

GRADE 6

TEACHER BACKGROUND INFORMATION

FAMILY LIFE

THE TERMINOLOGY OF THE FAMILY LIFE UNIT

Some students may have difficulty understanding or participating in the discussions because they have different words to describe the concept. Many students will know only the "common" or "slang" terminology. In the Family Life classes, students will be learning and using the medical terminology.

Medical Terminology	Common	Slang
urinating	peeing	pissing

Students may use the "common" or "slang" term initially, because they are comfortable using and/or do not know the medical term. Once the medical term has been taught in class, teachers should ensure that students refer to the concepts using the correct medical terminology.

PUBERTY

Puberty is the stage of life when the body changes from that of a child into that of an adult. It is the time when the male/female body develops the capacity to reproduce. Puberty begins at different times for different people and progresses at different rates among individuals. Girls can begin puberty between eight and ten years of age. Boys generally enter puberty two years later at ten to twelve years. The production of hormones stops the growth of girls at approximately sixteen years of age, boys at eighteen years.

Puberty signals the beginning of adolescence, the period of development which leads to adulthood. During this period, young people experience a number of physical, emotional, social and mental changes.

	Males	Females
Changes related to reproduction	<ul style="list-style-type: none"> - penis, scrotum and testicles get bigger and mature - endocrine glands secrete hormones which produce sperm - erections may occur - ejaculation may occur 	<ul style="list-style-type: none"> - vulva, vagina and uterus get bigger - endocrine glands secrete hormones which trigger the beginning of ovulation and menstruation - eggs (ova) develop in the ovaries - cervix produces mucus
General Changes	<ul style="list-style-type: none"> - height and weight increase - shoulders get broader - muscles develop - growth of body hair <ul style="list-style-type: none"> - on upper lip, face - chest - under arms - in pubic areas - skin changes <ul style="list-style-type: none"> - becomes oilier and coarser - increased chance of pimples and acne - increased body perspiration and odour - voice breaks and deepens 	<ul style="list-style-type: none"> - height and weight increase - body fat and supporting tissue increase, especially around hips - breasts develop - growth of body hair <ul style="list-style-type: none"> - under arms - on arms and legs - in pubic areas - skin changes <ul style="list-style-type: none"> - becomes oilier and coarser - increased chance of pimples and acne - increased body perspiration and odour - voice deepens, but not as much as in males - face becomes fuller - nipples stand out

Males

Females

Mental/Emotional/Social Changes

- skills develop over time
- planning
- decision-making
- thinking
- communication
- attitude towards opposite sex changes
- acceptance by the group is important
- spend more time with friends
- more aware of other people s feelings
- mood swings
- sexual feelings develop

THE ENDOCRINE SYSTEM

The endocrine system is made up of glands which secrete hormones into the bloodstream. The endocrine system regulates and controls a variety of body activities. Glands are organs or tissues that produce a chemical substance.

