

6D Use of Vocabulary in Primary Relationships and Sex Education (RSE)

Why name sexual parts?

School is a place where all children should be able to develop good communication skills, confidence, positive body image and strong personal safety skills. RSE is one vehicle for enabling children to develop these skills in a safe and supportive environment. We know that having names for things is a way we can comfortably bring them into our experience and feel connection with them and control over them.

For many adults (teachers, parents, carers and governors included) the use of vocabulary to describe the human body and in particular the sexual parts of the human body is a sensitive topic. Many people personally feel uncomfortable using particular words and are anxious that teaching scientific words for sexual parts to children may challenge their innocence. However, this paper seeks to illustrate how the sensitive, age-appropriate use of scientific vocabulary for sexual parts can contribute to positive body image, open discussion and questioning and the development of strong personal safety skills.

Each school will have developed its own aims for RSE as part of the Relationships Education Policy. But, all schools hold in common some very basic aims that children will learn to value themselves and their bodies, communicate their feelings and emotions, engage in positive and rewarding relationships and to keep themselves safe. The sensitive, age-appropriate use of scientific vocabulary for sexual parts supports these aims.

The basic skill of being able to confidently name parts of our own bodies without feelings of embarrassment or shame is one of the key building blocks needed to achieve each of these aims. Feeling connection and confidence with our own bodies contributes to a positive body image, a feeling of ownership and control and is the basic mechanism for being able to communicate about our bodies.

The DfE Guidance for Relationships Education, RSE and Health Education (2019) states that as part of primary Relationships Education children should learn the following as part of the 'Being Safe' area of work:

- **How to reports concerns or abuse, and the vocabulary and confidence needed to do so**

It is therefore part of the statutory curriculum for all schools that children learn the names of body parts and how to talk confidently about these to trusted adults. Learning the names for sexual parts is a protective factor.

The following extract from the Sex Education Forum's publication, 'RSE for Primary Aged Children' 2002 describes the importance of using agreed, 'scientific' terms when describing parts of the body:

'Research with children has shown that they are often confused in their understanding of their bodies and how they work. It is important that teachers use correct terms when introducing new topics. Family names or common names (for sexual parts) can be acknowledged, but it is good practice to use words such as ovum and sperm (new terms for new concepts). Early and accurate naming of children's body parts is vital.

If children haven't been equipped with the words for parts of their bodies and have picked up the message that adults don't talk about them either, how can they be expected to describe them to an adult if they need to? This has serious implications for child protection.

Boys' genitals do generally get named, even if the words used are family names or slang, at least it is acknowledged that they exist. In comparison, girls' genitals often don't get named. This absence deprives girls of a comfortable language about themselves. If they are to develop a positive sense of their bodies as a source of pride and pleasure, sexual as well as reproductive body parts should be part of their vocabulary.'

Key Message: The consistent use of age-appropriate scientific vocabulary throughout the school contributes to positive body image, open discussion and questioning and the development of strong personal safety skills.

Which words should we use and when?

When deciding which scientific words to use as part of RSE, it is essential that each school and individual teaching team discusses and agrees the words which will be used. The words chosen should be those needed to deliver the learning objectives for each age group. When a new concept is introduced, then new parts of the body will need to be explained and therefore new vocabulary is required.

Vocabulary for the Foundation Stage and Key Stage 1

The age appropriate vocabulary for male parts is fairly straightforward. As young children learn about the external parts of their bodies, the words required for male parts are 'penis' and either 'testicles' or 'testes'. ('Testicles' and 'testes' are essentially interchangeable words, so one should be chosen and used consistently.)

The age-appropriate words to be used for female sexual parts need more careful thought. Again, as children learn about their own external body parts at this age, the key vocabulary which is commonly used for female parts is 'vagina' and 'vulva'. (See definitions below) You might also choose to introduce the term 'clitoris', as some young girls have already discovered a pleasurable sensation when they touch/rub their clitoris.

In YR to Y4 the learning is about external body parts. Learning about internal body parts begins when puberty is introduced. In your school you must choose which term for female genitalia will be used i.e. either vagina or vulva. The other term will then be introduced and the differences between the words will be explained at Y5/6 when the difference between the terms 'vulva' and 'vagina' can be explained more fully without confusion.

The 'correct' scientific term for the external female sexual parts is 'vulva'. However the term 'vagina', which describes an internal structure, is commonly used as a generic term for internal and external female genitalia and may be more familiar to teachers and parents.

