

# COMPREHENSIVE SEXUALITY EDUCATION (CSE) TOOLKIT

TRAINERS INSTRUCTIONAL GUIDE



**NORWEGIAN CHURCH AID**  
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# **A COMPREHENSIVE SEXUALITY EDUCATION TOOLKIT (CSE)**

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Trainers Instructional Guide

**Report written by: Patricia Awiti and Catherine Jura of Edify Learning Forum Africa (ELFA) for Norwegian Church Aid**  
**Chief editor: Haldis Kårstad Senior adviser for Global Health, Norwegian Church Aid**  
**Publishing year: 2022**  
**Cover Photo: Bente Bjercke, Norwegian Church Aid**  
**Layout: Hugo Balandra**

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# 1.0 Introduction

The literature indicates that adolescents make up 16 % world's population. The largest ever number in the history. Too many of these young people still make the transition from childhood to adulthood receiving inaccurate, incomplete or judgment-laden information affecting their physical, social and emotional development. Many young people's approach adulthood faced with conflicting, negative and confusing messages about sexuality that are often exacerbated by embarrassment and silence from adults, including parents' teacher and religious leaders according.

Many societies have attitudes and laws that discourage public discussion about sexuality and sexual behaviour. Social norms can also perpetuate harmful conditions like gender inequality in relation to sexual relationships, family planning and modern contraceptive use. This inadequate preparation exacerbates the vulnerability of adolescents and youth to exploitation and other harmful outcomes. This CSE trainer's instructional guide and toolkit targets facilitators and trainers with information on how to develop, deliver and manage CSE training activities in an effective manner. The guide includes what will be taught, who will be taught, how the CSE content will be organized for learning and how learning will be assessed.

The guide adopts the topics and instructional guidance from resources developed by UNESCO "The international technical guidance on sexuality education an evidence-informed approach", and is grounded in the original CSE Guidance (UNESCO, 2018). The CSE Instructional guide is informed by literature review of several other resources that have proved valuable in delivering CSE content to adolescents globally. The overall goal articulated in this manual is to create a positive and comprehensive educational programme that helps students gain knowledge, values and skills to lead sexually healthy and responsible lives. More specifically, the manual is designed to help adolescents<sup>1</sup>:

- Respect themselves as sexual persons (including their bodies, feelings, attractions);
- Appreciate the differences among individuals;
- Increase comfort and skills in discussing sexuality issues with peers and adults;
- Explore and develop values, attitudes and feelings about their own sexuality;
- Increase knowledge and skills for avoiding unintended pregnancy and sexually transmitted infections, including preventing HIV and Aids;
- Acquire skills to assist in making positive decisions for themselves,
- Acquire information and skills for taking care of their sexual health; and
- Develop knowledge and skills that will help them maintain caring, supportive, non-coercive, and mutually pleasurable relationships (sexual and non-sexual).

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<sup>1</sup> Source: UNESCO (2018). International technical guidance on sexuality education: an evidence-informed approach.

## 1.1 WHO IS THE GUIDE FOR?

NCA has a focus on adolescent/young people's development. The changes adolescents undergo, have implications on their understanding and acting on information, who and how they are influenced by, how they think about their future and make decisions in the present, how they perceive risks in a period characterized by changes and new experiences and how adolescents develop new relationships, including sexual debut, sexual identity and substance use.

NCA sees sexuality education as an essential component of quality education that is comprehensive and life skills- based, and supports young people to gain knowledge, develop skills, ethical values and attitudes needed to make conscious, healthy and respectful choices about relationships, sex and reproduction.

This instructional guide and toolkit is designed as a step-by-step aid to anyone with responsibility for training CSE. The guide serves as a training tool with the necessary knowledge; information and skills that enable trainers conduct trainings for adolescents and young people. The guide thus presents users with diverse needs, abilities and interests. The proposed delivery methods therefore explore different channels of imparting CSE including utilizing mass media, digital platforms and face-to-face interactions to allow for a choice-based syllabus. The instructional guide and toolkit will contribute towards NCA's Global Programme on GBV sub goal 5: Women and adolescents' access to comprehensive sexuality education and modern family planning.

## 1.2 HOW IS THE GUIDANCE STRUCTURED?

The CSE instructional guide and toolkit is designed to benefit adolescents and young people. The World Health Organization (WHO) and the United Nations defines '**ADOLESCENTS**' as individuals in the 10-19 years age group and '**YOUTH**' as the 15-24 year age group. '**YOUNG PEOPLE**' covers the age range 10-24 years. The guide recognizes that adolescents are not a homogenous population, they exist in a variety of circumstances and have diverse needs and the definite age range varies from country to country. The guide therefore adopts the age range as articulated in the revised International Technical Guidance on Sexuality Education: An Evidence-Informed Approach by UNESCO (2018).

### CSE FACILITATOR'S INSTRUCTIONAL GUIDE

The instructional guide includes specific information and techniques and how they can be applied to the teaching and learning CSE, the guide also includes Instructional outline for all the topics and a section on how to monitor and evaluate learning outcomes against developmental goals adopted from the UNESCO CSE best practice guidelines.

### FACILITATOR'S CSE TOOLKIT

Include teaching and delivery methodologies, activities and participatory approaches linked to selected topics and learning objectives.

### CSE CONTENT MATRIX

This is a "**quick reference**" for concepts and selected resources to guide trainers towards relevant literature and trigger more research into relevant content.

## 2.0 About CSE

The guide focuses on an important emerging area of evidence within Comprehensive Sexuality Education (CSE), which is the empowerment approach. The approach positions an analysis of gender and power within CSE curriculum. The Guide and toolkit focuses on a framework of human rights and gender equality which promotes a structured learning about sex and relationships, in manner that is positive affirming and centred on the best interest of the young person in line with the UNESCO's Education 2030 Agenda. As such, coverage of gender and power has been incorporated and adopted from best practice guidelines by the UNFPA which states 'rights and gender are core components not an add-on to CSE. In order to shed light on the choice of terminologies, the guide explores the usage of the terms sex, gender and sexuality.

Contrary to the belief that CSE will hasten sexual activity for adolescents, there is significant evidence that good quality CSE has a positive impact on safer sexual behaviours and can delay sexual debut. The evidence on the impact of sexuality education reveals that<sup>2</sup>:-

- Sexuality education has the most impact when school-based programmes are complemented with the involvement of parents and teachers, training institutes and youth-friendly services.
- Sexuality education has positive effects, including increasing young people's knowledge and improving their attitudes related to sexual and reproductive health and behaviours.
- Sexuality education – in or out of schools – does not increase sexual activity, sexual risk-taking behaviour or STI/Hiv infection rates.
- Programmes that promote abstinence as the only option have been found to be ineffective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners.

Programmes that combine a focus on delaying sexual activity with other content are effective.

- Gender-focused programmes are substantially more effective than 'gender-blind' programmes at achieving health outcomes such as reducing rates of unintended pregnancy or STIs. CSE was central to discussions at the Nairobi Summit on ICPD25 (2019), where governments across the world committed to incorporating CSE into national curriculums in recognition that Comprehensive sexuality education (CSE) is the cornerstone of universal access to sexual and reproductive health, it is also essential to education, and in achieving gender equality<sup>3</sup>.

CSE is grounded in human rights and the concept of sexuality as a natural part of human development. The guide explores the meaning of sex and sexuality to shed light on the significance of sexuality education in shaping adolescents lives. Sex refers to a person's observable physiology or anatomy, the sex of an individual is based on genetics, making it much more difficult to change. Society ascribes that those assigned male at birth are men and those who are assigned female at birth are women and roles have been put in place for men and women based on social constructs, hence the term gender. The world health organization states that

***“Gender refers to the socially constructed characteristics of women and men, such as norms, roles, and relationships of and between groups of women and men. It varies from society to society and can be changed.”***

In many societies, men are increasingly taking on roles traditionally seen as belonging to women, and women are playing the parts previously assigned mostly to men.

Sexuality on the other hand is about sexual feelings, thoughts, attractions and behaviours towards other people, it includes attitudes, values, knowledge and

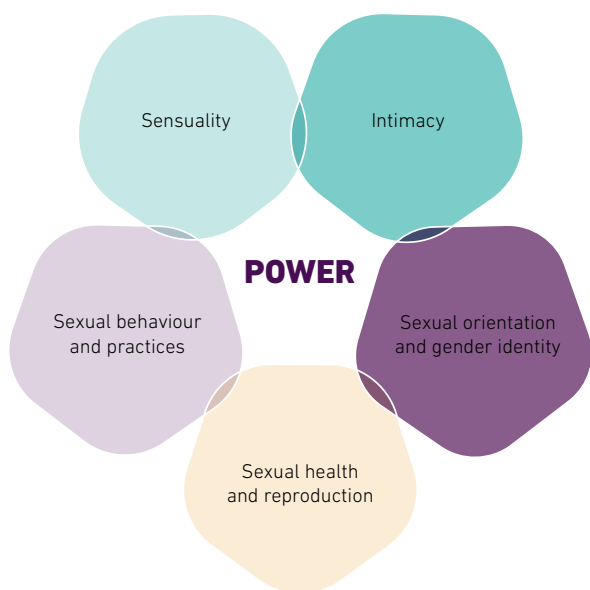
2 UNESCO (2018): UNESCO interviewed families from across the world about their experience of sexuality education. From Asia Pacific to Africa, Latin America to Europe and North America, The feedback reveals that parents and Adolescents expressed that they wish they had known more about puberty, love, sex and relationships.

3 The Nairobi Summit: Expanding access to sexuality education <https://www.youtube.com/watch?v=6Yn9e1Eqc5A&feature=youtu.be>

behaviours considered “normal” and is based on the norms and values of a particular society. Each society, interprets sexuality and sexual activity in different ways for both men and women. Sexuality therefore has a significant effect on perceptions, interactions, and outcomes of one’s social life such as safe sex, health, education, sexual abuse, sexual problems and sexual identity.

The diagram, information and questions below are adopted from the six principles of Gender Transformative Approaches (GTA)<sup>4</sup>. These form critical factors relating to CSE and gender transformation. According to the World Health Organization, sexuality is integral to being human. It is also established that maintaining sexual and intimate relationships during an adult life is an expectation in most cultures, and yet, people living with disability are sexually disenfranchised (Tylor 2021). Therefore CSE is an integral part of learning for all young people including those adolescents living with disabilities. By denying young people the opportunity to learn about their sexuality and how to develop healthy social relationships with others, society has denied them the right to self-fulfillment

**THE FIVE CIRCLES OF SEXUALITY;**



**POWER**

- Sexuality is also linked to power. The ultimate boundary of power is the possibility of controlling one’s own body and sexuality against social factors such as oppression, privilege, and inequalities around sexuality, social control, and resistance to

power. CSE can address the relationship between sexuality, gender and power, and its political and social dimensions. This is particularly appropriate for older learners to explore;

- Norms and values
- Gender and diversity
- Empowering women and girls
- Engaging men and boys

**SENSUALITY**

Sensuality is said to be a multi-sense, multi-dimensional feature that can be of immense benefit to the inner person. (Allison & Busby, Limited, 1999 – Social Science – 288 pages) other key features include;

- How do we talk about male and female bodies in CSE programmes? Is it more factual, relating to reproduction, puberty, organs etc., or do we also talk about how our bodies feel, about pleasure?
- Is the way we talk to girls and boys regarding sensuality different? If so, what messages do we give to each of them?
- What are society’s expectations relating to sexual pleasure for a man/boys and for a woman/girls?
- If your community/culture does have different expectations, what is the impact of these on the way we programme around CSE?
- What could we improve in the way that we cover sensuality in our CSE programmes?

**INTIMACY**

Intimacy is said to be at the core of the most fulfilling, affirming, and gratifying human social exchanges. This expression of interpersonal intimacy involves both verbal and nonverbal communication. Intimacy also involves feelings of closeness, affection, and mutual understanding. Intimate interactions are key to the formation and maintenance of intimate relationships. (Vangelisti 2007). Key questions under consideration in developing the instructional guide will include the following;

- To what extent is intimacy within couples covered in our CSE training.

<sup>4</sup> Adopting the Gender Transformative Approach in sexual and reproductive health and rights, and gender-based violence programmes <https://rutgers.international/gender-transformative-approach/gta-research>

- Where do we learn how to love and care for a person?
- Are there different messages given to boys and girls about what constitutes love and intimacy?
- What are these messages and where do these messages stem from?
- What kind of barriers can there be to intimacy based on the expectations of boys' and girls' behaviour within society?
- What could we improve in the way that we cover intimacy in our CSE programmes?
- How do we think about homosexuality within our culture, and why?
- What do we know about people who are transgender? How does this relate to how we see women and men?
- Where do we find factual, objective information about sexual orientation and gender identities?
- Do we talk about sexual orientations and gender identities in our CSE programme? If yes, what do we say? If not, why not?
- What could we improve in the way we cover sexual orientation and gender identity in our CSE programme?

### SEXUAL HEALTH AND REPRODUCTION

UNFPA defines good sexual and reproductive health as the state of complete physical, mental and social well being in all matters relating to the reproductive system. To maintain one's sexual and reproductive health, adolescents and young people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice.

Key considerations for CSE instructors will include the following;

- What sexual health issues do men and women face and how are they different from each other?
- In this society are the men/boys or woman/girl seen as responsible for contraception and protection from STIs? Why is this?

- Who usually has the power in relationships to determine sexual health and reproduction decisions? Why?
- How is this covered in our CSE programmes?
- What could we improve in the way that we cover sexual health and reproduction in our CSE programmes? Reflecting on how we engage boys?

### SEXUAL BEHAVIOURS AND PRACTICES

Research indicates that adolescents are at high risk of developing sexual risk behaviour. The rate of risky sexual behaviours and the spread of STIs continue to increase among the adolescent population. The instructional guide emphasizes the protection of adolescents and young people from risky sexual behaviours.

- Which sexual behaviours and practices are covered in our CSE programmes?
- Are there sexual behaviours that are acceptable for boys only/girls only, e.g. are there things that are taboo for a girl to do but not for a boy?
- If so, what are these and why are they seen as more appropriate for one group/identity and not the other?
- What impact does this have on sexual relationships? What challenges could this bring about?
- What could we improve in the way that we cover sexual behaviour and practices in our CSE programmes?

### • SEXUAL POWER AND AGENCY

Scholars define sexual agency as the right and the ability to define and control your own sexuality, free from coercion and exploitation. Research indicate that CSE activities should aim at building agency to a level where adolescents and young people are able to claim that their sexual choices (whether activity or abstinence) and the consequences of these choices (for good or for bad) are their own responsibility. It is also worthwhile noting that structural inequalities such as class and racism obstruct the possibility of claiming sexual agency (Cense 2018). Guiding questions for CSE instructors will therefore include the following;

- How do sexual behaviours and practices relate to sexual power and agency? Who has agency over their own body and power to determine whether or not to have sex?
- Can you think of positive and negative examples of the use of sexual power?
- How does the media try to use sex to control others?
- How are images of men and women used differently in the media and what is the effect?
- What could we improve in the way that we cover sexual power and agency in our CSE programmes

Education is a major tool for promoting sexual well being and preparing adolescents and young people for healthy and responsible relationships at the different stages of their lives. CSE education is particularly significant in humanitarian settings, according to the Human Rights Council, the incidence and risk of child, early and forced marriage is highly exacerbated in humanitarian settings. This is due to various factors, including insecurity, gender inequality, increased risks of sexual and gender based violence, breakdown of rule of law and state authority, the misconception of providing protection through marriage, the use of forced marriage as a tactic in conflict, lack of access to education, the stigma of pregnancy outside of marriage, absence of family planning services, a disruption of social networks and routines, increased poverty, and the absence of livelihood opportunities, among others.

# 3.0 Getting ready to teach Comprehensive Sexuality Education

Meaningful teaching of knowledge and skills is central to adolescent learners as they share positive values to achieve good involvement in their different societies. The primary task of the trainers is therefore to create a meaningful, useful and safe learning environment to encourage learners to participate fully. This also calls for trainers to be informed about the experiences, knowledge, developmental levels, needs and preferences of learners.

The interaction that occurs in and out of the learning environment is of vital importance for the learning process, it is crucial for trainers to make an effort to create trust and fairness towards learners. Everything that is done and said in the classroom is an instrument or tool of encouragement or defeat. Adolescents learn visually, therefore displaying correct behaviour towards learners is also a crucial factor as the trainer is entrusted with various duties in the learning environment. The trainers is the supportive and motivating adult and will contribute towards the development of attitudes and values that will empower adolescents to realize their health, well-being and dignity, develop respectful social relationships, consider the well-being of others affected by their choices, and understand and act upon their rights throughout their lives.