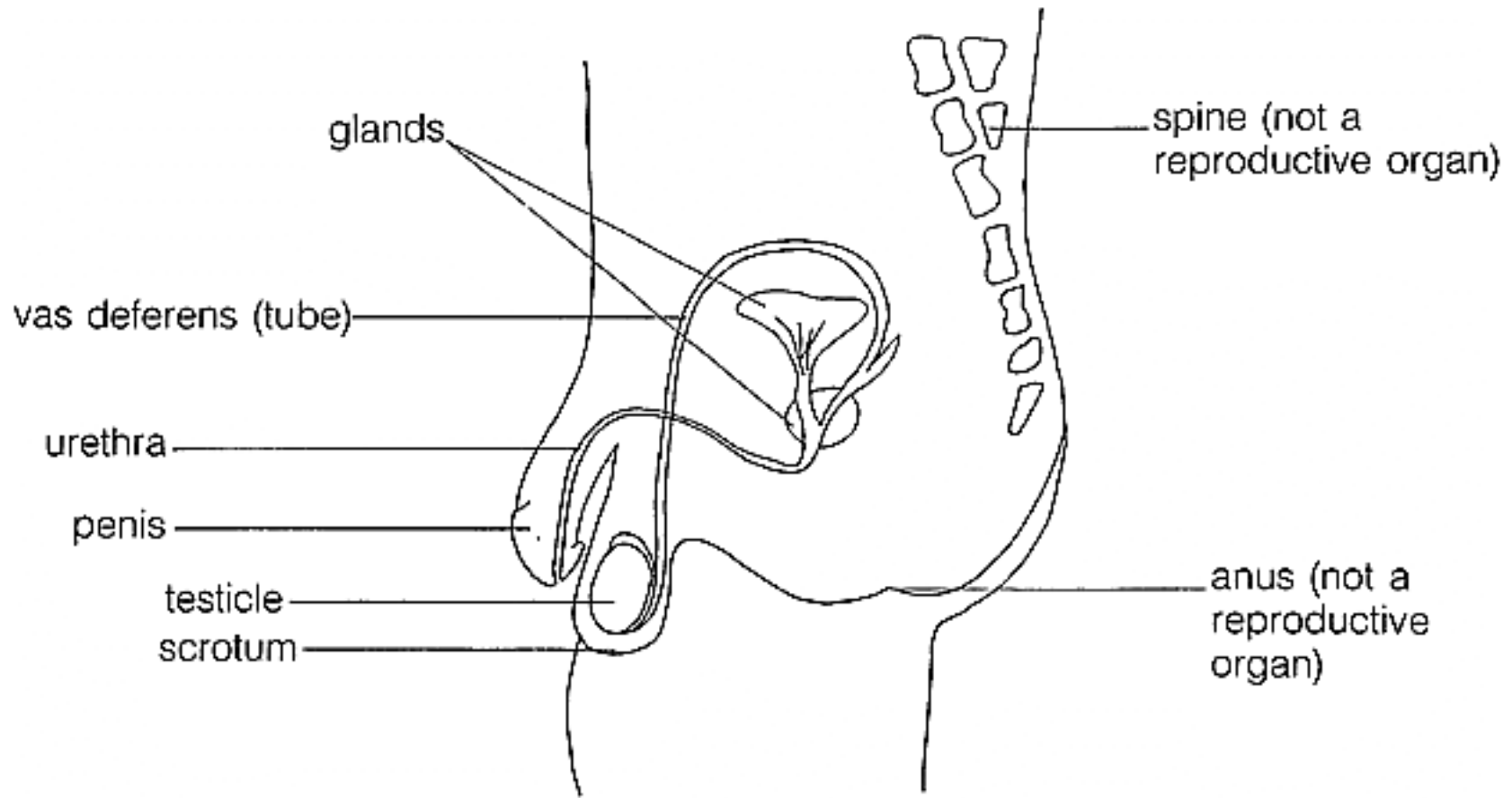
Gland	Location	Function
Pituitary	- at the base of the brain near the centre	- the main gland in the body - controls growth and sexual development - controls other endocrine glands
Thyroid	- in the neck behind the trachea	- affects physical and mental development - controls the body's energy rate (metabolism) - controls heart rate and breathing
Adrenals	- above each kidney	- produces adrenalin which increases heart rate, blood pressure, blood sugar level when in an excited state such as fright, anger, etc - controls salt and water balance
Pancreas	- near small intestine, just below the stomach	- produces insulin - controls blood sugar level
Ovaries	- in the pelvic area, on either side of the uterus	- controls the development of egg cells
Testes	- in scrotum	- controls the development of sperm cells

Puberty is stimulated by the action of the pituitary gland.

THE REPRODUCTIVE SYSTEM

The reproductive system is the system which begins to develop during puberty. It is the system which, when fully matured, allows new life to begin.

