CSE TOOLKIT
for Out-of-School Youth

CSE Toolkit for Out-of-School Youth

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ACRONYMS

- **AIDS** Acquired Immune Deficiency Syndrome
- **CSE** Comprehensive Sexuality Education
- **CSO** Civil Society Organisation
- **EC** Emergency Contraception (the “morning after pill")
- **ESARO** East and Southern Africa Regional Office
- **FBO** Faith-Based Organisation
- **GBV** Gender-Based Violence
- **HFLE** Health and Family Life Education
- **HIV** Human Immunodeficiency Virus
- **HPV** Human Papillomavirus
- **IPPF** International Planned Parenthood Federation
- **ITPG** International Technical and Programmatic Guidance on Out-of- School Comprehensive Sexuality Education
- **LGBTQI+** Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning and additional gender and sexual identities
- **NGO** Non-Governmental Organisation
- **OOS** Out-of-School
- **PAHO** Pan American Health Organisation
- **SI** Spotlight Initiative
- **SRH** Sexual and Reproductive Health
- **SRHR** Sexual and Reproductive Health and Rights
- **SROC** Sub-Regional Office for the Caribbean
- **STI** Sexually Transmitted Infection
- **UNAIDS** Joint United Nationals Programme on HIV/AIDS
- **UNESCO** United Nations Educational, Scientific and Cultural Organization
- **UNFPA** United Nations Population Fund
- **UNICEF** United Nations Children's Fund
- **WHO** World Health Organization

GLOSSARY OF TERMS

Asexual – A person who does not feel sexual attraction to others, or has low or no desire for sexual activity. They still have feelings of love for others and may be in long-term, committed relationships with others.

Bisexual – A person who is attracted to people of more than one gender. (See Pansexual)

Cisgender – Having a gender identity that is the same as the sex assigned at birth. For example, someone with a penis and testicles who identifies as male.

Comprehensive Sexuality Education (CSE) – A rights-based and gender-focused approach to sexuality education, whether in-school or out-of-school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development (UNESCO, 2018).

Evidence-Based – Something that is proven through a rigorous scientific process. A CSE curriculum, for example, is considered "evidence-based" if it has gone through an in-depth evaluation process and had the results of that process reviewed by CSE experts.

Evidence-Informed – Something that integrates evidence-based practises. As programme evaluations can take a long time and be costly, an evidence-informed CSE curriculum is one that takes what has been learned from existing research and uses it to develop a new programme.

Gender Binary – The framing of gender as involving only two sexes and genders. This is exclusionary and harmful to transgender and gender non-binary individuals and communities.

Gender Identity – A person's internal knowledge of their gender, which may or may not correspond with the sex assigned to them at birth.

Gender Non-binary – Having a gender identity that is not exclusively male or female.

Health and Family Life Education (HFLE) – a comprehensive, life skills–based programme, which focuses on the development of the whole person in that it: enhances the potential of young persons to become productive and contributing adults/citizens, promotes an understanding of the principles that underlie personal and social well-being, fosters the development of knowledge, skills and attitudes that make for healthy family life; increases the ability to practice responsible decision-making about social and sexual behaviour; and more.

Homophobia – Discomfort with, or fear, intolerance or hatred of homosexuality and people who are or are perceived to be gay.

Intersex – someone with sex chromosomes other than XX or XY, resulting in differences in development of internal and/or external sexual and reproductive anatomy.

Marginalised Youth – Young people who possess identities or living situations that place them outside of the power majority in a given culture, and who therefore are pushed to the margins of that culture where they receive less access to societal benefits than their peers with power majority identities. Marginalised youth might include homeless youth, youth living with HIV, youth with physical and/or intellectual disabilities, lower-income youth, LGBTQI+ youth, and more.

Monitoring and Evaluation (M & E) – Two separate but related activities that help a school or organisation track the progress of a programme intervention over time and adjust as necessary.

Non-binary – Someone whose gender identity falls outside of the two-gender construct of female or male.

Out-of-School CSE – Any CSE programmes that are not delivered as a part of the school curriculum.

Pansexual – Someone who is attracted to people of more than one gender; often used instead of "bisexual" to be inclusive of attraction for transgender and gender non-binary individuals, although also used by some interchangeably.

Sexual Orientation – Refers to the gender or genders of people to whom people are attracted, physically and/or romantically. Common categories of sexual orientation include heterosexual (sometimes called "straight"), lesbian or gay, bisexual, pansexual and more.

Transgender – Someone whose gender identity (what they know their gender to be) is different from the sex they were assigned at birth (usually determined by genital appearance). For example, someone with a vulva and uterus who identifies as male or non-binary.

Trauma-Informed – When educators recognize that a portion of their student population has likely experienced trauma, but do not reduce an individual to that trauma or discount their potential to have positive future relationships because of past experiences.[1]

[1] Fava, NM and Bay-Cheng, LY. (2013) Trauma-informed sexuality education: Recognising the rights and resilience of youth. Sex Education, 13:4, 383-394, DOI: 10.1080/14681811.2012.745808.

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Note: This Toolkit is based on the UNFPA-ESARO Toolkit, Comprehensive Sexuality Education for Out of School Young People in East and Southern Africa[2], and includes materials from IPPF's Everyone's Right to Know: Delivering Comprehensive Sexuality Education For All Young People[3] and Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum[4].

[2] UNFPA-ESARO (2018). Regional Comprehensive Sexuality Education Resource Package for Out of School Young People. Available: https://esaro.unfpa.org/en/publications/regional-comprehensive-sexuality-education-resource-package-out-scho ol-young-people.
[3] IPPF (2016). Everyone's Right to Know: Delivering Comprehensive Sexuality Education for All Young People. Available: https://www.ippf.org/sites/default/files/2016-05/ippf_cse_report_eng_web.pdf.
[4] Advocates for Youth (2015). Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum. Available: https://3rs.org/3rs-curriculum.

HOW TO USE THIS TOOLKIT

This manual is intended for use with out-of-school youth ages 17 to 22. Ideally, the same group of youth would be taken through the entire toolkit, but if this is not possible, choose the modules or activities that you feel are the most relevant to your participants based on a needs assessment or your knowledge of the group. In addition, professionals may need to make adaptations depending on the specific population(s) of OOS youth receiving the CSE lessons in the toolkit. Guidance relating to some of these types of adaptations are included in the toolkit.

This manual is designed to be implemented in-person. As such, it uses interactive, participatory activities to help young people gain new information and skills. Ideally, you will provide all of the lessons to the same group of participants. You can do this by facilitating individual lessons on different days, or by hosting youth for a day at a time and facilitating multiple sessions with breaks in between.

If you can offer only some of the lessons in this toolkit at a time, you will need to read each carefully to see whether they require participants to have any knowledge from the lessons you are skipping.

Implementing the Toolkit Online

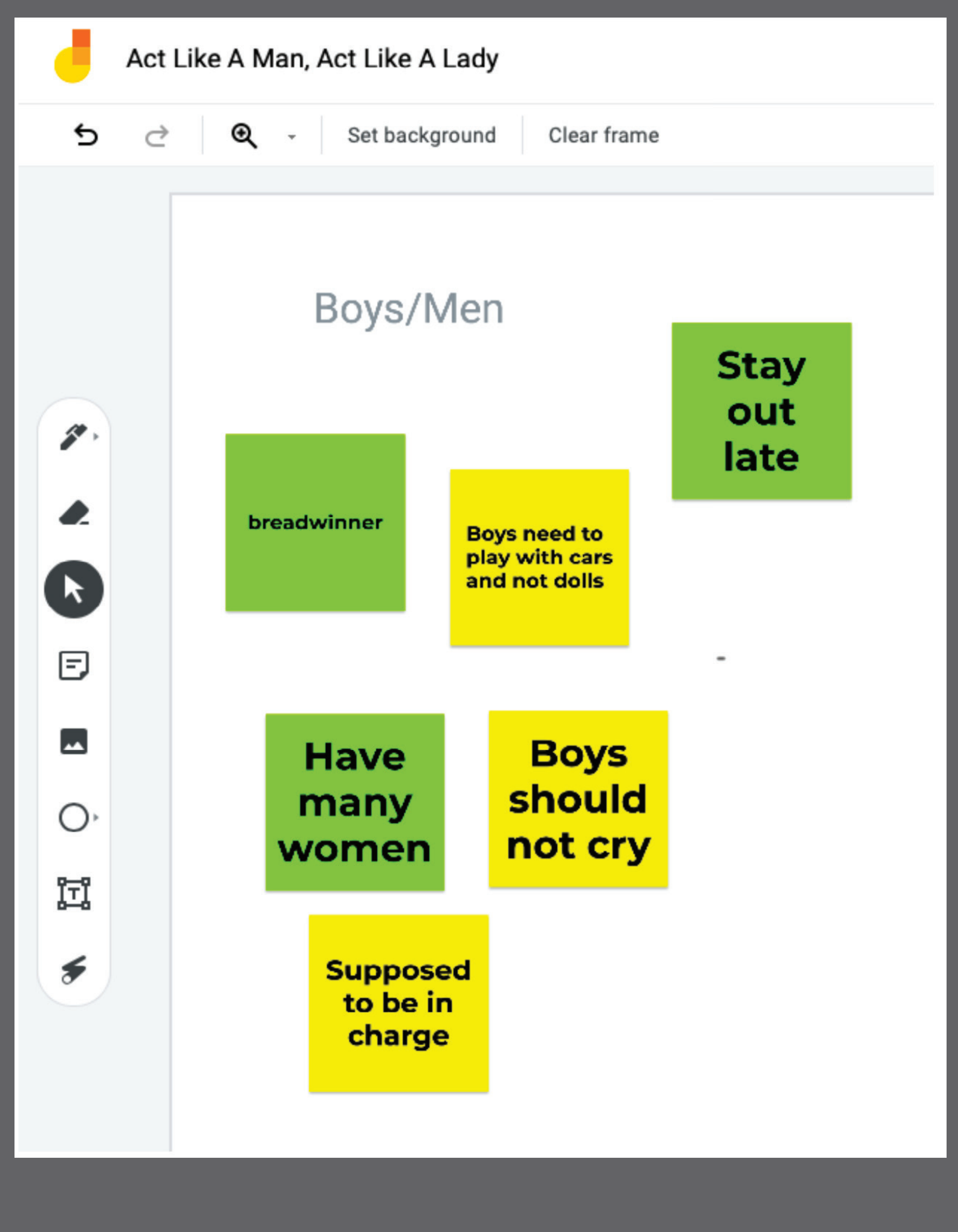
With the arrival of the COVID-19 pandemic in 2020, many programmes as of the writing of this toolkit continue to be delivered exclusively online. In many of these online platforms, small group work can be done, white boards can be used for brainstorms, and documents and resources shared through shared drives. This of course depends on whether participants have access to the internet, or are able to access a screen larger than a hand-held device to be able to see and participate in these types of activities. In addition, communities may have access to the internet but the cost may be prohibitive. Partnering with Civil Society Organisations can offer an opportunity for participants to have access to technology without these various obstacles.

