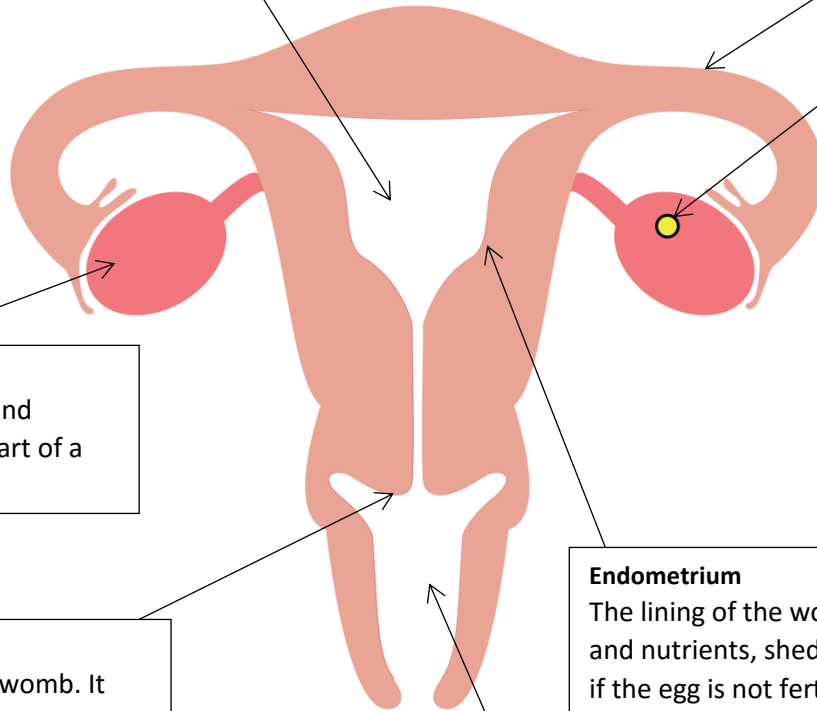
This is the entrance to the womb. It normally only has a very small hole which stretches during childbirth. It then returns to its previous size.

Endometrium

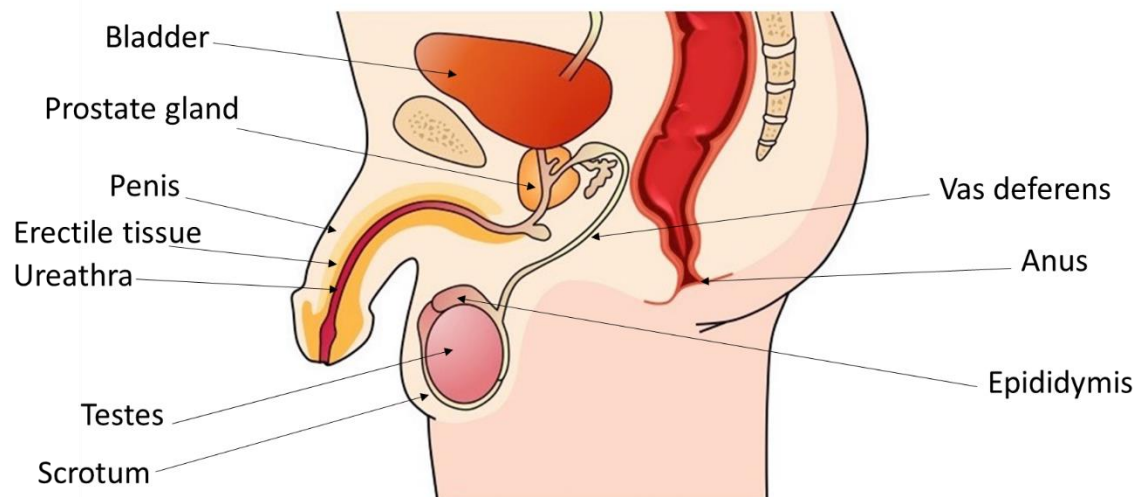
The lining of the womb, full of blood and nutrients, shed as menstrual blood if the egg is not fertilised.

Vagina

This is the passageway from the womb which menstrual blood passes through and is the site of sexual intercourse.