THE MALE REPRODUCTIVE ORGANS



TERMS RELATED TO THE MALE REPRODUCTIVE SYSTEM

sperm: the male reproductive cell; it generally lives for 24 to 72 hours; males do not begin to produce sperm until puberty

scrotum: the outer sac or bag which holds the testicles

testicles: two glands located inside the scrotum, these are where sperm are produced; it is common for each testicle to be slightly different in size

vas deferens: the tube which leads from each testicle to the urethra; sperm travels along this tube from the testicle to the urethra

glands: the sperm passes many glands; these glands produce fluids which protect and lubricate the sperm; the mixture of sperm and fluids is called semen

urethra: a tube inside the penis which carries both urine and semen to outside of the body; semen and urine do not travel down the urethra at the same time

penis: an external body organ through which urine and sperm leave the body

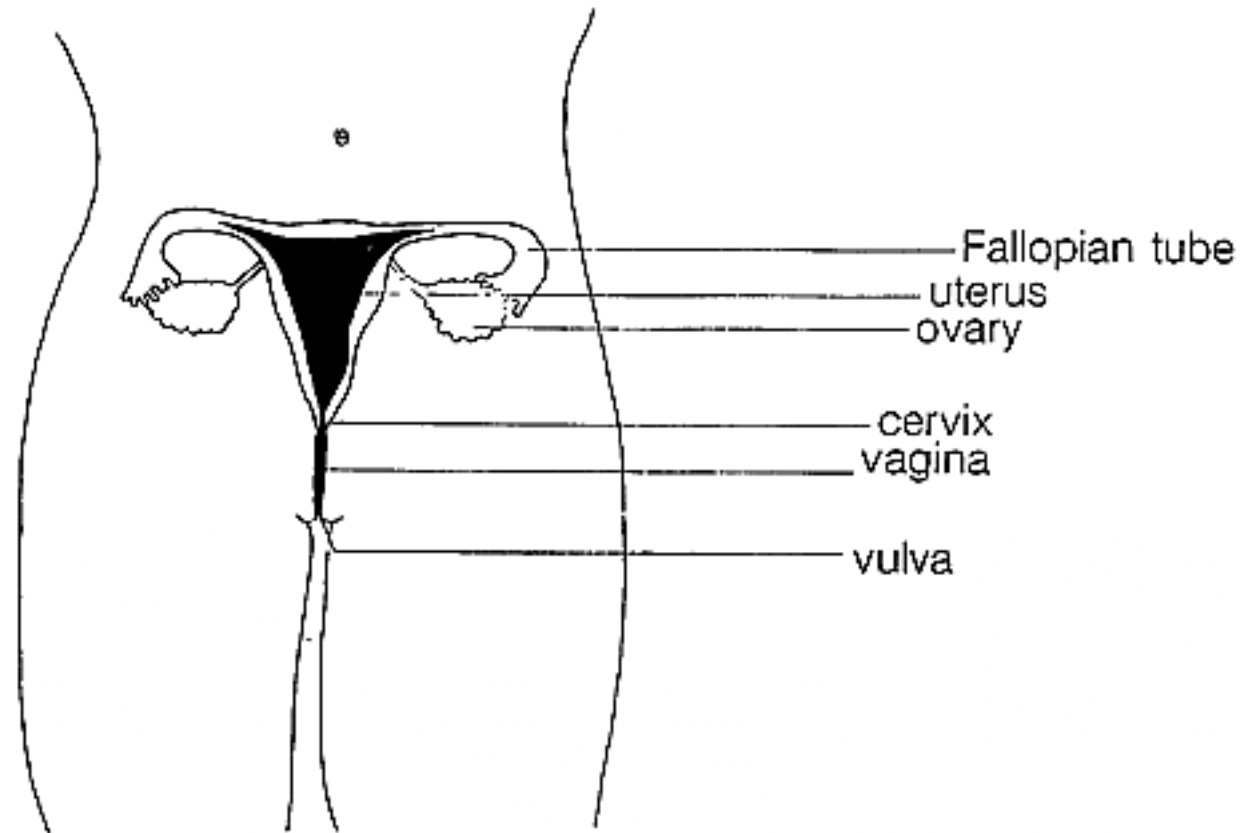
ejaculation: the discharging of semen from the body through the penis

erection: the penis grows larger, becomes stiff and hard and sticks out from the body. This happens because blood flows into the loose skin of the penis. It can result from sexual stimulation (e.g., a sexual thought, seeing an attractive person, or from rubbing the penis) or spontaneously without any apparent reason. Erections are a natural occurrence which tend to happen more frequently during puberty.

wet dreams: ejaculations which occur at night as a result of a dream

masturbation: the rubbing or stroking by a person of his/her own sexual parts. Masturbation does not cause physical harm. It is normal if a person chooses to masturbate. It is also normal if a person chooses not to masturbate.