Young children will, of course, use familiar words from home to describe their body parts. These words should be acknowledged and used alongside the scientific words until children are able to use the scientific words confidently. When children use words for sexual parts which are offensive, their offensive nature should be explained and the situation monitored, *e.g. 'That word does describe the penis, but lots of people find that word rude and they are upset when they hear it. Can you think of another word which is not rude?'*

A table of words

The following table shows the range of vocabulary which might be taught in each of the RSE units of work in the Primary Personal Development Programme. This table is for guidance only and it is recommended that staff teams discuss the vocabulary they are going to use and embed these decisions in the RSE programme. The table does not illustrate words which you should use, but words which you should consider using. In each case the list of words is cumulative i.e. the word penis is included in the foundation stage list: it should be used in all following lists.

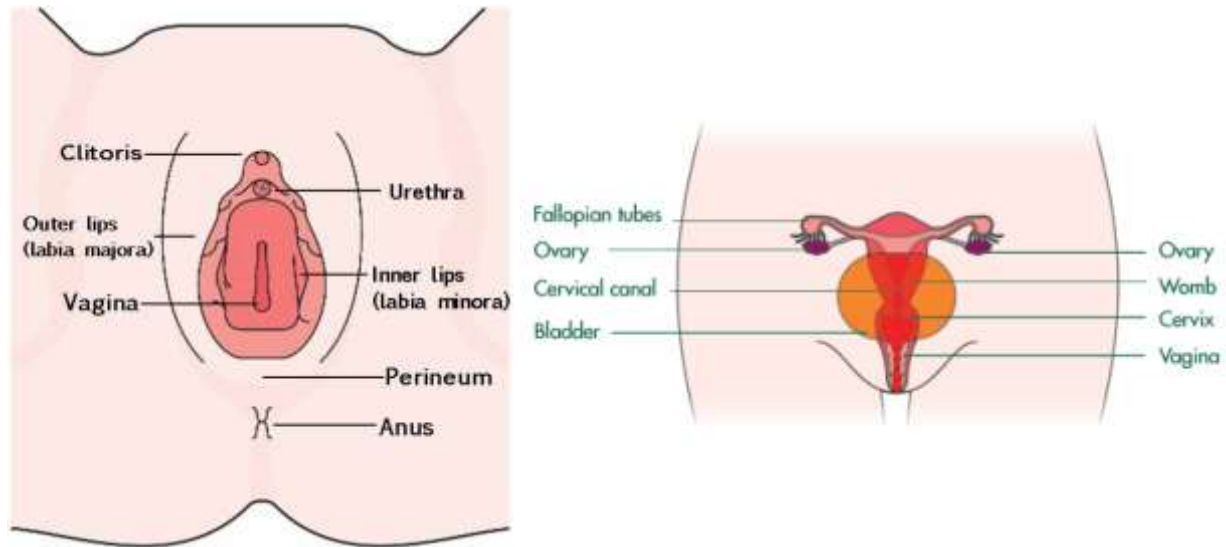
	Key areas of learning	Feelings relationships	Body parts and processes	Other
Foundation	External body parts	Range of feelings words e.g. happy, pleased, calm, sad baby child girl boy	Size Shape range of simple external body parts e.g. hands, head, teeth penis testicles vulva/ vagina (<i>Choose one or the other</i>) bottom	range of action words e.g. run, jump growing up germs boy girl male female
KS1 Year 1/2	External body parts	same similar different unique special responsibility	birth death range of more specific external body parts e.g. stomach, chest	man woman teenager adult
KS2 Year 3/4	External body parts Differences between male and female First steps in understanding sexual reproduction	love dependent independent	breast nipple anus scrotum egg sperm	toiletries bacteria infection hygiene
KS2 Year 5/6	Puberty Sexual reproduction Internal body parts	commitment marriage stable relationship	Puberty Period Menstruation Cervix Labia fallopian tube clitoris ovary/ ovum vulva/ vagina (<i>which ever has not already been introduced in YR</i>) uterus/womb sperm/sperm duct urethra pubic hair voice breaking arousal erection sexual intercourse/sex ejaculate conception pregnancy ovulation	sanitary towel tampon body odour deodorant

What do the words mean?

These explanations, definitions and diagrams are intended for the use of adults in school, to confirm understanding. They are not intended for direct use with children.

Female sexual parts

The diagrams below are courtesy of www.macmillan.org.uk ; for additional 3D diagrams of the female sexual parts visit www.3Dvulva.com



Breasts - In females, the breasts are primarily for feeding babies. The fatty deposits protect the glands that produce breast milk, which is the healthiest first food for a baby. They are sensitive to touch. The nipple is the end point of the breast and all the milk producing tubes end up at the nipple.