Spotlight on Google Jamboard

In Google, select "Jamboard" from the list of options in the same place where you'd access your drive. Select the large "plus" sign to create a new Jamboard, and add a title at the top. Copy the link for the Jamboard, and when participants are in the workshop session, paste the link into the chat. Everyone who clicks on the link will be taken to the Jamboard.

Once there, use the tools on the left – the post-it notes, the text boxes – to conduct a brainstorm or solicit feedback.

Sample Jamboard for Analysing Gender Role Stereotypes



PART ONE

THE CONTEXT FOR OUT-OF-SCHOOL (OOS)
COMPREHENSIVE SEXUALITY EDUCATION

PART ONE:

THE CONTEXT FOR OUT-OF-SCHOOL (OOS) COMPREHENSIVE SEXUALITY EDUCATION

What is Comprehensive Sexuality Education?

Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of human sexuality. CSE is comprehensive when it covers the full range of topics related to human sexuality, rights and gender, without omitting challenging or sensitive topics. Qualities of effective CSE include being scientifically accurate, incremental, age- and developmentally-appropriate, based on human rights and gender equality, culturally relevant and context-appropriate and skills-based.[5]

Comprehensive Sexuality Education (CSE) is a key component of the regional SI and an essential part of UNFPA's Strategic Plan, which puts adolescents and youth at the front and centre. Too many young people receive confusing and conflicting information about relationships and sex as they make the transition from childhood to adulthood. This has led to an increasing demand from young people for reliable information, which prepares them for a safe, productive and fulfilling life. When delivered well, CSE responds to this demand, empowering young people to make informed decisions about relationships and sexuality and navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) still pose serious risks to their health and well-being.

There is strong evidence that CSE improves HIV knowledge and self-efficacy related to refusing sex or condom use and contributes to delayed sexual debut and increased condom use, thus reducing sexually transmitted infections, HIV transmission and unintended pregnancy[6],[7],[8]. Research also supports that a comprehensive approach to sexuality education can help young people delay intercourse, reduce the frequency of intercourse, reduce the number of sexual partners they have, and increase their use of condoms and other contraceptive methods when they do become sexually active[9],[10].

CSE is generally offered formally (in-school) and informally (out-of-school). Out-of-school CSE applies to any programmes that are not delivered as a part of the school curriculum[11]. OOS CSE may be delivered through face-to-face sessions in a range of other settings, including in communities, at civil society or community-based organizations, in youth centres or at youth clubs, in health clinics, summer camps, in religious institutions or faith-based organizations, at schools or training institutions after hours (if not by a facilitator from the school to participants

[5] UNESCO, UNAIDS, UNFPA, UNICEF (United Nations Children's Fund), UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), and WHO (2018). International Technical Guidance on Sexuality Education: An Evidence-informed Approach, Revised Edition. Paris: UNESCO.
[6] Advocates for Youth (2010). Comprehensive Sex Education and Academic Success Effective Programmes Foster Student Achievement. https://advocatesforyouth.org/wpcontent/uploads/2019/09/comprehensive_sex_education_and_ academic_success.pdf.
[7] Davis, A.L. (2018). Caribbean regional youth advocacy Framework on Sexual & reproductive health and rights. Pan Caribbean Partnership Against HIV & AIDS, 1–38. https://pancap.org/pc/pcc/media/pancap_document/Final_Caribbean-Regional-Youth-Advocacy-Framework-on-SRHR.pdf
[8] Leung,H., Shek, D.T.L., Leung, E., & Shek, E.Y.W. (2019). Development of Contextually-relevant Sexuality Education: Lessons from a Comprehensive Review of Adolescent Sexuality Education Across Cultures. International Journal of Environmental Research inJ Public Health; 16(4): 621.
[9] FAMPLAN (2008). Jamaican Guidelines for Comprehensive Sexuality Education Pre-school Through Age 24. The Jamaica Task Force Committee for Comprehensive Sexuality Education, First Edition. https://healtheducationresources.unesco.org/sites/default/ files/resources/bie_jamaica_guidelines_siecus.pdf.
[10] Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. PLoS ONE, 9(3), e89692.
[11] UNFPA (2020). International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-informal, out-of-school programmes. Available: https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf.

from the school), in families, at workplaces, in research centres, and in institutional settings such as jails, detention centres and refugee camps. It may be delivered by facilitators, peer educators, parents or through digital solutions, including computers, the Internet, and mobile phones. Those reached by OOS CSE may be children and adolescents who do not go to school as well as those who do.

Why Is Out-of-School CSE Needed?

Out-of-school young people by definition cannot benefit from any in-school comprehensive sexuality education that may be provided. Further, they are more likely to have low literacy, and to be excluded from other school-based social and health interventions that may be delivered within the formal education system. Because these youth do not attend school, they are harder to reach, requiring extra effort. Young people with disabilities, members from young key populations, and other more vulnerable populations also have additional challenges accessing any kind of CSE, let alone CSE that applies to them.

Out-of-school young people include those young people who have never been to school, who attended formerly but discontinued school, or school-going youth during holidays, weekends, etc. OOS CSE is intended to complement what is offered in schools in that key messages are aligned consistently with international standards. In this way, content may be similar, but the delivery may be different depending on the OOS youth population. OOS CSE often offers greater flexibility to the facilitators, as they are not limited to a typical 40- to 50-minute group session, and is often able to discuss human sexuality in greater detail than what can be done in a public or religious school.

Providing CSE to out-of-school youth is an essential component to achieve the 2030 Agenda for Sustainable Development, which commits to leave no one behind and empower the most vulnerable, often unattached youth. CSE delivered through a human rights and gender equality-based approach, in an out-of- school context in particular, is crucial to reach marginalized adolescents and youth, mainly young women and girls, many of whom are already mothers and socially isolated, and face higher vulnerability rates.

Many schools are conservative and restrict the discussion of certain sensitive topics, and/or do not allow condom demonstrations in rooms. Such demonstrations can take place during out of school CSE sessions and condoms may be made available for those who want them. Further, some out of school CSE programmes can more closely link young people to youth friendly SRH services and commodities such as those where peer educators operate from the clinics or where health centre visits may be facilitated.

In addition to reaching children and young people who are not in school, which often constitutes the most vulnerable and marginalized children and young people, out-of-school CSE fulfils several other important functions:

- Providing CSE that is tailored to the different needs of specific groups of children and young people, e.g., young people living with HIV, or young people who identify as lesbian, gay, bisexual, transgender, queer or other non-cisgender and/or non-heterosexual orientations (LGBTQI+), or young people living with a disability.
- Providing CSE to children and young people who go to school in countries where CSE is not included in the school curriculum.

- Supplementing in-school sexuality education, particularly in contexts where this is not comprehensive or of high quality.
- Providing programmes that explicitly involve parents and guardians.

What Are the Founding Principles of CSE?