THE FEMALE REPRODUCTIVE ORGANS



TERMS RELATED TO THE FEMALE REPRODUCTIVE SYSTEMS

<i>egg:</i>	the female reproductive cell; it generally lives for 48 to 72 hours; females are born with eggs; eggs are stored in the ovaries; at puberty the ovaries start to release one egg a month, ovum – singular; ova - plural
<i>vulva:</i>	the area situated between the legs which protects the openings of the vagina and the urethra; on either side of the vulva are soft folds of tissue called labia; this does not include the anus
<i>vagina:</i>	the opening through which blood leaves the body at menstruation; the opening through which the male penis enters during sexual intercourse; the opening through which a baby is born
<i>cervix:</i>	the neck of the uterus
<i>uterus:</i>	a muscular pear shaped organ; where the fertilized egg grows and develops into a fetus; each month the lining of the uterus thickens to receive an egg; if the egg is not fertilized; the lining of the uterus leaves the body during menstruation
<i>ovaries:</i>	the organs where the eggs develop and are stored; once a month; an egg is released from the ovaries; the ovaries contain thousands of tiny, undeveloped egg sacs
<i>Fallopian tubes:</i>	two tubes which connect the ovaries and the uterus The released egg travels from the ovaries along the Fallopian tubes; hairs on the walls of the tubes help the egg to move along; the sperm fertilizes the egg in the Fallopian tubes

THE REPRODUCTIVE PROCESSES

<i>Sex cell development:</i>	The female reproductive cell, the ovum, develops in one of the ovaries and is released once a month. The male reproductive cell, the sperm, develops in the testicles, and is released during sexual stimulation.
<i>The pathway of the sperm:</i>	The sperm travels from the testicles along the tube (the vas deferens) to the urethra, to the outside of the body.
<i>The pathway of the ovum:</i>	The ovum travels from the ovary along the Fallopian tube to the uterus.
<i>Sexual intercourse:</i>	In order for new life to begin, the ovum has to join with a sperm. The erect penis enters the vagina. Millions of sperm are deposited into the vagina. They travel into the uterus and along the Fallopian tubes.
<i>Fertilization (Conception):</i>	When a sperm cell and an egg cell join together, fertilization takes place
<i>Implantation:</i>	Shortly after fertilization, the cell divides and continues to divide until 64 cells are produced. This cluster of cells attaches itself to the wall of the uterus, where it will be nourished and protected.
<i>Gestation:</i>	The time during which the fetus develops in the uterus for approximately 40 weeks. This is also called pregnancy
<i>Birth:</i>	At the end of that time, the baby is ready to leave the uterus, through the cervix and vagina into the world.

MENSTRUATION

Menstruation is a natural occurrence in a female's life. However, if girls have not been prepared for it, it can be a frightening and worrying experience. It is a signal that her body is preparing itself physically to reproduce. The onset of menstruation varies from person to person - it may begin at nine years of age or at fifteen. The average age, however, is twelve to thirteen years. It continues from then until menopause, usually around forty to fifty. Once a girl starts to menstruate, it may take several years before her menstrual cycle becomes regular.

The Main Events

The length of the menstrual cycle may vary from three to six weeks. Usually every four weeks a female's body prepares itself for a possible pregnancy through the action of the female sex hormones. An egg matures in one of the ovaries and the lining of the uterus begins to thicken, preparing to receive a fertilized egg. This lining is rich in blood and will bring nutrients to the developing baby. About twelve to sixteen days before the menstrual flow occurs the ripened egg is released from the ovary (this is called ovulation) and travels along the Fallopian tube. If the egg is fertilized by a sperm within two to three days, a baby begins to develop. It develops for nine months in the uterus. During pregnancy, menstruation does not normally occur.

