

Year 11 PDC Booklet

Relationships and Sex Education I

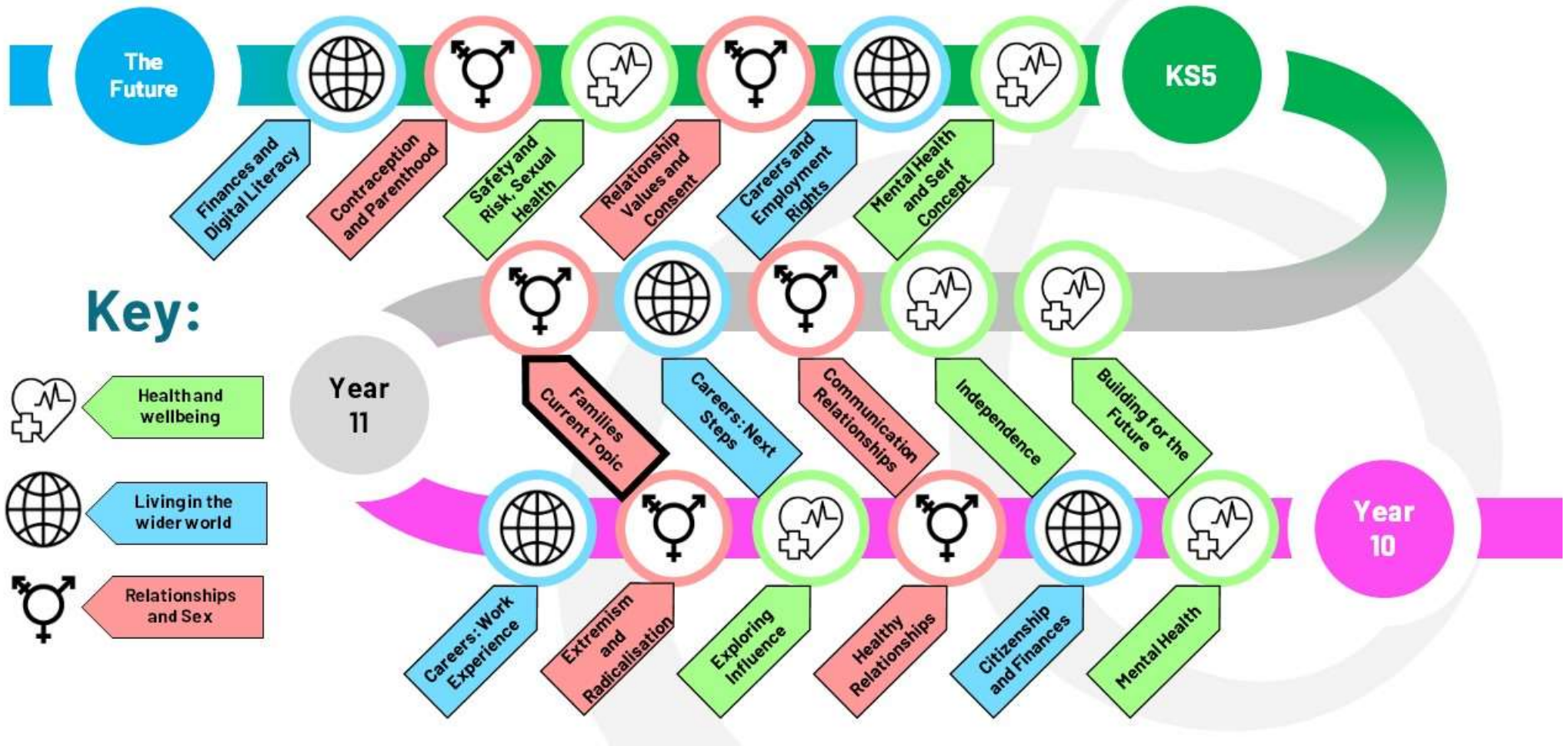


LIONHEART EDUCATIONAL TRUST

Name:

Form:

Personal Development Curriculum KS4 Learning Journey





Year 11 – Block 1: Relationships and Sex Education Knowledge Organiser



Key Words		Responsibilities of a Parent	Menopause							
Non-Qualifying Ceremony	A religious-only ceremony that is conducted by does not give the family legal status. There must be a legal wedding too.	<p>If you have parental responsibility, your most important roles are to:</p> <ul style="list-style-type: none"> • Provide a home for the child • Protect and maintain the child • You're also responsible for: <ul style="list-style-type: none"> • Disciplining the child • Choosing and providing for the child's education • Agreeing to the child's medical treatment • Naming the child and agreeing to any change of name • Looking after the child's property 	<ul style="list-style-type: none"> • Menopause is when your periods stop due to lower hormone levels. This usually happens between the ages of 45 and 55. • It can sometimes happen earlier naturally. Or for reasons such as surgery to remove the ovaries (oophorectomy) or the uterus (hysterectomy), cancer treatments like chemotherapy, or a genetic reason. Sometimes the reason is unknown. • Smoking and drinking can have a negative impact on symptoms of menopause. 							
Nikah	An Islamic marriage ceremony									
Cohabiting	Live together and have a sexual relationship without being married.									
Civil Partnership	A legally recognized union with rights similar to those of marriage									
Fertility	The ability to conceive children or young									
Abortion	The deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.									
PTSD	Post Traumatic Stress Disorder. Can lead to intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended.									
Grief	A multi-layered response to loss, particularly to the loss of someone or something that has died, to which a bond or affection was formed									
Bereavement	A period of mourning after a loss, especially after the death of a loved one									
Forced Marriage	Where one or both people do not or cannot consent to the marriage, and pressure or abuse is used to force them into marriage.									
Arranged Marriage	A marriage planned and agreed by the families or guardians of the couple concerned rather than by the couple themselves									
Where To Go For Support:		Infertility								
Teachers and School Staff, Parents, Friends, Parents		<p>Infertility can be caused by many different things. For 25% of couples, a cause can't be identified.</p> <p>Women: Main causes are issues with releasing an egg (ovulation). This can be caused by PCOD, thyroid problems, fibroids, PID, endometriosis or STIs</p> <p>Men: Most common cause is poor-quality semen. Lack of sperm or low sperm count, immobile sperm, or low testosterone</p>								
NPSCC	https://www.nspcc.org.uk									
NHS Advice for Parents	nhs.uk/mental-health/children-and-young-adults/advice-for-parents/	<p>Fertility treatment can be provided by the NHS, but it is highly selective.</p> <p>Fertility medication is usually provided to those in need, mostly women. There are significant side effects to this however.</p>	<table border="1"> <thead> <tr> <th colspan="2">Forced Marriage and Arranged Marriage</th> </tr> <tr> <th>Forced Marriage</th> <th>Arranged Marriage</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • No right to refuse • Someone forces them to find a partner • It does not consider what the couple want • Can be done to protect family honour, keep land, reacting to social pressure, or to repay debt </td> <td> <ul style="list-style-type: none"> • Always consent • Family takes the lead to find partner • The couple's interests are at heart • Is usually done for the happiness of the person • Arranged marriages can lead to forced marriages when blackmail or ultimatums are given to people </td> </tr> </tbody> </table>		Forced Marriage and Arranged Marriage		Forced Marriage	Arranged Marriage	<ul style="list-style-type: none"> • No right to refuse • Someone forces them to find a partner • It does not consider what the couple want • Can be done to protect family honour, keep land, reacting to social pressure, or to repay debt 	<ul style="list-style-type: none"> • Always consent • Family takes the lead to find partner • The couple's interests are at heart • Is usually done for the happiness of the person • Arranged marriages can lead to forced marriages when blackmail or ultimatums are given to people
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Freedom Charity	https://freedomcharity.org.uk/	<p>IUI (artificial insemination) may be performed. Sperm is collected and washed in a fluid.</p> <p>IVF may also be performed, where the sperm and egg are fertilised outside the body</p>								

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Task 1: Working in pairs create two lists each with at least three reasons:

- List 1 - why the law should decide where a wedding is held.
- List 2 - why couples should be free to marry wherever they choose.

Why the law should decide where a wedding is held.	Why couples should be free to marry wherever they choose.

Task 1: What Affects Fertility?