Gender Perspective

Young people have different experiences, vulnerabilities and opportunities based on their gender. These differences are a result of societal gender norms and gender-stereotypical expectations. In the Caribbean gender-based violence is pervasive, affecting mainly women and girls. The 2001 Caribbean Regional Tribunal on Violence against Women Report observes that far from being a haven – a place of peace- the home for many women and girls is a dangerous place. Women unlike men are more likely to be beaten and sometimes killed, not by a stranger but by someone they know intimately -- a husband, a boyfriend, a partner. GBV affects a cross- section of women. It is not confined to specific groups of women in society and must be placed within the larger context of gender-inequality. Girls are also at risk for early and unplanned pregnancy, childbearing, gender-based violence, HIV and other sexually transmitted infections.

Girls are not the only ones who experience the negative consequences of gender role stereotypes. Boys and men are restricted into gender boxes that define men and masculinity narrowly. Veering outside of those gendered expectations can have significant social and physical consequences for boys and men.

Transgender and gender non-binary youth experience stigma, isolation and even violence. Reinforcing acceptance and respect for people of all gender is integral to CSE.

Culturally Sensitive Approach

Cultural sensitivity is also very important. The behaviour of young people is affected by their beliefs, values and practices, and it is important in all communication to use language that is culturally sensitive. In the Caribbean, reproductive health and sexuality are topics that are culturally sensitive, particularly with regards to adolescent sexuality. As a result, these topics are either never talked about, or only talked about within the context of preventing potentially negative outcomes. These cultural constraints create a barrier to recognizing young people's reproductive health rights, and the right to education including CSE.

CSE and Human Rights

A human rights-based approach involves recognizing that adolescents are not merely passive recipients of information and services that are essential actors in their own development. Young people have a right to education and skills building as they experience physical and emotional maturation; begin relationships; and face decisions about whether, when and how to engage in sexual activity. These decisions affect their physical, emotional and psychological health and well-being.

The issues and challenges faced by young people are compounded by a range of variables, including their age, whether they have access to healthcare, ethnicity, sexual orientation, gender identity, socioeconomic status, familial and community support, physical and intellectual abilities, social status, place of residence (rural/urban), religion, and years of schooling[12].

CSE and Linkages with Other Services

In order to fully exercise their right to health, protect their sexual and reproductive health and get help with problems like violence and rape when needed, young people require access to a range of youth-friendly services. CSE can play an important role in making them to these services. Youth-friendly services should be safe, effective, affordable, accessible, and acceptable to young people.

These services include:

- General health exams
- Contraceptive education and access to a range of modern contraceptive methods, including condoms and emergency contraception
- Pregnancy testing and antenatal, obstetric and post-natal care
- Pregnancy options counselling, safe abortion, where legal, and post-abortion care
- STI education, diagnosis and treatment, including partner notification
- HIV education, counselling, testing and referrals for treatment, care and support services
- Voluntary medical male circumcision
- Screening for cervical cancer (Pap test)
- Immunizations for human papillomavirus (genital warts) and hepatitis B
- Assistance for survivors of sexual and gender-based violence. This should includepost-rape counselling, HIV/STI testing and treatment (i.e. emergency contraception, anti-biotics to prevent or treat some STIs and post-exposure prophylaxis (to reduce possible infection with HIV), collection of evidence, and referrals for legal assistance.
- Referrals to services not available in the area.

[12] Ibid.

PART TWO

THE CARIBBEAN CONTEXT FOR OUT-OF-SCHOOL YOUTH

PART TWO:
THE CARIBBEAN CONTEXT FOR OUT-OF-SCHOOL YOUTH

This project was conducted in order to put international best practises into a Caribbean context. At the same time, however, the Caribbean is comprised of individual countries with a range of cultural and religious values, mores and beliefs. As such, the recommendations in this Toolkit for how best to adapt international CSE guidance documents will need to be further adapted based on the individual expertise of educators and youth-serving professionals in each country.

In addition to international best practises, this toolkit is informed by the available research relating to the needs of young people in the Caribbean. This regional research indicates:

- Caribbean youth are at high risk for all forms of violence, particularly sexual violence, abuse and exploitation. In addition, as adolescent pregnancy rates remain high, access to sexual and reproductive health information and services, including testing and treatment for HIV and other STIs, is insufficient[13].
- Contraceptive and safer sex methods are used inconsistently. This includes, in particular, condoms, which indicates a high risk for STI transmission in addition to unplanned pregnancy[14].
- Young people are having sex with multiple partners. This is particularly true of male youth[15].
- Teenage pregnancy remains too high throughout the region (PAHO, 2017)[16]. As abortion is not legal in numerous Caribbean countries, a teen pregnancy that is carried to term will result in teenage parenting. Without sufficient support at home, becoming a parent as a younger person can limit that person's future prospects for education, marriage and financial independence. Lack of financial independence is directly linked to gender-based and domestic violence worldwide, as well as in the Caribbean.
- Gender roles and gender inequality have a significant impact on young people's access to sexuality-related information and services. Although the region cannot be considered a monolith, a trend in the available research indicates that male dominance and additional gender role stereotypes remain impediments to accessing and communication about sexuality-related topics[17].

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[13] Bidaisee, S. (2016). Sexual and reproductive health education: A case for inclusion in the curriculum of primary schools in the Caribbean. 8(3), 327–336.
[14] Longman-Mills S. and Carpenter, K. (2013). Interpersonal competence and sex risk behaviours among Jamaican adolescents. West Indian Medical Journal, 62(5):423–6.
[15] Ishida K, Stupp P, McDonald O (2011). Prevalence and correlates of sexual risk behaviours among Jamaican adolescents. International Perspectives on Sexual and Reproductive Health;37(1):6–15.
[16] PAHO (2017). Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean. Report of a technical consultation (Washington, D.C., USA, August 29-30, 2016). Available: https://lac.unfpa.org/sites/default/files/pub-pdf/Accelerating%20progress%20toward%20the%20reduction%20of%20adoles cent%20pregnancy%20in%20LAC%20-%20FINAL.pdf.
[17] Rodriguez-Diaz, C.E. (2013). Sexual health promotion and the attention to the social determinants of health in the Caribbean. Sexuality Research and Social Policy. 10:161-164.

As adolescents grow and develop into adults, their need for health education can and should include sexual health education[18]. Young people need continuous, accurate education that will help them transition into adulthood with the ability to make sound decisions that will lead to positive experiences and healthy outcomes. Children and adolescents should be shown how to develop a safe and positive view of sexuality through age-appropriate education about their sexual health[19].

Many of these sexual disparities and risk factors are impacted directly by the conservative and religious values of the Caribbean, along with social constructs of gender roles and relationships[20]. These cultural norms affect whether, when and how young people receive any kind of sexuality education. They also have an impact on how and whether young people in the region have access to sexual and reproductive health (SRH) and comprehensive sexuality education (CSE).

Too often, young people in the Caribbean do not receive even the most basic sexuality education, and misinformation about sex and sexuality remains common[21]. More recently, however, sexual and reproductive health have gradually become priorities for some of the countries in the region, due to increased rates of HIV and other STIs, adolescent pregnancy and gender-based violence[22] As a result, policies and programmes are being implemented in some Caribbean countries to promote healthy sexual behaviours and improve sexual knowledge through CSE[23].

Out-of-School vs. In-School CSE

CSE is taught through two different venues, categorized as formal (in-school) and informal (out-of-school) settings[24],[25]). School-based CSE programmes are designed to encourage sexual risk reduction strategies with a particular focus on HIV prevention[26], as well as a reduction in teenage pregnancy and gender-based violence (GBV).

UNFPA defines out-of-school CSE as, simply, CSE that is implemented outside of formal school settings[27]. Out-of-school CSE may be conducted at schools, through after-school clubs or extra-curricular activities[28]. It may also take place at Civil Society Organisations (CSOs), through

[18] Hegamin-Younger, C., & Merrick, J. (2016). The vulnerability of the Caribbean region. International Public Health Journal, 8(3), 311–312.
[19] Breuner, C.C., & Mattson, G. (2016). Sexuality Education for Children and Adolescents. Pediatrics, 138(2), e20161348.
[20] Knowles, V., Kaljee, L., Deveaux, L., Lunn, S., & Rolle, G. (2014). National Implementation of an Evidence-Based HIV Prevention and Reproductive Health Program for Bahamian Youth, 21.
[21] Ponzetti, Jr., J. J. (Ed.). (2015). Advancing Sexuality Education in Developing Countries: Evidence and Implications. In Evidence-based Approaches to Sexuality Education (pp. 370–380). Routledge.
[22] Jarrett, S.B., Udell, W., Sutherland, S., McFarland, W., Scott, M. & Skyers, N. (2018). Age at Sexual Initiation and Sexual and Health Risk Behaviors Among Jamaican Adolescents and Young Adults. AIDS and Behavior (2018) 22:S57–S64.
[23] Bidaisee (2016), op. cit.
[24] UNFPA (2020), op. cit.
[25] UNFPA (2014), op. cit.
[26] Fonner, et al., (2014), op. cit.
[27] UNFPA (2020), op. cit.
[28] IPPF (2016). Everyone's right to know: delivering comprehensive sexuality education for all young people. International Planned Parenthood Federation.
Available: https://www.ippf.org/sites/default/files/2016-05/ippf_cse_report_eng_web.pdf.