Training CSE requires specialized competencies as it relates to teaching sexuality and sexual health topics to learners. Limited proficiency is attributed to trainer discomfort and embarrassment in discussing certain topics.

Key CSE Trainers competencies include<sup>5</sup>;

- A commitment to 'doing the right thing' and a 'whatever it takes' attitude: having the confidence to challenge assumptions and habits ('how we do things round here').
- Resilience and experience of the adolescent cohort. Working with adolescents can be emotionally and physically challenging, facilitators and trainers with backgrounds in health, education or youth work

will find this experience useful when it comes to managing lessons effectively.

- Listen but also synthesize what is being said, stop thinking about what you want to tell learners and start thinking about how you feel when you are the learner.”
- Recognize you can wear many hats, you can be a couch, a mentor and a counsellor
- Analysis of personal beliefs and conflicting personal beliefs. Take a pragmatic and non-judgemental view of sexuality:
- Be fact-based and clear: Programmes should debunk myths and correct misinformation, not only about sexual and reproductive health, but also about groups that are subject to stigma or discrimination.

## 3.1 SCHOOLS PLAY A CENTRAL ROLE IN THE PROVISION OF CSE

As places of teaching, learning and personal development, schools provide an existing infrastructure, including teachers that are likely to be skilled and trusted sources of information, and long-term programming opportunities provided by formal curricula. Schools act as social support centres that are able to link adolescents, parents, families and communities with other services (e.g. health services). CSE implementation in schools should yield concrete improvements such as;

- separate toilets to decrease the possibility of harassment, codes against misconduct, bullying, violence, and exploitation.

Sexuality, sexual orientation and what is taught in schools are an area of concern for some parents. Schools that liaise closely with parents when developing their sexuality and relationship education policy and programme should be able to reassure parents of the content of the programme and the context in which it will be presented.

<sup>5</sup> UNFPA (2020) INTERNATIONAL TECHNICAL AND PROGRAMMATIC GUIDANCE ON OUT-OF-SCHOOL COMPREHENSIVE SEXUALITY EDUCATION An evidence-informed approach for non-formal, out-of-school programmes Condensed Edition

## 3.2 NON-FORMAL AND COMMUNITY-BASED SETTINGS

Adolescents and young people between the ages of 6 and 18 are not attending school or have dropped out of one reason or another (UNESCO, 2016a), non-formal settings, such as community centres, sports clubs, scout clubs, faith based organizations, vocational facilities, health institutions and online platforms, among others, play an essential role in education (IPPF, 2016).

CSE must benefit young people regardless of income, class, ethnicity, religion and gender. The trainings should therefore target out of school adolescence, adolescence in schools and adolescence with disabilities. Including adolescents who are pregnant and those living with Hiv. Wherever it is delivered, CSE should adhere to the principles outlined in the UNESCO *“International Technical Guidance on Sexuality Education: An Evidence Informed Approach.”*

- It is scientifically accurate, built upon evidence-based knowledge about SRHR, sexuality and behaviours.
- It is incremental, meaning that it has to be seen as a continuing educational process that starts at an early age, and where new information are built upon previous knowledge.
- It is age and development appropriate, since the content of CSE always has to be aligned with the changes in needs and skills that normally happen through life and growth. It addresses developmentally relevant topics and it embraces developmental diversity.
- It is curriculum based, meaning that educators are properly trained with curricula that include key teaching objectives, the development of learning objectives, the presentation of concepts, and the delivery of clear key messages in a structured way.
- It is comprehensive, as the name says. The term “comprehensive” also refers to the fact that contents are consistently delivered throughout learners’ education over time and not with a single lesson or intervention.
- It is based on human rights. A rights-based approach protects adolescents and young people against the risk of abuse, sexual exploitation and domestic violence.

- It is based on gender equity, both by exploring the ways social norms can influence equity and empowering young people and educating them towards culture of non-discrimination, based on the creation of respectful and equitable relationships built on empathy and understanding.
- It is sex positive; the approach strives to achieve ideal experiences, rather than solely working to prevent negative experiences.
- It is culturally relevant and appropriate to the context: CSE promotes respect and responsibility within relationships and provide learners with tools to examine, understand and challenge the ways in which cultural norms and behaviours affect people’s choices and relationships within a specific setting. It is an attitude that celebrates sexuality as a part of life that can enhance happiness, bringing energy and celebration.
- It is transformative, since it provides learners with opportunities to develop positive values and attitudes towards SRHR, human rights and gender equality in order to develop a fair and compassionate society. It also promotes critical thinking and pushes young people to take responsibility for their own decisions and behaviours, also taking into consideration the ways in which these can affect others.
- It aims to develop those life skills needed to support healthy choices, such as the ability to reflect and make informed decisions, communicate and negotiate effectively and demonstrate assertiveness.

## 3.3 YOUNG PEOPLE IN HUMANITARIAN SETTINGS

Humanitarian crises happen as the result of an event or series of events that threatens the well-being, safety or health of a large group of people. During humanitarian crises, the everyday structures and institutions that support the healthy growth and development of adolescents and young people are disrupted: schooling is typically interrupted or discontinued, community and social networks break down, and families are often separated. Adolescents and young people in humanitarian settings may be<sup>6</sup>:

- Internally displaced, meaning they are still living in their own country, but have had to flee from their home

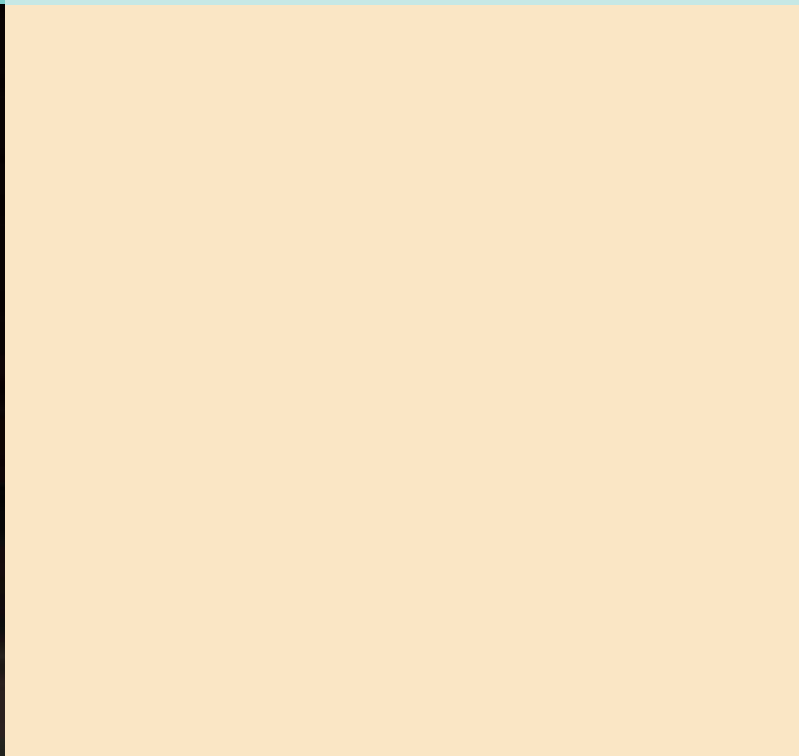
<sup>6</sup> UNFPA 2020, International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (CSE) An evidence-informed approach for non-formal, out-of-school CSE programmes that aims to reach young people from left-behind populations.

- Refugees, meaning they have had to leave their own country, usually for a neighbouring one
- Separated, meaning they are adolescents (i.e. under the age of 19) who have become separated from both parents and their legal or customary primary caregiver, but not necessarily from other relatives. They may be accompanied by other adult family members
- Unaccompanied, meaning they are adolescents who have been separated from both parents and other relatives.
- Adolescents and young people in emergencies, especially in protracted crises, are likely to have missed a lot of school and often have large gaps in their education. Therefore, they are more likely to have low literacy skills. Use methods that are appropriate to the literacy level of the learner.
- Identify all the needs of the learners and keep the programme broad to meet their needs, interests and aspirations: These may go beyond CSE, such as planning and goal-setting, education and training, and employment opportunities, in order to build their social, health and economic assets.

Planning and developing CSE will include the following specific provisions;

- Be aware that adolescents and young people in humanitarian settings are often highly mobile, training sessions provided should be complete i.e each lesson should contain complete information on a subject, rather than carrying over to the next lesson.
- Pay particular attention to the vulnerabilities of LGBT adolescents and young people in humanitarian settings: These young people can be especially vulnerable in humanitarian settings because of lack of access to programs that are safe, inclusive, and responsive to their needs.
- Adolescents with disabilities still commonly suffer from widespread violation of their rights particularly concerning sexual and reproductive health. CSE practitioners believe that adolescents with mild or moderate degrees of disability have rates of sexual activity and reproductive health needs comparable to their typically developing peers. Their need for support, risk reduction, and education in sexual health may exceed that of their peers<sup>7</sup>. CSE trainers should explore collaboration between public health partners and national chapters of persons with disability organisations.

<sup>7</sup> Holland-Hall C, Quint EH. Sexuality and Disability in Adolescents. *Pediatr Clin North Am.* 2017 Apr;64(2):435-449. doi: 10.1016/j.pcl.2016.11.011. Epub 2017 Feb 13. PMID: 28292457.



# 4.0 Effective Teaching Methodologies for Comprehensive Sexuality Education

*Teaching CSE, depend on a number of factors such as the developmental level of learners, goals, intent and objectives of the trainer, content, and environment including time, physical setting and resources. A single method cannot meet all of the goals nor can a single method accommodate all learning styles at once, the process involves prior understanding of relationships, conditions, causes, effects and attention to feedback<sup>8</sup>. This guide contains suggestions for methods that can be used with groups of young people, both in schools and in non-formal settings. We urge all CSE trainers to refer to the relevant national Sexuality Education Standards in their respective countries in addition to the content and methodologies in this guide.*

## 4.1 NEEDS ANALYSIS

Needs analysis step is often overlooked as a first step, mainly because trainers assume they know the target groups/learners quite well together with their needs. Adolescents seek learning environments that are consistent with and meaningful within the social and cultural contexts of their lives, as pressures around school, work, and relationships increase, adolescents experience greater stress. It is important to confirm the social composition of the learners; the real areas of need and which of these needs can be addressed through training.

## 4.2 CSE TEACHING METHODS

Every method has advantages and disadvantages. For example, cooperative learning allows for the participation of everyone, but the groups often get side tracked. Role playing introduces a dramatic problem situation, but some students are too self-conscious to project themselves into the situation. Large group discussions pool ideas and experiences from the group, but a few students may dominate<sup>9</sup>.

- Direct Instruction, the teacher imparts knowledge or demonstrates a skill.
- Indirect instruction models, the teacher sets up strategies, but does not teach directly; the students make meaning for themselves
- Interactive instruction models, the students interact with each other and with the information and materials; the teacher is organizer and facilitator

- Experiential Learning models mean that the students experience and feel; they are actively involved
- Independent study models, the students interact with the content more or less exclusive of external control of the teacher.
- For out of school adolescents make sure that you: integrate reading, writing, speaking and listening in your programme, use lots of visual materials.

The CSE training manual promotes a participatory learning process that is inspired by concepts of experiential learning. Accordingly, learners discover learning contents themselves, learn with all their senses, connect their experiences to the learning topic, participate actively in session, and thus become part and parcel of the learning process<sup>10</sup>.

### 4.2.1 STORYTELLING

Storytelling is a powerful tool that can strengthen the learning experience if it is correctly incorporated into the design. It is imperative to identify realistic stories that will support effective learning for the target user group. Stories, if they are good ones, are well remembered and are a good way to make sure that what is learnt stays with the learner. Each culture can find its store of traditional stories, and Africa is rich in such treasures. There is a variety of story 'types' or genres: moral stories/teaching stories, fantasy stories, myths, legends, 'reality' stories, tragedies, comic stories, and so on. Each genre has its uses.

<sup>8</sup> Stephen Petrina. (in press). Curriculum and Instruction For Technology Teachers; file:///C:/Users/User/Documents/PAT%20NCA/Chapter%204.pdf

<sup>9</sup> Stephen Petrina. (in press). Curriculum and Instruction For Technology Teachers

<sup>10</sup> PARTICIPATORYLEARNING METHODS-SFYouth;

## 4.2.2 BRAINSTORMING

Brainstorming is a way to introduce a new subject, encourage creativity and generate a lot of ideas very quickly. It can be used for solving a specific problem or answering a question.

Decide on the issue that you want to brainstorm and formulate it into a question that has many possible answers.

- Write the question where everyone can see it.
- Ask learners to contribute their ideas.
- Write down the ideas where everyone can see them, for instance, on a flip chart. These should be single words or short phrases.
- Stop the brainstorming when ideas are running out and then go through the suggestions, asking for comments.
- Only give your own ideas if it is necessary to encourage the group.

## 4.2.3 ROLE PLAY

A role-play is a short improvised drama acted out by learners. It mostly requires the learners to imagine themselves in an unfamiliar situation. Role-plays can improve participants' understanding of a situation and encourage empathy with those who are usually involved in it. Role plays need to be used with sensitivity, everyone needs to respect the feelings of individuals and the social composition of the group. It is important to not let these people feel excluded or marginalized. However, role-plays can be time-consuming and their success depends on the willingness of participants to take active part. Some trainees may feel a role-play is too exposing, threatening or embarrassing. This reluctance may be overcome at the outset by careful explanation of the objectives and the outcome.

There are many added values to using role-plays.

- Promote young people's identification with different situations which helps to break down stereotypes
- Promote empathy
- Enable young people to deal with decision making processes in a safe environment
- Create concrete experiences related to abstract problems

- Help young people to learn how to provide feedback
- Develop competences in terms of knowledge, values and skills over specific issues
- Show how human beings are likely to reproduce social stereotypes even when they are theoretically against them.

### CHOOSING AND PREPARE THE ACTORS.

Choose the actors or ask for volunteers (sometimes, the trainers can be the actors). It is helpful to choose the actors ahead of time, so they can prepare for their roles. Describe to them:

- The purpose of the role play
- The situation/scenario/problem
- Each role and how it should be acted out (what the characteristics of each role are, etc.)
- How much time the role play should take and what signals you will give them during the role play to let them know how much time is left
- What the observers will do

## 4.2.4 DESCRIBING VISUAL IMAGES

Choose a photograph or drawing with a clear, relevant message. Before displaying the image, ask three volunteers to leave the room. Discuss with the other participants how to describe the picture. Ask person A to return and listen to a description of the image (without seeing it). Let person A tells B and B tells C. Ask C to draw the picture. Discuss. Use this to highlight how messages become distorted when passed from one person to another.

## 4.2.5 SONGS, RAP AND DANCE

Integrating the performance arts—music and dance—into CSE helps young children learn complex subjects better. Ask the learners to compose and sing different songs, including local traditional songs and explain them. You will learn a lot about values, practices and local terminology.

## 4.2.6 DISCUSSIONS

Using discussions as a primary teaching method allows you to stimulate critical thinking. As you establish a rapport with your students, you can

demonstrate that you appreciate their contributions at the same time that you challenge them to think more deeply and to articulate their ideas more clearly. The method is used in combination with other methods. Gather the members in small or large groups and discuss a topic of interest. Provoke reactions by using open questions: "What do you see here? Why do you think it happens? When this happens in your situation, what problem does it cause? What can we do about it?" Ask questions that need definite answers. Summarize the major ideas and write them down. If you do not do this, learners will have a hard time picking out the most important ideas from the discussion and understanding their significance.

#### 4.2.7 QUESTIONING, LISTENING, RESPONSE

Through question, an attempt is made to ascertain and evaluate the knowledge of learner in regard to the subject area. There are two ways this method can be done; the first is trainer asking learners questions and then the learners answering them. The second way is the learner asking questions and the trainer answering them. Either way, active listening becomes a critical skill in this method. You as the trainer must communicate back to the learner that you understand what they said. Question and answer method is one of the building blocks to start a discussion. So this method is closely linked to discussions and helps learners transition into discussions. It is important, when asking questions, not to reject unusual answers or answers that you had not expected.