Cervix - This is the structure which forms the neck of the womb. It is a muscular ring which opens and closes especially during birth. During pregnancy it holds very tightly shut to keep the baby safe in the uterus.

Clitoris - The clitoris is a small pea shaped bump and joining point of the inner labia. It is highly sensitive to touch and is associated with sexual pleasure in females. It has between 6, 000 and 8,000 sensory nerve endings, which is more than any other organ in the human body including the penis and the testicles.

Fallopian tube - There are two fallopian tubes. Each one connects an ovary to the womb. This is the tube down which the egg travels from the ovary.

Labia - This word means lips. The labia are folds of skin which protect the opening to the vagina. They enlarge during puberty. There are both inner and outer labia as shown in the left hand diagram.

Ovary - There are two ovaries in each female reproductive system. They release eggs into the fallopian tubes, which in turn guide the eggs into the womb. Ovulation is the process of releasing an egg from the ovary.

Ovum - (ova-plural, ovum-singular). The ovum, or egg, is an amazing structure and can live for up to 24 hours. The egg is the largest cell in the human body and is 30 times bigger and heavier than sperm. Even though a woman is born with between 1-2 million eggs, she'll only release about 400 in her lifetime. Sometimes a woman releases a second egg when she ovulates, but it's always within 24 hours of the first.

Perineum - This is the skin between the opening of the vagina and the anus. It can tear during child birth.

Urethra - This tube, found in both males and females carries urine from the bladder out of the body. The opening of the tube does not have a different name and is also called the urethra.

Uterus - This is the organ of the female body where the fertilised egg begins to grow. It is the place where the foetus grows and develops throughout a pregnancy.

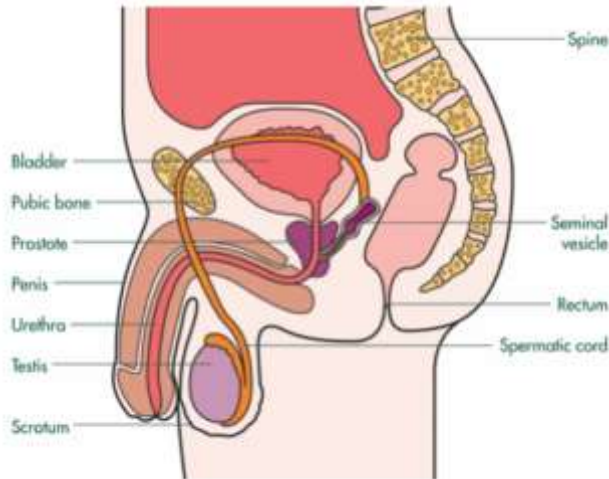
Vagina - The vagina is also called the birth canal. Technically it is an internal structure. However the term is commonly used to refer to the external sex organs of females.

Vulva - The vulva is the correct term for the parts of female genitalia that can be seen from the outside. It includes the labia (lips), clitoris and the vaginal opening. The urethra (wee tube) is in this area as well, but is not technically part of the vulva. This vulva is often commonly (but incorrectly) called the vagina.

Womb - See Uterus

Male Sexual Parts

The diagram below is courtesy of www.macmillan.org.uk



Ejaculation - This is the contraction of muscles in the penis which pushes semen from the testes and out of the penis. In each ejaculation there are approximately 300 million sperm contained in 2-5ml of semen. The sperm travel at about 10 miles per hour.

Penis - The penis performs two functions in males. It passes urine through the urethra from the bladder. The penis is the main sexual organ and sperm is passed through the urethra during ejaculation. The body of the penis consists of blood vessels which fill with blood when the man is aroused. This forms an erection.

Scrotum - This is the pouch of skin which holds the testicles. During puberty the scrotum enlarges so that the

testes hang away from the body where it is the right temperature for sperm production. When the testes are exposed to cold the scrotum contracts and moves the testes closer to the body.

Semen - The whitish fluid that carries sperm and is ejaculated from the body during an orgasm. 300million sperm are ejaculated. Only 200 make it to the egg during sexual intercourse.

Seminal vesicle - This is the small sack which contains a liquid which is added to sperm to make semen.

Sperm - This is the male reproductive cell which is capable of fertilising an egg. It is carried in semen into the female uterus following ejaculation. Sperm can live with in the female body for up to 7 days after ejaculation. Really healthy sperm can travel up to 28mph, once inside the female body. There are 1,500 sperm in a dot the size of a full stop.