Faith-Based Organisations (FBOs) and elsewhere, both in-person and online. Out-of-school CSE creates a more informal and flexible setting than in school, with the potential for smaller learning groups, longer class times, more varied and creative delivery of the curriculum, and more interaction among learners[29], allowing issues to be discussed in more depth and tailored them to specific needs of groups[30].

International Best Practises for Out-of-School CSE

UNFPA's International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (ITPG)[31] and sources from the International Planned Parenthood Federation have been the most helpful sources in this area. The ITPG is an evidence-informed and practice-informed guidance for programmes that deliver CSE out of school, and programmes that seek to address the needs of specific groups of vulnerable populations[32]. The document provides recommendations for nations to consider when developing and offering CSE programmes to young people.

Developing and Implementing Out-of-School CSE

Although the recommended content for out-of-school CSE is the same as what is recommended for in-school CSE[33], out-of-school programmes have some unique considerations, given their implementation outside of the parameters and restrictions of a school curriculum.

CSE in the Caribbean

In schools in the Caribbean, CSE is provided inconsistently and incompletely, usually appearing within the Health and Family Life Education (HFLE) or science curricula[34]. As teachers are given broad discretion and independence as to what they teach about CSE and how they teach it, the extent to which young people are receiving medically-accurate, age- and developmentally-appropriate CSE in school is largely unknown.

The HFLE curriculum tends to come under greater scrutiny, as it is part of the formal school curriculum and therefore supported by the Ministry of Education. Civil society organisations (CSOs) have greater flexibility in what they teach young people about CSE. As such, out-of-school CSE offers opportunities for reaching young people in ways that in-school CSE does not[35]. This is not to say, however, that out-of-school CSE does not face its own obstacles; indeed, similar to the challenges in-school CSE programmes face, barriers to successful implementation of out-of-school CSE programmes include gender/sexuality stereotyping, homophobia and transphobia, religious opposition, and limited political support[36].

Trained health educators with established interests in sexuality education delivery and classroom management to practice an informal, participatory learning approach is an integral component of effective CSE that has been linked with greater success in increasing sexual health knowledge[37],[38].

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[29] UNFPA (2020), op. cit. 30 IPPF (2016), op. cit.
[31] UNFPA (2020), op. cit.
[32] Ibid.
[33] UNESCO et al. (2018), op. cit.
[34] Schroeder, E. (2021). A Formative Assessment of Comprehensive Sexuality Education Within the Health and Family Life Education Curriculum in The Caribbean. United Nations Fund for Population Activities UNFPA. (To be published)
[35] IPPF (2016), op. cit.
[36] Bidaisee (2016), op. cit.
[37] Richards, S.D., Mendelson, E., Flynn, G. Messina, L., Bushley, D. Halpern, M., Amesty, S. & Stonbraker, S. (2019). Evaluation of a comprehensive sexuality education program in La Romana, Dominican Republic. Int J Adolesc Med Health, 2019 Jun 13.
[38] Hegamin-Younger & Merrick (2016), op. cit.

Another advantage to CSOs providing CSE in out-of-school settings, therefore, is that the professionals providing CSE are more likely to want to provide the programmes, and feel comfortable doing so. Agencies that offer sexual and reproductive health services typically have trained staff who are knowledgeable and comfortable with the topic at hand.

Evidence continues to support the need for implementing and sustaining CSE programmes, building partnerships and developing strategic plans for continuous CSE using a multi-approach to ensure all marginalized adolescents have access to quality CSE, sexual and reproductive health medical services, additional resources to address the hierarchical needs[39].

Literature also reveals that stakeholders need to invest more in the evaluation process of HFLE in the Caribbean[40]. HFLE is implemented widely throughout the region with strategic plans in place in the early 2000s to be implemented in more primary and secondary schools, however, HFLE is not fully implemented with fidelity throughout the region.

Adapting International Best Practices for The Caribbean: The International Technical Guidance on Out-of-School Youth

As mentioned earlier, this toolkit has been informed by regional professionals, educators and young people in order to ensure to the greatest extent possible that the best practises recommended by UNFPA and other international CSE experts are culturally relevant for the Caribbean. This includes making recommendations about the content that should be prioritised in the Caribbean region given the political, cultural and religious values. As mentioned earlier, each country and areas within each country will have their own unique circumstances that may require additional adaptation. As such, professionals in each country should use their own expertise in deciding whether to take or adapt the following recommendations about content and education methods.

CSE Content

UNFPA's International Technical Guidance on Sexuality Education, cited throughout this toolkit, organises recommended content into 8 key concepts:

- Relationships
- Values, rights, culture and sexuality
- Understanding gender
- Violence and staying safe
- Skills for health and well-being
- The human body and development
- Sexuality and sexual behaviour, and
- Sexual and reproductive health

As you will read in the table overview, the sub-topics within each concept area are all topics that can and should be addressed in the Caribbean. The biggest issues relate to time, and to topics that are considered in some countries to be more controversial than others. The full range of

[39] Richards, Mendelson, Flynn, et al. (2019), op. cit.
[40] Onuoha, C. A., Dyer-Regis, & Onuoha, P. C. (2017), op. cit.

what is recommended to be addressed in the ITGSE is beyond the scope of this 8-session toolkit; and yet, is something all countries can hold up as an aspiration of what youth can and should be educated about.

This toolkit addresses all of the key concepts listed above in two distinct ways: First, proactively teaching age- and developmentally-appropriate content and skills, and second, in guiding professionals on how to address those topics that are not proactively taught within the lessons provided here. For example, in most countries in the Caribbean, abortion is illegal. As such, it is not taught about proactively in the toolkit. At the same time, however, a facilitator needs to be prepared to respond to any questions that might arise relating to abortion so as to maintain a safe, non-judgmental learning environment.

Similarly, as part of human rights and treating others with dignity and respect, the toolkit lessons define sexual orientation and gender identity, and the materials for the facilitator relate to how to ensure discussions of LGBTQI+ individuals or disclosures of non-heterosexual, non-cisgender identities are treated with respect.

5.2 Overview of key concepts, topics and learning objectives

Key concept 1: Relationships	Key concept 2: Values, Rights, Culture and Sexuality	Key concept 3: Understanding Gender
Topics: 1.1 Families 1.2 Friendship, Love and Romantic Relationships 1.3 Tolerance, Inclusion and Respect 1.4 Long-term Commitments and Parenting	Topics: 2.1 Values and Sexuality 2.2 Human Rights and Sexuality 2.3 Culture, Society and Sexuality	Topics: 3.1 The Social Construction of Gender and Gender Norms 3.2 Gender Equality, Sterotypes and Bias 3.3 Gender-based Violence

Key concept 4: Violence and Staying Safe	Key concept 5: Violence and Staying Safe	Key concept 6: The Human Body and Development
Topics: 4.1 Violence 4.2 Consent, Privacy and Bodily Integrity 4.3 Safe use of Information and Communication Technologies (ICTs)	Topics: 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	Topics: 6.1 Sexual and Reproductive Anatomy and Physiology 6.2 Reproduction 6.3 Puberty 6.4 Body Image

Key concept 7: Sexuality and Sexual Behaviour	Key concept 8: Sexual and Reproductive Health
Topics: 7.1 Sex, Sexuality and the Sexual Life Cycle 7.2 Sexual Behaviour and Sexual Response	Topics: 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

From the International Technical Guidance on Comprehensive Sexuality Education[41]

Reaching Vulnerable and Marginalized Youth

Among the priorities of the Spotlight Initiative, as well as of youth-serving initiatives world-wide, is reaching the most vulnerable and marginalised youth. CSE delivered in non-formal settings has the potential to reach these populations who are not in school[42]. It is important to establish and build relationships at the community level with youth, parents, and other trusted community members before developing CSE programmes whether in the school or in informal settings. Youth advocates are central to establishing strong CSE programmes[43]. Failing to provide marginalized adolescents and young people with CSE will deepen the social exclusion that many experiences, limit their potential, and put their health, futures, and lives at greater risk[44]. In every society, some subgroups of young adolescents living in the path of STIs/HIV are in greater jeopardy than others[45]. For example, disabled youth are reported throughout the Caribbean to be at high risk of sexual and other forms of abuse and thus of HIV, STI and teen pregnancy, but data on this are lacking[46].