#### 4.2.8 USING MEDIA TO ENHANCE TEACHING AND LEARNING CSE

One of the techniques to improving learning for adolescents is providing multimedia; Media can be a component of active learning strategies such as group discussions or case studies. Media could be a film clip, videos, a song you hear on the radio, newspaper article. Learners can also create their own media. For example, video projects, recording songs and writing articles. The media are an infallible source of good discussion material. It is always interesting to discuss media content and the way it is presented and to analyse bias and stereotypes. Don't forget to include materials about young people participating positively in the society.

Although there is controversy over the role of the media in adolescent sexuality education, media will continue to be an important part of CSE. According to a study on assessing Comprehensive Sexuality Education Programs in the Democratic Republic of the Congo<sup>11</sup>, most male adolescents cited the school, friends and the media (internet) as the main sources of sexual and reproductive health and rights (SRHR) information.

#### 4.3 REWARD AND RECOGNIZE

Encourage good behaviour and give learners the recognition they deserve. Often people devalue a simple thank you, when it means so much to be thanked. Thank those who have contributed, even in small ways. Consider using small certificates of achievement to reward weekly good behaviour and participation. Displaying good work not only models successful work to learners, but also recognizes the achievement.

#### 4.4 SETTING GROUND RULES

Ideally let participants generate their own norms and ground rules, below are some examples to set the process going;-

- We will not talk about personal stories and ideas that are discussed in the group to people outside the group.
- We will speak one at a time and listen to each other. Let's begin by going around the group and giving everyone a chance to say something about themselves.
- We will help noisy people to quieten down and quiet people to speak up.
- Each of us has a right to participate and not to participate.
- We will never pressure anyone to take part in an activity or share personal information.
- We will respect each other's right to our own opinions and values. We won't judge or ridicule people.
- We will take responsibility for challenging harmful prejudice and oppression in others and ourselves.
- We all have a right to change our minds and make mistakes.
- No question is stupid or not worth asking

<sup>11</sup> Mpunga-Mukendi, D., Chenge, F.M., Mapatano, M.A., Mambu, T.N.M. and Wembodinga, G.U. (2020) Assessing Comprehensive Sexuality Education Programs in the Democratic Republic of the Congo: Adolescents' and Teachers' Knowledge, Attitudes and Practices towards Contraception. *Health*, 12, 1428-1444. doi: 10.4236/health.2020.1211104

## 4.5 ASSESSMENT AND FEEDBACK

Assessment is the process of observing a sample of a learner's behaviour and drawing inferences about their knowledge, skills and abilities. There are two overarching types of assessment in educational settings: informal and formal assessments.

Informal assessments are those assessments that result from teachers' spontaneous day-to-day observations of how learners behave and perform in a class setting. Formal assessments, on the other hand, are pre-planned, systematic attempts by the trainer to ascertain what learners have learned such as structured tests, quizzes and projects.

Given the time and resource constraints facing many CSE programs, more often than not the number of students attending sessions indicates success. But try to get beyond the numbers, with innovative measurements – that assess a program's ability to transform harmful gender norms, empower young people, and raise young people's consciousness of their human rights. The point of reference for determining success should be young people's perspectives, needs and realities<sup>12</sup>.

## 4.6 ESTABLISH A MULTI-SECTORIAL GROUP OF CSE CHAMPIONS

CSE champions include support of stakeholders and partners from the community; this includes a cross section of stakeholders such as community leaders, youth workers, health providers, academicians, young people, parents, teachers and faith leaders. Such a group can act as champions in the community. Also establishing links to health and referral service systems, in anticipation of the demand likely to be raised by CSE workshops or training programs.

Adolescents and young people rely on alternate avenues – recreational, educational, co-curricular, digital etc. to explore and express themselves. Safe spaces thus become crucial for personal growth and development. Engage stakeholders and partners from the community to create relevant physical and virtual safe spaces where young people can access CSE freely without fearing punitive shaming practices.

## 4.7. FOLLOW UP AND REFERRAL PROGRAMME

Young people often access services when it is too late, in part as a result of fear, discomfort, embarrassment, and gatekeeper disapproval. Before engaging in rolling out CSE trainings inter-sectorial collaboration, and in particular the relationship between Community health, NGOs and community-based organizations (CBOs) must be improved. There is need to put in place systems and procedures to ensure remedial action is taking place for adolescents who are seeking support and SRHR related services. Strategies to improve linkages include;-

- Mapping of existing referral programmes and accountability mechanisms within the community
- A mapping of possible partners and stakeholders and how they could contribute towards better health outcomes for the adolescents.
- Creating a safe physical and psychosocial environment for both learners and trainers including improving parent involvement in the delivery of CSE.
- Creating an enabling environment and building support for out-of-school CSE, as well as for working with specific groups of adolescents and young people, before beginning a training programme plan for an outreach to stakeholders to address the following;
- Explain what CSE is, providing evidence for why it is needed, and describing the training programme's goals.
- Understand and address stakeholders' concerns and questions (whether positive or negative) and address any misconceptions or myths about its influence on sexual behaviour.

The guide presents additional follow up suggestions along the specific topics and content, these are however not exhaustive. Trainers can achieve collaborative relationships through a number of different context specific strategies.

Additionally identifying adolescent at risk is key to early remedial action, while some risk factors are more influential during certain age ranges than others, environmental factors like family, school, and their surroundings seem to have the greatest effect. Having a powerful teacher learner bond is one of the most impactful protective factors, along with having support from their peers, parents and trusted adults.

12 COMPREHENSIVE SEXUALITY EDUCATION – TCI; <https://tciurbanhealth.org/wp-content/uploads/2018/03/AYSRH-Comprehensive-Sexuality-Education.pdf>

## 4.8 TAKING ACTION (ADOLESCENTS AND YOUNG PEOPLE)

The CSE training should focus on empowering adolescents and young people to engage in health-promoting behaviours. CSE trainings present as meaningful platforms for adolescents and youth to voice their opinions and hold duty bearers accountable in an array of sexual health issues and concerns. As trainers the CSE knowledge should be directed towards equity, human rights and

transformation. Evidence indicates that adolescents and young taking initiatives as peer and community educators have changed attitudes and behaviour among individuals. The CSE trainings should strive to inspire adolescents and young people and equipping them to participate in ways of their choosing – often through structured volunteering programmes or social change-oriented youth groups; youth-led initiatives and intergenerational partnerships, informal coalitions and campaigns

## 4.9 OVERVIEW OF KEY TOPICS

The proposed topics are divided into eight main parts and competencies according to the UNESCO CSE best practice curriculum. The topics are further divided into relevant modules and developmental learning goals and objectives. The CSE trainer's instructional guide and the toolkit is supported by active learning exercises (e.g., role plays, group discussions, case studies, brainstorming, and skills practice) providing opportunities for participants to clarify, question, apply, and consolidate new knowledge.

The learning objectives are further categorized into three age groups ( 9-12 years; 12-15 years and 15-18+ years), the last age group, ages 15-18+ acknowledges that some learners in the secondary level may be older than 18 and that the topics and learning objectives can also be used with more mature learners in tertiary institutions. All information discussed with learners in the above mentioned age groups should be in line with their cognitive abilities and inclusive of adolescents and young people with intellectual/learning disabilities. When discussing sexual violence and harassment reporting, have someone on hand to whom participants can report abuse: Some participants may be visual learners as a result of their disability, and it may also be more difficult for them to contact someone over the phone or via email<sup>13</sup>.

### PROPOSED METHODOLOGIES.

This section of the instructors guide provides a brief example of how to apply the different teaching and learning methodologies to facilitate the content. CSE trainers and facilitators should however make reference to the CSE toolkit that outlines a step by steps process of facilitating the content. In the toolkit each section includes an "In the Field" example that demonstrates how some of the methodologies can be used to help create and deliver CSE trainings.

### WORKING WITH A YOUNGER AUDIENCE (9–12 YEARS)

- Give concrete examples and ask if they have heard the terms used in the activity, especially if these are abstract concepts such as consent, confidentiality and gender.
- If they ask questions that might seem 'too advanced for their age' one useful tip is to ask, 'Where did you hear that?' or 'What interests you about that?' before answering. These introductory questions will help you understand exactly what they want to know, and also give you an idea about where they are getting their information about sexuality and sexual activity.

### WORKING WITH AN OLDER AUDIENCE (15+)

- Don't assume they already know what terms mean. Double check with the group by asking questions like 'What do we understand by this term?' Find common ground and develop the activity accordingly.

<sup>13</sup> Adopted from UNESCO (2018) International technical guidance on sexuality education, An evidence-informed approach <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

## **1. RELATIONSHIPS**

- 1.1** Families
- 1.2** Friendship, Love and Romantic Relationships
- 1.3** Tolerance, Inclusion and Respect
- 1.4** Long-term Commitments and Parenting

## **2. VALUES, RIGHTS, CULTURE AND SEXUALITY**

- 2.1** Values and Sexuality
- 2.2** Human Rights and Sexuality
- 2.3** Culture, Society and Sexuality

## **3. UNDERSTANDING GENDER**

- 3.1** The Social Construction of Gender and Gender Norms
- 3.2** Gender Equality, Stereotypes and Bias Gender-based Violence

## **4. VIOLENCE AND STAYING SAFE**

- 4.1** Violence
- 4.2** Consent, Privacy and Bodily Integrity
- 4.3** Safe use of Information and Communication Technologies (ICTs)

## **5. SKILLS FOR HEALTH AND WELL-BEING**

- 5.1** Norms and Peer Influence on Sexual Behaviour
- 5.2** Decision-making
- 5.3** Communication, Refusal and Negotiation Skills
- 5.4** Media Literacy and Sexuality
- 5.5** Finding Help and Support

## **6. THE HUMAN BODY AND DEVELOPMENT**

- 6.1** Sexual and Reproductive Anatomy and Physiology
- 6.2** Reproduction
- 6.3** Puberty
- 6.4** Body Image

## **7. SEXUALITY AND SEXUAL BEHAVIOUR**

- 7.1** Sex, Sexuality and the Sexual Life Cycle
- 7.2** Sexual Behaviour and Sexual Response

## **8. SEXUAL AND REPRODUCTIVE HEALTH**

- 8.1** Pregnancy and Pregnancy Prevention
- 8.2** Hiv and Aids Stigma, Care, Treatment and Support
- 8.3** Understanding, Recognizing and Reducing the Risk of STIs, including Hiv

# 5.0 Relationships

## 5.1 FAMILIES

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Parents/guardians and other family members help adolescents acquire values and guide and support their adolescents' decisions</li> <li>• Gender inequality is often reflected in roles and responsibilities of family members</li> <li>• Families can promote gender equality through their roles and responsibilities</li> </ul>	<p><b>• Development goals</b></p> <ul style="list-style-type: none"> <li>• Growing up means taking responsibility for oneself and others</li> <li>• Conflict and misunderstandings between parents/guardians and adolescents are common, especially during adolescence, and are usually resolvable</li> <li>• Love, cooperation, gender equality, mutual caring and mutual respect are important for healthy family functioning and relationships</li> </ul>	<p><b>• Development goals</b></p> <ul style="list-style-type: none"> <li>• Sexual relationships and health issues can affect family relationships</li> <li>• There are support systems that young people and family members can turn to when faced with challenges related to sharing or disclosure of information related to sexual relationships and health issues</li> </ul>

### Planning for the lesson

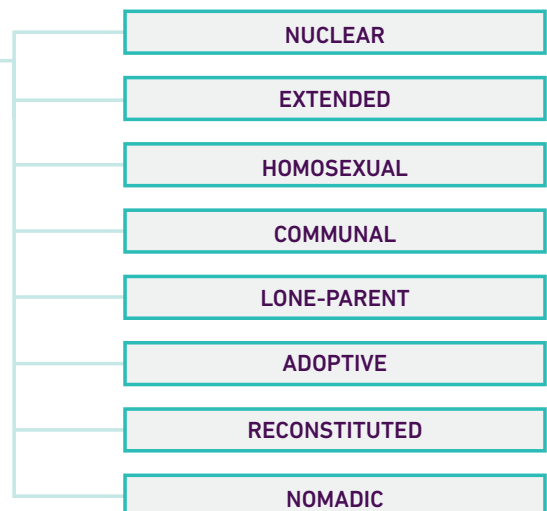
Families are the first "group" to which adolescents belong. Many students don't fit into the kind of families that are typically and displayed in books and media. Be sensitive to the different family structures to which the learners may be coming from.

Introduce vocabulary that you will be using that learners may not know or understand. Establish a culture of respect in the and let learners know that they are not allowed to disrespect another individual's lifestyle, no matter how different it is from theirs.

#### DIFFERENT FAMILY STRUCTURES AND ARRANGMENTS

**Include:**

- Single parent (divorced or never-married)
- Foster parent(s) (or state as legal guardian)
- Adoptive parent(s)
- Blended (biological parent and another parent figure to whom s/he may or may not be married)
- Unmarried biological parents
- Polyamorous parents (multiple romantic partners in household)
- LGBT parent(s)



### Proposed methodology

- Explain to learners that there are many different kinds of families. Have them brainstorm all of the different types of families that they can think of.
- Art work
- Role-play
- Story and discussion, presentation by local man/ woman who has challenged gender inequality within family.

### Evaluating your sessions

Assess comments made during discussions to make sure students can identify one reason why their family is different and important to them.

### Follow up issues

Discussions around the responsibilities of families to provide basic needs of love, food, shelter, clothing, companionship, and protection to their members may yield emerging family issues that may need referral or counselling.

## 5.2 FRIENDSHIP, LOVE AND ROMANTIC RELATIONSHIPS

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• There are different kinds of relationships</li><li>• Friendship and love help people feel positive about themselves</li><li>• Friendship and love can be expressed differently as children become adolescents</li><li>• Inequality within relationships negatively affects personal relationships</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Friends can influence one another positively and negatively</li><li>• There are different kinds of relationships</li><li>• Romantic relationships can be strongly affected by inequality and differences in power e.g. (due to gender, age, economic, social or health status)</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• There are healthy and unhealthy sexual relationships</li><li>• There are different ways to express affection and love as one matures</li></ul>

### Planning for the lesson

Romantic relationships are a major developmental milestone. They come with all the other changes going on during adolescence – physical, social and emotional. Adolescents and young people also draw on sexual meanings to maintain gender segregation and to make cross-gender interaction risky particularly in schools, such as teasing somebody for liking a peer of the opposite sex. All adolescents may experience not only “companionate love” (with feelings of fondness, liking, and interpersonal commitment) but also “passionate love,” that is, an intense desire for union with another person.

Talking about romantic relationships could be embarrassing for young people, especially with an unfamiliar adult, set clear lesson objectives and explain these to the participants.

Explain the difference by the use of critical questioning;

### Proposed methodology

- Brainstorm the different kinds of relationships that exist between males and females
- What if someone first takes me as a romantic partner and after a while they decide that they wants it to be platonic?  
Relationships only occur when all involved agree the same way. That is, one person wanting to be in a relationship is not enough, only if both people want to, can it happen.

- Discussions to clarify companionate love” (with feelings of fondness, liking, and interpersonal commitment) but also “passionate love,” that is, an intense desire for union with another person.
- Discussions and reflections on power and control within relationships.
- Discuss characteristics of healthy and unhealthy relationships.

### Evaluating your sessions

Set the stage to assess the different perspectives with which adolescents will approach their relationships.

### Follow up issues

At the end of the lesson, set clear directions for a supportive environment for learners to confront and control issues associated with relationships such as emotional abuse, learn communication techniques to seek help and set healthy boundaries in relationships.

## 5.3 TOLERANCE, INCLUSION AND RESPECT

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"> <li>• Stigma and discrimination are harmful</li> <li>• It is disrespectful and hurtful to harass or bully anyone on the basis of their social, economic or health status, ethnicity, origin, sexual orientation, gender identity, or other differences</li> </ul>	<b>Development goals</b> <ul style="list-style-type: none"> <li>• Stigma and discrimination on the grounds of differences (e.g. HIV, pregnancy or health status, economic status, ethnicity, origin, gender, sexual orientation, gender identity, or other differences) are disrespectful, harmful to well-being, and a violation of human rights</li> </ul>	<b>Development goals</b> <ul style="list-style-type: none"> <li>• It is important to challenge stigma and discrimination and promote inclusion, nondiscrimination and diversity</li> </ul>

## Planning for the lesson

Education is one way of ensuring that tolerance and acceptance become deeply embedded in our value systems. Learners are certainly entitled to their beliefs and their way of thinking, but one must be willing to respect others in order to be tolerant and inclusive. When you are preparing questions, discussions, scenarios, case studies, activities and assignments use examples, socio-cultural contexts, and images that reflect human diversity.

