

## **PART 4**

# **Adolescent Development**

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# Adolescent Psychological and Social Development

## Objective

To help the participants understand the psychological and social changes youth experience during the three phases of adolescence

## Time

45 minutes

## Materials

- Flipchart paper
- Colored paper
- Markers
- Handout: “Adolescent Psychological and Social Development” (page 59)

## Advance Preparation

1. Write five to seven characteristic behaviors of adolescents from the handout “Adolescent Psychological and Social Development” on a flipchart.
2. Write each of the following terms on sheets of colored paper, one term per sheet: “Early Adolescence,” “Middle Adolescence,” and “Late Adolescence.”
3. Write each of the following terms on sheets of colored paper, one term per sheet: “Independence,” “Cognitive Development,” “Peer Group,” “Body Image,” and “Sexuality.”
4. Make enough copies of the colored sheets of paper and the handout for distribution to all the participants.

## Steps

1. Tell the participants that during this activity they will be learning or reviewing the stages of adolescent development.
2. Divide the participants into small groups of five or six, and provide the following directions.
3. Explain that each group will be asked to complete a chart by filling in the empty rows and columns with sheets of paper that have bulleted information on them. Begin by helping each group set up a chart. Provide the groups with three sheets of colored paper with the headings “Early Adolescence,” “Middle Adolescence,” and “Late Adolescence.” Ask the groups to place these sheets across the wall, in order, to form the top row of their chart. Give them five sheets of colored paper with the headings “Independence,” “Cognitive Development,” “Peer Group,” “Body Image,” and “Sexuality.” These sheets will form the left-hand column of the chart. Next, provide

each group with a set of 15 sheets. Each sheet lists all the bullet points for a particular developmental stage and task. As a group, the participants will place each sheet in the corresponding square.

4. Give the groups 15 minutes to discuss the sheets and to place them in the correct spaces. After the groups complete the charts, review the squares in each chart, and clarify the meaning and significance of each bullet. Every group will get one point for each square that is correctly positioned. The group with the most points at the end of the game will be the winner.

### **Note to the Facilitator**

If the group is small, ask the participants to work together to create one big chart. Simply hang the sheets of paper going across the top and down the left side, and then ask the participants to place the 15 sheets in the correct places.

5. After reviewing the charts, facilitate a discussion by asking the following questions:
  - Was it easy or difficult to complete the chart?
  - Was one developmental stage easier to identify than the others?
  - Were you surprised by some of the answers?
  - How do adolescents you know (family members, friends, or clients) struggle with these issues? Can you provide any examples?
  - Do the stages in the model apply to most adolescents from different cultures?
6. If time allows, ask each participant to review the chart and think of how a service provider may need to consider a young person's psychological and social development during a counseling session. Ask the participants to write one thing that a counselor should consider when working with a person in early, middle, and late adolescence.

### **Summary**

Distribute the handout "Adolescent Psychological and Social Development." Note that it is a theoretical model developed by Western psychologists and that some issues may not apply to all cultural contexts.

Briefly review the handout. Remind the participants that developmental charts provide only general guidelines, and that not all adolescents fit neatly into these categories. Different factors may affect individual youth as they experience the various stages of adolescence.

# Handout

## Adolescent Psychological and Social Development

The process of adolescent psychological and social development is characterized by a range of normal adolescent behavior (see the chart below).