Male Anatomy:



Body Part	Function
Scrotum	A muscular sac that surrounds and protects the testes
Testes	Produces sperm
Epididymis	Stores sperm
Vas deferens	A tube connecting the testes to the urethra through which sperms are expelled
Prostate Gland	Produces fluid for the sperms to swim in
Urethra	This tube passes through the penis and expels sperm and semen during sex and urine during urination.
Bladder	Urine is stored here before it is expelled out of the body through the urethra during urination.
Penis	This is the male genital organ. It is filled with soft tissue that fills with blood making it erect during sexual intercourse.
Erectile tissue	This soft tissue fills with blood and makes the penis become erect

Key Learning

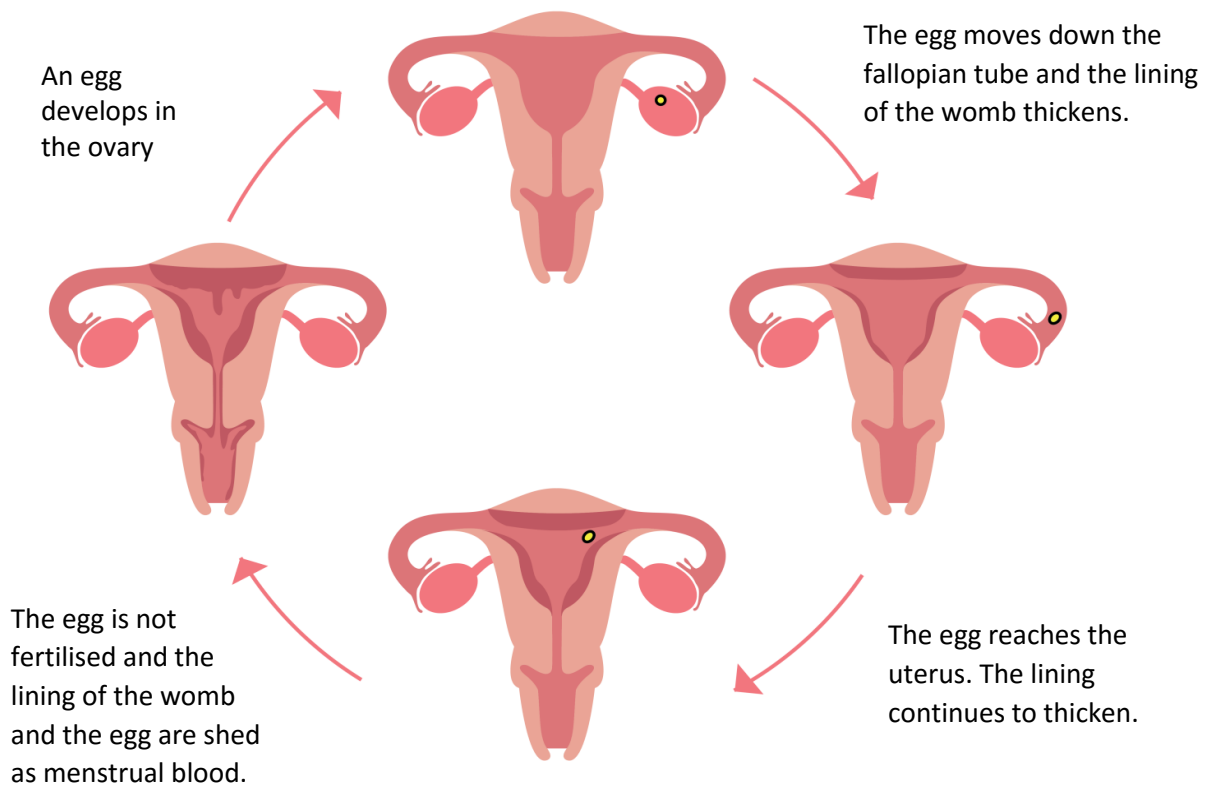
- In a woman, the urethra, where urine comes out, is separate from the vagina, where menstrual blood comes out.
- In a man urine and sperm leave the body through the same tube, the urethra.
- The cervix only has a very small hole so objects (eg tampons) cannot pass through the vagina into the womb.
- The womb is the size of a fist and an egg is the size of a full stop.

Teaching Tips

- Draw the diagrams beforehand, on a flipchart or board.
- We've included 2 diagrams of the external female anatomy. We've found that some conservative groups feel much more comfortable with the cross-sectional diagram. Although we feel the second diagram is more useful, in contexts where it is not possible to show this the cross sectional diagram can still be used to communicate the important message that women have three holes.
- Ask the class to name the parts. Acknowledge the right answers, give the correct answer immediately after a part is named wrongly. Write the correct answer before moving onto the next part.
- Ask the class to clap when a right answer is given. This boosts morale and encourages participation.

The Menstrual Cycle

This describes the changes happening in a woman or girl's ovary and endometrium in preparation for an egg to be released and possibly be fertilised by a man's sperm. If the egg is not fertilised, the egg and endometrium are shed as menstrual blood and the cycle continues. This diagram describes the menstrual cycle in 4 stages:



In reality, it is a continuous process with slow progression and sometimes overlap between stages.