Out-of-school CSE is known to provide age and developmentally appropriate programmes for all adolescents[47]. Vulnerable youth populations include, but are not limited to:

- Young parents (of any gender)
- Young people with disabilities (physical, intellectual, deaf/hard of hearing, blind/vision impaired, autistics, disorder, psychosocial disabilities);
- Indigenous youth
- Lesbian, gay, bisexual, queer and other youth who do not identify as heterosexual (LGBQ+ youth)
- Transgender and gender expansive youth
- Intersex youth
- Youth living with HIV
- Youth who use misuse substances
- Incarcerated youth
- Homeless and transient youth[48]

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[41] UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018, op. cit.
[42] IPPF (2016), op. cit.F
[43] UNFPA (2014). Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. Available: https://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education.
[44] IPPF (2016), op. cit.
[45] Dixon-Mueller, R. (2009). Starting Young: Sexual Initiation and HIV Prevention in Early Adolescence. AIDS and Behaviour, 13(1), 100–109.
[46] Allen, C., & Thomas-Purcell, K. B. (2012). Strengthening the Evidence Base on Youth Sexual and Reproductive Health and Rights in the Eastern Caribbean. United Nations Population Fund (UNFPA), 119.
[47] UNFPA (2020), op. cit.
[48] UNFPA (2020), ibid.

It is important to remember that many youth fit into more than one of these identity categories. The intersections between these disenfranchised identities only heighten their vulnerability to the potentially negative impacts of not receiving the sexuality-related information and skills they need and to which they have a right.

Implementing CSE in informal/out-of-school settings can create safe and welcoming spaces for those marginalized youth. In informal settings, young people can connect with others of similar experiences and learn from others, with the careful navigation of educational information by a well-trained, comfortable professional who has cultural connections and/or competent about the marginalized community. Implementing programmes in non/informal education settings for out-of-school children and young people has had a positive impact on the information and knowledge base[49].

Gaps in OOS CSE Resources

There is a dearth of evidence-based or evidence-informed CSE curricula available for use out-of-school in the Caribbean. As with in-school CSE, it appears from the review that CSO professionals are mostly picking and choosing from existing resources and creating interventions from those resources.

For the limited programmes that were written about in the literature, or actually accessible online, a good number focused primarily or exclusively on HIV[50].

The literature also revealed the need for more research and evidence on more innovative community-based opportunities and interventions for implementing CSE and extending the efforts to other local non-governmental organizations (NGOs) and faith-based organizations (FBOs), which can be difficult because HIV and reproductive health programmes can conflict with local values and morals and perceptions of appropriateness of such information for children[51]. In addition, much of the literature that does exist is centred on in-school CSE, especially in the Caribbean region. Additional research needs to be done on best practises for and impacts of out-of-school CSE as well.

Very few resources were inclusive and affirming of LGBTQI+ youth. Those that were have been designed for heterosexual and cisgender youth to learn about LGBTQI+ identities, they do not include LGBTQI+ learners in the lesson content or examples. The resources were, like with in-school CSE, all written in a cisgender gender binary.

[49] Yasunaga, M. (2014). Non-formal education as a means to meet learning needs of out-of-school children and adolescents. UNESCO Institute for Statistics, p.1-26.
[50] Dinaj-Koci, V., Deveaux, L., Wang, B., Lunn, S., Marshall, S., Li, X., & Stanton, B. (2015). Adolescent Sexual Health Education: Parents Benefit Too! Health Education & Behaviour, 42(5), 648–653.
[51] Knowles, V., Kaljee, L., Deveaux, L., Lunn, S., & Rolle, G. (2014). National Implementation of an Evidence-Based HIV Prevention and Reproductive Health Program for Bahamian Youth, 21.

Designing CSE Interventions for OOS Youth

Several key components should be addressed by any organisation or entity before implementing CSE in out-of-school settings. This section will offer guidance on the following:

- The characteristics of CSE facilitators;
- The use of peer educators;
- Multiple- as opposed to single-session interventions;
- Best practises for reaching and recruiting out-of-school youth;
- Best practises for engaging key stakeholders, including parents and faith leaders; and
- Advance planning for any CSE workshops.

The Characteristics of CSE Facilitators

To foster effective learning during CSE activities, educators must have the right combination of attitudes, skills and knowledge[52]:

ATTITUDES

- Commitment to sexuality education and its founding pillars- human rights, gender, citizenship, sex positivity and evolving capacities of the child.
- Respect of integrity and understanding of boundaries
- Open mindedness and respect for others
- Awareness of his/her own attitudes
- Understanding of young people as sexual beings

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SKILLS

- Ability to create and maintain a safe, inclusive and enabling learning environment
- Ability to use interactive teaching processes which provoke a visible response from the learners
- Ability to communicate effectively
- Ability to reflect on believes and values
- Ability to draw, when appropriate, on learner's backgrounds and reality

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KNOWLEDGE

- Knowledge about relevant topics in sexuality education
- Basic knowledge on health promotion and psychology
- Knowledge about different CSE their impact
- Knowledge about children and young people evolving capacities
- Knowledge of youth realities and characteristics
- Basic knowledge about key context specific legal frameworks related to sexuality
- Basic knowledge of referral places and platforms where learners can seek help or additional information

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[52] IPPF (2016), op. cit.

The facilitators play an important role and directly affect the success of any educational program. Facilitators should be those who:

- Are well-informed about human sexuality, gender and rights, sexual and reproductive health and life skills;
- Are comfortable discussing sexuality issues and human relationships;
- Are non-judgmental;
- Really enjoy working with young people;
- Respect the views of young people, even if these views are very different from their own;
- Believe that young people can make good decisions for themselves;
- Have good group facilitation and communication skills; and
- Have a sense of humour!

It is assumed that facilitators may want to add or change questions in exercises and spontaneously explore issues as they arise, depending on the needs of their groups.

The Use of Peer Educators

A great deal is said in many quarters about the importance of youth participation and voice. In reality however, youth, especially girls and young women, rarely have opportunities to train and act as leaders or as advocates in places where the decisions that will affect their lives and their human rights are made.

To achieve a diverse community that is representative of young people in the region, it is important to invest both time and resources: a) invest in outreach, empowerment and training of young people; and b) work with young people themselves as well as local partners to reach hard-to-reach groups.

Multiple vs. Single-Session Interventions

While the amount of time dedicated to CSE may vary in each context, evidence suggests that to develop long-lasting learning, programmes should include at least 12 sessions.

- Best practises for reaching and recruiting out-of-school youth;
- Best practises for engaging key stakeholders, including parents and faith leaders; and
- Advance planning for any CSE workshops.

Single training sessions to address a specific sexual and reproductive health issue cannot be considered CSE unless they are part of a learning programme delivered over a period of time (IPPF, 2016)

Best Practises for Reaching and Recruiting Out-of-School Youth

When providing CSE to out-of-school youth, it is important to consider the setting and/or modality for providing the programme(s). These may include [53]:

- Civil-society or community-based organizations (CSOs and CBOs are able to reach "unattached" youth who will not be found in any structured setting
- Youth centres or youth clubs
- Health clinics
- Summer camps
- Religious institutions or faith-based organizations
- At school after hours (unless delivered by a facilitator from the school to participants from that school, in which case it would be considered in-school CSE)
- Families (using structured parent – child programmes)
- Workplaces
- Institutional correctional settings such as jails, detention centres or juvenile correctional centres
- Refugee camps or other shelters where people seek humanitarian support[54].

Given that these settings are where young people can be reached with out-of-school CSE, they could also be a good place to start identifying and recruiting diverse groups of young people to engage in the consultations and/or rolling out some of the strategies for engagement outlined in the section below.

[53] UNFPA (2020), op. cit.
[54] https://reliefweb.int/sites/reliefweb.int/files/resources/Out_of_School_CSE_Guidance_with_References.pdf

There are many ways to recruit out-of-school youth to participate in CSE programming. The following table offers some suggestions for effective methods for youth recruitment, as well as some that should be avoided:

TABLE ONE:
Best Practices for Recruiting Youth Participants

DOs

- Use simple language
- Be as clear and concise as possible, keep it to-the-point
- Involve young people in the development of the outreach messages
- Use colourful visuals and/or music as much as possible - to capture attention and maintain interest (young people respond to other young people - try to reflect young people in the message)
- Be positive (too much focus on negative may reduce interest and engagement and disempower the young people)
- Adapt your language to the specific target audience, taking into account differences among young people (i.e. different language and strategies may be required to reach younger adolescents than to reach older ones). Consider adapting the messages to reach people with disabilities, migrants/refugees, indigenous communities, etc.[55]

DON'Ts

- Use workplace jargon or acronyms
- Exaggerate an issue/situation - keep messages genuine and brief
- Use language that is condescending or patronizing
- Use authoritarian language

[55] https://www.ippf.org/sites/default/files/youth_messaging_checklist.pdf

TABLE TWO:
Channels of Communication for Outreach[56]

Once you have come up with the messages you plan to use to recruit your programme participants, it is important to select the venues through which you conduct your outreach for maximum effectiveness. Here are some suggested channels of communication, along with some of the advantages and disadvantages of each.