### Characteristic Behaviors of Adolescence

Developmental Stage	Early Adolescence (10 to 13 years old)	Middle Adolescence (14 to 16 years old)	Late Adolescence (17 to 19 years old)
	<ul style="list-style-type: none"> <li>• Transition to adolescence</li> <li>• Characterized by puberty</li> </ul>	<ul style="list-style-type: none"> <li>• Essence of adolescence</li> <li>• Strong peer-group influence</li> </ul>	<ul style="list-style-type: none"> <li>• Transition to adulthood</li> <li>• Assumption of adult roles</li> </ul>
<b>Independence</b>	<ul style="list-style-type: none"> <li>• Challenges authority, parents, and other family members</li> <li>• Rejects things of childhood</li> <li>• Desires more privacy</li> </ul>	<ul style="list-style-type: none"> <li>• Moves away from parents and toward peers</li> <li>• Begins to develop own value system</li> </ul>	<ul style="list-style-type: none"> <li>• Is emancipated: begins to work or pursue higher education</li> <li>• Enters adult life</li> <li>• Reintegrates into family as emerging adult</li> </ul>
<b>Cognitive Development</b>	<ul style="list-style-type: none"> <li>• Finds abstract thought difficult</li> <li>• Seeks to make more decisions</li> <li>• Has wide mood swings</li> </ul>	<ul style="list-style-type: none"> <li>• Starts to develop abstract thought</li> <li>• Begins to respond based on analysis of potential consequences</li> <li>• Has feelings that contribute to behavior but do not control it</li> </ul>	<ul style="list-style-type: none"> <li>• Firmly establishes abstract thought</li> <li>• Demonstrates improved problem solving</li> <li>• Is better able to resolve conflicts</li> </ul>
<b>Peer Group</b>	<ul style="list-style-type: none"> <li>• Has intense friendships with members of the same sex</li> <li>• Possibly has contact with members of the opposite sex in groups</li> </ul>	<ul style="list-style-type: none"> <li>• Forms strong peer allegiances</li> <li>• Begins to explore ability to attract partners</li> </ul>	<ul style="list-style-type: none"> <li>• Is less influenced by peers regarding decisions and values than before</li> <li>• Relates to individuals more than to peer group</li> </ul>
<b>Body Image</b>	<ul style="list-style-type: none"> <li>• Is preoccupied with physical changes</li> <li>• Is critical of appearance</li> <li>• Is anxious about menstruation, wet dreams, masturbation, breast or penis size</li> </ul>	<ul style="list-style-type: none"> <li>• Is less concerned about body image than before</li> <li>• Is more interested in looking attractive</li> </ul>	<ul style="list-style-type: none"> <li>• Is usually comfortable with body image</li> <li>• Accepts personal appearance</li> </ul>
<b>Sexuality</b>	<ul style="list-style-type: none"> <li>• Begins to feel attracted to others</li> <li>• May begin to masturbate</li> <li>• May experiment with sex play</li> <li>• Compares own physical development with that of peers</li> </ul>	<ul style="list-style-type: none"> <li>• Shows an increase in sexual interest</li> <li>• May struggle with sexual identity</li> <li>• May initiate sex inside or outside of marriage</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to develop serious intimate relationships that replace group relationships as primary relationships</li> </ul>

SOURCE: Adapted from The Center for Continuing Education in Adolescent Health, Division of Children's Medicine, Children's Hospital Medical Center, 1994; PHN Center FOCUS on Young Adults project, 2001.



# Puberty

## Objective

To help the participants understand the physical changes adolescents experience during puberty

## Time

45 minutes

## Materials

- Flipchart paper
- Markers
- Handout: “Physical Changes and Common Concerns during Puberty” (page 63)

## Advance Preparation

1. Prepare two charts, one for boys and one for girls, based on the handout “Physical Changes and Common Concerns during Puberty” on separate flipcharts. Leave the columns entitled “Physical Changes” and “Common Concerns” blank for the participants to fill in.
2. Make enough copies of the handout for distribution to all the participants.

## Steps

1. Ask the participants if they remember the feelings they experienced when they went through puberty. Also ask them if they think that today’s adolescents are more prepared than they were to handle the physical and emotional changes that occur during puberty.
2. Tell the participants that they will identify and discuss the physical changes and concerns that both boys and girls experience during puberty.
3. Divide the participants into small groups of fewer than six people per group.

### Note to the Facilitator

If there are more than two groups, tell half the groups to generate a list for boys and the other half to generate a list for girls.

4. After forming the small groups, explain that group 1 will identify all the physical changes and concerns that occur in girls as they go through puberty and group 2 will identify all the physical changes and concerns that occur in boys as they go through puberty.

5. Ask each group to write their responses in two columns on a flipchart, with one column listing physical changes and the other listing common concerns. Display the sample flipchart you prepared as an example. Give the groups 15 minutes to generate their lists. Ask each of the small groups to appoint one person who will summarize their lists for the larger group.
6. After 15 minutes, reconvene the group. Ask one person from each small group to present their findings to the larger group. Correct any misinformation. After the first group reports, ask each successive group to list only the items that have not been mentioned in previous reports.
7. After the reports, facilitate a discussion by asking the following questions:
  - What are some of the similarities and differences in the lists of concerns?
  - Do you think that one sex is more prepared than the other to handle the physical and emotional changes that occur during puberty?
  - What can you do to help youth manage their concerns regarding sexual feelings?

## **Summary**

Conclude the session by reminding the participants that puberty can be a challenging time for a young person. During puberty, adolescents experience significant physical, social, and cognitive changes.

Distribute the handout “Physical Changes and Common Concerns during Puberty” to all the participants. Make sure to point out any important issues that were not included in the discussion.