- If the egg is fertilised it implants in the womb lining and this becomes the placenta. The womb lining (endometrium) contains proteins and nutrients which would help a baby to grow.
- Menstrual blood is the lining of the womb being shed out because fertilisation has not taken place. It is not harmful, dirty or dangerous.
- Most girls and women lose about 30-40ml (5 tea spoons) of blood during their period. Some women have heavier flow and others have lighter flow - this is normal.
- Whilst menstruation takes place another egg begins to develop and the cycle continues.
- There are no "safe days" during the menstrual cycle. It is possible for a woman to get pregnant if she has sex *without contraception* at **ANY** point during her menstrual cycle because:
 - The egg may still be inside the womb
 - Another egg may have already been released as part of the next cycle
 - Sperm can remain in the womb for 2-3 days

Key Learning

- It's a continuous cycle
- Menstruation is the shedding of the lining of the womb if fertilisation has not taken place
- It is possible to get pregnant if you have unprotected sex at any point in your cycle
- The amount of blood lost during a period is not as much as most people think!

Teaching Tips

- Draw the diagrams beforehand, on a flipchart or board.
- Make sure you highlight the changes in the uterus lining/endometrium in the different stages.
- After explaining, ask for 2/3 volunteers to explain the cycle to ensure that they have understood.
- You can also ask participants to act out the menstrual cycle with different people representing the womb, endometrium and egg while a narrator talks through the cycle.
- Compliment and clap for the volunteers, this boosts morale and encourages participation.

Additional Information

- "Safe days" are also known as natural family planning or the rhythm method of contraception. Many girls and women are taught that if they have sex during their period or in the 7 days after their period they will not get pregnant.
This is not quite correct, whilst it is true that a woman is less likely to get pregnant at certain points in her cycle, it is still possible. There are different types of natural family planning, but in general out of 100 women using this method of contraception, 25 will get pregnant within a year. If women or girls wish to reduce the risk of pregnancy further, they should be advised to abstain from sex or encouraged to seek advice about more reliable methods of contraception such as condoms or the oral contraceptive pill which are 98-99% effective.
- It is important to discuss the cycle in as neutral terms as possible. We have commonly found women tending to refer to the egg as "waiting for fertilisation" or "failing to be fertilised". This can lead to the impression that the aim of every menstrual cycle is for fertilisation to take place which promotes the idea that a woman's main function is to produce children. It is better to use more neutral terms such as "passing through the fallopian tube/uterus" and "fertilisation not taking place". If women are struggling with this idea it can be useful to highlight that a woman has on average 450 menstrual cycles in a lifetime and therefore, in the vast majority of cases, fertilisation will not take place.

Subsidiary Knowledge

This section contains additional information to help facilitators answer questions that may arise during the session.

Missed Periods (Irregularity)

- Many girls worry about being different from their friends. It is important to highlight that everybody is different but it is still normal. E.g if one girl starts her period at 8 years old and another at 18 they are both healthy.
- Girls also worry about missing their periods or having periods more often than their friends. As we can see from the table some women and girls have short cycles so may have more than one period in any given month.
- It is important to note that irregular cycles and missed periods are **not** related to infertility. Women with irregular cycles can conceive and have a baby.

Normal Ranges:

Age/Length	Normal Range
The age at which a girl starts her period	8-18 years old
The age at which a woman stops menstruating (menopause)	40-55 years old
Length of each menstrual period (days bleeding)	2-10 days
Length of each menstrual cycle (1 st day of period – 1 st day of next period)	21-32 days typically 28 days

Common Causes of Missed Periods/Irregular Cycles:

The following is a list of common reasons why women and girls may miss their period or have irregular bleeding. Not only are these causes very common but they also mean the girl or woman is still healthy and should not be concerned.

1. Emotional stress
 - E.g. exam stress, family problems
 - Stress causes an increase in certain hormones which can affect the menstrual cycle
2. Lack of food
3. Excessive exercise
 - Both lack of food and excessive exercise cause an increase in stress hormones which prevent the egg being released
 - The effect is temporary and does not affect a woman's long term chance of having a baby
 - Exercise is very healthy and girls should be encouraged to exercise regardless of effect on the menstrual cycle
4. Age
 - When girls first start their periods their cycles can be very irregular and they can miss periods for many months. This is normal and girls should be reassured

- When women enter the menopause their periods often become irregular before stopping entirely.
- 5. Pregnancy and breastfeeding
 - Hormones released during pregnancy and whilst breastfeeding prevent further eggs being released or the lining of the womb shedding.
- 6. Contraceptives which contain hormones (e.g. contraceptive pill, depot injection)
 - The hormones contained in these contraceptives affect different women in different ways. Some women will find they have fewer periods, others will find they have irregular bleeding.
 - Contraceptives are not normally harmful but if a woman is unhappy with the side effects she should speak to a doctor or nurse about changing to a different method which she finds more suitable
 - Note: condoms are a barrier method of contraception and do not contain hormones

Some people believe that other causes such as the weather, environment or a specific type of food affect the menstrual cycle. There is no scientific evidence relating to these causes but they may have an indirect effect such as causing emotional stress.