Tolerance and inclusion are simply the state of “accepting one fact the whole and being able to live in the same environment.” Inclusion and tolerance can exist between different groups, genders and individuals who have different characteristics. Inclusion and tolerance are used in the street, education environments or when we are together with disabled individuals or they are used for different disadvantaged groups. Inclusion and

tolerance are crucial to unify a society. Considering this reason, these concepts need to be understood better and disseminated in societies.

The Declaration of Principles on Tolerance issued by UNESCO (1995) provides more insight on the meaning of tolerance.

### Proposed methodology

- Explore inclusive teaching and learning methodologies, this refers to modes of teaching and learning that are designed to actively engage, include, and challenge all learners.
- Point out that negative stereotypes of people such as “they are lazy, have nothing to contribute, or cannot recover”, fuel misconceptions and maintain prejudice and discrimination.

Debate; Cultural Values that contradict human rights and generate discrimination.

### Evaluating your sessions

Learners should understand how the knowledge acquired can be optimized and utilized to prevent stigma and discrimination and promote inclusion, non-discrimination and diversity.

### Follow up issues

Note that learners who have experienced stigma and discrimination problems anywhere outside of the home or within the home may be shy to seek the help they need.

## 5.4 LONG-TERM COMMITMENTS AND PARENTING

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Child, early and forced marriages (CEFM) are harmful and illegal in the majority of countries.</li><li>• Long-term commitments, marriage and parenting vary and are shaped by society, religion, culture and laws.</li><li>• Culture and gender roles impact parenting</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• There are many responsibilities that come with marriage and long-term commitments.</li><li>• People become parents in various ways and parenthood involves many different responsibilities</li><li>• Child, early and forced marriage (CEFM) and unintended parenting can lead to negative social and health consequences</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Marriage and long-term commitments can be rewarding and challenging</li><li>• There are many factors that influence if, why, and when people decide to have children.</li><li>• Adolescents have a variety of needs that parents/guardians have a responsibility to fulfil (reflect on Convention on the Rights of the Child)</li></ul>

### Planning for the lesson

The topic explored aspects of teenage parenthood and its impact for mothers, fathers and their adolescents. The CSE trainer should research on instinctive causal factors, which direct young people towards this phenomenon (teenage parenthood) within their own context. Poverty plays an important role in leading adolescents to early pregnancy and parenthood. When affected one has to decide whether to use the birth control methods or not, and must make a choice whether to abort the child or not or to raise the child or put the child for adoption once the child is born.

Explore women's/girls biological task and gender roles in parenthood and the part Men/boys play as parents. Outline the significance of each sex and their gender-ascribed roles also draw out any inequalities.

Explore the challenges faced by mothers forced into parenthood through rape-related pregnancy.

Acknowledge and share change stories within the community, of parents who have claimed to perceive parenthood as a prospect and accomplishment despite facing challenges. Identify champions who despite becoming parents as adolescents thrived within the society, the experience encouraged them to quit negative behaviours such as substance abuse. This transition also educated them on specific challenges young parents experience financially, socially including the health risks associated with unprotected sex.

## **Proposed methodology**

Change stories, Explanatory questions, and discussions

### **Evaluating your sessions**

- Assess learner's abilities to link risky behaviour such as drug abuse cases, becoming alcoholic, heavy partying as precursors to getting pregnant and early parenthood.
- Assess levels of knowledge and understanding around reproduction and contraception, access to family planning and health services and capability to forecast on the consequences of sexual activity.
- Through discussions, engage young men on behavioural aspects that develop healthy intimate relationships and a positive sense of masculinity to reduce rape.
- Learners should understand that adolescent pregnancy poses risks to the life of a young mother and her baby, and can affect their health, educational and future employment outcomes

### **Follow up issues**

- Follow up issues may arise of rape and rape-related pregnancy or pregnancies from childhood marriage.
- Identify community support systems that provide chances to young parents to continue their education, adolescent-friendly health services along with counselling.

# 6.0 Values, Rights, Culture and Sexuality

## 6.1 VALUES AND SEXUALITY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Values and attitudes imparted to us by families and communities are sources of what we learn about sex and sexuality, and influence our personal behaviour and decision-making.</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• It is important to know one's own values, beliefs and attitudes, how they impact on the rights of others and how to stand up for them.</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• It is important to know one's own values, beliefs and attitudes, in order to adopt sexual behaviours that are consistent with them.</li><li>• As adolescents grow up, they develop their own values, which may differ from their parents/guardians.</li></ul>

## Planning for the lesson

Before you teach human sexuality, you need to understand your own values and biases. It's important because you don't want to project your personal values upon your learners. Values and meanings generate attitudes that are capable of altering the emotional tone and the ethics linked to sexual life. Consider, for example, the conflicts that arise from a certain attitude toward a disability such as fertility and sterility. Infertility- sterility based discrimination and prejudice may have psychological impacts of guilt and shame.

Adolescent sexualities are also sometimes criminalized or highly stigmatized in some societies. Society therefore has a unique way of influencing how people act, react and feel about individual sexuality issues.

Healthy sexuality has to do with helping adolescents learn how to protect them from dangerous, abusive, invasive or controlling sexual relationships and to confront denounce discriminatory sexual values.

Ask about sexual orientation LGBT, with the exception of South Africa and Cape Verde, lesbian,

gay, bisexual, and transgender (LGBT) rights in Africa are limited. Across Africa, homosexuality has become an issue of political contestation and conflict. In 32 African countries, adult same-sex acts are illegal, including 24 that criminalize lesbian acts, and many other countries have recently passed laws that restrict and punish groups that work on sexual orientation and gender identity issues. The African Commission on Human and Peoples' Rights has taken on issues of sexual orientation and gender identity, topics that some may have considered too "controversial" but that fall squarely within the ambit of human rights<sup>14</sup>.

The commission affirms the "respect and protection of the rights of persons or groups at heightened risk to acts of torture and other ill-treatment, including... lesbian, gay, bisexual, transgender and intersex persons." This includes policies and practices that undermine the rights to freedom of association and assembly," including those based on "sexual orientation, identity and expression of gender<sup>15</sup>."

<sup>14</sup> 60th Ordinary Session of the African Commission on Human and Peoples' Rights, Niamey, Niger, May 8, 2017. © 2017 African Commission on Human and Peoples' Rights

<sup>15</sup> resolution 275 on protection against violence and other human rights violations against persons on the basis of their real or imputed sexual orientation or gender identity.

### Proposed methodology

Stories, Folk songs, Role play and Question and Answer.

### Evaluating your sessions

- Learners should exhibit an understanding that individuals express their sexuality in varied ways.

- Learners should identify discriminatory values around sexuality in their community.

### Follow up issues

Provide self-passed learning and reading resources that can enhance knowledge around discriminatory values.

## 6.2 HUMAN RIGHTS AND SEXUALITY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b>	<b>Development goals</b>	<b>Development goals</b>
It's important to know your rights and that human rights are outlined in national laws and international agreements	Everyone's human rights include rights that impact their sexual and reproductive health.	<ul style="list-style-type: none"><li>• There are local and/or national laws and international agreements that address human rights that impact sexual and reproductive health.</li><li>• It's important to know and promote human rights that impact sexual and reproductive health</li></ul>

### Planning for the lesson

Basically, all governments, by signing the UN convention, have committed to the existing international body of human rights treaties and conventions to respect, protect and fulfil the human rights of all people. Human Rights protect people from discrimination, harassment and victimization and everyone is protected (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

Trainers should make the link between sexual rights and existing human rights that are critical to the realization of sexual health, these includes:

- the rights to equality and non-discrimination;
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment;
- the right to privacy;
- the rights to the highest attainable standard of health (including sexual health);
- the right to marry and to found a family and enter into marriage with free and full consent of the

intending spouses, and to equality in and at the dissolution of marriage;

- the right to decide the number and spacing of one's children.
- the rights to information and education;
- the rights to freedom of opinion and expression; and
- the right to an effective remedy for violations of fundamental rights.

### Proposed methodology

- Videos on human rights
- Discussions

### Evaluating your sessions

- Human rights are universal, indivisible, interdependent and inalienable.
- An understanding at the individual level, that while we are entitled to our human rights, we should also respect the human rights of others.

- Learners should exhibit an understanding that for women and girls, the right to control their own bodies and their sexuality without any form of discrimination, coercion, or violence is critical for their empowerment.
- The same human rights holds true for lesbians, gay men, bisexual people, transgender people, sex workers, and others who transgress sexual and gender norms and who face greater risk of violence, stigma, and discrimination as a result.

### Follow up issues

Human rights literacy, making available a popular version of the human rights in videos, comics such as this open source video on YouTube; <https://www.youtube.com/watch?v=nDgIVseTkuE>

## 6.3 CULTURE, SOCIETY AND SEXUALITY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> Culture, religion and society influence our understanding of sexuality	<b>Development goals</b> <ul style="list-style-type: none"> <li>• Social, cultural and religious factors influence what is considered acceptable and unacceptable sexual behaviour in society, and these factors evolve over time</li> </ul>	<b>Development goals</b> <ul style="list-style-type: none"> <li>• It is important to be aware of how social and cultural norms impact sexual behaviour while developing one's own point of view</li> </ul>

### Planning for the lesson

According to the World Health Organization, "Sexuality is an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from other aspects life."

Coverage extends to sexual consent and sexual responsibility; harassment and freedom of speech; privacy; censorship and pornography; impact of film and literature on sexual relationships; Prepare examples where sexually restrictive cultures, religion and ethos cause some cultures to have strict morals and beliefs regarding sexuality. Give examples where the idea of chastity is common and the prejudice sometimes expressed towards girls who engage in sexual intercourse before marriage may be seen as unfavourable and virginity-testing ceremonies are publicly promoted. However what one considers as virginity usually depends on cultural background and religious upbringing. Prepare relevant examples in the country i.e. cultural myths that sex with a virgin is a cure for HIV, young girls have been victimized in such circumstances. Also where parents marry off their daughters to affluent members of the community in exchange for money or material gains. In all these cases, consent is seldom sought from the young girls.

Cultural contradictions, in some cultures males are free to experiment sexually at will before marriage exposing them at risk of sexually transmitted diseases. Whilst girls have to preserve their virginity for marriage. Also different religions have different teachings about what constitutes sexual morality, while members within a specific religious denomination may also have different beliefs and practices i.e condemnation of masturbation, abortion, and homosexuality.

Structural and attitudinal barriers certainly interferes with the sexuality of people with disabilities. Studies indicate that disabled persons have their first kiss, date and sexual encounter later than their able bodied peers. The type of disability that a child has however, may affect the way in which information should be presented. The disability may also affect what type of information is presented. For example: A young person with a physical disability may need specific information about how the physical disability affects expression of sexuality and participation in a sexual relationship. Likewise a young person with a visual impairment would be capable of understanding a wide range of concepts and facts about sexuality but may need materials presenting this information through touch or hearing, or through braille or large print materials<sup>16</sup>.

16 NH Department of Health and Human Services, <https://www.dhhs.nh.gov/dcbcs/bds/sms/documents/sexuality.pdf>

People with intellectual disability also need sexuality education that:

- Teaches them that people with disability can have fulfilling sex lives
- Is delivered in a way that a person with intellectual disability can understand.
- Explains social rules, such as telling the difference between private and public behaviours
- Covers age-appropriate sexual issues that may be associated with their particular disability

#### **Proposed methodology**

- Group exercises
- Role play

#### **Evaluating your sessions**

From a tender age, the socialization process differentiates the girl child from the boy child, learners therefore come to the CSE lessons with preconceived values, the focus is on unlearning discriminatory values and expressing sensitivity, compassion, and respect for beliefs and values that may be different from their own.

The young people should be socialized that men and women are equal because biological differences do not mean that the other sex is inferior.

#### **Follow up issues**

The lesson may increase activism amongst the learners, improving knowledge on how to report an incident to police, provide relevant contacts where they can report crime and discrimination anonymously such as hotlines, police gender desks etc.

# 7.0 Understanding Gender

## 7.1 THE SOCIAL CONSTRUCTION OF GENDER AND GENDER NORMS

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Social and cultural norms and religious beliefs are some of the factors which influence gender roles</li><li>• The way that individuals think of themselves, or describe themselves to others in terms of their gender, is unique to them and should be respected</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Gender roles and gender norms influence people's lives</li><li>• Romantic relationships can be negatively affected by gender roles and gender stereotypes</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• It is important to challenge one's own and others' gender biases</li><li>• Homophobia and transphobia are harmful to people of diverse sexual orientation and gender identity</li></ul>

### Planning for the lesson

Facilitators and trainers should have a clear understanding of what gender is and what it is not; i.e what is considered 'normal' by groups, communities or organisations is shaped by culture and ideologies, which instil learned values and norms in people. This means that the way we think a woman or a man should behave or act is mainly determined by the society we live in and the cultural norms we share. It is commonly assumed that your gender is determined by your biological sex. You are masculine because you are male, or feminine because you are born female. Norms are perceived as natural even though they are socially constructed and often unconscious. For example the separation of gender and sex is most apparent in the experience of people who feel that their ascribed gender-identity is not aligned with their biological sex.

- Masculinity is what society deems appropriate behaviour for a "man"
- Femininity is what society deems appropriate behaviour for a "woman"
- What is considered masculine and feminine changes over time and varies by culture.

#### Proposed methodology

- Daily activity clock (24 – hour daily calendar), the tool examines the gender-based division of labour in a family. Explains how men/boys and women spend a typical day from the time they wake up until they go to bed. Note this can vary given the setting urban-rural and family context.
- The activity clock and discussion should be conducted with separate groups of girls and boys.
- Discussions around the roles, inequalities, who determines the roles, what can be changed overtime and why.

#### Evaluating your sessions

Learners understand and can explain the terms gender, gender norms and gender roles.

Gender norms (the socially acceptable ways of acting out gender) are learned from birth through childhood socialization. We learn what is expected of our gender from what our parents teach us, as well as what we pick up at school, through religious or cultural teachings, in the media, and various other social institutions.

Gender roles describe the tasks and functions perceived to be ideally suited to masculinity and femininity. They vary across time and place and are very culturally specific

### Follow up issues

Trainers and facilitators can assign learners projects within the community to research on inequalities, courses and possible solutions.

## 7.2 GENDER EQUALITY, STEREOTYPES AND BIAS

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Gender inequalities and differences in power exist in families, friendships, relationships, communities and society</li> <li>• Stereotypes about gender can lead to bias and inequality</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Gender stereotypes and bias impact how men, women, and people of diverse sexual orientation and gender identity are treated and the choices they can make</li> <li>• Gender equality can promote equal decision-making about sexual behaviour and life planning</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Gender inequality, social norms and power differences influence sexual behaviour and may increase the risk of sexual coercion, abuse and GBV</li> </ul>

### Planning for the lesson



#### FACILITATOR'S AND TRAINERS CLEAR UNDERSTANDING OF TERMINOLOGIES; STEREOTYPES, BIAS AND GENDER EQUALITY

Discriminatory customary and formal legal systems and frameworks create barriers for women and girls in accessing social and economic services. As an example, gender norms related to sexuality can affect health and access to basic services. In many societies girls are expected to remain silent around issues related to sex and sexuality. For this reason, it can be difficult for girls to learn about risk reduction, or even if informed, it may be difficult for them to negotiate safe sex within their sexual relationships. This is because of the strong norms that encourage girls not to have sex before marriage.

Media has a direct impact on society's gender stereotypes. It portrays the perfect face, the ideal body, and the spectacular lifestyles of celebrities. We watch these seemingly flawless people, and we want to be like them. Men/boys are strongly built, tough, and handsome — protectors and providers. Women/girls are often portrayed as pretty, skinny, dressed in designer clothes.

#### Gender equality

Gender equality, also known as equality of the sexes, is the state of equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviours, aspirations and needs equally, regardless of gender.

Gender bias is a preference or prejudice toward one gender over the other. Bias can be conscious or unconscious, and may manifest in many ways.

**How Do We Measure Gender Equality?**  
Gender equality is measured by looking at the representation of men/boys and of women/girls in a range of roles. (work, money, knowledge, time, power and health).

#### Proposed methodology

- Pictures, videos
- Brainstorm around existing stereotypes and the effects
- Housekeeping and childcare are women and girls responsibility.
- Men are protectors and providers
- Can you think of examples of women's' sexual expression that you would describe as masculine?

The values clarification tool.

The values clarification tool is a useful tool when starting a journey of cultural change, or as a way for developing a common vision. The values clarification tool starts with an open ended statement that forms the "purpose" participants are asked to individually complete a series of interlinked statements in their own words as seen in the example below.