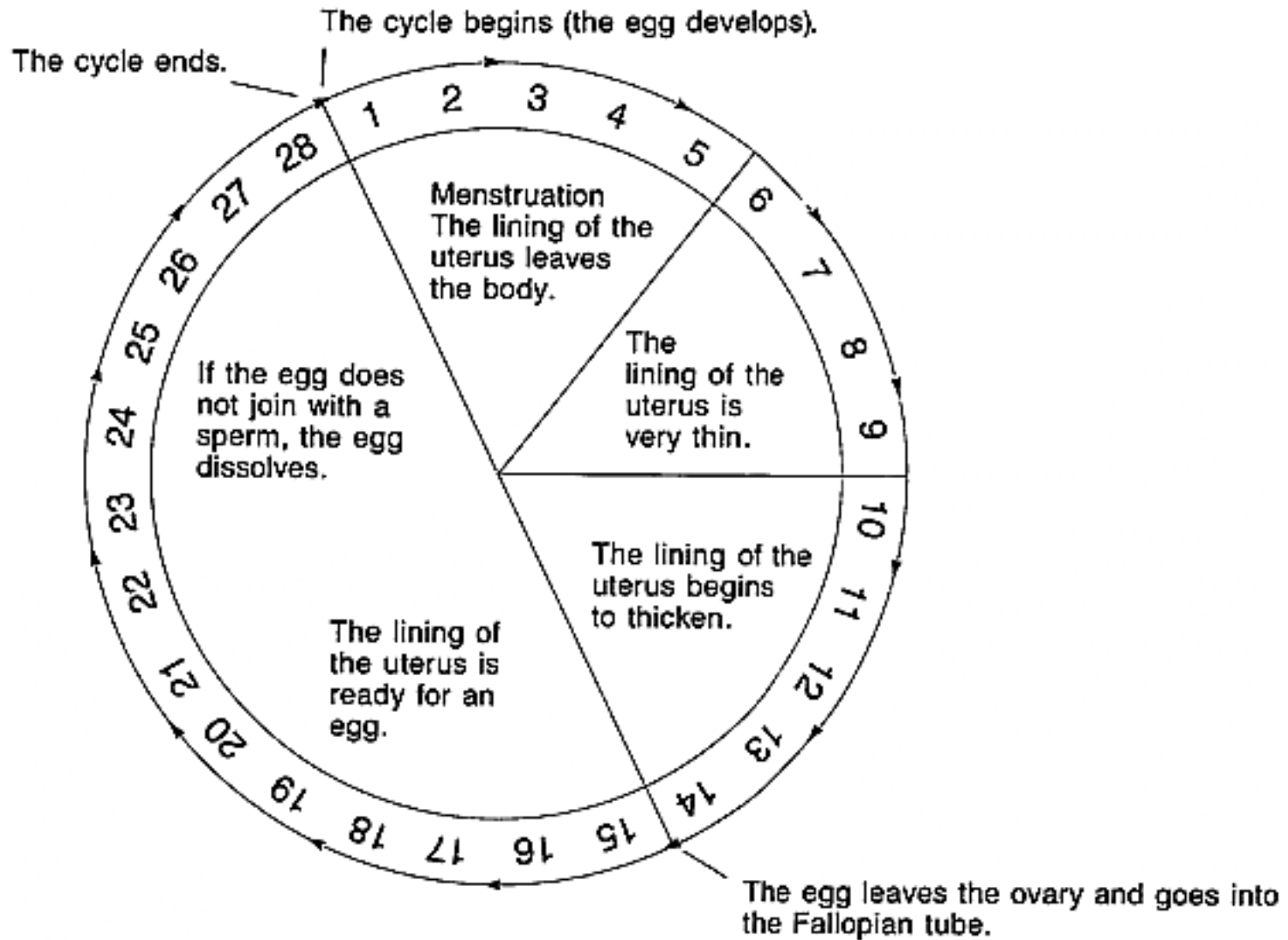
If the egg is not fertilized, it dissolves. The lining of the uterus is not needed to nourish and protect a baby, and so it is shed and leaves the body through the vagina. The flow of blood and tissue is called menstruation, a menstrual period, or a monthly period.