Key Learning

- Normal Ranges: age of starting and stopping menstruation, length of menstrual period, length of menstrual cycle
- Causes of irregularity
- Everybody's different. There is a wide range healthy menstrual cycles
- It is common to miss/skip a period for lots of reasons
- If you are sexually active and miss a period, it may be due to pregnancy

Teaching Tips

- Ask the class the ages at which periods start, get around 4/5 answers. Conclude with writing the correct ranges.
- Ask the class the ages at which periods stop, get around 4/5 answers. Conclude with writing the correct ranges.
- Ask the class how many days' periods last, get around 4/5 answers. Conclude with writing the correct ranges.
- Ask the class how long each cycle is, get around 4/5 answers. Conclude with writing the correct ranges.
- Use the diagrams of the menstrual cycle to explain each question e.g. how long the periods last is the number of days in stage 4
- Ask the class the reasons they think can cause one to miss periods. Acknowledge all answers and because these are opinions, there's no wrong answer.
- List down the each of the 6 causes and explain how each affects the menstrual cycle.
- Ask participants to line-up in height order and note the wide range of healthy heights. This can help illustrate that there is a wide range in healthy experiences of menstruation and puberty.

Additional Information – Am I normal?

- Many of the questions raised about menstruation have one common theme underlying them... women and girls' anxiety about being 'normal' and 'healthy'. The information included in this section can be used to reassure most girls in general terms. However, it is very common for specific stories to be brought up in sessions, usually starting "but my friend...."
- It is not helpful to pass comment on specific individuals and it is best to advise them to see a medical professional if they have serious concerns.
- It is also useful to remember that sometimes people may have a medical condition which has not yet been diagnosed and may be easily treated. If someone raises any of the following symptoms they should be advised to see a doctor.
 1. No menstruation for more than 6 months if previously having regular cycles and not using hormone contraceptives.
 2. Bleeding/spots of blood following sexual intercourse.
 3. Any significant changes in a previously regular and established cycle eg sudden increase in pain or flow.
 4. Pain that does not respond to simple pain killers and is unusual compared to friends and family.
 5. Itching, spotting of blood, very smelly or discoloured discharge between periods.
 6. Warts, lesions or growths.

Pain & Emotions

Pain is a common and normal symptom during or just before a girl's period. Pain and other signs include:

- Abdominal and back pain caused by contraction of the muscles in the wall of the uterus
- Back and leg pain caused by tightening of muscles
- Headache and breast pain related to changing levels of hormones
- Bloating, loss of appetite and nausea caused by hormonal changes and pain
- Changing hormones can also cause girls and women to feel sad, lonely, angry and many other emotions around their period

It is good to discuss these signs and feelings with friends and family and support each other to feel happy during menstruation. The pain and other signs do not mean someone is sick and girls should try to continue doing whatever activities they would normally do.

Other ways of coping with pain are:

- Taking pain killers e.g. Paracetamol (Panadol) or ibuprofen
- Using a hot water bottle on the affected area
- Doing exercise – this is a good distraction and releases substances called endorphins which make us feel happy and relaxed

Key Learning

- It is normal to experience pain and heightened emotions before and during menstruation
- Tips for dealing with pain
- Sometimes talking to other women and girls about their experiences during menstruation can help!
- Girls and women should feel free to complete their normal daily activities during their period, including exercising.

Teaching Tips

- Ask the class about the signs they get before and during periods. Acknowledge all answers and because these are opinions or experiences, there's no wrong answer.

Additional Information

- Pain killers such as paracetamol and ibuprofen are cheap and widely available. They can be very effective in reducing menstrual pain
- There are other medicines that a doctor can prescribe to help with period pain. Some women have worse period pain than others and if she is struggling to cope it may be worth seeking the advice of a healthcare professional.

Menstrual Products and Hygiene

Women and girls use a range of products to absorb blood during their periods:

- Disposable sanitary pads
- Reusable sanitary pads
- Tampons
- Menstrual cup

It is important to regularly change any product that is being used. This means at least every 8 hours.