## Handout

### Physical Changes and Common Concerns during Puberty

#### Boys

Physical Changes	Common Concerns
<ul style="list-style-type: none"><li>• Growth spurt occurs</li><li>• Skin becomes oily; pimples may appear</li><li>• Voice deepens</li><li>• Body hair gets thicker; hair grows under arms, on chest, and on face</li><li>• Shoulders broaden</li><li>• Perspiration increases</li><li>• Muscles develop</li><li>• Pubic hair appears</li><li>• Penis and testes enlarge</li><li>• Sperm production begins</li><li>• Ejaculation occurs, either during sleep or sexual activity</li><li>• Sexual feelings are stronger and more frequent</li></ul>	<ul style="list-style-type: none"><li>• Body image</li><li>• Penis size</li><li>• Wet dreams</li><li>• Masturbation, which is normal</li><li>• Frequent erections, especially during inconvenient times</li><li>• Breast growth; small lumps in the breast</li><li>• Feeling different from other boys, especially when puberty occurs later than for others in peer group</li></ul>

#### Girls

Physical Changes	Common Concerns
<ul style="list-style-type: none"><li>• Growth spurt occurs</li><li>• Skin becomes oily; pimples may appear</li><li>• Hair grows under arms</li><li>• Perspiration increases</li><li>• Breasts develop</li><li>• Waistline narrows</li><li>• Hips widen</li><li>• Uterus and ovaries enlarge</li><li>• Pubic hair appears</li><li>• External genitals enlarge</li><li>• Ovulation occurs</li><li>• Menstruation begins</li><li>• Sexual feelings are stronger and more frequent</li></ul>	<ul style="list-style-type: none"><li>• Body image</li><li>• Breast size</li><li>• Menstruation</li><li>• Genital hygiene</li><li>• Masturbation, which is normal</li><li>• Harassment from boys</li><li>• Feeling different from other girls, especially when puberty occurs earlier than for others in peer group</li></ul>



# Gender Roles: Act Like a Man, Act Like a Woman

## Objectives

1. To recognize that it can be difficult for both men and women to fulfill the gender roles that society establishes
2. To examine how messages about gender can affect human behavior

## Time

45 minutes

## Materials

- Flipchart paper
- Markers
- Tape

## Advance Preparation

No advance preparation is needed.

## Steps

1. Ask the participants if they have ever been told to “act like a man” or “act like a woman” based on their sex. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.
3. In large letters, write on a flipchart the phrase “Act like a man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the flipchart, and write the meanings of “Act like a man” inside this box. Some responses might include the following:
  - Be tough.
  - Do not cry.
  - Yell at people.
  - Show no emotions.
  - Take care of other people.
  - Do not back down.

4. As the participants share their thoughts, ask the following questions in order to fill in the box completely:
  - What messages are given to men about engaging in sexual activity?
  - What messages are given to men about taking risks?
  - What messages are given to men about what to do when they are in pain or need help?
  - What messages are given to men about violence?
5. After completing the messages inside the box, ask the participants, “How are men treated when they try to act ‘outside of the box’? What names are men called when they act ‘outside of the box’ by showing their emotions, acting scared, abstaining from sex, and not acting tough?” Write some of these names, such as sissy, wimp, gay, and mama’s boy, outside of the box. Explain that society uses these names to keep men inside this limiting box.
6. Once you have brainstormed your list, facilitate a discussion by asking the following questions:
  - How can it be limiting for men to be expected to “act like a man”?
  - Which emotions are men not allowed to express?
  - How can “acting like a man” affect a man’s relationship with his partner and children?
  - How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
7. Next, in large letters, write on a flipchart the phrase “Act like a woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the flipchart, and write the meanings of “Act like a woman” inside this box. Some responses may include the following:
  - Be passive.
  - Be the caretaker.
  - Act sexy, but not too sexy.
  - Be smart, but not too smart.
  - Be quiet.
  - Listen to others.
  - Be the homemaker.
8. As the participants share their thoughts, ask the following questions in order to fill in the box completely:
  - What messages are given to women about engaging in sexual activity?
  - What messages are given to women about being assertive?
  - What messages are given to women about the importance of beauty?

9. Ask the participants to think about what happens to a young woman when she acts in a manner that is outside of the “Act like a woman” box. Ask them to share some of the names that this person is called. Write some of these names, such as aggressive, manly, and bossy outside the box. Explain that society uses these names to keep women inside this limiting box.
10. Once you have brainstormed your list, facilitate a discussion by asking the following questions:
  - How can it be limiting for women to be expected to “act like a woman”?
  - Which emotions are women not allowed to express?
  - How can “acting like a woman” affect a woman’s relationship with her partner and children?
  - How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?

## **Summary**

Conclude the activity by summarizing the discussion and sharing any final thoughts. A final comment and question could be as follows:

The roles of men and women are changing in our society. It has slowly become less difficult to step “outside the box.” Still, it is hard for men and women to live outside these boxes. What would make it easier for men and women to live outside the box?



# Understanding Sexuality

## Objective

To help the participants gain an understanding of the broad concept of sexuality and the many areas of our lives that involve our sexuality

## Time

35 minutes

## Materials

- Flipchart paper
- Markers
- Handout: “The Five Circles of Sexuality” (pages 73–74)

## Advance Preparation

1. Write “Sex” and “Sexuality” in separate columns on a flipchart.
2. Make enough copies of the handout for distribution to all the participants.