The menstrual cycle begins on the first day of menstruation and ends the day before the next menstrual period begins. It is usually about twenty-eight days. A menstrual period generally lasts four or five days, but may vary from three to seven.

No one can tell exactly when a girl will begin to menstruate. Some girls experience a slight vaginal discharge several months before their first period.

Only a small amount of blood leaves the body each month. The blood flow is usually heavier at the beginning of menstruation.

THE MENSTRUAL CYCLE



Menstrual Hygiene

The two main types of menstrual protection which are used to absorb the blood are sanitary napkins (pads) and tampons. Pads are worn externally, usually held in place on the undergarments by an adhesive strip. Tampons are inserted into the vagina. Health professionals do not recommend the use of tampons by young girls.

During menstruation it is particularly important to maintain personal hygiene. When menstrual blood collects on the pad and contacts the air, bacteria grow causing an odour. Some important points to remember:

- sanitary pads should be changed at least four times daily
- females should wash the vulva regularly from front to back
- sanitary pads should be wrapped and disposed of in the garbage

Menstrual Discomfort

Most females do not experience discomfort during menstruation. However, some do experience:

- nausea
- cramps
- headaches
- a bloated feeling
- tenseness
- tiredness

These are thought to be related to hormonal action. Rest, warm baths, mild exercise and/or massaging the lower abdomen may help. If there are severe symptoms or if symptoms persist, a doctor or nurse should be consulted.

Most girls continue to participate in sports activities during menstruation.

History of Menstrual Aids

Still in some primitive tribes, menstruating women go to live in special huts apart from the rest of the community. A grass mat at their feet collects the menstrual flow. After each period the mat is burned.

Inuit women used moss wrapped in a clean, cloth rag as a sanitary pad. They would collect the moss in the summertime and store it for use in the winter. They disposed of these pads by burning them. Similarly, in many tribes of Africa, menstruating women for centuries have used "bandages" made out of grass or some kind of vegetable fibre. These bandages were burned after use.

Depending on the availability of materials, women began to use wads of cloth thick enough to absorb the menstrual fluids. These cloths required soaking, washing and drying during the time of their use.

By the turn of the 20th century packaged linen cloths, very much like diapers, were used. These were made specifically for sanitary protection, being shaped in a more comfortable style. They still needed soaking, washing and drying and still presented problems of absorbency and discomfort.

It was around 1918 that disposable sanitary pads or napkins were first introduced. Made of cotton, cellulose or a combination of both and wrapped in gauze for use with pins and belts, this type of protection has been in use ever since.

The tampon is the newest commercial form of menstrual protection, having been developed by a doctor more than forty years ago. However, the use of tampons is not a new idea. In ancient times in some parts of the world women used rolls of soft wood internally. In other parts of the world women used rolls of grass and roots.

The Cultural Importance of Menstruation








In many cultures a girl is treated differently when she has begun to menstruate. She may be treated in a more grown up way by her family and friends.




In some cultures the beginning of menstruation is designated as a time of celebration. Feasts or special ceremonies to celebrate womanhood are held. The girl is given adult clothing to wear she is expected to do women's work and perhaps marry.

In traditional Inuit culture, a girl who had begun to menstruate was no longer spoken to as a child and was given increased responsibilities and privileges. In traditional Dene culture, a girl who had begun to menstruate had to live in a tent away from the community to practise the skills her mother had taught her. She was helped in this passage to womanhood by an elderly man, usually her grandfather, who would cook for her and serve her food. It was believed that if she did these things for herself it would increase the heaviness of the menstrual flow. After her first period had passed she was welcomed back to the community and honoured by a special feast.

In today's society many of these traditions have been lost or are simply not practised any longer. A girl's feelings about menstruating may vary depending on how much she knows about it and the accuracy of her information.