CHANNEL OF COMMUNICATION	ADVANTAGES	DISADVANTAGES
Social Media	• Potential to reach a large and diverse audience quickly • Posts can be made quickly and easily • Potential to track impact of outreach (views, shares, likes, etc.) • Potential for interactivity/ongoing discussion • Snowball effect: young people can share with each other	• Requires reliable internet/ technology: excludes young people without access to social media/WiFi • Difficult to manage spread of the messages or control the conversation around them (how they are interpreted and shared) • Can be time-consuming to manage content • Difficulty in maintaining confidentiality
Apps	• Potential for interactivity • Widely used by young people • Opportunity for sustainable reach/ engagement • Potential to collect useful relevant data through the app	• Excludes young people without access to smart phones / WiFi • Costly and time-consuming to develop and manage app
Mass Media: i.e. Radio, Television, Newspapers, Magazines, etc.	• Potential to reach a wide audience at once • Potential to reach hard- to-reach groups; i.e. young people living in rural areas / who do not have access to internet • Potential for interactivity (i.e. "call in" to TV shows and radio stations)	• Costly (keeping in mind that cost varies depending on what type of mass media - i.e. radio is less costly than TV) • High literacy required for newspapers and magazines • Mass media access is more consistent among urban youth than rural youth

[56] https://sbccimplementationkits.org/urban-youth/consider-communication-channel-pros-and-cons-for-using-with-urban-youth

CHANNEL OF COMMUNICATION	ADVANTAGES	DISADVANTAGES
Text Messages	• Ability to reach different socio-economic levels (there are mobile phones available for almost all socio-economic levels) • Wide and immediate reach • Potential for interactivity (SMS quizzes, surveys, etc.) • Young people value privacy and confidentiality, which mobile phones can commonly provide	• Requires literacy • Requires a device • Excludes young people without a phone • Potentially costly, especially if the young person is paying for individual texts/using data • If phones are shared, difficult to maintain privacy/ confidentiality
Printed Materials (i.e. posters, flyers, etc.)	• Potential to strategically target places that young people frequently visit • Potential to reach young people who may be otherwise hard to reach	• Challenging to implement in COVID-19 context • Only reach literate audiences (unless the message can be shared through photos/illustrations) • Easily destroyed, torn down, discarded, lost; may need to be replaced frequently
Community-based Approaches (i.e., approaching youth on the streets, guest speaking during religious services, etc.)	• Potential to reach hard-to-reach groups • Gives youth opportunity to ask questions • Allows youth to put a face to the programme	• Challenging to implement in COVID-19 context (ensure adherence to social distancing, wearing of masks and adherence to other COVID-19 protocols) • Smaller reach as compared to other channels • Depending on location, potential safety concerns for outreach workers.

Best practises for Engaging Key Stakeholders, Including Parents and Faith Leaders

The success of any programme or intervention is increased significantly when key stakeholders are informed about and, as appropriate, involved in the planning and execution of the programme. Here are some important tips to consider as part of identify and engaging key stakeholders:

- Identify the government Ministry and/or Department that will serve as the focal point for out of school CSE. This varies in different countries and typically is not the Ministry of Education but rather the Ministry of Youth or Health or Social Affairs. It will be this Ministry that will lead in the process of getting the government logo onto the adapted set of materials, write the forward in the main facilitator's manual and key printed materials, co-convene meetings and trainings, and be a lead implementing partner throughout CSE out of school implementation.
- Identify the core group of technical experts in your country who will form your technical committee that will review and adapt the materials, and later may serve as trainers. This group should be multi-sectoral and have expertise in youth, CSE, SRHR, community-based outreach, and curriculum development. Many countries already have technical working groups or committees set up and operational that are dedicated to advancing young people's SRHR that may be leveraged upon. At minimum, the core group should consist of UN youth focal points, relevant CSOs, government representatives from Youth, Health, Gender, Education, and young people, especially those that are already engaging in peer education and/or advocacy for young people's SRHR. At some stages, parents and a broader segment of youth representatives may be engaged to ensure representation from urban and rural communities, as well as vulnerable, marginalized and left behind groups of young people.
- Engage parents. Many parents in the Caribbean have concerns about teaching CSE to youth, whether in-school or out-of-school. These concerns often come from misinformation about what CSE is and is designed to do. Research suggests that parental concerns about CSE can be allayed by offering parallel programmes for parents to familiarize them with the content of their children's programme and by equipping parents with skills to communicate more openly about sexuality with their children.

Tips for Engaging Parents

- Parents can be targeted through activities with the community or identified/invited to participate through tailored strategies, such as home visits, parents' associations, or through their own children.
- Prepare and deliver CSE courses for parents. These can run in parallel to CSE education for children and young people.
- Develop question and answer materials for parents to help show that you want to support them to deliver accurate and rights-based information to their children.
- Implement CSE sessions for families to encourage intergenerational dialogues.
- Engage Faith-Based Organisations (FBOs)

Gaining support from FBOs can be very powerful when it comes to community-based programming. This is particularly true of programmes pertaining to human sexuality that are designed for young people. A challenge that arises when partnering with FBOs is when international best practises clash with some of the tenets of their teaching. The most salient examples of these are CSE programmes that are inclusive and affirming of LGBTQI+ individuals, as well as those in which reproduction and reproductive decision-making are taught when abortion is illegal and against dominant cultural teachings.

These clashes are not insurmountable. Meaningful partnerships can be very powerful for your programmes and for the young people who attend them.

Tips for Engaging Faith-Based Organisations

- Begin relationship with an FBO by providing non-CSE workshops or guest speaking during meetings and services
- Where possible, connect CSE lessons to faith community teachings.
- If not your faith group, consider co-facilitating a programme at an FBO with a member of that faith.
- Be prepared to adapt lessons while staying true to content and approaches. For example, if an FBO asks to exclude the lesson on sexual orientation, you can still highlight in the lesson on human rights that everyone has the right to be treated with dignity and respect, including LGBTQI+ people.
- Transparency is key. Just as when we partner with parents and other CSOs and NGOs, it is important to make materials available for review and host meetings to address any questions or concerns.

Advance Planning for CSE Workshops

When planning a workshop, you need to consider three main components: the participants, the facilitators and the implementation of the workshop. Specific issues you need to think through for each are listed below.

The Participants

- Who are your participants? What is their age range?
- What should the participants know or be able to do by the end of the workshop?
- What are the participants' expectations concerning pay, transport, accommodation, food and so on?
- How literate are they?
- Do they have any special needs, such as mobility issues?
- What access to technology, media and social media do they have?

The Facilitators

- How many facilitators will you need to run the workshop?
- Do you need to have more than one gender of facilitator?
- What are the facilitators' expectations concerning pay, transport, accommodations, food and so on?
- Who will run which activities?
- Will you need guest facilitators for any activities?
- What do the facilitators need to discuss or know before the workshop?
- How will you deal with participants who arrive late, skip sessions or consistently do not adhere to group agreements?

The Workshop

- Determine in advance who will be included in planning the workshop or programme
- Preparation and planning are important. At the same time, however, be flexible, relaxed and creative.
- If the workshop includes a Saturday, make sure the participants are willing to participate on Saturday. Allow time for people to travel to and from the workshop.
- Make sure your budget will cover the number of participants expected and other workshop costs.

PART THREE

EDUCATIONAL APPROACHES AND MATERIALS

PART THREE:
EDUCATIONAL APPROACHES AND MATERIALS

This section highlights the importance of and rationale for the learner-centred approaches in this toolkit. It is then followed by the actual lessons for implementation.

Learner-Centred Approaches

This toolkit, like other community-based approaches, prioritises the needs, interests and learning styles of young people. As opposed to a didactic, educator/centred approach, the lessons are interactive and collaborative, integrating the youth participants themselves in educating each other about key aspects of human sexuality.

Here are some tips for using a collaborative, learner-centred approach:

- Involve learners beyond just the implementation of CSE activities. Young people can be great assets during the design, implementation and evaluation of these sessions.
- Create a safe space and promote trust. Ask learners what will help them to feel 'safe' and the best ways to work together. All learners should feel involved, heard, comfortable and safe from bullying, especially when they take risks with new ideas or with sharing personal experiences. Of course, it is also important to ensure the safety and privacy of the physical space.
- Encourage participation, particularly among those who feel alone or intimidated.

  Various conditions and situations can trigger these types of feelings. For example, differences in social power associated with gender, social group, or age can be a factor.
- Assure learners that you respect their privacy and ask the same of learners; remind them not to disclose information exchanged during CSE activities. Consider how some learners might intimidate or even abuse others after leaving a session in which sensitive topics have been discussed. Make certain that learners understand that they have the right to not participate or share if doing so makes them feel at risk.
- Be sure your organisation and any organisation through which you implement CSE has a strong child protection policy. Training should be provided to all staff and volunteers, and the policy should be communicated to all partners, including the establishment in which you are working. This is especially important when talking about sensitive issues surrounding sexuality, as the educator will need to be clear on laws and policies regarding the age of consent and young people disclosing sexual activity or abuse.