## Steps

1. Ask the participants what the term *sex* means to them. Allow the participants to share their thoughts, and record their responses in the “Sex” column on the flipchart.
2. Next, read aloud the following definitions of *sex* and *sexual intercourse*, and ask the participants for any comments on the definitions.

**Sex:** Sex refers to one’s biological characteristics—anatomical (breasts, vagina, penis, testes), as a male or female. *Sex* is also a synonym for *sexual intercourse*, which includes penile-vaginal sex, oral sex, and anal sex.

3. Ask the participants what the term *sexuality* means to them. Allow the participants to share their thoughts, and record their responses in the “Sexuality” column on the flipchart.
4. Next, read aloud the following definition of *sexuality*, and ask the participants for any comments on the definition.

**Sexuality:** Sexuality is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviors of being male or female, being attractive, and being in love, as well as being in relationships that include intimacy and physical sexual activity.

Sexuality begins before birth and lasts throughout the course of the life span. A person’s sexuality is shaped by his or her values, attitudes, behaviors, physical

appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all the ways in which he or she has been socialized. Consequently, the ways in which individuals express their sexuality are influenced by ethical, spiritual, cultural, and moral factors.

5. Explain that while many people often associate the term *sexuality* with the terms *sex* or *sexual intercourse*, it encompasses much more than that. To help the participants understand the complexity of sexuality, discuss four different aspects of sexuality in a brief mini-lecture. One way to present these four aspects is to draw four circles that all touch each other (see the handout “The Five Circles of Sexuality” on pages 73–74). Each circle represents one of the elements of sexuality. When all four circles are placed together, they suggest the total definition of sexuality. In this diagram, there is a space in the middle of the circles where the words “Values,” “Spirituality,” and “Culture” are written. These factors may all play a role in how an individual experiences the four components of sexuality. After each concept is described to the participants, ask them to provide examples to demonstrate their understanding of each element:

**Sensuality:** This is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses when enjoyed can be sensual. The sexual-response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Our feeling attractive and proud of our bodies influences many aspects of our lives.

Our sensuality also involves our need to be touched and held by others in loving and caring ways. This is called “skin hunger.” Adolescents typically receive less touch from family members than young children do. Therefore, many teenagers satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from an adolescent’s need to be held, rather than from sexual desire.

Fantasy is another part of our sensuality. Our brain gives us the capacity to fantasize about sexual behaviors and experiences without having to act on them.

**Intimacy and relationships:** This is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from the relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to have true intimacy with others, an individual must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

**Sexual identity:** Every individual has his or her own personal sexual identity. Four main elements make up an individual’s sexual identity:

- **Biological sex** is based on our physical status of being either male or female.
- **Gender identity** is how we feel about being male or female. Gender identity starts to form around age 2, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers him- or herself transgender. In the most

extreme cases, a transgendered person will have an operation to change his or her biological sex so that it can correspond to his or her gender identity.

- **Gender roles** are society’s expectations of us based on our biological sex. See “Gender Roles: Act Like a Man, Act Like a Woman” (pages 65–68).
- **Sexual orientation** is the fourth part of our sexual identity. Sexual orientation refers to the biological sex we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual. Actually, however, the man and woman are expressing different gender roles. Their feminine or masculine behavior, respectively, has nothing to do with their sexual orientation. A gay man may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and not consider him- or herself homosexual. For example, men in prison may have sex with other men but may think of themselves as heterosexual.

**Sexual health:** This involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health. See “Defining a Sexually Healthy Adolescent” (pages 75–90).

6. After discussing these four circles of sexuality, draw a fifth circle that is not connected to the other four. This circle is a negative aspect of sexuality and can prevent an individual from living a sexually healthy life. Say that this circle can “cast a shadow” on the four other circles of sexuality and describe it as follows:

**Sexuality to control others:** This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of using sex to control somebody else. Sexual abuse and commercial sex work are others. Even advertising often sends messages of sex in order to get people to buy products.