Personal Hygiene:

- When bathing during your period you should wash as you normally would
- Washing the genital area with soap or other products can cause irritation and it is best to wash with just water.
- Washing too much or inserting a finger to wash the vagina can actually cause an increased risk of infection
- No one knows the correct number of times to bathe during menstruation, everyone is different and you should do what makes you feel comfortable

Product	Information	Advantages	Disadvantages
Disposable pads	<ul style="list-style-type: none">- Made of plastic and cotton fibres- Use sticky gum to secure in underwear	<ul style="list-style-type: none">- Secure in underwear- No leaking- Easily Available	<ul style="list-style-type: none">- If not disposed of properly can block flush toilets or litter- Expensive to buy every month
Tampons	<ul style="list-style-type: none">- Cotton based product inserted into vagina- Thread remains outside to allow removal- The tampon expands as it absorbs blood until it is full	<ul style="list-style-type: none">- Secure – does not fall out- Can do all usual activities including swimming	<ul style="list-style-type: none">- If not disposed of properly can block flush toilets or litter- Expensive to buy every month- Not always available
Reusable sanitary towel	<ul style="list-style-type: none">- Made of cotton with plastic layer inside- After use it is washed, dried and reused	<ul style="list-style-type: none">- Secured in underwear using press-stud or button- Does not leak- Can be used for 6-12 months before being replaced – this makes them more cost effective- Do not have to worry about disposal	<ul style="list-style-type: none">- Not always easily available- Up-front cost can be expensive- Must be washed and dried well or may cause irritation or infection- Can be difficult if water and soap are not easily available
Menstrual cup	<ul style="list-style-type: none">- Cup made of special kind of rubber (silicon)- Inserted into vagina- When it is full it is removed, rinsed and re-inserted.	<ul style="list-style-type: none">- Only need to buy one- Lasts for 10 years- Works out to be very cheap over 10 years- Can leave in vagina for 8-10 hours- No problems with disposing	<ul style="list-style-type: none">- Expensive one-off cost- Not easily available in every country- Need to learn to insert correctly so it does not leak

Key Learning

- Advantages and disadvantages of disposable and reusable products.
- Reusable products should be washed and allowed to dry completely between uses, they should not be shared with other people
- Everyone is different and people should feel free to use whatever product is right for them.
- Avoid over-washing/douching

Teaching Tips

- Ask the class the products that girls use to manage menstruation. Acknowledge all answers and because these are opinions, there's no wrong answer.
- Highlight one product at a time and how to use it.
- Ask the class what they think is the advantage or disadvantage of each.

Additional Information

Some girls worry that inserting a tampon or other menstrual product will mean she will lose her virginity. However, a girl's virginity is not something that can be physically lost like a phone or an item of clothing. A girl 'losing her virginity' refers to the emotional and physical experience of her first sexual encounter. The hymen is the piece of skin covering the vagina. It is sometimes used as a measure of virginity but this is unreliable and inaccurate for a number of reasons:

- The hymen may be damaged by injury, disease, medical examination or even physical activity.
- There are different types of hymen. Some are easily damaged some are very elastic and may be relatively undamaged by sexual intercourse.
- Some girls are not born with a hymen

It is possible but very unlikely that using a tampon will damage the hymen. When the tampon is inserted the hymen stretches to accommodate it. Inserting a tampon into the vagina is unrelated to a girl's sexual experience.

Common Questions and How to Answer Them

We continually update our question bank. If you are asked a question not in the question bank that you are unsure how to answer let us know at info@irise.org.uk so we can create a model answer and add it to this resource.

1. Can a tampon take away a girl's virginity?

No. A girl's virginity is not something that can be physically lost like a phone or an item of clothing. A girl 'losing her virginity' refers to the emotional and physical experience of her first sexual encounter.

2. When are "safe days" to have sex?

There is no time during the menstrual cycle when a woman cannot get pregnant. Although there is more chance of getting pregnant at particular times in the cycle it is difficult to be certain exactly when these times are for an individual woman without carefully measuring a range of different things.

3. What causes unusual vaginal discharge?

It is normal to experience some vaginal discharge and the colour and consistency of vaginal discharge will vary during the menstrual cycle. It may be thick and white or thin and watery at different times. Women also produce more vaginal discharge when they are sexually aroused. If your discharge changes in smell, colour or consistency this may be a sign of infection. In particular if it smells fishy, is very thick and white or green/yellow it is worth seeing a healthcare professional.

4. Can poor menstrual hygiene cause infection?

The short answer is that there is very limited research into the relationship between menstrual hygiene and reproductive health and the evidence that exists is inconclusive.

However, it is advisable to use pads as recommended to minimise the risk of infection. Both disposable and re-usable pads should be changed every 6-8 hours and reusable pads should only be used when completely dry, not damp.