- Show respect for learners. Some practical ways of showing respect include asking participants how they want to be introduced or referred to, asking what gender pronouns they use, and learning the names of participants as quickly as possible. Educators also need to be conscious of starting and ending on time. Always acknowledge and give credit to what your learners know and contribute.

Experiential learning is essentially learning from our experiences. These experiences can be created in a room or they can come from real life. In experiential learning, the participants do an activity or remember an experience. Then they discuss the experience or activity together to learn from it. Afterwards they are asked to come to more general conclusions about what they learned and to apply it to new situations in the learning environment or in their real lives. Experiential learning is interactive and participant-centred.

The activities in this Toolkit use experiential learning to help young people gain information, examine their attitudes and values, learn and practise skills and come to their own conclusions. Feel free to modify any of the techniques suggested to suit your participants, but do not be afraid to try new approaches.

The Roles of the Facilitator

Facilitators are different from presenters, although this Toolkit requires a combination of both skills. In addition to presenting some content information and teaching skills, a facilitator enables an exchange of thoughts, opinions and ideas between and among participants. This requires listening carefully, and asking questions to elicit participation whenever possible as opposed to simply giving out answers.

Your roles and responsibilities as the facilitator are to:

- Monitor and manage the group to make sure that everyone is participating actively.
- Keep discussions on track so as to achieve the objectives of the activity in a timely way.
- Clarify points, make corrections when necessary, and add missing points to discussions and conclusions to make sure that correct facts are given.
- Assess participants' acquisition of knowledge and skills.
- Help participants learn to think for themselves and to make their own decisions well. Do not lecture participants, tell them what to do in their personal lives, or tell them what the 'best choice' is.

A facilitator should:

- Build on participants' experience and knowledge
- Be sensitive to what is happening in the group
- Deal with problems in the group

- Encourage participation
- Use language appropriate to the participants
- Keep the group on the topic
- Be a good listener
- Be aware of all the members of the group
- Be enthusiastic
- Prepare for the activities in advance
- Be empathetic
- Have a sense of humour
- Act responsibly
- Help the group stick to their ground rules
- Control the dynamics of the group to ensure maximum learning

A facilitator should not:

- Dominate the group
- Talk at length
- Tell participants what they should do in their personal lives
- Take sides in debates
- Make assumptions about participants based on appearance or any personal information
- Put participants on the spot
- Engage in a long dialogue with one participant
- Lose their temper with a participant
- Criticise the participants
- Allow one or more participants to dominate
- Allow problems in the group

Lesson Adaptations for Vulnerable Populations

Out-of-school youth are often the most vulnerable populations of young people, particularly when they live in remote or rural areas. What makes a particular individual or community vulnerable can vary from place to place, and person to person.

In most cases, adapting lessons to ensure all participants feel seen and valued and that they can participate equally with the participants of dominant power identities has to do with adapting language. For example, referring to people of "all" sexes and genders as opposed to people of "both" sexes or genders makes a welcoming environment for transgender, gender non-confirming and intersex youth.

Reading what you write on flip chart paper aloud as opposed to requiring reading and writing makes for a more welcoming environment for low- to non-literate participants. Adapting examples to reflect the reality of the group will help homeless youth, transient youth and incarcerated or formerly-incarcerated youth feel seen and equally valued as any other participant.

In some cases, a facilitator may inadvertently make assumptions or use language or examples that do not reflect a participant or group of participants. If these participants choose to let you know this, consider it a gift that will enable you to do better. Apologize for any offense caused, ask for clarification as needed, and make the adjustments in the lessons moving forward.

Monitoring and Evaluation

Monitoring and evaluation (M & E) can range from assessing the impact of an individual session, to determining the impact of an intervention over time. The former will be discussed in this toolkit. For more in-depth resources on M & E best practises, please see the resource section in Annex A.

Evaluating the workshop

The purpose of an evaluation is to assess to what extent:

- The objectives of the programme or lesson were met;
- The information imparted was understood;
- The programme met the expectations of the participants;
- The participants learned new information; and
- The facilitator was effective in conducting the programme.

Evaluation can be done at the end of each session, as well as at the end of an entire multi-day programme.

Some evaluation and assessment techniques you can choose to use during the workshop are:

- Pre and post-training questionnaires: It is always useful to give the participants a pre-training questionnaire to see what they think the training will be about and to assess their starting level of knowledge and skill. During the final evaluation of the workshop, you will be able to find out if the workshop was what they had expected it to be. For non- or low-literate groups, questionnaires can be turned into a verbal 'team' game, with each team scoring for a correct verbal answer.

- Flash feedback: Participants and facilitators sit in a circle. A facilitator asks the group a direct question, for example: 'Tell me how you felt about the day today?' or 'What are two new things you learned today?' Going around the circle, each person gives a personal opinion in a very short statement. It is called 'flash' feedback because of the speed with which opinions are given. It should not take more than 30 seconds for each person. No discussion is allowed as the flash is going on.

- End of day questionnaire: You should always ask the group for comments and respond to any other issues that may require your attention. Examples of a daily feedback and final implementation questionnaire are provided in the Annex section. Modify them to suit what you want to know. If you choose to use them, make sure there are sufficient copies available each day that it will be used. In either case, if you are working with a low- or non-literate group, you can write the questions on a sheet of flipchart paper or on the white board and record responses in a group format.

SESSION 1

Introductions and Sexuality Overview

SESSION ONE:
INTRODUCTIONS AND SEXUALITY OVERVIEW

I. Introductions and Climate Setting

PURPOSE(S)

- To support participants in getting to know each other and the facilitator(s)
- To establish safety parameters for the duration of the programme.

OBJECTIVES

By the end of the activity, participants will be able to:

- Describe at least two group agreements for the programme
- Introduce at least two fellow participants

TIME:

40 minutes

MATERIALS NEEDED

Flipchart paper, flipchart markers, tape and scissors

Any supplies needed for the chosen icebreaker activity

PREPARATION

None, unless required by the chosen icebreaker activity

STEPS

Begin the workshop by welcoming the participants and introducing yourself and any co-facilitators. Briefly describe your own background, where you are from, why you are there, your education and training in the field of sexuality education and sexual and reproductive health and what you plan to do in the workshop. Give participants a chance to introduce themselves or each other. Depending on the size of the group and time available you may ask them to briefly share some personal information as well.

Programme: Briefly go over the programme with the participants and make sure that they are aware of when you will start and finish each day and when the breaks will be. Answer any questions they have.

Purpose: Write the workshop objectives on flipchart paper to share them with the participants. Discuss them with participants and check how they feel about these objectives. You may also want to give the participants an opportunity to express their expectations of the workshop. If they have expectations that you cannot meet, you should let them know this.

Group Agreements: It is important to create a 'safe space' for participants to speak freely and openly about sensitive issues and personal experiences. Developing a set of group agreements will define acceptable group behaviour, build community within the sessions and help youth feel more comfortable sharing with each other. Ask the group to brainstorm the agreements they want for the workshop and agree on them. Write the ground rules on flipchart paper and hang them where the group can see them during the entire workshop. Refer to them whenever needed and ask the participants to help you to reinforce them.

If your participants do not come up with the following common group agreements, you may want to suggest them:

- Sharing stays, learning leaves: What is shared stays in this setting; what is learned goes out into the world.
- Respect: We should respect others' opinions and experiences, even if they are different from our own or we do not agree with them.
- One person talks at a time: Listen to each other with respect.
- No cell phones during sessions: Agree upon how cell phones will be handled during sessions – turned off, turned to silent, etc. Be sure to allow participants to check them during breaks.
- Don't judge others: It is okay to disagree with another person's point of view, but it is not okay to judge or put down another person because they do not feel the same as you do.
- Speak for yourself: Express your own views and opinions and feelings. Use the word 'I' to start your sentences, for example: 'I do not want to marry before I have a job.'
- Right to pass: Although participation is encouraged, participants have the right to 'pass' on any issue. It is okay to say: 'I'd rather not do this particular activity' or 'I don't think I want to answer that question.'

Point out the anonymous question box: Make an anonymous question box – empty paper boxes are good for this purpose since they have lids. You can decorate it and cut a slot in the lid so that paper can be slipped into the box (but don't cover the whole thing in paper so that you can no longer remove the lid). Introduce the anonymous question box to participants and show them where it is. The anonymous question box will end and then be part of re-entry of each session. Take the questions out of the box every day and be ready to answer them at the start of the next session.

Icebreaker Activity: Do a favourite icebreaker activity. Some sample icebreakers are provided in the Annex section.

II. Getting Comfortable Talking about Sex and Sexuality

PURPOSE(S)

To encourage participants to speak more freely and feel more comfortable when talking about sex and sexuality.

To continue to build comfort in talking about sex and sexuality.

OBJECTIVES

By the end of the activity, participants will be able to:

- Share a few synonyms for sexuality-related terms, while acknowledging the medically-accurate terms.
- Begin to reflect on why social mores dictate we use synonyms for sexuality-related terms as opposed to the actual terms.

TIME:

20 minutes

MATERIALS NEEDED

Flipchart paper, flipchart markers, tape and scissors.