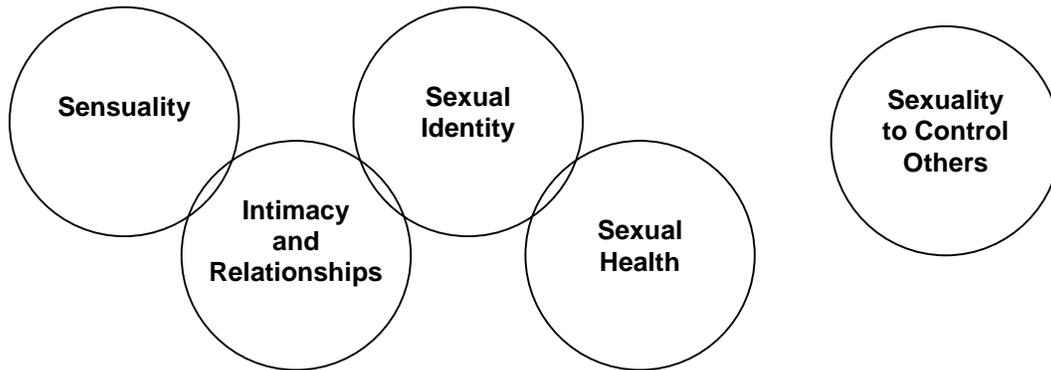
7. After 5 minutes, reconvene the group and facilitate a discussion by asking the following questions:
  - Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition?
  - How does culture influence the various circles of sexuality?
  - Which circles of sexuality are very different between males and females? Do men and women experience sensuality the same way? Do men and women view relationships the same way? Do men and women have the same sexual health needs?
  - If adolescents receive sexuality education, which circles of sexuality will they be most likely to learn about? Which circles will usually be omitted from sexuality education? Why do you think this is?

## **Summary**

Conclude the activity by reminding the group that people tend to define sexuality in simple terms. Typically, they consider only the sexual act. Sexuality is much more complex and is influenced by many factors, including culture, gender, age, and family values. Many of these factors are well established by the time a person enters adolescence. So we must remember that adolescents are sexual beings.

## Handout

### The Five Circles of Sexuality



#### **Sensuality**

This is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses when enjoyed can be sensual. The sexual-response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Our feeling attractive and proud of our bodies influences many aspects of our lives.

Our sensuality also involves our need to be touched and held by others in loving and caring ways. This is called “skin hunger.” Adolescents typically receive less touch from family members than young children do. Therefore, many teenagers satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from an adolescent’s need to be held, rather than from sexual desire.

Fantasy is another part of our sensuality. Our brain gives us the capacity to fantasize about sexual behaviors and experiences without having to act on them.

#### **Intimacy and Relationships**

This is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from the relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to have true intimacy with others, an individual must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.



## Handout

### **The Five Circles of Sexuality** (continued)

#### **Sexual Identity**

Every individual has his or her own personal sexual identity. Four components make up an individual's sexual identity:

**Biological sex** is based on our physical status of being either male or female.

**Gender identity** is how we feel about being male or female. Gender identity starts to form around age 2, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers him- or herself transgender. In the most extreme cases, a transgendered person will have an operation to change his or her biological sex so that it can correspond to his or her gender identity.

**Gender roles** are society's expectations of us based on our biological sex.

**Sexual orientation** is the fourth part of our sexual identity. Sexual orientation refers to the biological sex we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual. Actually, however, the man and woman are expressing different gender roles. Their feminine or masculine behavior, respectively, has nothing to do with their sexual orientation. A gay man may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and not consider him- or herself homosexual. For example, men in prison may have sex with other men but may think of themselves as heterosexual.

#### **Sexual Health**

This involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health.

#### **Sexuality to Control Others**

This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of using sex to control somebody else. Sexual abuse and commercial sex work are others. Even advertising often sends messages of sex in order to get people to buy products.

# Defining a Sexually Healthy Adolescent

## Objective

To help the participants identify the qualities and characteristics of a sexually healthy adolescent

## Time

60 minutes

## Materials

- Flipchart paper
- Markers
- Handout: “Behaviors of Sexually Healthy Individuals” (pages 89–90)
- Handout: “Five Case Studies” (pages 79–87)

## Advance Preparation

Make enough copies of the handouts for distribution to all the participants.

## Steps

1. Tell the participants that it is important for them to understand the qualities and characteristics of a sexually healthy adolescent. This type of young person is able to make good decisions that protect him or her from pregnancy and sexually transmitted infections (STIs), while staying both physically and mentally/emotionally healthy. By knowing what these qualities and characteristics are, service providers can help the adolescent become or remain sexually healthy.
2. Explain that they will be divided into small groups and given a case study to assess. Each case study describes a particular adolescent or group of young people, and they will be asked to identify whether the subject(s) is/are sexually healthy. After this small-group discussion, the participants, as a large group, will brainstorm the qualities and characteristics of a sexually healthy adolescent.
3. Divide the participants into small groups, and distribute the case studies. Instruct each group to read the case study and then discuss it. Ask them to determine which behaviors, qualities, and characteristics of the subject would be considered sexually healthy or unhealthy. Tell the participants they will have 10 minutes to complete the activity.

## Note to the Facilitator

If there are more than three groups, ask more than one group to work on the same case study.

4. After 10 minutes, reconvene the group. Ask for a volunteer from each group to read aloud the case study and present the group's assessment of the healthy or unhealthy qualities and characteristics of the adolescent(s). If more than one group reports on a specific case study, ask the volunteers to report only on different ways they perceive the same adolescent(s).
5. Write the qualities and characteristics that the groups identified as healthy and unhealthy on a flipchart.