Sperm duct (spermatic cord) - These long tubes connect each testicle to the seminal vesicle, so the sperm can pass along.

Testicle / Testis (testis-singular, testes-plural) - The male reproductive organ where sperm is produced. Once sperm is produced it is stored in the testicles for 2-3 weeks. If it not used (ejaculated), it is reabsorbed into the body, ensuring a fresh supply of sperm. During puberty the testes drop away from body so that the testes can maintain a temperature lower than body temperature. The terms 'testicles' and 'testes' are essentially interchangeable.

Urethra - This tube, found in both males and females, carries urine from the bladder out of the body. In the male, it also carries semen.

“Vagina Rhymes with China”

(An article from Cambridgeshire Education Child Protection Service, Staying Safe Magazine)

Ruth Southall, who is the Assistant Head Teacher and Foundation Stage team leader at Crosshall Infant School, writes the next article. The school have been using ‘Staying Safe’ since its launch and are committed to tackling some of the more ‘difficult’ topics in the file, as they firmly believe this knowledge will help to keep their pupils safer.

“Vagina rhymes with china” calls out Joe. “Well done” responds the teacher, “you are good at rhyming words!”, whilst smiling at the cross-curricular strands. She was actually teaching about body part names from the ‘Staying Safe’ programme to 4 and 5 year olds in their first term in the Reception class.

When the children start school in September the first topic they cover is ‘All About Me’. This allows the practitioners to learn about the children and their backgrounds as well as the children learning about themselves, their bodies and their emotions. The children all bring an ‘All About Me’ book to school which has pictures, photos, family histories, favourite places, toys, foods and people in it, which the children love to share with anyone who will sit down with them!

Consequently this topic lends itself to the often tricky subject of introducing correct anatomical names of body parts - we call them ‘doctor’ names - and discussing the children’s own private names for penis, vulva and vagina.

As the week approaches for teaching this circle time, reception staff begin to joke and laugh; our own childhood embarrassments loom large! We tease the Teaching Assistants that this year it really is their turn to lead the discussion. The children have previously played with boy and girl babies in the Baby Clinic role-play and played washing babies in water play, so informal occasions have already arisen for conversation and discussion in small groups. However, as a follow on from labelling a life-size child collage with body parts such as ‘leg, knee, foot, toe’ etc we now need to talk about the similarities and differences between girls and boys. We compare hair, faces, clothes and anything else, but one circle time the teacher has two new friends sitting on her knee.

Two little babies (dolls!) dressed identically are introduced to the class; one is called Sally, one called Jack. But which is which? The children can now lead the discussion to find this out and the teacher will respond and if necessary suggest that we take off their nappies. In reality you never have to suggest this, someone will always gleefully tell us to do that. Before you do ceremoniously undress the babies this is the moment to say “but if we take off the nappy how will we know whether the baby is a girl or a boy?” – “if it’s a boy it’ll have a willy” is nearly always the first response. Eureka! Now we can pursue the doctor names (obviously depending on whether it’s got a willy or not!) To make this easier make sure you know which doll is which before you undress it. “Yes, he’s got a willy, so he must be a boy.....but what other names can you call a willy?” At this point some children may giggle or show signs of embarrassment, but usually hands go up and children will volunteer their family names. You may need to say to the children that “we don’t usually show our bottoms, so that’s why some children find it funny” and the discussion may go off at a tangent about when we do get undressed and who we feel okay getting undressed in front of.

This is the time to tell the children that the ‘doctor’s name for willy (or whatever word you’ve used) is penis’. Some children will know and use the term naturally, others will nod, but best of all, in true Reception class response to learning new words, the class will chant “penis, penis, penis” whilst you begin to curl with embarrassment and hope no visitors appear in your classroom doorway!

“Now we know this baby is Jack, so the other must be Sally”. Before you reveal Sally’s body ask the children “Will Sally have a penis?” By now the children are usually quite relaxed and will probably volunteer family names for vagina. This often requires careful listening by the practitioner as these names are often made up; for example ‘mindy-moo’ or ‘daisy’. Now we can undress the doll and tell the children the doctor name – vagina. And guess what – vagina rhymes with china. This is when you know that the discussion has gone on long enough. Time to return the dolls to the water tray so that they can have a wash and their nappies changed – and free play can take over.

The children now have been able to talk about ‘private’ things in a relaxed way, you have remembered some of the family names children use and you have opened the way for children to know that you are a trusted adult who will listen to and understand them.

Last but certainly not of least importance, a letter goes home to explain to parents what the children have been talking about.