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Task 2: Routes to Parenthood

Options:

- 1. Decide not to have a child**
- 2. Natural conception** – a male and female achieving pregnancy through vaginal sex.
- 3. Intrauterine insemination (IUI)** – also known as artificial insemination, this involves inserting sperm into the uterus via a thin plastic tube passed through the cervix. Sperm is collected and the fastest moving sperm are selected.
- 4. In vitro fertilisation (IVF)** – fertility medication is taken to encourage the ovaries to produce more eggs than usual. Eggs are then removed from the ovaries and fertilised with sperm in a laboratory. A fertilised egg (embryo) is then returned to the uterus to grow and develop.
- 5. Co-parenting** – when two or more people decide to conceive and parent children together. A co-parent will not have sole custody of the child, and there are many details to be worked out, such as what role each parent will take, how financial costs will be split, and the degree of involvement each will have with raising the child.
- 6. Adoption** – the legal process by which a child who cannot be brought up within their birth family becomes a full, permanent and legal member of their new family. Adopters become the child's legal parents with the same rights and responsibilities as if the child was born to them.
- 7. Fostering** – providing a child with a home while they are unable to live with their own family. Many children in foster care will return home or go to live with family members. A fostered child remains the legal responsibility of the council and/or their birth parents and foster carers receive support from a social worker.
- 8. Surrogacy** – when a woman carries a pregnancy for a couple who cannot maintain a pregnancy themselves. In some cases, the eggs of the mother or a donor are used, while in other cases the surrogate's egg is fertilised with the sperm of the father. The baby does not legally become the couple's until a parental order has been issued after the child's birth. Until this order is issued the surrogate has the right to keep the baby.
- 9. Egg freezing** – similar to the process of IVF, this involves collecting a female's eggs, freezing them and using them at a later date.

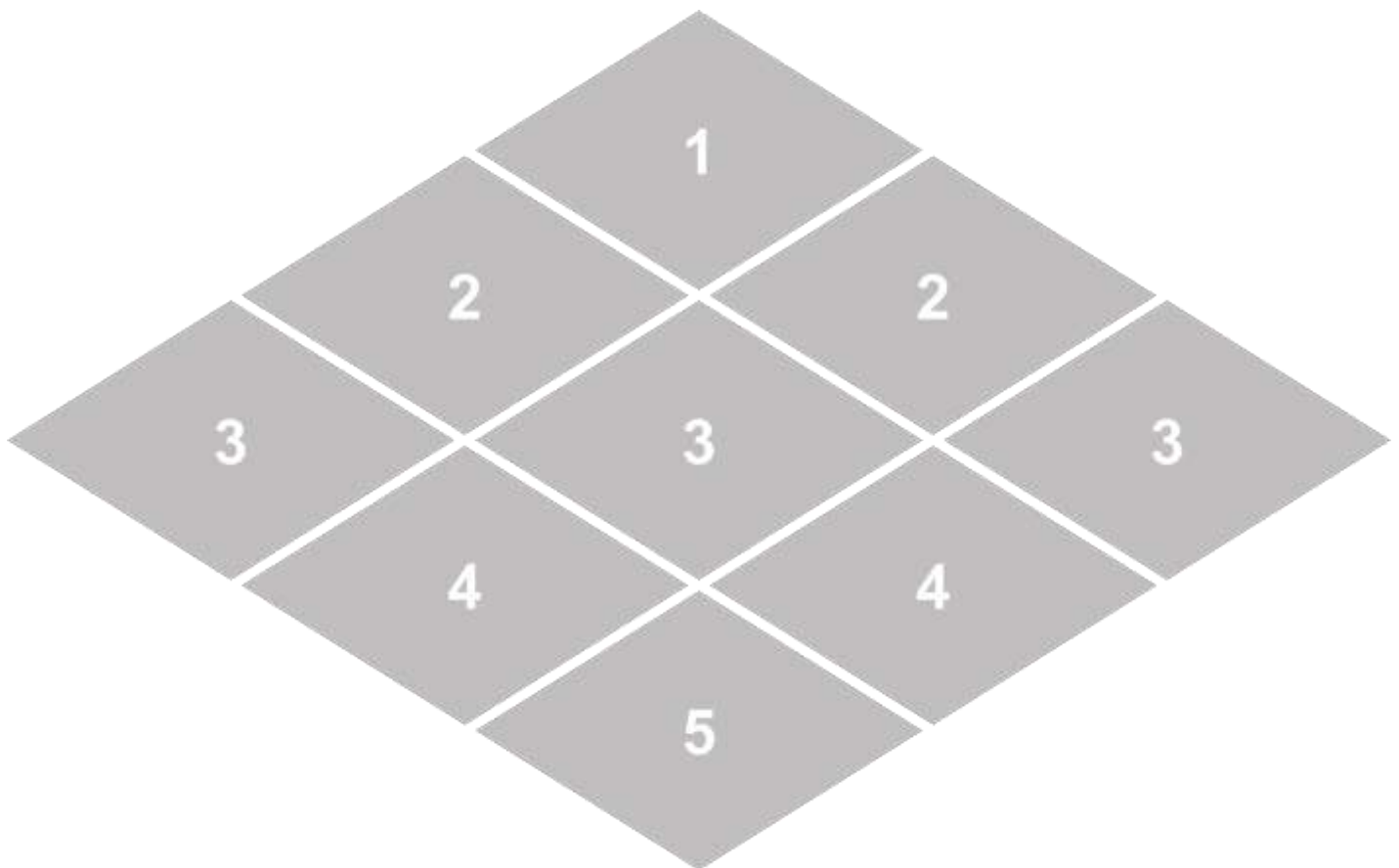
*Whilst many of these routes to parenthood can be successful, they may come with additional challenges. For example, they can be emotionally/ physically demanding, and costly. They have variable success rates and are not always guaranteed to produce children. So, different routes should be fully researched and explored before a couple or an individual makes their decision.