### **Note to the Facilitator**

Make sure the "Healthy Adolescents" list includes the following items:

- Appreciate their own body
- Practice health-promoting behaviors, such as having regular checkups, doing breast and/or testicular self-exams, and seeking early identification of potential problems
- Avoid exploitative or manipulative relationships
- Identify and live according to their own values
- Take responsibility for their own behavior
- Communicate effectively with family, peers, and partners
- Negotiate sexual limits
- Accept refusals for sex
- If having sexual intercourse, practice safer sex to prevent sexually transmitted infections (STIs) and unintended pregnancy
- Seek new information and resources to enhance their sexuality as needed

SOURCE: SIECUS, 1997. Guidelines for Comprehensive Sexuality Education: K through 12, 2nd ed.

6. Distribute the handout "Behaviors of a Sexually Healthy Individual." Review the list, and ask the participants to share any thoughts they have.

### **Note to the Facilitator**

It is important that the participants' values about adolescent sexuality do not interfere with their assessment of sexual health. Some participants may feel that any unmarried adolescent who is sexually active should automatically be considered sexually unhealthy. Try to encourage the participants to base their assessment of sexual health on factors that transcend age and marital status. In many respects, the criteria for a sexually healthy adolescent should be no different than those for an adult.

7. Facilitate a group discussion by asking the following questions:
  - Was it difficult to assess and identify healthy and unhealthy qualities and characteristics? If so, why?
  - Where do you think the adolescents learned their behaviors?
  - Do you think that the adolescents knew they were being healthy or unhealthy?
  - Did the group disagree about whether the adolescent(s) was healthy or unhealthy?

- Do any qualities and characteristics apply to adults but not to adolescents?
- What was the most important thing you learned from this activity?

## **Summary**

Conclude the activity by stating the importance of helping youth be sexually healthy. Remind the participants that assessing a client's sexual health may be more difficult than it seems at first. Note that an individual can be sexually active and still considered sexually healthy if he or she engages in certain safe sexual behaviors and demonstrates sexual knowledge. Also point out that a person can be sexually unhealthy and still not engage in sexual intercourse. Opportunities to support a young person's sexual health can occur during counseling sessions or in group discussions during sexuality education. While this may be beyond the services offered at your site, it is important to develop a resource list of other facilities and agencies that provide services to youth so service providers can refer adolescent clients to them when necessary.



## Handout

### Case Studies

#### Case Study 1

Bina and Deepak, who are both 19 years old, have been together for seven months. Bina always hears her mother tell her older sister that she must abstain from having sex until she gets married. Bina disagrees, but wants to wait until she finds the right person. Two months ago, Bina decided that Deepak was the right person. Before becoming sexually active, Bina and Deepak visited a clinic together. They were both screened for sexually transmitted infections (STIs), and Bina decided to begin taking birth control pills. Bina feels loved and respected when she has sex with Deepak. Sometimes, however, she does not want to have sex when he does. Deepak often expresses his frustration when Bina stops them, but she never allows him to change her mind.

Questions for group discussion:

Do you consider Bina a sexually healthy young person? Why or why not?

Does Bina engage in behaviors that are sexually healthy? If so, what are they?

Does Bina engage in behaviors that are sexually unhealthy? If so, what are they?





## Handout

### Case Studies (continued)

#### Case Study 2

Laura and Carlos are both 17 years old. They have been practicing safer sex for the last nine months because neither of them wants to get a sexually transmitted infection (STI) or have a baby. They love each other and are looking forward to graduating from high school next year. Laura cannot wait to leave home. She usually complains about being abused at home, but she has never given Carlos any details. Carlos cannot wait to meet more mature and experienced girls when he moves to the city next year. He tells Laura that she is lucky to have him for a boyfriend and that she would have trouble finding another boyfriend like him. Laura agrees, even though sometimes she is scared of Carlos but does not know why. Sometimes he yells at her because she does things he does not like.

Questions for group discussion:

Do you consider Laura a sexually healthy young person? Why or why not?

Does Laura engage in behaviors that are sexually healthy? If so, what are they?

Does Laura engage in behaviors that are sexually unhealthy? If so, what are they?





## Handout

### Case Studies (continued)

#### Case Study 3

James and Nancy have been together for three months. He is 27 years old, and she is 16. Nancy likes James because he is older than she is and has a good job. He gives her money when she needs it and buys her gifts that she cannot afford. Nancy is worried about getting pregnant, but she never uses birth control. She is planning to go to the clinic so that she can get on the pill. She is feeling a little jealous because James spends so much time drinking with his friends. Nancy wants to talk to James about this each time they see each other, but she never brings up the subject because she is afraid of how he will react.