**I believe the purpose of gender equality is to**

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The purpose will be followed by a second open ended statement that identifies how that particular purpose can be achieved, for example

**I believe gender equality can be achieved through**

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**I believe the factors that hinder the achievement of gender equality are:**

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Ask learners to read out aloud their complete statements, help learners better understand what matters to them by helping clarify their values.

### Evaluating your sessions

- Learner's clear articulation of gender equality giving examples of inequalities/bias based on gender.
- Learners understanding that gender bias are a form of prejudice and discrimination.

### Follow up issues

Provide reading material/other media to clarify terminologies

## 7.3 GENDER-BASED VIOLENCE

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• All forms of GBV are wrong and a violation of human rights</li><li>• Gender stereotypes can be the cause of violence and discrimination</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• All forms of GBV by adults, young people and people in positions of authority are a violation of human rights</li><li>• Intimate partner violence is harmful, and support exists for those who experience it.</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Everyone has a responsibility to advocate for gender equality and speak out against human rights violations such as sexual abuse, harmful practices and other forms of GBV</li></ul>

## Planning for the lesson

The content matrix includes, forced intercourse or other forced sexual acts, child's sexual abuse, dating violence, female genital mutilation, and early and forced marriages.

The United Nations (UN) Declaration on the elimination of violence against women describes GBV as follows: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.

Engaging men and boys as participants and stakeholders in gender-based violence (GBV). Because gender ideologies are embedded in both

male-identified individuals' risk for perpetrating violence, and their willingness to participate in preventing it, however, the project of engaging men requires careful thinking about how to appeal to men without reinforcing notions of gender hierarchy.

Sexual crimes to be reported include the following:

- **RAPE** occurs when a person has sexual penetration with a victim without their consent. The law also makes it a crime for one person to force another person to rape a victim. This is known as compelled rape.
- **SEXUAL ASSAULT** occurs when a person sexually violates the victim by, for example, touching the genital organ of the victim or causing the victim

to touch his/her genital organ. The law makes it a crime for one person to force another person to sexually violate a victim. This is known as compelled sexual assault.

• **COMPELLED SELF-SEXUAL ASSAULT** occurs when a person compels the victim to masturbate or engage in any form of self-sexual arousal or stimulation. “When abuse occurs in a situation of trust, whether in the family, the church, in schools or elsewhere, the sense of betrayal is intensified.”

• **‘Flashing’** happens when a person displays his/her private parts to a victim without their consent.

• **Sexual exploitation of Adolescents/adolescents and persons** who are mentally disabled occurs where a person engages the sexual services of a child victim or a mentally disabled person with or without consent, for financial favour or reward. This is generally known as child prostitution.

• **Sexual grooming of Adolescents, adolescents and persons** who are mentally disabled means making a child or a mentally disabled person sexually ready with the aim of committing a sexual act with such child/mentally disabled person.

• **Child pornography** occurs when a person or company uses a child to make pornographic material for a reward or money, with or without the consent of the child.

• **Violence against women** is understood to encompass, but not be limited to, the following:

• **Physical**, sexual and psychological violence occurring in the family [and in the community], including battery, sexual abuse of female adolescents, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation,

• **Sexual** harassment and intimidation at work, in educational institutions and elsewhere, trafficking of women/girls and forced prostitution and any other violence perpetrated or condoned by the State.

• **Intimate partner violence**; women/girls who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime and is a violation of women’s human rights.

• **Online sexual harassment.** May include

- ① Non-consensual sharing of sexual images and videos sexting
- ② Sexualised online bullying;
- ③ Unwanted sexual comments and messages, including, on social media; and
- ④ Sexual exploitation; coercion and threat

### Proposed methodology

Films, stories, discussions.

Use the Anger Rock (iceberg) Activity.

• Anger Rock (iceberg)

• Anger is sometimes used to mask emotions that make a person feel vulnerable, such as hurt or shame, inferiority complex and other feelings. Although anger is displayed outwardly, other emotions may be hidden beneath the surface.

• In two separate groups of boys and girls, participants should discuss and present answers to the questions below;

• In your family, or in the culture you grew up in, what emotions do women/girls freely express? What emotions do they keep to themselves?

• Imagine a man/boy in your community who handles difficult emotions—such as sadness, fear, or hurt—effectively. How do they show these emotions? What do they do to cope with them?

Discussions around risk factors such as;

By exploring what’s beneath the surface of gender violence, learners can gain insight into power differentials that fuels gender violence, and the fatal outcomes like homicide or suicide; injuries of girls who experience intimate partner violence; unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV; depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts.

## Evaluating your sessions

A clear understanding of what to do if you or someone else is being abused.

Provide the necessary skills for learners to seek help and support if a friend, family member or someone else is experiencing GBV.

- 1.** Do not suffer in silence: If you are being physically, psychologically (mentally), emotionally or sexually abused, talk to someone you can trust such as a friend, neighbour, relative, spiritual leader or elder, doctor or counsellor.
- 2.** Get professional help from a counsellor or by opening a criminal case against the abuser for rape, sexual assault or physical violence.

## Follow up issues

Consider the role of credible role models to co-facilitate lessons.

- 1.** Reaching boys through their existing individual relationships sports, dance groups and entertainment areas, and mobilizing community-specific ambassadors or role models.
- 2.** Present learners with relevant resources and a database of organisations which contribute to the fight against GBV in the community

# 8.0 Violence and Staying Safe

## 8.1 VIOLENCE

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Sexual abuse, sexual harassment and bullying (including cyber bullying) are harmful and it is important to seek support if experiencing them.</li><li>• Intimate partner violence is wrong and it is important to seek support if witnessing it</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Sexual abuse, sexual assault, intimate partner violence and bullying are a violation of human rights</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Everyone has a responsibility to advocate for people's health and well-being free from violence</li></ul>

### Planning for the lesson

The facilitator and trainers should;

- Define the problem of violence including maltreatment and characteristics of those most affected by it
- Identify the causes and the risk factors that appear to affect susceptibility to violence and maltreatment – for example, the factors that increase a child's risk of sexual abuse, bullying, and psychological abuse, sexual harassment in or on the way to school, violence based on sexual orientation and gender identity expression.

Violence and maltreatment refers to the physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of adolescents and young people, as well as to their commercial or other exploitation. It occurs in many different settings. The perpetrators of violence and maltreatment may be: parents and other family members; caregivers; friends; acquaintances; strangers; others in authority – such as teachers, soldiers, police officers and clergy; employers; health care workers; other adolescents.

Violence against adolescents and young people by adults within the family is one of the least visible forms, as much of it takes place in the privacy of domestic life,

but it is nonetheless widely prevalent in all societies. Child, adolescent and young people maltreatment is linked to other forms of violence – including intimate partner violence, community violence involving young people, and suicide. World report on violence and health and the 1999 WHO consultation on child abuse prevention distinguish four types of violence and maltreatment: physical abuse; sexual abuse; emotional and psychological abuse; neglect.

Punishment involving either physical or emotional measures is a form of violence and often reflects the caregiver's anger or desperation, rather than a thought-out strategy intended to encourage the child/adolescent to understand expectations of behaviour. Such punishment uses external controls and involves power and dominance. It is also frequently not tailored to the age and developmental level<sup>17</sup>.

Characteristics of community environments that are associated with an increased risk of adolescent violence and maltreatment include; tolerance of violence; gender and social inequality in the community; lack of or inadequate housing; lack of services to support families and institutions and to meet specialized needs; high levels of unemployment; poverty; harmful levels of lead or other toxins in the environment; transient neighbourhoods; the easy

<sup>17</sup> Resources; (WHO 2006) Preventing Child Maltreatment: a guide to taking action and generating evidence; [https://apps.who.int/iris/bitstream/handle/10665/43499/9241594365\\_eng.pdf;jsessionid=3A47E9028859D72F2260DD46F892FACC?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/43499/9241594365_eng.pdf;jsessionid=3A47E9028859D72F2260DD46F892FACC?sequence=1)

availability of alcohol; local drug trade;

**Harmful traditional practices**<sup>18</sup>: are forms of violence, which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most common are;

- Forced or early marriage
- so called 'honour' based violence
- Female genital mutilation (FGM), or female circumcision as it is sometimes erroneously referred to, involves surgical removal of parts or all of the most sensitive female genital organs<sup>19</sup>.

Some of the motives for forced marriage and/or honour-based violence have been identified as

- Families controlling unwanted sexual behaviour or sexual orientation
- Preventing relationships out with the community
- Ensuring care for disabled adolescents or adults
- Protecting the family 'honour'.

### Discrimination based on sexual orientation

**or gender identity**; people with diverse gender identities and sexual orientations often experience homophobia, transphobia and biphobia, and face barriers to justice and the protection of their rights. While some countries have legal protections around sexuality and gender identity, in many contexts, people perceived or known to be in same-sex relationships are criminalised, face imprisonment and sometimes the death penalty. Sexual and gender non-conformity can be a barrier to employment, economic opportunities, social acceptance and education in many settings.

### Proposed methodology

Factors that increase susceptibility to adolescent's violence and maltreatment are known as risk factors, and those decreasing susceptibility are referred to as protective factors.

Through song, rap and dance, discussion in pairs, question and answer sessions let learners identify risk factors and protective factors in their community.

### Protective factors worksheet.

Early aggressive behaviour, lack of parental supervision, academic problems, undiagnosed mental health problems, peer substance use, drug availability, poverty, peer rejection, and child abuse or neglect are risk factors associated with increased likelihood of adolescents and youth substance use and abuse and violence. Some individuals are however exposed to protective factors that may keep them from risk factors. The protective factors worksheet, draws and explain what protective factors are to the learners. This can be done for risk factors as well.

Review each of these factors and mark how you fear each protective factor.

PROTECTIVE FACTORS WORKSHEET	WEAK	MODERATE	STRONG
FOLLOWING RULES FOR BEHAVIOUR AT HOME, AT SCHOOL, AND IN PUBLIC PLACES.			
ABILITY TO TALK ABOUT PROBLEMS			
BELIEF OF SELF-WORTH AND VALUE			
MEDICAL COMPLIANCE/TAKING MEDICINE AS PRESCRIBED			

What are the protective factors that you would want to improve?

### Evaluating your sessions

The CSE training should be directed towards helping adolescents and young people develop judgement, a sense of boundaries, self-control, self-sufficiency and positive social conduct

<sup>18</sup> <http://www.healthscotland.scot/publications/harmful-traditional-practices-what-health-workers-need-to-know>

<sup>19</sup> Ohchr Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Adolescents; <https://www.ohchr.org/Documents/Publications/FactSheet23en.pdf>

## Follow up issues

As a CSE trainer, you should become familiar with the strategies currently being used to prevent violence and maltreatment within your context and community.

Link with stakeholders and community support structures that will take action:

- To prevent the problem from occurring;

- To detect the problem and respond when it does occur;
- To minimize its long-term negative impacts.

The needs and rights of people who do not conform to sexual and gender norms are rarely represented in other civil society organizations (CSOs), which can compound the problem of limited access to services for these individuals.

## 8.2 CONSENT, PRIVACY, AND BODILY INTEGRITY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b>  It is important to understand what unwanted sexual attention is and the need for privacy when growing up	<b>Development goals</b> <ul style="list-style-type: none"><li>• Everyone has the right to privacy and bodily integrity</li><li>• Everyone has the right to be in control of what they will and will not do sexually, and should actively communicate and recognize consent from their partners</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Consent is critical for healthy, pleasurable and consensual sexual behaviour with a partner</li><li>• It is important to be aware of factors that can impact the ability to acknowledge or give consent</li></ul>

### Planning for the lesson

The right to privacy often means the right to personal autonomy, or the right to choose whether or not to engage in certain acts or have certain experiences. Privacy is a fundamental right, essential to autonomy and the protection of human dignity, serving as the foundation upon which many other human rights are built. Privacy enables us to create barriers and manage boundaries to protect ourselves from unwarranted interference in our lives, which allows us to negotiate who we are and how we want to interact with the world around us<sup>20</sup>.

The topic on consent, privacy and bodily integrity should be explored in the context of learning about healthy relationships and should not be solely limited to consenting to sexual activity. We may assume that respect is obvious, but it needs to be taught, emphasized, and demonstrated. Teaching adolescents and young people to acknowledge and respect other people's personal boundaries can help create a society where no one feels ashamed to willingly engage in, or to reject, sexual activity.

- Consider cultural/faith dimensions to the activities/resources you are using – are they inclusive and appropriate for all young people?

- Ensure that sessions cohere with relevant policies and procedures for the environment you are working in and that you have support and buy-in from parents/education authorities/community leaders as appropriate.
- Link your work on consent to national or international events such as international Day for the Elimination of Violence against Women and girls.

Consent is about communicating what contact is wanted and unwanted, understanding where one's boundaries are, and recognizing that each person has the right to make their own decisions, especially decisions concerning their body. Healthy relationships share certain characteristics that adolescents should be taught to expect, they include:

- **Mutual respect.** Respect means that each person values who the other is and understands the other person's boundaries.
- **Trust.** Partners should place trust in each other and give each other the benefit of the doubt.
- **Honesty.** Honesty builds trust and strengthens the relationship.

<sup>20</sup> [https://www.ifpa.ie/sites/default/files/documents/Reports/teaching\\_about\\_consent\\_healthy\\_boundaries\\_a\\_guide\\_for\\_educators.pdf](https://www.ifpa.ie/sites/default/files/documents/Reports/teaching_about_consent_healthy_boundaries_a_guide_for_educators.pdf)

- **Compromise.** In a dating relationship, each partner does not always get his or her way. Each should acknowledge different points of view and be willing to give and take.
- **Individuality.** Neither partner should have to compromise who he or she is, nor should his or her identity not be based on a partner's. Each should continue seeing his or her friends and doing the things he or she loves. Each should be supportive of his or her partner wanting to pursue new hobbies or make new friends.
- **Good communication.** Each partner should speak honestly and openly to avoid miscommunication. If one person needs to sort out his or her feelings first, the other partner should respect those wishes and wait until he or she is ready to talk.
- **Anger control.** We all get angry, but how we express it can affect our relationships with others. Anger can be handled in healthy ways such as taking a deep breath, counting to ten, or talking it out.
- **Understanding.** Each partner should take time to understand what the other might be feeling, everyone argues at some point, but those who are fair, stick to the subject, and avoid insults are more likely to come up with a possible solution. Partners should take a short break away from each other if the discussion gets too heated.
- **Problem solving.** Dating partners can learn to solve problems and identify new solutions by breaking a problem into small parts or by talking through the situation.

### Proposed methodology

- Role-play, reflections and discussion, analyse the role-play and discuss its relevance to their lives.
- Use current stories in the news media or favourite soap opera storylines to ensure that they are relevant and timely
- Video; <https://www.youtube.com/watch?v=Exobo1GmYjs>

### Evaluating your sessions

An understanding of, laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships

An understanding of how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn, in all contexts, including online

- Learners will be able to recognise different forms of abuse and to protect themselves and others from abuse and unhealthy relationships as they get older
- Learners should understand what consent entails, it include a focus on respect for human rights and gender equality. It also details on the right to decide who can touch your body, understanding unwanted sexual attention, and being in control of what you will or will not do sexually.
- Female genital mutilation is a violation of bodily integrity, privacy.

### Follow up issues

Adolescents and adolescent's privacy rights depended upon parental behaviour; to what extent does it depend upon parental control and consent.

## 8.3 SAFE USE OF INFORMATION AND COMMUNICATION TECHNOLOGIES (ICTS)

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Internet and social media use require special care and consideration</li> <li>• Sexually explicit images and media are easily accessible through social media and can promote harmful gender stereotypes.</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• The Internet, cell phones and social media can be sources of unwanted sexual attention</li> <li>• Sexually explicit media and images can be sexually arousing and potentially harmful</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Social media use can result in many benefits, but also has the potential for moral, ethical and legal situations that require careful navigation.</li> <li>• Sexually explicit media can result in unrealistic expectations about sexual behaviour, sexual response and body appearance.</li> </ul>

### Planning for the lesson

Adolescents' fast and early adoption of new information technologies creates important opportunities for engaging youths in preventive services via e-health. The Internet and other information and communication technologies (ICTs) such as mobile phone short-message service (SMS), snapchat constitute cost-effective vehicles to access youth in a widespread manner, and they create opportunities for the use of interactive technologies<sup>21</sup>. Internet communication may be especially advantageous for shy, socially anxious, or marginalized youth, enabling them to practice social skills without the risks associated with face-to-face interactions.