5. How often should I wash during menstruation?

Many girls wash very frequently during menstruation because they feel dirty or unclean. It is important to reassure them that menstruation is a normal biological process and not something that makes them intrinsically dirty. It is also important to emphasise that women and girls should focus on doing on what makes them feel most comfortable during menstruation.

However, washing very frequently or douching (washing the inside of the vagina) may increase the risk of an infection called Bacterial Vaginosis. This is one of the infections caused by an imbalance in the "normal flora" i.e. an overgrowth of one type of bacteria that normally live in the vagina.

6. Is it normal to have cramps during your period?

Yes, it's normal to have mild cramps during your period, because of uterine contractions. The uterus is a muscle that tightens and relaxes. This can cause cramp-like pain.

However, if the discomfort is not relieved with over-the-counter medications (such as ibuprofen,

paracetamol) and causes a girl to miss school or other daily activities, she should seek medical advice.

7. Can taking painkillers during menstruation cause infertility?

Taking painkillers for menstrual pain does not cause infertility or any problems during childbirth. As with any medicine they should be taken as directed.

8. What causes itching around the vagina during menstruation?

Bacterial vaginosis is the most common reason for vaginal itching and is caused by an imbalance in bacteria that normally live in the vagina.

Having unprotected sex (i.e. not using a form of barrier contraception) can also lead to a Sexually Transmitted Infection (STI) and some of them can make the vagina itch, including chlamydia, herpes and gonorrhoea. With any of these, the itching can progress to pain and burning. If you experience itching along with any other common STI symptoms like burning while urinating, foul-smelling discharge, sores on the genitals, and pain during sex, you should go for a medical check-up.

9. Do women with fertility problems also menstruate?

Depending on the cause, many women who experience problems with fertility will menstruate. The fact that a woman is menstruating doesn't necessarily mean that she can conceive and carry a baby to term. Many women who struggle to conceive will manage to become pregnant given time and/or medical assistance.

10. Does having sex reduce/cure menstrual pain?

For some people, sexual intercourse can reduce or stop menstrual cramps or other unpleasant feelings that a woman may have prior to or during the time of her menstrual period.

However, we do not advise girls to have sex as a cure for menstrual pain as it can lead to unwanted pregnancy and sexually transmitted infections. There are many other effective ways of reducing menstrual pain.

11. Can using pads causes cancer?

There is no evidence that using pads (disposable or re-usable) cause cancer. They do not contain cancer causing chemicals. However, you should change pads regularly, for comfort and to avoid infections (not to prevent cancer).

12. Is it dangerous for a woman to have sex during her period?

No physical damage occurs to the man or the woman if they have sexual intercourse while the woman is menstruating, but some women don't feel like having sex at this time. A woman can still get pregnant if she has sex during her period. The safest way to prevent pregnancy is to use contraception. Remember, no form of contraception provides complete protection from pregnancy or sexually transmitted infections.

13. Does the contraceptive pill cause infertility?

Women take the contraceptive pill either to help control their periods or because they don't want to get pregnant. The pill is made up of the hormones (or chemical messengers) that control a woman's

menstrual cycle. The extra hormones stop the ovaries producing eggs and/or makes it harder for the sperm to reach the eggs. When a woman stops taking the pill her ovaries will start producing eggs again and her fertility will return.

14. Does the contraceptive pill cause deformed babies?

No, there is no evidence to suggest this. Women who take the pill are at a slightly increased risk of developing a blood clot in their leg or chest and of developing breast cancer. However, the pill reduces the risk of developing cancer of the womb and the ovaries. There are also many health benefits for women if they are able to have fewer children and have some time between pregnancies.

15. What sort of menstrual symptoms are worrying in a young woman?

A small proportion of women and girls suffer from medical conditions that cause them to have severe pain or very heavy bleeding during their period. If someone raises any of the following symptoms they should be advised to see a doctor.

- No menstruation for more than 6 months if previously having regular cycles and not using hormone contraceptives.
- Bleeding/spots of blood following sexual intercourse.
- Any significant changes in a previously regular and established cycle e.g. sudden increase in pain or flow.
- Pain that does not respond to simple pain killers and is unusual compared to friends and family.
- Itching, spotting of blood, very smelly or discoloured discharge between periods.
- Warts, lesions or growths.

16. What sort of menstrual symptoms are worrying in an older woman?

Many women find that their periods change after they have had a baby. This is commonly reported and is nothing to worry about. Women should seek medical advice if they experience bleeding in between their periods or if they suffer post-menopausal bleeding.

17. Why do boys/men get erections and does it always mean they're sexually aroused?

Boys/men get erections when the erectile tissue in the penis fills with blood. Imagine a balloon filling with water. The erectile tissue is similar to this.