Questions for group discussion:

Do you consider Nancy a sexually healthy young person? Why or why not?

Does Nancy engage in behaviors that are sexually healthy? If so, what are they?

Does Nancy engage in behaviors that are sexually unhealthy? If so, what are they?





## Handout

### Case Studies (continued)

#### Case Study 4

Stephen is 21 years old. Over the past few years, he has realized that he feels a strong attraction to other men. He thinks that he is gay, but he has never told anyone else about this because he fears being mistreated. Stephen has never had sexual intercourse. Part of the reason for this is that he is very scared of AIDS. He also thinks he is not emotionally ready for the responsibilities that come with sexual activity. He usually satisfies his sexual desires through masturbation. He does this almost every day and is a little concerned that this may be abnormal.

Questions for group discussion:

Do you consider Stephen a sexually healthy young person? Why or why not?

Does Stephen engage in behaviors that are sexually healthy? If so, what are they?

Does Stephen engage in behaviors that are sexually unhealthy? If so, what are they?





## Handout

### Case Studies (continued)

#### Case Study 5

Grace, who is 15, has been dating her boyfriend Simon for the past six months. She enjoys kissing him, but she is very uncomfortable when he touches her. Although his touch feels good, she is embarrassed by her body. She feels that she is too heavy and that her breasts are not big enough. Sometimes Grace stops eating for days in order to lose weight, but she never has any success. Simon is very frustrated that Grace does not want to have sex with him. He has threatened to break up with her if they do not have sex. Grace is thinking of having sex with Simon because she does not want to lose him. She has asked her friends to help her with her problem. She has also talked to a counselor at a clinic, and she has obtained some condoms in case she decides to have sex. She is very nervous about her situation. She does not want to have sex, yet she is afraid that she will give in to Simon.

Questions for group discussion:

Would you consider Grace a sexually healthy young person? Why or why not?

Does Grace engage in behaviors that are sexually healthy? If so, what are they?

Does Grace engage in behaviors that are sexually unhealthy? If so, what are they?



## Handout

### **Behaviors of Sexually Healthy Individuals**

#### **Human Development**

- Appreciate their own body
- Seek additional information about reproduction as needed
- Believe that human development includes sexual development, which may or may not include reproduction or sexual experience
- Interact with members of both sexes in respectful, appropriate ways
- Affirm their own sexual orientation and respect the sexual orientation of others

#### **Relationships**

- View family as a valuable source of support
- Express love and intimacy in appropriate ways
- Develop and maintain meaningful relationships
- Avoid exploitative or manipulative relationships
- Make informed choices about family options and relationships
- Exhibit skills that enhance personal relationships
- Understand how cultural heritage affects ideas about family, interpersonal relationships, and ethics

#### **Personal Skills**

- Identify and live according to their own values
- Take responsibility for their own behavior
- Enjoy and express their sexuality throughout life
- Express their sexuality in ways that correspond to their values
- Enjoy sexual feelings without necessarily acting on them
- Discriminate between life-enhancing sexual behaviors and those that are harmful to themselves or others
- Practice effective decision making
- Communicate effectively with family, peers, and partners



## Handout

### **Behaviors of Sexually Healthy Individuals** (continued)

#### **Sexual Behavior**

- Enjoy and express their sexuality while respecting the rights of others
- Seek new information and resources to enhance their sexuality as needed
- Engage in sexual relationships that are consensual, nonexploitative, honest, and pleasurable
- Negotiate sexual limits
- Accept refusals for sex
- If having sexual intercourse, practice safer sex to prevent sexually transmitted infections (STIs) and unintended pregnancy

#### **Sexual Health**

- Use contraception to prevent unintended pregnancy
- Act consistently with their own values when dealing with unintended pregnancy
- Seek early antenatal care
- Avoid contracting or transmitting STIs, including HIV
- Practice health-promoting behaviors, such as having regular checkups, doing breast and/or testicular self-exams, and seeking early identification of potential problems
- Take action or get support to prevent sexual abuse

#### **Society and Culture**

- Demonstrate respect for people with different sexual values
- Exercise democratic responsibility to influence legislation dealing with sexual issues
- Assess the impact of family, cultural, religious, media, and societal messages on their thoughts, feelings, values, and behaviors related to sexuality
- Promote the rights of all people to obtain accurate sexuality information
- Avoid behaviors that exhibit prejudice and bigotry
- Reject stereotypes about the sexuality of diverse populations
- Educate others about sexuality

SOURCE: SIECUS, 1997. Guidelines for Comprehensive Sexuality Education: K through 12, 2nd ed.