#### Risk Factors of Teen Internet Use

There are critical challenges associated with adolescents' access to information on the Internet that CSE trainers should be put into consideration. Adolescents do not consider the source of the content when searching for information. Some of the adolescents who claim not to use the internet to find any kind of information related to sex and sexuality connect Internet use relating to sexuality mainly to the consumption of pornography. This shows a lack of experience with respect to the web offerings relating to sex and sexuality, for example expert forums, webpages dedicated to sex and sexuality from a medical point of view<sup>22</sup>.

Adolescents will often create personal pages where they can make up or post their real identities, personal profiles, and pictures on websites. Some adolescents also have digital dossiers that could follow them into adulthood, affecting their access to education, employment, healthcare and financial services. This has a significant and long-term effect on adolescents' lives, which is why privacy law must be cognisant of it.

A casual attitude toward sexual violence against women is directly related to pornography consumption. Pornography in the internet in particular tend to objectify women, or view them as more object than individual, an attitude linked to current rape theories. Pornography portrays women (and men) as enjoying degrading and/or violent sexual encounters, which can influence young men to believe women might enjoy, being raped—or that they would welcome it.

#### How do adolescents get exposed?

Adolescents will often stumble upon pornography in their email (if they have one). This is pretty common in spam email sent out. If an adolescent is receiving spam—even if it is labelled as such—there is a high chance that they will end up clicking the email and becoming exposed to pornographic content.

<sup>21</sup> The Impact of ICT on Adolescents' Perceptions and Consumption of Substances; <https://publications.iadb.org/publications/english/document/The-Impact-of-ICT-on-Adolescents-Perceptions-and-Consumption-of-Substances.pdf>

<sup>22</sup> Interdisciplinary Journal of Family Studies, XIX, 1/2014; "One way or another I need to learn this stuff!" Adolescents, sexual information, and the Internet's role between family, school, and peer groups.\*

### **Proposed methodology**

- Activities especially suited for the adolescent population such as the opportunity to video-chat with local music or TV stars on selected subject areas.
- Plenary session, followed by reflection and trust building

### **Evaluating your sessions**

- Ability to explain strategies for positive internet use

### **Follow up issues**

Invite guest speakers on safe use of the internet for learners to explore the subject further.

# 9.0 Skills for Health and Well-being

## 9.1 NORMS AND PEER INFLUENCE ON SEXUAL BEHAVIOUR

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Peers can influence decisions and behaviours related to adolescence and sexuality.</li> <li>• There are ways to challenge negative peer pressure and accept and promote positive peer influences related to adolescence and sexuality</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Social and gender norms and peer influence can affect sexual decision-making and behavior</li> <li>• Peers can influence sexual decisions and behavior</li> <li>• There are strategies for challenging negative peer influences on sexual decisions and behavior.</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• It is possible to make rational decisions about sexual behaviour</li> </ul>

### Planning for the lesson.

Sexual behaviours and cultural norms are interconnected, understanding the intersection of cultural norms and sexuality behaviours among adolescents and young people is very important. Discriminatory formal and informal laws, social norms and cultural and religious practices directly and indirectly influence women and girls social and economic roles, making girls more vulnerable to child marriage than boys. In several cultural settings community members reportedly believe that child marriage is a positive part of life and tradition and prepares girls for a supposedly “better” life. The sexual control of girls and child marriage are also connected via the practice of female genital mutilation (FGM).

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. In some communities, FGM is conducted as a rite of passage into adulthood, in other communities, this is sometimes done from an early age, or as a rite of passage to qualify girls to sit with elders, and is regarded as an important mark of adulthood that signifies readiness for marriage. As a CSE trainer/instructor, It is important to clarify facts about FGM as opposed to harmful traditional practices affecting the health of women, girls and children. According to World Health Organization (WHO), It should be made clear that, Human rights condemn the practice

of FGM, there are legal frameworks that have been revised showing the growing political support to end FGM (this includes a law against FGM in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM practicing countries);

In the context of conflict, many parents believe that it is in the interest of their daughters to be married young. Parents also argue that this would protect the girls against rebel groups and rape. As illustrated by the examples, child marriage is both a manifestation of gender inequality and a reflection of the social norms that perpetuate discrimination against women and girls.

Peer influence on the other hand, tends to influence the way adolescents strive to behave. Girls and boys may want to behave in a way that is consistent with the norms of their peer group to avoid social sanctions, and this affects their likelihood of engaging in certain sexuality behaviours. The lesson therefore should strive to link harmful cultural practices, and negative peer influence on sexual behaviours for instance attitudes towards sexual aggression, perceived peer norms about sexual aggression. On the other hand peer influence and relationships can also function as helping interventions, peer pressure can be both a good thing and a bad thing. The lesson should give clear strategies for challenging harmful cultural

practices; the CSE trainers should also take a proactive approach in promoting positive peer relationships.

### Proposed methodology

Set up a schedule that allows for some free time for the learners to bond and share experiences (share food/snacks, games entertainment; and encourage polite conversation” and sharing behaviour).

Lessons should be delivered collaboratively with progressive cultural leaders, human rights organisations, religious leaders, and local social welfare officials.

### Evaluating your sessions

Learners should have a clear articulation that the commitment to ending discrimination, harmful practices and child marriage are interrelated not only with each other but also with a number of the other human rights.

### Follow up issues.

- The training should be accompanied by community radio talks on harmful cultural practices and a call for action.
- Build awareness about child marriage, FGM and other harmful cultural practices, its impacts and the laws that prohibit child marriage. In 2008, the World Health Assembly passed resolution WHA61.16 on the elimination of FGM, emphasizing the need for concerted action in all sectors -it is stated that local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. Likewise, when informed, they can be effective advocates for abandonment of FGM.
- The CSE programme should also establish strong referral mechanisms and a strong network of service providers to respond to potential child marriages, abduction, FGM and other harmful cultural practices.

## 9.2 DECISION-MAKING

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Decision-making is a skill that can be learned and practiced.</li> <li>• There are multiple influences on decisions, including friends, culture, gender-role stereotypes, peers and the media.</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• The process of making decisions about sexual behaviour includes consideration of all positive and negative potential consequences.</li> <li>• There are factors that can make it difficult to make rational decisions about sexual behaviour</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Sexual decision-making has consequences on oneself and others, including social and health consequences</li> <li>• Sexual decision-making can result in possible legal consequences</li> </ul>

## Planning for the lesson

Adolescents who start their sexual activity too early and who have higher numbers of non-marital sexual partners run a higher risk of contracting STIs, having unplanned pregnancies, becoming single parents, having more abortions and experiencing marital instability and poverty. For adolescents the process of deciding to have a sexual relationship is an important decision since it involves both the body and emotions.

CSE does not encourage early sexual experimentation. It should teach adolescents and young people to understand human sexuality and to respect themselves and others. It enables adolescents and young people to mature, build their confidence and self-esteem and understand the reasons for delaying sexual activity. If they are sexually active, when teaching about these

topics, it must be recognised that young people may be discovering or understanding their sexual orientation or gender identity.

### Proposed methodology

Adolescents are introduced to the process of making responsible sexual decision-making and the emotional maturity they and their partner need if planning to be sexually active.

### The decision-making process involves the following steps:

- Define the problem.
- Identify limiting factors.
- Develop potential alternatives.

- Analyse the alternatives.
- Select the best alternative.
- Implement the decision.
- Review and evaluate your decision.

### Key questions that learners should consider:

- ④ Do they feel pressured to have sex? Where the pressure is coming from?
- ④ Why do they want to have sex? Why does their partner want to have sex?
- ④ Do they feel comfortable talking to their partner about STIs, birth control and/or condoms?
- ④ If birth control fails, how will they and their partner handle the consequences?

### Evaluating your sessions

Before getting into any relationship, learners should first understand the importance of one's own self.

- Appreciates their own body:
  - Understands changes that happen during puberty, and views them as normal
  - Practices health-promoting behaviours, such as abstinence from alcohol and other drugs and getting regular check-ups
- Takes responsibility for their own behaviours:
  - Identifies own values and acts on those values
  - Understands the consequences of their actions

- Understands that media messages can create unrealistic expectations related to sexuality and intimate relationships

- Is able to tell the difference between personal desires from that of their peer group

- Understands how alcohol and drugs can affect making decisions

- Knows about sexual health issues:

- Understands the consequences of sexual behaviours

- Makes decisions about masturbation that fits with personal values

- Makes decisions about sexual behaviors with a partner that fits with personal values

- Understands their own gender identity and sexual orientation

- Understands the effect of gender role stereotypes and makes choices about the best roles for themselves

- Understands peer and cultural pressure to become sexually involved

- Accepts people with different values and experience

### Follow up issues.

Learners should identify a responsible adult to assist with difficult decisions

## 9.3 COMMUNICATION, REFUSAL AND NEGOTIATION SKILLS

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Effective communication uses different modes and styles, and is important to expressing and understanding wishes, needs and personal boundaries</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Good communication is essential to personal, family, school, work and romantic relationships</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Effective communication is key to expressing personal needs and sexual limits</li> </ul>

### Planning for the lesson.

The lesson is designed to create awareness around communication while engaging in any sexual encounters, which may require more verbal vs. non-verbal consent and specific communication to ensure consent is present. While it may seem awkward at first, it is always a good idea to explicitly establish consent. The lesson also covers communication when resisting pressure to have sex (and not applying pressure). The communication may revolve:-

- Talking to their partners about condoms
- Negotiating type of contraception and pregnancy prevention methods to use.

The trainer should give concrete tips for talking with sexual partners about consent

- Think about your desires and boundaries
- With an open mind, ask if they are interested in being sexual with you
- Make specific requests
- Speak up if you are unsure
- Speak up if you change your mind
- Check in with your partner
- Ask if you want to do something else
- Ask every time, and be open to any response; accept a “no” as readily as a “yes”

Emphasize on assertiveness as a skill that can help adolescents have more control over what is happening in their life, which can then lead to higher self-esteem.

Assertive behaviors include:

- Asking for what you want or need
- Saying what you are really feeling whether it's positive or negative
- Saying “no” to what you don't want

#### Proposed methodology

In groups learners can have discussions around the following questions.

- My partner thinks I don't trust him because I want to use condoms. What can I tell him?
- What if you find out that I have an STI? Who will you tell?
- What if you find out that I'm pregnant?
- What happens if the condom breaks or I forget my birth control pill?

The facilitator or trainers can then move from group to group to clarify myths and false information.

#### Evaluating your sessions

An understanding that the only way to absolutely prevent getting pregnant or an STI is to not have sex.

Learners should be able to explain examples of irresponsible sexual behaviour

- Sex without protection
- Multiple sexual partners (and not using protection with each of them)

- Not using contraception to avoid unwanted pregnancy
- Having sex for the wrong reasons (like peer pressure, pressure from a partner, sex as a way to keep someone)
- Having sex without understanding the risks
- Not wanting to learn about safe sex

An understanding that responsible sexual behaviour means that one know more about sex such as: treating your sexual partners equally, making sure your sexual encounters are consensual and knowing how to use protection properly.

#### Follow up issues.

Clear directive on where the adolescents can resolve questions about sex such as:-, a trusted adult who can be the school counsellor, someone from their religious centre/youth group, or health care provider.

## 9.4 MEDIA LITERACY AND SEXUALITY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"> <li>• Media can positively or negatively influence values, attitudes, and norms about sexuality and gender</li> </ul>	<b>Development goals</b> <ul style="list-style-type: none"> <li>• Some media portray unrealistic images about sexuality and sexual relationships, which can influence our perceptions of gender and self-esteem.</li> </ul>	<b>Development goals</b> <ul style="list-style-type: none"> <li>• Negative and inaccurate media portrayals of men and women can be challenged to influence behaviour positively and promote gender equality</li> </ul>

## Planning for the lesson

Adolescents and young people spend a lot of their time on the Internet, watching TV, reading magazines and listening to music. Negative influencers in the media include violence, hateful or vulgar language in movies and music, explicit sex scenes, gender, religious or ethnic stereotyping, and unrealistic representations of success and body image. Alternatively, the media is a source of information for adolescents. It helps create cultural, political and social awareness.

Adolescents may be exposed to harmful behaviours online, and via other forms of media, which may normalise violent sexual behaviours. A focus on healthy relationships and broader Relationships education can help young people understand acceptable behaviours in relationships. Media and internet safety should also be addressed. Learners should be taught the rules and principles for keeping safe online. This will include how to recognise risks, harmful content and contact, and how and to whom to report issues.

#### Proposed methodology

#### Case studies for discussion.

Two adolescents, both aged 15, were in a relationship for the past month. The boy asked the girl for “sexy” pictures and she sent him a single topless photo. Afterwards the girl was worried that he might share the photo so she shared her concerns with her friends. As her friend what advice would you give?

#### Sample answers.

If there is no evidence that the photo has been shred, she should request the boy to delete the image from his device

#### Evaluating your sessions

Learners should know:

- their rights, responsibilities and opportunities online,

including that the same expectations of behaviour apply in all contexts, including online

- about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online
- not to provide material to others that they would not want shared further and not to share personal material which is sent to them
- what to do and where to get support to report material or manage issues online
- the impact of viewing harmful content
- that specifically sexually explicit material, for example pornography, presents a distorted picture

of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners

- that sharing and viewing indecent images of adolescents (including those created by adolescents) is a criminal offence which carries severe penalties including jail
- how information and data is generated, collected, shared and used online

#### **Follow up issues.**

- Invite media personalities, experts to co facilitate.
- Use media extracts and stories from newspapers, magazines and pictures for participants to analyse during discussions.

## **9.5 FINDING HELP AND SUPPORT**

<b>9-12 years</b>	<b>12-15 years</b>	<b>15-18+ years</b>
<b>Development goals</b> <ul style="list-style-type: none"><li>• There are different sources of help and support in school and the wider community.</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• It's important to assess sources of help and support, including services and media sources, in order to access quality information and services</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Everyone has the right to affordable, factual and respectful assistance that maintains confidentiality and protects privacy</li></ul>

#### **Proposed methodology**

The lesson focuses on the different types of support that adolescents search for and receive.

#### **Social support.**

Gender differences have been found in how adolescents experience stress. Adolescent girls report higher stress levels in relationships with parents, peers, and romantic partners. Interpersonal stressors, like conflicts with peers and family, are a source of distress among adolescents. At the same time, family and peers can be the main sources of support for adolescents and, therefore, protect them from experiencing distress. The main sources for adolescents are family, peers, college mates and staff, cultural, sports, social organisations and groups, and online social networks.

Intimacy and sexuality should occur in a safe context, but some adolescents should experience coercion, abuse, and violence. Sexual interactions can be harmful and destructive when there is an

imbalance of power and control between partners. As a CSE trainer screening for sexual violence and non-consensual sexual encounters is important when evaluating all sexually active adolescents, especially for adolescents with chronic health conditions and disabilities, because they may be more likely to be victims of sexual abuse unwanted encounters may include dating violence, stranger assaults, and interfamilial sexual abuse/incest.

#### **Proposed methodology**

Discussion and reflection, case studies and role-plays

#### **Sample questions.**

- ② What things do stress adolescents and young people?
- ② Do you think adolescents and young people seek for help even when they need it?

Reflecting is crucial for learning as it encourages the learners to consolidate what they have learned and to form new understanding, skills and attitudes.

## Relationship Mapping

A relationship map is a visual tool that helps adolescents define who they trust and how they relate to others. To create a relationship map, the learner draws a circle with their name in the centre, then draws a larger circle around that first circle and writes the names of the people closest to them inside of it. They then draw another circle around that to include the names of more distant friends and acquaintances. This process continues, until the learner defines closest friends, casual acquaintances and those they choose to keep "at arm's length."

## Evaluating your sessions

- Learners should understand the consequences of not asking for help.
- Trainers can help the learners reflect by asking questions like these:
  - What was it like doing this discussion today?
  - What did you learn from the others, especially those who had a different experience or belief from your own?
  - What do you think you will be able to do as a result of this discussion?
  - What else do you think you need to think or learn about?

## Follow up issues.

- Have a data base of agencies which provide information and support
- Adolescents with special issues and disabilities may benefit from additional counselling, referrals
- A clear analysis of gender differences on how girls and boys perceive and use support will ensure a comprehensive response.