A NEW LIFE BEGINS – FERTILIZATION TO BIRTH

TIME	APPROXIMATE SIZE	DEVELOPMENT
1 st Day	Smaller than a pinhead	 The egg cell and sperm cell join to form a single cell
7 Days	About the size of this dot •	 The group of cells attach to the uterine lining. It is now called an embryo
1 Month	Length: 0.6 centimeters	 The heart begins to beat. The nervous and digestive systems form. The eyes and ears are visible.
2 Months	Length: 2.5 centimeters	 The embryo has a large head with a brain and facial features. The fingers and toes appear. The embryo is called a fetus.
3 Months	Length: 7.5 centimeters	 The face is clearer. The first signs of the sex of the fetus appear. The excretory system develops rapidly.
4 Months	Length: 15 centimeters	 The fetus kicks its legs and moves its arms. The skin develops.
5 Months	Length: 25 centimeters	 The rate of growth slows. Fine hair develops. The mother and doctor can listen to the fetal heart. The fetus can suck its thumb.

TIME	APPROXIMATE SIZE	DEVELOPMENT
6 Months	Length: 30 centimeters	 The fetus moves more often. The eyes are open. Outside sound or pressure can increase fetal heartbeat.
7 Months	Length and weight vary	 The fetus is fully developed but does not have enough fat cells to control body temperature. Will need to be in an incubator if born. Greatest change in length and weight occurs during this months.
8 and 9 Months	Length: 46 to 56 centimeters Weight: 2.5 to 3.5 kilograms	 The organ systems complete their development. Fat cells form on the body. The baby is born.

Source: *Family Living and Human Reproduction*.
Columbus, OH: Charles E. Merrill, 1982, pp 38-39.

CHILD ABUSE

The U.S. National Committee for Prevention of Child Abuse (1977) defines child abuse as:

“a non-accidental injury or pattern of injuries to a child.”

Except in the case of sexual abuse by a stranger, child abuse is not usually a single act but, rather, a pattern of behaviour.

Child abuse often occurs within a 'trust' relationship i.e. the abuser has some responsibility to, or relationship with the victim (family, babysitter, etc.) or a professional relationship, such as a teacher.

What is Child Abuse?

Child abuse is a global term and takes many forms.

1. *Physical Abuse*

This can be defined as:

“any non-accidental infliction of physical injury upon a child” by a caretaker.

This may be the most easily detected form of child abuse, as scars, bruises broken bones can be seen. However, psychological scarring also occurs and does not disappear as quickly as the bruises.

2. *Child Sexual Abuse*

The British Columbia Ministry of Human Resources defines child sexual abuse as:

"the sexual exploitation of a child who is not developmentally capable of understanding or resisting the contact, or a child or adolescent who may be psychologically or socially dependent upon the perpetrator."

It includes a range of behaviours, from exposing of private parts, forced participation in masturbation and fondling to full intercourse.

3. *Emotional Abuse or Maltreatment*

This can be defined as all acts of omission or commission which result in

"the absence of a nurturing environment for the child."

Acts of omission include ignoring or passively rejecting the child, or withholding affection or praise. Acts of commission include constant yelling, demeaning remarks, threatening and verbally rejecting the child. This is probably the most widespread form of child abuse and the most difficult to identify or prove. Emotional abuse is inevitably present with the other three forms of abuse.

4. *Neglect*

This occurs when caregivers fail to provide a child with the basic necessities of life e.g. food, clothing, shelter, medical care, safety, nurturing etc. This form of abuse is usually not intentional. It can be the result of ignorance of what is appropriate care, an inability to plan ahead, unrealistic expectations of what the child can do for himself, or the consequence of parents incapacitated through illness injury or handicap.

The effects of child abuse are cumulative. The longer the abuse continues, the more serious it becomes, and the more serious are the child's injuries.

Indicators of Child Abuse

Signs of child abuse do not usually appear in isolation, but rather as a syndrome. It is most important to recognize that the *behavioural signs* are indicative of stress in a child's life and should be investigated further. However, they are not all conclusive in indicating abuse.