# Human Sexual Development through the Life Span

## Objective

To help the participants review and understand the milestones of human sexual development from birth to death

## Time

45 minutes

## Materials

- Flipchart paper
- 8 x 10” cards (or paper)
- Markers
- Tape
- Handout: “Milestones in Male and Female Sexual and Social Development” (pages 93–94)

## Advance Preparation

1. Draw a time line on three sheets of flipchart paper, and write the numbers from 0 to 100, in increments of five, on it. Leave some space between the numbers to account for the numbers in between those written in.
2. In large letters, write each of the following milestones of sexual development on 8 x 10” cards, one milestone per card:
  - Begins to have sexual responses
  - Explores and stimulates one’s own genitals for the first time
  - Shows an understanding of gender identity
  - Shows an understanding of gender roles
  - Asks questions about where babies come from
  - Begins to show romantic interest
  - Shows the first physical signs of puberty
  - Begins to produce sperm (boys)
  - Begins to menstruate (girls)
  - Begins to engage in romantic activity
  - Has sex for the first time
  - Gets married
  - Begins to bear children
  - Experiences menopause
  - Experiences male climacteric (decreased male hormone levels)
  - Experiences sexuality in later life

3. Make enough copies of the handout for distribution to all the participants.

### **Note to the Facilitator**

Some of the items on the handout should be checked for accuracy and relevancy to the particular country where training occurs.

### **Steps**

1. Tell the participants that they are going to engage in an activity to determine when certain aspects of sexual development begin in a person's life. Explain that they will be given cards with milestones of sexual development and will be asked to place these on a continuum that represents a person's life span from birth to death. The numbers 0 to 100 account for the ages of an individual throughout his or her lifetime.
2. Distribute the cards with the milestones of sexual development to the participants. Ask them to show their cards and stand at the place on the continuum at which they think the events occur. Encourage the participants to seek help from the other participants. Give the group five minutes to position the cards on the time line.
3. Once all the cards are placed on the time line, ask the participants to discuss whether or not they agree with the placement of each card. After the participants have discussed each card, provide the correct answers by referring to the handout "Milestones in Male and Female Sexual and Social Development." Move the cards to the correct place on the time line as needed.
4. Explain to the participants that the onset of the milestones may differ among individuals and is affected by a variety of factors. So these milestones occur within a range of years. For example, questions about where babies come from begin between ages 3 and 5 and can sometimes start at an older age.
5. Reconvene the group, and facilitate a discussion by asking the following questions:
  - When on the time line does most sexual development occur?
  - At what age do most youth receive sexuality education? Does this happen before or after most sexual development?
  - Were you surprised about the placement of any of the cards? Which ones? Why?
  - How is this information helpful when working with adolescents?

### **Summary**

Tell the participants that during this activity they were able to see the sexual and social development that people go through in their lifetime. Realizing that many of the milestones occur during adolescence helps us to understand the challenges that young people face during their physical, emotional, and social development. It is important to note that because of many factors, individuals may reach particular milestones at different ages than those listed on the handout.

## Handout

### Milestones in Male and Female Sexual and Social Development

Certain aspects of sexual and social development begin at different times in a person's life. These milestones, which occur within a range of years, are:

- **Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females also occur before birth.
- **Explores and stimulates one's own genitals for the first time.** Occurs between ages six months and one year. As soon as babies can touch their genitals, they begin to explore their bodies.
- **Shows an understanding of gender identity.** Occurs by age 2. Children are aware of their biological sex.
- **Shows an understanding of gender roles.** Occurs between ages 3 and 5. Children begin to conform to society's messages about how males and females should act.
- **Asks questions about where babies come from.** Occurs between ages 3 and 5.
- **Begins to show romantic interest.** Occurs between ages 5 and 12, although this may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- **Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs between ages 8 and 13. This usually occurs slightly earlier for girls than boys.
- **Begins to produce sperm (boys).** Occurs between ages 11 and 18. This milestone depends in part on the child's nutrition and may be delayed when nutrition is severely compromised.
- **Begins to menstruate (girls).** Occurs between ages 9 and 16. This milestone depends in part on the child's nutrition and may be delayed when nutrition is severely compromised.
- **Begins to engage in romantic activity.** Occurs between ages 10 and 15. This milestone depends heavily on cultural factors.



## Handout

### **Milestones in Male and Female Sexual and Social Development**

(continued)

- **Has sex for the first time.** Varies greatly by individual and cultural factors, but middle to late adolescence is fairly common.
- **Gets married.** Varies greatly by individual and cultural factors.
- **Begins to bear children.** Varies based on individual and cultural factors.
- **Experiences menopause.** Occurs in women at around age 50 (it can start in the late 30s or early 40s as well). A woman goes through a process of physiological changes characterized by the end of ovulation, menstruation, and the ability to reproduce.
- **Experiences male climacteric (decreased male hormone levels).** Occurs between ages 45 and 65. A man goes through a process of physiological changes characterized by a decrease in testosterone production.
- **Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Although some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.