# 10.0 The Human Body and Development

## 10.1 SEXUAL AND REPRODUCTIVE ANATOMY AND PHYSIOLOGY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Everyone's body has parts involved in one's sexual health and reproduction, and it is common for adolescents to have questions about them.</li><li>• Women's bodies can release eggs during the menstrual cycle, and men's bodies may make and ejaculate sperm, both of which are needed for reproduction</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• During puberty and pregnancy, hormones impact many processes involved with maturation and reproduction</li><li>• All cultures have different ways of understanding sex, gender and reproduction, and when it is appropriate to become sexually active</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Men's and women's bodies change over time, including their reproductive and sexual capacities and function</li></ul>

### Planning for the lesson

The lesson covers reproductive and sexual anatomy, particularly for out of school adolescents who have not had a chance to learn these topics in school. Review information on reproductive systems due to large number of terms and definitions.

The parts of the body that are sexual include reproductive and sexual anatomy (also known as sex anatomy) this includes the sex organs on the outside of your body and the sex and reproductive organs on the inside of your body for both boys and girls.

All cultures have different ways of understanding sex, gender and reproduction, and when it is appropriate to become sexually active. For example, virginity of the woman at marriage has been linked to the property rights of men over women. There are cultural and religious traditions that place special value and significance on this state, predominantly towards unmarried females, associated with notions of personal purity, honour and worth. The lesson should clarify the misconceptions about being able to "identify" virginity.

Explain to the adolescents in particularly girls, the nature of "The hymen... which is a fold of mucous membrane that surrounds or partially covers the external vaginal opening. It forms part of the vulva,

or external genitalia. Depending on the shape, opening width and natural elasticity of the hymen, it will not necessarily "break" or tear or bleed with first penetration."

#### Fact or Fiction?

Circumcision Helps Prevent HIV Infection

Be clear about abstinence and condoms as the only proven safe and effective method to prevent the spread of HIV. Adolescents should not believe dangerous myths and inconclusive research that encourage unprotected sex after circumcision. The role of foreskin removal in homosexual men remains an open question. To date, no clinical trial has been conducted to assess if circumcision may be protective for this population.

#### Proposed methodology

Co-delivery with health officials so that adolescents can visually link sources of support when they need SRHR services.

#### Evaluating your sessions.

Clear understand of the reproductive and sexual anatomy.

Ask learners the following question and have each learner share their response in rapid succession. What is one new piece of information you are leaving today's lesson with?

**Follow up issues.**

The harmful practice of virginity testing is a social, cultural, and political issue, emphasise on the fact that the appearance of a hymen is not a reliable indication of intercourse and there is no known examination that can prove a history of vaginal intercourse. Furthermore, the practice is a violation of the victim's human rights and is associated with

both immediate and long-term consequences that are detrimental to her physical, psychological and social well-being." the WHO and the United Nations declared in an interagency statement, "and its elimination will require a comprehensive societal response supported by the public health community and health professionals."

Read more: <http://www.rawa.org/temp/runews/2019/09/01/in-afghanistan-combating-the-dubious-science-of-virginity-testing.html#ixzz6hHwQYD00>

## 10.2 REPRODUCTION

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <p>In order for a pregnancy to begin, criteria must be just right for sperm to join with an egg and implant in the uterus</p> <p>The menstrual cycle has different stages, including the time around ovulation in which, if sperm are present, pregnancy is most able to occur.</p>	<p><b>Development goals</b></p> <p>There are differences between reproductive functions and sexual feelings and these can change over time</p>	<p><b>Development goals</b></p> <p>Not everyone is fertile and there are ways of trying to address infertility for those who would like to conceive</p>

### Planning for the lesson

Begin the lesson by informing learners that, "Today we continue to learn about the human reproductive system. The male and female reproductive systems composed of external and internal organs.

Focus on the male reproductive system first. Use the posters prepared by the participants during the first exercise and cards with the organs' names. Explain the foreskin as the skin that covers the head of the penis. This is the skin that is removed during circumcision.

Continue with the inner reproductive parts:

- The epididymis stores the sperm until they are mature; Vas deferens is the tube that carries sperm from the epididymis to the seminal vesicle and acts as a passageway for sperm.
- The seminal vesicles are two pouches containing some fluids that nourish the sperm.

- The prostate gland produces lubricating fluid for sperm. Semen contains the sperm, the nourishing fluid from the seminal vesicles and lubricating fluids from the prostate gland. Semen is the fluid that leaves the man's body through the urethra during the sexual excitement.
- Explain erection, ejaculation, and wet dreams during puberty.

Proceed with the discussion of the female reproductive system. Make sure that you start with the outer parts. Read the name on the poster prepared by participants first and then place the card with the proper name and ask participants to read it aloud. After they read the name give a brief explanation of the part. Continue with the inner reproductive parts explaining the process of fertilization and introducing menstruation: Explain what menstruation is.

Ask students what function the reproductive system has in our bodies.” Responses should include:

- To produce the sperm and egg cells that allow us to reproduce
- To transport and sustain these cells
- To nurture the developing offspring
- To produce hormones

Next, explain by saying, “The lesson will provide an overview of the body parts that everyone has that allow them to reproduce later in life, if they so choose, and explain the functions of each of the reproductive organs. Understanding one’s body and how it works is important to staying healthy.<sup>23</sup>”

### **Proposed methodology**

Put each component of the reproductive system on a little slip of paper, and put those into a bag. Ask learners to reach into the bag and select a slip of paper. Once they have selected a slip of a paper indicating their component, ask learners to read it aloud and others explain the role in reproduction.

### **Evaluating your session**

By the end of this lesson learners will be able to:

- 1.** Describe the path of an egg (ovum) during menstruation. [knowledge]
- 2.** Describe the path of a sperm during ejaculation. [knowledge]
- 3.** Understand there is a wide range of “normal” anatomy. [knowledge] Learners should locate and name at least five parts of each of the male and female reproductive systems. [knowledge]
- 4.** The learners should be able to seek information about sexual and reproductive anatomy from youth friendly health centres.

### **Follow up issues.**

Make copies of materials and prepare visuals needed for lesson.

Prepare enlarged illustrations of the male and female genitals and reproductive organs—for classes that are bigger than 25.

<sup>23</sup> <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/lesson-plans/lesson-plan-anatomy-and-physiology-part-i-and-ii.pdf>

## 10.3 PUBERTY

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Puberty signals changes in a person's reproductive capability</li><li>• During puberty, hygiene is important to keep one's sexual and reproductive anatomy clean and healthy</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Puberty is a time of sexual maturation that leads to major physical, emotional, social and cognitive changes that can be exciting as well as stressful throughout adolescence.</li><li>• Menstruation is a normal and natural part of a girls' physical development and should not be treated with secrecy or stigma</li><li>• During puberty, adolescents may experience a variety of physical responses (e.g. erections and wet dreams)</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Hormones play a major role in a person's emotional and physical changes over their lifetime</li></ul>

### Planning for the lesson

Puberty usually begins between the ages of 9 and 16 years. In puberty and adolescence, adolescents experience changes that are accentuated in certain parts of the body. It is in this stage that adolescents start to feel sexual impulses that are caused by hormones. As the trainer acknowledge that some youth may have already spoken with their parents/guardians/relatives or peers about puberty and sexuality.

Adolescents should learn that puberty could be an exciting time; it can also be confusing, awkward and scary for young people. Asking questions about puberty during the session and talking to parents or a trusted adult are two ways to better understand the changes the body is making. Learning more about the body can help one feel more comfortable about growing up.

- The lesson should cover the physical and emotional changes that occur during puberty.
- Typically, but not always, girls begin puberty two years earlier than boys. During puberty, girls become physically able to become pregnant and boys become physically able to father a child.
- Explain what emotional changes they may experience during puberty. Emphasize that physical and emotional changes experienced at puberty are normal.
- During puberty, young people might feel overly sensitive or become easily upset and experience

mood swings. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is common to feel sad or depressed sometimes. Young people should talk to adults they trust about any feelings of anger, sadness, or depression they may have.

- Explain about sexual feelings. Emphasize that sexual feelings are normal. During puberty, it is normal to become more aware of the opposite sex and to feel more sexual. Despite the stereotypes, gender has nothing to do with the emotional response to sex, one's emotional response to sex is unique. It is also possible that one can be emotionally attracted to someone without having the slightest sexual urge
- Menstrual hygiene management (MHM) or menstrual health and hygiene (MHH) is vital to the empowerment and well-being of women and girls.

#### Proposed methodology

Question and answer

Ask the learners to give you some examples of the physical and emotional changes that occur during puberty. As the learners mention and draw changes, you should take the opportunity to explain why these changes occur (refer to "Trainers manual and Content matrix"). In some cases, you may

want to explain what should be done to handle or manage these changes. For example, to deal with an increase in perspiration, take regular showers or use a mild deodorant.

Ask the adolescents to think about one advantage of going through puberty and one new responsibility they will have as they grow into adulthood. Ask them to write their thoughts on paper. Ask a few youth to share their thoughts.

Review and clarify cultural practices around menstruation.

- What are the local menstrual beliefs and practices?
- Which materials are preferred by girls and women with different types of disabilities?
- How the material is cleaned and are supplies available?
- Are girls aware of disposal mechanisms?

### Evaluating your sessions

Adolescents and youth should be able to;

- Describe the basic physical changes that occur on the outside of the body during puberty

- Describe the basic physical changes that occur in the inside of the body during puberty
- Describe the basic emotional changes that occur during puberty, and
- Identify ways to manage or handle these changes.

### Follow up issues.

Distribute puberty pamphlets to the adolescents and youth with key information.

Engage the different faith structures within your context many faith based organisations possess structures that ensure that SRHR programmes are rolled out effectively and are already organised according to age and gender; for example, there are groups for youth, women, and men. Endeavour to utilise these structures more strongly to promote effective SRHR initiatives.

Menstruation has critical implications for a girl's educational outcomes. Menstrual hygiene materials must be made available; linkages to health services must be formed; and safe latrines with water and soap, adequate sanitation and disposal mechanisms must be provided.

## 10.4 BODY IMAGE AND SELF ESTEEM

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <p>A person's physical appearance does not determine their worth as a human being.</p>	<p><b>Development goals</b></p> <p>People's feelings about their bodies can affect their health, self-image and behavior.</p>	<p><b>Development goals</b></p> <p>Unrealistic standards about bodily appearance can be challenged</p>

## Planning for the lesson

Violence against women and girls, is considered to be any injury, which results or can result in physical, sexual or psychological damage or suffering, including threats of these actions, or the arbitrary withdrawal of freedom, whether produced in public or in private life and can diminish ones self-esteem. Sexual violence scenario also produces serious repercussions for women's and adolescents'.

Tell learners that they will be discussing body image and self-esteem today. Ask for the definition of body image and self-esteem.

### Sample questions

When we say someone has high self-esteem, what does that mean?

Or

Where does high self-esteem come from?

Clarify or add to the definition, if necessary. Make sure group members understand that self-esteem is dynamic — that it is affected by what's going

on inside the person as well as by the people and events happening around them. The media, people around us, and popular culture all influence our body image. Poor body image leads adolescents to listen more to other's opinion and practices.

Review the learning objectives for the lesson before you begin.

### Proposed methodology

Ask the learners to stand up and write or mention three things that they like about themselves.

Or fill in the sentences below

1. like myself because

---

2. I feel good about

---

3. I'm an expert at

---

Trainers should consider incorporating methodologies that lift adolescents self-esteem like:-

- Good grooming.
- Special talent shows.
- Participating in a variety of sports or activities:

This can be a great way to stay healthy and fit, which adds to a positive body image.

### Evaluating your sessions

Adolescents should understand that self-esteem gives you the:

- Courage to try new things
- Power to believe in yourself

- Confidence to make healthy choices for your mind and body now and throughout your life

### Follow up issues.

Conflict can erode our self-esteem, especially when there has been a breach of trust. This can increase hostility, feelings of shame and hurt and make it more difficult to resolve.

At some (conscious or subconscious) level, a great number of adolescents who've been sexually assaulted blame themselves for what happened to them – even when they know it's not their fault. They internalize the messages society has sent. Internalized victim-blaming can be psychologically and emotionally exhausting, and it can be a huge obstacle in healing after sexual assault. For this reason, it's imperative that the trainer challenges self-blame.

# 11.0 Sexuality and Sexual Behaviour

## 11.1 SEX, SEXUALITY AND THE SEXUAL LIFE CYCLE

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• Human beings are born with the capacity to enjoy their sexuality throughout their life.</li><li>• It's natural to be curious about sexuality and important to ask a trusted adult questions.</li></ul>	<b>Development goals</b> <p>Sexual feelings, fantasies and desires are natural and occur throughout life although people do not always choose to act on those feelings</p>	<b>Development goals</b> <p>Sexuality is complex and includes biological, social, psychological, spiritual, ethical and cultural dimensions that evolve over the lifespan</p>

### Planning for the lesson

Give explanations on the meaning of Sex, sexuality, and reproduction.

The terms are all closely woven into the fabric of living things. Sexual reproduction not only takes care of the need for replacement of individuals within a population but also gives rise to populations better suited to survive under changing circumstances. Sex is therefore something that has been combined with this primary function. The fusion, or pairing of the male and female nucleus during the process of fertilization of eggs is the basis of sex. This division of labour between male and female, respectively, is nature's way of attaining two ends. The differences in roles therefore exist, by the distinction between eggs and sperm.

The lesson should cover exploitative, or risky sexual activity that may lead to health and social problems, such as unintended pregnancy and sexually transmitted diseases, including human immunodeficiency virus infection and acquired immunodeficiency syndrome.

Learners should understand their sexual rights, these address a wide range of issues related to sexuality and gender, and often intersect with several other human rights. Under international human rights law, all persons have the right to control and decide freely

on matters related to their sexuality; to be free from violence, coercion, or intimidation in their sexual lives; to have access to sexual and reproductive health care information, education, and services; and to be protected from discrimination based on the exercise of their sexuality.

#### Proposed Methodology

Role Play: Simon and Alisa story (refer to the facilitator's toolkit for the story)

**The Scene:** The scene opens with Simon and Alisa sitting on a couch and Simon is asking whether Alisa loves him. Alisa is ready to have a sexual relationship but she asks Simon about what they should do to protect themselves and repeats the information given to her by Jena. Simon is ready to use condoms but only from time to time. He heard that it is not always dangerous to have unprotected sex.

1. What risks are Simon and Alisa taking? What are some possible consequences if they have sex?

The trainer should write on the board the following aspects of health and demonstrate them with the hand-signals indicated. Learners should categorise consequences along the five areas.

- **PHYSICAL** — Thumb (Feeling good? Thumbs up!)
- **MENTAL** — Index finger (thought processes – tap your temple with index finger)
- **EMOTIONAL** — Middle finger (how we feel)
- **SOCIAL** — Ring finger (wedding ring common expression of marital status)
- **SPIRITUAL** — Pinky finger (to represent our belief systems)

2. What incorrect information did Alisa get from her friend? What other myths about contraception have you heard?

3. Can you name some of the related sexual rights?

### Evaluating your session

Learners will be empowered with knowledge to make healthy sexual choices.

Learners will be able to analyse how their sexual health choices affect aspects of their overall health (considering physical, mental, emotional, social, and spiritual health).

### Follow-up issues

## 11.2 SEXUAL BEHAVIOUR AND SEXUAL RESPONSE

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• People have a sexual response cycle, whereby sexual stimulation (physical or mental) can produce a physical response.</li> <li>• It is important to be able to make informed decisions about sexual behaviour, including whether to delay sex or become sexually active</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• The sexual response cycle is about how the body reacts physically to sexual stimulation.</li> <li>• Every society, culture and generation has its own myths about sexual behaviours and it's important to know the facts.</li> <li>• It is important to be able to make informed decisions about sexual behavior.</li> <li>• There are ways to avoid or minimize risk of sexual behaviours that can impact negatively on one's health and well-being.</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Engaging in sexual behaviours should feel pleasurable and comes with associated responsibilities for one's health and well-being.</li> <li>• Sexual decision-making requires prior consideration of risk-reduction strategies to prevent unintended pregnancy and STIs, including HIV.</li> </ul>

## Planning for the lesson

Adolescents are also living in an increasingly sexualised world. They see sexual behaviour and images on television and the internet, on videos, on mobile phones, in newspapers, on billboards and in magazines. These contribute to their learning about the sexual behaviour of women and men with an uncontrolled environment.