	Routes To Parenthood
<p>Rachel and Steven Rachel and Steven have been together for many years. They spent their 30s focusing on their careers, spending time socialising with friends and family and travelling as much as possible. Now both 40 years old, they feel ready to start a family. However, they have been trying to conceive for over a year and have not fallen pregnant.</p>	
<p>Oliver and Zane Oliver and Zane spend a lot of time with their nieces, nephews and friends' children; they love kids of all ages and agree that now is the time to start a family of their own. They just aren't sure where to begin!</p>	
<p>Graham Graham has always wanted children of his own and is keen to start a family. He thought he would have a partner by now, but he has not found someone he would like to have a family with. He has decided to raise a child alone instead.</p>	
<p>Asha and Chidi 27-year-old Asha and 25-year-old Chidi want a large family and recently bought a family-sized home together. Although their families keep asking when they are going to get pregnant, they are not sure whether they should wait a few years before they start, as they are both doing really well in their respective jobs.</p>	
<p>Lian Most of Lian's friends have children and she feels like she might be missing out. She knows she won't be fertile forever so thinks she should act now. However, she is not in a relationship and isn't sure children are really for her.</p>	
<p>Mariam and Zara Mariam and Zara would like to have children. Zara has always wanted to carry a child herself and Mariam is very supportive of this, but they are not sure if that's a possibility or what their other options might be.</p>	