This can happen when a man or boy is sexually aroused but it can also happen spontaneously during puberty and have nothing to do with being sexually aroused. This can be embarrassing but it happens to all boys and over time they become less frequent.

18. Is it a bad sign if one testicle is lower than the other?

No this is very common and doesn't cause any health problems.

19. What is a 'wet dream'?

This is when a boy ejaculates in his sleep. It's not an indication a boy was having a sexual dream and is just a part of puberty.

20. Can boys develop breasts?

Boys breasts may feel tender during early puberty and they may be able to feel bumps under the nipples. These will usually settle down after a few months and will rarely develop into true breasts.

Section 2: The Delivery

Facilitation vs Teaching

Irise favours a facilitated approach to learning whenever possible. The key differences between traditional teaching and a facilitation are summarised in the table below:

Teaching: The process by which a teacher leads a group of students in acquiring new skills, knowledge or understanding.	Facilitating: Helping/making it easier for students to learn together in a group or achieve something together as a group.
Lectures	Discusses
Information radiates out from teacher	Facilitator participates and guides
Teacher is the centre of attention	Students are the centre of attention
Large classroom	Small groups
PowerPoints	Handouts, scenarios, group activities
Direct control of class and activities	Indirect control of class and activities

Some of the key components of our approach and why we do them are summarised below:

What	Why
Sitting in a circle	Participants and facilitators are equal and everyone can see everyone else, encouraging participation
Focus ball: whoever has the ball can speak	Enables respectful dialogue
Ground Rules and Aims developed by participants	Prompts participants to take responsibility for their own learning environment and goals
Regular games	Keeps participants active and engaged
Questioning	Actively engages participants in the learning process and enables the group to develop a new understanding together rather than the facilitator imparting their own understanding

Questions can be used during and at the end of any learning activity to help facilitate learning. Having questions prepared is useful. However, it is important to try and not have set or rigid responses in mind. You are eliciting the groups understanding and views and facilitating discussion. Try only to intervene with your own viewpoint if something particularly damaging or factually incorrect is being said and no one else in the group has been able to correct it.

Commonly Used Questions

- 1. How do you feel after that activity?**
Take a few answers from different people and follow up interesting answers by asking **why?**
It is useful to ask how people feel regularly throughout the workshop so people are increasingly confident in sharing feelings and opinions.
- 2. What did you notice about that activity?**
This can give almost any answer. Try to ask a few different people. It can also be useful to ask – **why do you think that was?** about some of the answers.
- 5. Does anyone think differently? Can anyone answer that question?**
These questions can help stimulate discussion and debate. They are useful if someone voices a strong opinion or controversial question and are trying to tempt the facilitator to answer it. They allow you to remain neutral.

6. **Why? What does that tell us about...?** (eg our attitude/feelings)
These are probing questions. It is important to follow up any closed or introductory questions with a probing question to get the group thinking more deeply about the issue/topic.
7. **What else? Anybody else?**
Try to encourage as many view points and answers as possible. Sometimes certain people can dominate discussions. Observe this and try to offer chances for others to contribute.

Types of Question

Open – an open-ended question has many possible answers and allows for discussion. E.g. what did you notice? How do you feel? Etc.

Closed – has only one or two possible answers. Doesn't allow for much elaboration. E.g. did that go well? (yes or no) What time is it? (12.15 – one answer)

Probing – closed questions can be made more open by following up with probing questions. E.g. Why? How did that make you feel? What could we have done differently?

Leading – a question asked in such a way that respondents are likely to give you the answer you are looking for or only one answer. This puts the facilitator's views into the answer and doesn't get to the bottom of what participants are feeling. E.g. that didn't go very well did it?

Open and probing questions are the best kind to use if you are trying to facilitate group learning. Try to avoid leading questions where possible but they can sometimes be necessary to help a group that is struggling to get any answer despite multiple attempts to rephrase the question.

A good facilitator needs to engage the participants. The table below summarises the qualities of a good facilitator.

Space	A good facilitator will consider how to most effectively use the learning space. They will make sure everybody can see and participate effectively. Often a circle is the most effective arrangement as it avoid participants hiding on the back row or behind their desks.
Body	A good facilitator will consider their own posture. They may want to use their hands when they talk or move around the room. They should appear open and engaged. They will be in tune with the body language of the participants. Are energy levels low? Is a quick energiser needed to get everybody on their feet and reengaged?
Voice	A good facilitator will talk loudly and clearly and encourage all participants to do the same. They will project their voice and make sure everybody can hear and understand what they are saying. They may need to rephrase questions or use different words if their participants are struggling to understand.
Eye contact	A good facilitator maintains eye contact with the participants and does not hide behind a pile of notes or read from a book. They should talk directly to the participants and expect the participants to respond in a similar manner.
Knowledge	A good facilitator is knowledgeable but uses their knowledge to guide the discussion and offers information to help participants develop their own ideas and conclusions.