Sexual behaviours are influenced by a multitude of factors according to the socio-ecological model. Socio-cultural factors such as taboos and poor

parent-child communication, parental influences, peer norms, economic factors, lack of information on sexual and reproductive health, and technological advances including social media are emerging predictors of adolescent sexual behaviour. According to a study conducted in Uganda, exposure to sexting, sexual films and jokes were significantly and positively associated with adolescent engagement in sexual intercourse. Exposure to sexually explicit movies and lyrics is mentioned as a risk factor for sexual intercourse. sex-rated films encourages

adolescents to be sexually active, take risks or put into practice what they see in movies/images<sup>24</sup>.

Adolescents should understand the sexual response cycle which refers to a normal sequence of physical and emotional changes that occur as a person becomes sexually aroused and participates in sexually stimulating activities, including intercourse and masturbation. Knowing how your body responds during each phase of the cycle can enhance your relationship and help you pinpoint the cause of any sexual problems. The sexual response cycle has four phases: excitement, plateau, orgasm, and resolution. Both men and women experience these phases, although the timing usually is different. The human sexual response cycle set the foundation for studying and categorizing sexual dysfunctions in men and women.

Age-appropriate sexual behaviour', as understood from a secular and developmental perspective, describes behaviour that is generally consistent with the adolescent or young person's age or developmental status and:

- involves equals in terms of age and developmental status
- is balanced with interest in other parts of life
- is enacted with mutual consent

It should be noted that there are different cultural, ethical and religious views about appropriate sexual behaviour. Age-appropriate sexual behaviour' could be an opportunity inviting learning responses about what is socially appropriate and expectations of their society,

On the other hand, the facilitator or trainers should create an awareness around inappropriate sexual behaviours that infringe on other people's rights and may be criminal within their particular context i.e humanitarian settings or rural areas some examples include;

It is important that CSE trainers, educators and staff can identify what is age appropriate sexual behaviour and what is problem sexual behaviour and to take appropriate action to assist the adolescents as well as ensuring the needs of others affected are being educated and cared for. Below are examples of problem sexual behaviours by age groups.

### **PROBLEM SEXUAL BEHAVIOR FOR ADOLESCENTS OF 9 TO 12 YEARS**

Persistent masturbation, particularly in front of others; sexual behaviour engaging significantly younger or less able adolescents; sneaking into the rooms of sleeping younger adolescents to touch or engage in sexual play; simulation of sexual acts that are sophisticated for their age (eg oral sex); persistent sexual themes in talk, play, art etc; accessing, viewing or sharing pornography; posting sexual images/content online; cyber-bullying others using intimate images; engaging others (including same age, younger or less able adolescents) in a process to gain sexual activity (eg gifts, lies, flattery) face to face or via electronic communication, questions about sexual activity that persist or are repeated frequently, despite an answer being given; writing sexually threatening notes

### **PROBLEM SEXUAL BEHAVIOUR FOR ADOLESCENTS OF 13 TO 18 YEARS**

Compulsive masturbation (especially chronic or public); humiliation of self or others with sexual themes (face to face and/or via electronic communication); attempting to/forcing others to expose genitals; preoccupation with accessing, viewing or sharing sexually aggressive and/or illegal pornography; sexually explicit talk with younger Adolescents; forced sexual contact (touch/assault/rape; sexual contact with others of significant age and/or developmental difference; deliberately sending and/or publishing nude or sexual images of others without consent via electronic communication: joining adult-only online sites if under age; sexual contact with animals; arranging a meeting with an online acquaintance without the knowledge of a protective adult; engaging others (including same age, younger or less able Adolescents) in a process to gain sexual activity by using grooming techniques (eg gifts, manipulation, lies, bribery) and/or threats of violence or self-harm face to face or via electronic communication; genital/anal injury to others/self; taking or using nude/sexual images of others to exploit them; threatening, intimidating or extorting others to provide nude/sexual images; having multiple nude/sexual images of others

<sup>24</sup> Tropical Medicine & International Health (2019); Sexual behaviours among adolescents in a rural setting in eastern Uganda: a cross-sectional study. <https://onlinelibrary.wiley.com/doi/full/10.1111/tmi.13329>

## **Proposed Methodology**

Case studies

### **Evaluating your session**

- Learners should understand important features problematic sexual behaviours that may be self-directed or targeting/affecting others evident through normal activities such as play, social media presence drawings or language an example is a 'normal' behaviour, such as masturbation, but one that is enacted in inappropriate settings or at inappropriate times despite direction is inappropriate.
- Learners must understand that it is important to appreciate that being affected by the problem sexual behaviour of others can mean: experiencing physical harm and/or psychological harm; experiencing psychological harm through being a bystander or observer of problem sexual behaviour.

### **Follow-up issues**

Responding to problem sexual behaviour;

- Monitor safety and wellbeing of adolescents and young people plan and record
- Continue liaison with other agencies and professionals providing services, seek sector office support.
- Consider who else will need to understand the behaviour/safety plans for all adolescents and young people involved.

# 12.0 Sexual and Reproductive Health

## 12.1 PREGNANCY AND PREGNANCY PREVENTION

9-12 years	12-15 years	15-18+ years
<b>Development goals</b> <ul style="list-style-type: none"><li>• It is important to understand the key features of pregnancy</li><li>• Modern contraception can help people prevent or plan pregnancy</li><li>• Gender roles and peer norms may influence decisions about contraceptive use</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Different forms of contraception have different effectiveness rates, efficacy, benefits and side effects.</li><li>• Young people who are sexually active and could benefit from contraception should be able to access it without significant barriers, regardless of ability, marital status, gender, gender identity or sexual orientation.</li><li>• There are health risks associated with too early child-bearing and closely spaced births.</li></ul>	<b>Development goals</b> <ul style="list-style-type: none"><li>• Contraceptive use can help people who are sexually active to prevent pregnancy, or plan if and when to have children, with important related benefits for individuals and societies.</li><li>• Unintended pregnancies occur, and all young people should be able to access the services and protections necessary for their health and well-being.</li><li>• There are practices that can contribute to or threaten a healthy pregnancy</li></ul>

### Planning for the lesson

**Explain that any girl who reaches puberty can become pregnant.** Girls can become pregnant when she has an ovulation that happens only during certain days of each menstrual cycle, usually in the middle of the menstrual cycle.

**Can a girl become pregnant during her period? It is possible although not common.** It depends on the length of her menstrual cycle; how many days her period lasts; and when she has sexual intercourse; because the sperm can stay alive up to five days in the body.

**Explain the term abortion; which is the ending of pregnancy before the foetus is viable.** A pregnancy that ends on its own is called a miscarriage. When women want to cease or space childbearing and do not use contraception or use it ineffectively or experience nonconsensual sex, unintended pregnancies occur. An abortion may be induced-that

is, a woman or girl may seek to end a pregnancy. In most countries, induced abortion is legal under some or all circumstances. Where it is legal, it tends to be safer. In other countries, abortion is criminalized, unsafe procedures are common, and women and girls suffer health complications.

Explain that family planning means that people plan when to have children, using birth control and other techniques to implement that plan.

Tell the adolescents and youth that we all have different values and ideas about family size. Some people want to have large families; some don't want to have kids. And it is the right of each person to plan his/her own family, and to make decisions about when and how many kids to have. An important part of planning a family is birth spacing. After the birth of a child, it is important for the mother to wait at least 18 months before becoming pregnant with her next

child, to decrease health risks for both the mother and newborn including pre-term births, low birth weight, stunting in growth, or death. Both adolescent partners who engage in sexual relationships must first take responsibility as adolescents. Thus are responsible for taking actions to avoid unplanned pregnancies.

### **Proposed Methodology**

Ask the group how a woman/girl can tell that she has become pregnant? Possible answers are:

- a.** Missed menstrual period
- b.** Changes in the body: fuller and more tender breasts; bloating; morning sickness
- c.** Positive pregnancy test

Trainer can refer to the role play (to the role play in the toolkit)

### **Evaluating your session**

Learners should explain factors that can lead to risky behaviours resulting in an unintended pregnancy.

- Peer pressure to have sex
- Curiosity to have sex
- Drinking alcohol and using drugs
- Not knowing the risks related to unprotected sexual intercourse
- Exchanging sex for money or present

### **Follow-up issues**

Give out pamphlets on contraceptives, and related service centres.

## 12.2 HIV AND AIDS STIGMA, CARE, TREATMENT AND SUPPORT

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• It's important for people living with HIV to be able to talk about their HIV status in a safe and supportive environment.</li> <li>• A person living with HIV will have unique needs for care and treatment, some of which may come with possible side effects.</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Hiv and Aids can affect family structure, family roles and responsibilities</li> <li>• With the right care, respect and support, people living with HIV can lead fully productive lives free from discrimination</li> <li>• Everyone, including people living with HIV, have the equal right with all others to express sexual feelings and love for others, through marriage and long-term commitments – should they choose to do so</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• With the right care, respect and support, people living with HIV can lead fully productive lives across the lifespan</li> </ul>

### Planning for the lesson

Adolescents have frequently been identified as among the most important groups to target to combat the spread of Hiv and Aids. Trainers must recognize that adolescents are neither “little adults” nor “big adolescents.” Instead, they have special and distinct needs that must be addressed to successfully engage them in preventive, lifelong care and treatment.

The content should cover topics include understanding HIV prevention and transmission, reinfection, antiretroviral drugs, and opportunistic infections and importance of adequate support, disclosure, and healthy relationships and choices. The trainers should also aim at creating awareness and promoting action to challenge HIV stigma. The aim is to help adolescents understand stigma what it means, why it is an important issue, what are its root causes and develop strategies to challenge stigma and discrimination.

Discuss the MAIN CAUSES of stigma which include:

- Insufficient knowledge, misbeliefs and fears about a) how HIV is transmitted; and b) the life potential/ capacity of PLWHA (People living with Hiv and Aids (no immediate death);
- Moral judgements about people who we assume have been sexually promiscuous

- Fears about death and disease
- Lack of recognition of stigma

CSE trainers should emphasize clearly during trainings that there's no cure for Hiv and Aids, but many different drugs are available to control the virus. Such treatment is called antiretroviral therapy, or ART.

Why Is HIV Treatment Important?

Adolescents should understand that getting and staying on HIV treatment is important because it reduces the amount of HIV in your blood (also called the viral load) to a very low level. This keeps one healthy and prevents illness. There is also a major prevention benefit. People living with HIV who take HIV medication daily as prescribed and get and keep an undetectable viral load live healthy and fulfilling lives.

#### Proposed Methodology

Target adolescents with sport-based HIV prevention (SBHP) interventions and groups

Discussing EXPERIENCEs OF STIGMATIZING OTHERS

Ask learners to sit in groups of two. They should think about a time in in their life when they isolated or rejected other people

Learners will be able to:

- Describe some of their own personal experiences concerning stigma
- Identify some of the feelings involved in being stigmatized or stigmatizing others

### **Evaluating your session**

- Improved confidence, acceptance of status, adherence to ART, and clinic visit retention for adolescents living with HIV and AIDs
- Improved knowledge around HIV testing and counselling

### **Follow-up issues**

Co deliver the session with health care teams based in governmental and non-governmental clinics, hospitals, and other health facilities that serve adolescents living with HIV and Aids, including:

- Physicians
- Medical Officers
- Nurses
- Nurse midwives
- Social workers
- Counsellors
- Peer educators
- Pharmacists

## 12.3 UNDERSTANDING, RECOGNIZING AND REDUCING THE RISK OF STIS, INCLUDING HIV

9-12 years	12-15 years	15-18+ years
<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• People can acquire STIs, including HIV, as a result of having sex with someone who already has an STI, and there are ways people can lower their vulnerability to infection.</li> <li>• HIV is a virus that can be transmitted in various ways, including unprotected sex with someone who is living with HIV</li> <li>• There are ways that people can reduce their vulnerability to STIs, including HIV.</li> <li>• Testing is the only way to know for sure whether someone has an STI, including HIV, and treatment exists for HIV and most STIs</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• STIs such as chlamydia, gonorrhoea, syphilis, HIV and HPV can be prevented and treated or managed</li> <li>• Sexual health services can offer HIV testing, treatment, provision of condoms, and some may provide PrEP and PEP or VMMC, among other services that can help people assess their vulnerability to HIV and access testing and treatment as needed.</li> </ul>	<p><b>Development goals</b></p> <ul style="list-style-type: none"> <li>• Communication, negotiation and refusal skills can help young people to counter unwanted sexual pressure or reinforce the intent to practise safer sex (i.e. consistently using condoms and contraception).</li> <li>• Among those who are sexually active, the decision about which strategy to use to reduce vulnerability is influenced by one's self-efficacy, perceived vulnerability, gender roles, culture and peer norms.</li> <li>• Sexual health services can offer condoms, HIV testing, treatment; and some may provide PrEP and PEP or VMMC, among other services such as testing and treatment for other STIs, contraception and gender-based violence, which can help people assess their vulnerability to HIV and access testing and treatment as needed</li> </ul>

### Planning for the lesson

**Lesson Preview** - Explain how HIV is transmitted. - Discuss HIV prevention. - Discuss what behavior is risky for contracting HIV infection. - Practice refusal and negotiation skills. - Assess individual risk for HIV infection.

**Tell them that there are about 30 different types of STIs (testing is key to finding out) but the most common are:**

- Chlamydia
- Gonorrhoea
- Genital Herpes
- Genital warts
- Human papilloma virus Infection
- Trichomoniasis
- Syphilis
- Hiv and Aids

HIV stands for Human Immunodeficiency Virus. It is a virus that lives in humans and attacks their immune systems. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a disease that happens to someone infected with HIV. It happens when the body's immune system (the body's defence against infection and disease) is so damaged by HIV that it is too weak to fight off infections that are called "opportunistic," which does not usually cause disease in a healthy immune system.

HIV is found in large numbers in sexual secretions, blood and breast milk. c. HIV is transmitted in three ways: - Through unprotected sexual activity with a person infected with HIV. Having STIs makes it easier to get or spread HIV. - Through contact with blood that is infected with HIV: through sharing of needles or blades; or through a blood transfusion of infected blood. - From a mother to her unborn or newborn child.

When the virus gets into the body it damages the immune system by attacking "T-cells". The damaged T-cells reproduce HIV until the virus kills the T-cells. As more and more T-cells die, the immune system cannot protect the body from other infections. An HIV infected person will start to have opportunistic infections such as pneumonia, tuberculosis, herpes simplex, candidiasis, when HIV has broken down most of the immune system. This may take many years to happen.

## **OTHER SEXUALLY TRANSMITTED INFECTIONS**

Explain that STIs have unique symptoms but they also have common signs such as: - Redness and soreness of genitals - Pain at urination and sexual intercourse - Unusual discharge from penis or vagina - A sore or blister on or around the genitals, near the anus - Excessive itching or a rash - Abdominal cramping - Overall sick feeling

Emphasize that both men and women can have STIs without physical symptoms.

Explain to the group that young women are at a greater risk of STIs than men in a number of ways, including the risk of acquiring an infection due to physiology of a woman's body and women's lower social position in society and the gender stereotypes that give them less power in sexual relationships and ensure greater stigma attached to infection for them.

Explain that most STIs if not treated may cause male and female sterility, urinary infections in men and women and pelvic inflammatory disease in women. Most STIs (except for viral infections, such as Herpes and HIV) can be cured.

### **Proposed Methodology**

Consider co-facilitating this session with relevant health officers

Age group of participants 12-18 year olds

### **Evaluating your session**

HIV and AIDS is not curable but there are medications for people infected with HIV that help them to stay healthy, allow them to work, and prolong their life.

After the presentation, ask participants how to prevent HIV. Write down their responses on a flipchart paper.

Participants should be able to explain the following behaviours that help them to stay healthy, allow

them to work, and prolong their life: - abstaining from sexual intercourse (vaginal, anal or oral). - Using condoms correctly every time during sex - not practicing intravenous drug use - Not sharing needles for intravenous drug use - not having body piercing, tattooing or getting cut with razors or other sharp objects that have not been sterilized - Avoiding direct contact with blood by using gloves - pregnant HIV positive women taking special medicine to prevent infecting their babies with HIV

For STIs learners should be able to name STIs and symptoms, mode of transmission, source of treatment and prevention

### **Follow-up issues**

- Provide learners with referral contacts and names of places they can visit for testing and counselling.
- Provide pamphlets with information on STI and HIV.



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[www.nca.no](http://www.nca.no)

E-mail: [nca-oslo@nca.no](mailto:nca-oslo@nca.no)

Telephone: +47 22 09 27 00 Fax: +47 22 09 27 20

Street address: Bernhard Getz' gate 3, 0165 Oslo, Norway

Postal address: P.O. Box 7100, St. Olavs plass, 0130 Oslo, Norway

Account no.: 1594 22 87248



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