Type of Abuse	Physical Indicators	Behavioural Indicators
Physical	<p>Unexplained bruises and welts</p> <ul style="list-style-type: none"> - on face, lips, or mouth - on torso, back, buttocks, or thighs - in various stages of healing - clustered or forming patterns - shaped like recognizable object (e.g., belt buckle) - appearing regularly after absences, weekends, or vacation periods <p>Unexplained burns</p> <ul style="list-style-type: none"> - by cigars or cigarettes, especially on soles, palms, back, or buttocks - by immersion in hot liquid, especially, on hands, feet, buttocks, or genitalia - shaped in a recognizable form (e.g., electric range coils, electric iron) - by rope on arms, legs, neck, or torso <p>Unexplained fractures</p> <ul style="list-style-type: none"> - of skull, nose, or facial bones - in various stages of healing - in multiple locations <p>Unexplained lacerations or abrasions</p> <ul style="list-style-type: none"> - on mouth, lips, gums, or eyes - on external genitalia 	<p>Wary of adult contacts</p> <p>Apprehensive when other children cry</p> <p>Extreme aggressiveness or extreme withdrawal</p> <p>Fear of parents</p> <p>Fear of going home</p> <p>Reporting of injury by parents or others</p>
Sexual	<p>Difficulty in walking or sitting</p> <p>Torn, stained, or bloody underclothes</p> <p>Pain or itching in genital area</p> <p>Bruises or bleeding in external genitalia, vaginal, or anal areas</p> <p>Venereal disease symptoms, especially in pre-teens</p> <p>Pregnancy</p>	<p>Unwillingness to change clothing or to participate in physical education classes</p> <p>Withdrawal, fantasy, or infantile behaviour</p> <p>Bizarre, sophisticated, or unusual sexual behaviour or knowledge</p> <p>Poor peer relationship</p> <p>Chronic delinquency</p> <p>Reporting of sexual assaults</p>

Type of Abuse	Physical Indicators	Behavioural Indicators
Emotional	Speech disorders Lag in physical development Severe allergies, asthma, or ulcers Alcohol or drug abuse	Habit, disorders (e.g., thumb sucking, lip biting, rocking) Antisocial or destructive conduct Psychoneurotic traits (e.g., hysteria, obsessions, compulsions, phobias, hypochondria) Behaviour extremes of compliance or aggression Inappropriate adult or infantile behaviour Mental and emotional developmental lags Suicide threats or attempts
Neglect	Consistent hunger Poor hygiene Inappropriate dress Unattended physical problems or medical needs Alcohol or drug abuse	Begging or stealing food Early arrivals and late departures Constant fatigue or listlessness Chronic delinquency, especially thefts Reporting of no caretaker at home

(Adapted from *The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect*. Washington, D.C.: U.S. Department of Health and Human Services, 1984)

**DEPARTMENT OF EDUCATION GUIDELINES FOR EDUCATION
PERSONNEL REPORTING SUSPECTED CHILD ABUSE**

Any person employed by the Department of Education, a Board of Education, or a Divisional Board of Education in the Northwest Territories who suspects child abuse shall:

1. Immediately report orally the details of the suspected abuse to the local or regional representative of the Department of Social Services.
2. Inform the principal of the school of the report.
3. Follow-up the oral report to the local or regional representative of the Department of Social Services, as soon as possible, with a written report to the Superintendent of Child Welfare in Yellowknife.
4. Upon receiving a report from an employee, the principal shall immediately inform the Regional Superintendent of Education that a report of suspected child abuse has been made.
5. Staff shall not contact the child's family or the suspected perpetrator or anyone else to inform or further investigate the circumstances of the suspected abuse. This is the responsibility of the Department of Social Services and the R.C.M.P.
6. Any information, oral or written, about child abuse cases is confidential. All written records or reports must be treated confidentially and should not be placed in the child's record or cumulative file. Information necessary in the conduct of the investigation or subsequent treatment of the child or the offender must be shared with the authorized agencies.
7. The above procedures will also be followed by adult educators with regard to children who are or, in the absence of evidence to the contrary, appear to be under the age of 18 years of age. However, adult educators are not required to inform the principal of the school.

Supt. of Child Welfare
Department of Social Services
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