Answering Difficult Questions

Sometimes participants will directly ask difficult fact based questions where a clear response from the facilitator is required. Hopefully, most of the time this manual will give you the information you need to answer it. However, sometimes you may not know. Here is our strategy for when that moment comes:

- Never make-up or guess the answer to a question.
- Admit that you don't know the answer.
- Remind the participants that today's session has been all about participation and active learning.
- Ask the participants how they think they could find out the answer to the question.
- You may wish to signpost them to an appropriate source of information (nhs direct and patient.co.uk are both reliable sources of health information).
- Remember to let us know what the question was after the session so we can update this manual with a model answer to help other facilitators in the future.

It is important that Irise facilitators do not attempt to give medical advice to an individual. If an individual asks a question about their own health or the health of a family member or friend you should advise them to see a nurse or doctor. Symptoms of particular concern are:

- No menstruation for more than 6 months if previously having regular cycles and not using hormone contraceptives.
- Bleeding/spots of blood following sexual intercourse.
- Any significant changes in a previously regular and established cycle e.g. sudden increase in pain or flow.
- Pain that does not respond to simple pain killers and is unusual compared to friends and family.
- Itching, spotting of blood, very smelly or discoloured discharge between periods.
- Warts, lesions or growths.

One Hour Session Outline:

Aims:

- To deliver SRE focused on menstruation and puberty that is responsive to young people's needs.

Resources:

Handouts for boys and girls

Diagrams of the male and female anatomy and stages of the menstrual cycle

Power point slides

1 hour (60 mins)

Time	Part of session	Activity	Learning Outcomes	Resources
5 mins	Introduction/ starter	Establishing ground rules Collecting any anonymous questions for later discussion.	Prompts participants to take responsibility for their own learning environment and goals. The students will also be invited to write down any anonymous questions they may have that can be answered at the end of the session in the Q&A.	Flipchart and pens or whiteboard
5 mins	Introduction/ Starter	Ice breaker – “toe, knee, chest, nut” – we will replace the words, ‘toe, knee, chest, nut’ with words associated with puberty/menstruation	To breakdown the stigma/taboo associated with certain words, by speaking openly about these words from the beginning the young people will feel more at ease about the session content and topics.	None – the young people will be in a circle and will be asked to contribute words to substitute into the song
5 mins	Main Activity	Menstruation euphemisms – the young people will have to each name a euphemism for menstruation that they have heard or use.	This will encourage thinking about how and why we use certain words for menstruation. Engaging the young people in thinking about how we can change the discourse surrounding menstruation by taking away the stigma of talking about it.	Flipchart and pens or whiteboard
10 mins	Main activity	Briefly cover the male/female anatomy, signs of puberty and the menstrual cycle- the	The students will understand the basic functions of their anatomy – this is to re-cap previous learning and to ensure all	Power point slides (or laminated posters), utilising basic

		students will be shown familiar diagrams of the male and female anatomy with a brief explanation into their functions, an explanation of the menstrual cycle and list signs of puberty.	the young people have an understanding of both the male and female anatomy, the process and purpose of menstruation and the signs of puberty.	scientific diagrams
5 mins	Main Activity	Body confidence- we will ask the young people to line up in height order- showing them how people can vary in shape and size. We will then show some basic diagrams of how vaginas, penis' and testis can differ in shape and size.	This is to not only show the young people the variation in how our genitals can look, it will also reassure the young people that variation is normal and that we do not all look the same. We aim to instil body confidence and awareness of difference.	Power point slides of basic diagrams of different, vaginas, penis' and testis (or laminated posters).
10 mins	Main activity	True or False – students will have to decide whether a statement is true or false – by moving forward or backwards in the circle	This is a participatory activity that will enable the students to dispel many of the myths they may currently believe about menstruation/puberty – the statements presented will focus on common myths.	Facts/myths will be presented through ppt slides on a whiteboard (or laminated posters)
15 mins	Plenary	Q&A: students will be divided between girls and boys. They will be given the opportunity to ask any questions they may have, they will be asked to summarise what they have learned and they will also be asked to complete the original questionnaire to evaluate learning outcomes.	The young people will be able to re-cap what they have learned. They should have an enhanced understanding of their anatomy, they should have increased confidence within their bodies and they should be able to dispel many of the common myths surrounding puberty, menstruation and sexual and reproductive health.	One facilitator will remain with the girls and another with the boys. We will have to have access to two rooms.