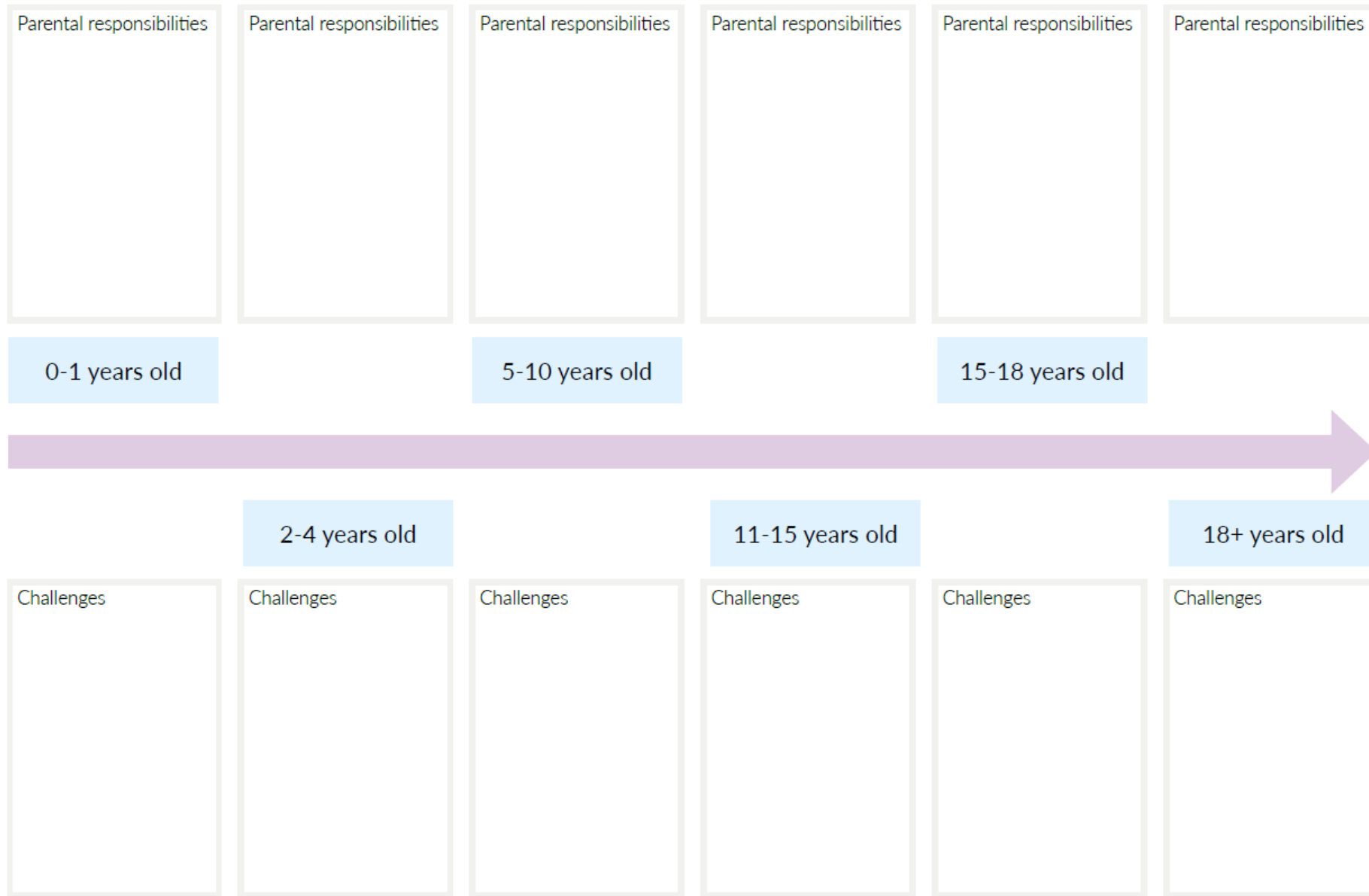
Task 1: Diamond Nine

Order the following into a diamond nine:

- Encourage their child to participate in new hobbies/develop new skills
- Have high expectations of their child
- Talk to their child regularly
- Support their child in developing positive family relationships with family and friends
- Take an interest in their child's school life
- Have meals together
- Take their child on day trips
- Get their child to do chores
- Have strict rules at home



Task 2: Timeline



Retrieval Practice

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Baseline Assessment:

	1	2	3	4	5	6	7	8	9	10
I can describe how unplanned pregnancy happens										
I can explain the steps required to deal with unplanned pregnancy										
I can outline the options available and advise others on unplanned pregnancy										

Task 1: Scenario

Dan and Amalie are both 16 years old. Amalie missed her last period, so asked Dan to buy a pregnancy test and bring it round when her parents were out.

She has just taken a pregnancy test and the result is positive.

1. How might Amalie be feeling?

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2. How might Dan be feeling?

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3. What options do they have?

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4. What might their next steps be?

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Task 2: Scenarios

1. Zarah is 18 years old. She has been working really hard to get good A-level results and has a place at a great university in another city for next year. She has been with her boyfriend since Year 11 and they have a strong relationship, although he now works full-time so they don't see each other as regularly.
2. Louie's girlfriend wants to keep the baby, but he doesn't feel ready to be a father and isn't sure how he will afford to financially support a family either. He knows his parents are going to be really angry – his Dad even gave him a lecture about safe sex when he first started dating! He's going to be so disappointed.
3. Klaudia is 15 years old and doesn't know who to contact about her options – she's never even had to make her own GP appointment before! Her family are very religious and she wasn't supposed to have sex before marriage. She thinks they will ask her to leave home if she tells them that she's pregnant.
4. Jana's mum had her when she was young and raised her alone. She never wanted Jana to do the same thing. Jana and her ex-boyfriend Darren were dating for a year, but broke up 3 months ago after lots of arguments. Jana is hoping the pregnancy might bring them back together.
5. Dalia is in a new relationship and doesn't know how her partner will react to the news. Both of them work full time and have been saving money up, but they want to use this to go on holidays and buy a flat together. Dalia thinks that the wrong decision might end the relationship, but she doesn't know what the right decision is.
6. Frankie finally feels like their life is coming together; they have found a group of really good, supportive friends at college, they are studying subjects they care about and getting on really well with their parents. Frankie thinks this all might go away if they reveal they are pregnant.

Scenario Number

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1. What might your character's initial reaction to the pregnancy be?

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2. What might influence the character's decision going forward?

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3. Which influence might your character prioritise above all others?

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Task 3: Facts About Abortion

Which facts are the most beneficial for young people to know? Circle the numbers.

1. There are three main ways to get an abortion on the NHS: someone can self-refer by contacting an abortion provider directly, or they can speak to a GP and ask for a referral to an abortion service, or they can contact a sexual health clinic and ask for a referral to an abortion service¹. If a doctor has a 'conscientious objection' to abortion, they must refer the woman to further care and inform them of their right to see another doctor.
2. The vast majority of abortions take place early in pregnancy. The pregnancy should not have exceeded its 24th week (although abortions may be performed after 24 weeks in certain circumstances, for example, if the pregnant woman (or trans man)'s life is at risk or the child would be born with severe disabilities).
3. Although some may choose to pay for private treatment, in England, Scotland and Wales, abortions are available free of charge on the NHS.
4. A woman (or trans man) can have an abortion or termination of pregnancy if two doctors decide that one or more of the grounds specified in the Abortion Act are met.
5. While many couples will want to discuss their options together, "women do not need their partner's agreement to have an abortion, although some will want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have been unsuccessful.
6. Although someone under 16 may be encouraged to speak to their parents, they have the right to confidentiality and can give their consent to an abortion themselves, as long as they are considered competent (i.e. able to understand a health professional's advice and the risks and benefits of the treatment options). At any age, it is only in exceptional circumstances, where the woman (or trans man), or another person is at risk of serious harm, that information may be disclosed to someone else without the patient's agreement.
7. Abortion is extremely safe in the UK, where it is carried out in a medical facility and by medical professionals. Abortions are safest when carried out as early as possible in pregnancy.
8. It is not compulsory for someone to have counselling before having an abortion. However, all women (or trans men) requesting an abortion can discuss their options with, and receive support from, a trained pregnancy counsellor if they wish.
9. Fertility returns immediately after an abortion and having an abortion does not increase the risk of miscarriage, ectopic pregnancy or a low placenta in future pregnancies.
10. Having an abortion is not the same as taking emergency contraception. Pregnancy only starts when a fertilised egg implants in the lining of the uterus. The emergency contraceptive/morning after pill works by delaying the release of an egg so no fertilisation happens¹¹. The two main methods of abortion are taking medication to end the pregnancy, and surgical abortion – a minor procedure to remove the embryo/foetus.

Task 1: Mind Map

Make a mind map in the space below as to why someone might choose marriage/civil partnership

Make a mind map in the space below as to why someone might **NOT** choose marriage/civil partnership

Task 2: Forced or Arranged?

Forced Marriage	Arranged Marriage

Jas and her brother went away with their family, for what they thought was a family holiday. When they arrived, Jas was told she was getting married. She was not happy about this but was worried about what her family would do if she tried to say no.

Is their marriage legally recognised in the UK?

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Give advice about what Jas and her brother could do.

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What might you do if Jas or her brother felt unable to follow this advice?

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Task 3: Advice

Write three pieces of advice to Fatima and Abby.

Consider:

- How could Fatima and Abby overcome any barriers to reporting?
- What steps might they take to report their concerns?
- Who could they talk to for emotional support?

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Menopause

Retrieval Practice

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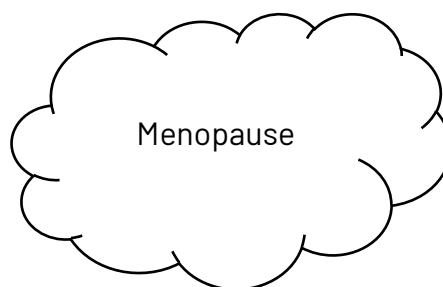
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Baseline Assessment



Task 1: Reading

Do you think talking about menopause in the workplace helps or hinders equality?

Henpicked menopause in the workplace and equality

It's a big question. Going back nearly 4 years, when we started working with organisations to open up the topic, it divided opinion. It was unheard of then – what's menopause got to do with work anyway?

We had feedback from women who'd been through menopause and didn't see the need. Others said that after years of fighting hard for their place in senior roles, highlighting something that could make them look like the 'weaker' sex makes it harder to progress or even be taken seriously. We were even asked to shut up about it.

But no, we won't. We believe enabling menopause to be talked about openly, empowering people to understand what it is and what they can do will help equality.

The bigger risk is doing nothing. Pretending it doesn't happen, letting people struggle unnecessarily and letting myths dominate facts.

From years of experience and thorough research, we know that menopause was already getting in the way of equality. Symptoms can be a problem for many women progressing, no longer feeling able to put themselves forward for the promotion they'd have given their right arm for before menopause. On top of that, there are those who consider or actually leave work as a result of their menopause experience.

It's a silent problem that will continue to grow unless we do something about it. We have the solution now but need to accelerate. Granted, it needs a balanced approach, not over sensationalising. Menopause has always been around, as long as there have been women and they've lived long enough.

A different time, a new generation

The fact is, we're living and working in a different time. Menopausal women have been the fastest growing demographic at work for decades in the UK and, for that matter, the global north. One in three workers are over 50, and nearly half of these women.

We're the first generation with this workforce gender and age mix. We do have different needs and it pays employers to help those who hit a bump in the road during the menopause transition.

It can be done, and more easily than many realise. Through all the programmes we've implemented, so many truly thank their employers for taking menopause seriously. Employers have experienced the benefits with no 'side effects'. We've never seen queues of women asking for help or reasonable adjustments employers can't easily meet. For many women, knowing their employer understands and cares is enough. For those who do need support, small changes can make a massive difference.

It's biology, not weakness

Menopause, equality, menopause at work, menopause in the workplace. Some still consider menopause a sensitive, private, maybe even taboo subject, particularly in the workplace, yet we don't leave our biology by the door at work.

We all experience hormonal changes in our lives. From the day we're born to the day we die, our hormones affect us. Whether it's pregnancy, fertility treatment, andropause, transgender, hormonal

treatment for medical conditions – knowing the signs and symptoms of hormonal change and what can be done is genuinely helpful, both at work and home.

Women’s biology includes menopause, we’ll all experience it and in different ways. Some will sail through it, barely noticing, others will not. Support, if needed, is usually only for a short period of time. On average women will work for 10, 20 or even 30 years afterwards, and will be grateful for their employer’s understanding and support.

Men are affected by menopause, too

Menopause affects men, partners and families, too. A train driver told me that some shifts he can’t sleep with his wife because her insomnia and hot flushes kept him awake. Lack of sleep would be a health and safety issue at work for him and his passengers. Opening up the conversation has a broader reach than you might think.

Regardless of age or gender, menopause is something we all need to know about.

Benefits for generations to come

If we do this now – just as those of my generation did for pregnancy and maternity cover at work – menopause will not be an issue for women and men in the future. The conversation will be normalised, it won’t be something we’re embarrassed about or hide. We’ll all know what to look out for and what to do if we experience symptoms.

So, what do you think – does talking about menopause at work help or hinder equality?

The most forward-thinking organisations are getting everyone talking about it, providing support and normalising the conversation because it’s the right thing to do.

1. Why is the equality conversation considered important in reference to menopause?

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2. In what ways might the symptoms of menopause impact women or their partners when they are at work?

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3. What steps can you think of for employers to take that would allow women to continue to work whilst dealing with symptoms of menopause?

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Task 2: Menopause Quiz

1. At about what age does menopause typically begin?

- A. 40 B. 45 C. 51 D. 55

2. A woman is considered to be in menopause after she has missed how many menstrual cycles?

- A. 3 B. 6 C. 9 D. 12

3. What factors can cause premature menopause?

- A. Smoking B. Autoimmune disorders C. A woman's mother had early menopause D. All of the above

4. Hot flashes are symptoms of the perimenopausal stage. How many perimenopausal women have them?

- A. 100% B. 75% C. 50% D. 30%

5. A blood test can help confirm if a woman is beginning menopause. The test measures the level of which of these?

- A. Follicle-stimulating hormone B. Oestrogen C. Progesterone D. Cholesterol

6. What is the most serious adverse effect of menopause?

- A. Hot flashes B. Osteoporosis C. Heart disease D. B and C

7. How much bone loss does a woman have in the first 5 years of menopause?

- A. 10% over the 5-year period B. 5% over the 5-year period C. About 20% over 5 to 7 years D. 1% to 2% a year

8. Hormone therapy eases some of the negative effects of menopause. Which of these hormones is used?

- A. Oestrogen B. Oestrogen and progesterone C. Testosterone D. Prostaglandin

9. If a woman experiences menopause after age 50, how long should she continue using some form of birth control?

- A. She doesn't have to use birth control B. 3 months C. 6 months D. 12 months