PREPARATION

Prepare individual sheets of flipchart paper, one with the heading 'Penis,' one with 'Vulva/Vagina,' one with 'Breasts,' and one with 'Sexual Intercourse'.

Note to the Facilitator: Feel free to change the terms you put at the top of each flipchart sheet based on cultural appropriateness. For a larger group, you may wish to make two copies of each of the sheets.

STEPS

1. Explain that communication about sexuality and our sexual body parts is important. Post the three pieces of flipchart paper and put them up on the wall. Divide the participants into 4 groups, and have each group stand in front of one paper.
2. Tell the groups that when you say 'start', they should brainstorm all the words they know for their topic. They can be slang, scientific words, children's words, medical words, or vernacular.

3. After just 2 minutes make the groups stop and move to the next flipchart where they will read what the previous group wrote and then add any other words they can think of. Stop them again after 2 minutes, and repeat the process a final time.

4. Ask for volunteers from each group to read out the lists. Then ask them:

   - What was it like to do this kind of activity? How did you feel doing it?
   - Ask participants for any words they can think of for 'nose.' Note that there may only be one or two. Ask why they think there are so many more words for the sexuality-related terms you just discussed and not as many for 'nose.' Why do they think people need to use different words for sexuality-related terms?
   - Why did we do this kind of activity? (Answer: For fun, to laugh, to become more comfortable talking about sexuality in an open way, to get over our nervousness.)

III. What is Sexuality?

PURPOSE(S)

- To demonstrate how much of what we do in our daily interactions is connected to sexuality, and vice versa
- To continue to build comfort using sexuality-related language.

OBJECTIVES

By the end of the activity, participants will be able to:

- Define the term "sexuality"
- Name the circles of sexuality
- Describe at least one component of each circle.

TIME:

45 minutes

MATERIALS NEEDED

Flipchart paper
Flipchart markers
Tape and scissors
Facilitator's Guide: An Explanation of the Circles of Sexuality

PREPARATION

Prepare a sheet of flipchart paper with the intersecting Circles of Sexuality and the title of each circle added.

Prepare individual packets of Circles of Sexuality examples as indicated in the session materials.

STEPS

1. Say something like, “When you think of the term "sexuality," what comes to mind? What about the term "sex?" For many people, they hear "sex" and think of either what body parts we have - or of sexual behaviours, in particular, sexual intercourse between a man and a woman. The word "sexuality" is often mistakenly used to mean "sexual orientation," or who we’re attracted to based on that person's gender.”

2. Explain that "sexuality" actually covers the many aspects of who we are as sexual beings. In addition to our sexual and reproductive body parts and how they work is a wide range of behaviours, feelings and experiences.

   Briefly go through the Circles of Sexuality from the session handouts.

   Divide the group into groups of three and distribute the packet of examples. Ask them in a group to decide which circle each example goes into, acknowledging some may go into more than one.

3. Go through responses.

   Note to the Facilitator: For low- or non-literate groups, colour-code the Circles of Sexuality. Instead of referring to them just by their name, refer to the colour. Rather than distribute individual packets of examples, put the participants into small groups, read out the examples one at a time, and ask them to discuss among themselves. Then solicit answers from the groups, and proceed through the remaining examples in the same way.

IV. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES

[None – not a learning activity]

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

PREPARATION

Make an anonymous question box as described earlier in the session.

STEPS

1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.
2. Once you have collected all the questions in the Anonymous Question Box, distribute the daily feedback form (see Annex B) and ask them to complete it. Thank everyone for their participation and close the session.

Note to the Facilitator: For low- or non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.

SESSION 1

MATERIALS & HANDOUTS

The Circles of Sexuality

Sexuality encompasses nearly every aspect of our being, from attitudes and values to feelings and experiences. It is influenced by the individual, family, culture, religion/ spirituality, laws, professions, institutions, science and politics.

Sexualization involves the use of sexuality to influence, control, and/or manipulate others.

Sensuality involves our level of awareness, acceptance and enjoyment of your own or others' bodies.

Sensuality
Skin hunger
Aural/visual stimuli
Sexual response cycle
Body image
Fantasy

Sexualization
Flirting
Media messages/images
Seduction
Withholding sex
Sexual harassment
Incest
Sexual assault/Rape

Intimacy
Caring
Sharing
Loving/liking
Risk taking
Vulnerability
Self disclosure
Trust
Reciprocity

Intimacy is the experience of mutual closeness with another person.

Values

Sexual Health & Reproduction
Anatomy & physiology
Sexual/reproductive systems
Intercourse
Contraception/abortion
Sexual transmitted infections

Sexual Identity
Biological sex
Gender identity
Gender expression
Gender role
Sexual orientation

Sexual health and reproduction focuses on attitudes and behaviors related to the sexual and reproductive systems, including health and hygiene, the health consequences of sexual behaviors, and the biology of producing children.

Sexual identity is how we perceive ourselves as sexual beings.

"Circles of Sexuality," adapted from Life Planning Education, 1995, Advocates for Youth, Washington DC advocatesforyouth.org, based on the original work of Dennis M. Dailey, Professor Emeritus, University of Kansas.

Facilitator's Guide: An Explanation of the Circles of Sexuality

Adapted from "Life Planning Education" - Advocates for Youth by Elizabeth Schroeder, EdD, MSW

Sexuality is much more than sexual behaviors. It is an important part of who a person is and what they will become. It includes all the feelings, thoughts, and behaviors associated with being the gender we are, having the bodies we have, and the relationships we have with others. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1—Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies. Sensuality has to do with how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways.

- **Body image**—Feeling attractive and proud of one's own body and the way it functions influences many aspects of life. Adolescents often choose mainstream media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. Similarly, how family members and partners react to an adolescent's body has an impact on how that adolescent sees themselves.
- **Experiencing pleasure**—There are many ways in which people can experience pleasure, many of which have nothing to do with shared sexual behaviors. Sensuality allows a person to experience pleasure when certain parts of the body are touched. People can also experience sensual pleasure from taste, touch, sight, hearing, and smell.
- **Skin hunger**—The need to be touched and held by others in loving, caring ways is often referred to as skin hunger. Even though people have different feelings about and comfort level with touching and being touched, physical contact from infancy is important for a child to thrive in the world. Adolescents typically receive considerably less touch from their parents and caregivers as they age than do younger children – especially from a different-sex parent. Many teens satisfy their skin hunger through close physical contact with peers. Shared sexual behaviors at early ages sometimes result from an adolescent's need to have physical contact, rather than from sexual desire.
- **Fantasy**—The center of sensuality and attraction to others is not in the genitals. The unexplained mechanism responsible for sexual attraction rests in the brain. The brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal, but that one does not have to act upon sexual fantasies.
- **Human Sexual Response Cycle**—physiologically, the body responds when stimulated sexually. Sometimes, this comes as a result of being aroused by thoughts in the brain or by consensual touch between partners or individually. Other times, our bodies respond sexually to touch – even if this touch is unwanted. This can be very confusing to adolescents who have been sexually abused or assaulted; it is important to tell them that if their bodies become aroused during abuse or an assault, it does not mean they enjoyed or are responsible for what happened to them.

Circle #2—Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include:

- **Sharing**— While sensuality is about physical closeness, intimacy focuses on emotional closeness. Sharing intimacy includes partners exchanging personal information with each other and spending time together and with eachother's friends and families.
- **Caring**—Caring about others means feeling joy when they feel joy and feeling sad when they are sad or in pain. It means being open to emotions that may not be comfortable at times.
- **Liking or loving another person**—Having emotional attachment or connection to others is an example of intimacy.
- **Emotional risk-taking**—To have true intimacy with others, a person must open up and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with that person.
- **Vulnerability**—To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable—the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. At the same time, that vulnerability can lead to very rewarding, close relationships.

Circle #3—Sexual Identity

Sexual identity is our understanding of who we are sexually. This includes our inner sense of who we are in terms of gender, which sometimes matches our body parts and sometimes does not; the ways in which society socializes us to express our gender and the ways in which we fulfill or ignore those expectations; and our feelings of attraction to others based on their gender. Sexual identity consists of three "interlocking pieces" that, together, affect how each person sees him/herself. Each "piece" is important.

- **Sex Assigned at Birth (Biological Sex)**—All babies are born with certain chromosomes, reproductive capacity and genitalia. In most cases, babies are born with either xx chromosomes, ovaries, and a vulva – or xy chromosomes, testes and a penis. These babies are assigned female or male at birth, respectively. Most adolescent will simply refer to themselves as boys and girls. When a baby is born with a different chromosomal makeup, such as xo, xxy, xxx and so on, they may have diverse genitalia, and in most cases, will not be able to reproduce or cause a pregnancy. This is called being "intersex" or having a difference in sexual development.
- **Gender identity**—In most cases, a person's physical body will match their inner sense of who they are – a person with a penis and testicles will feel on the inside that he is male;

a person with a vulva and vagina will feel on the inside that she is female. This is called being "cisgender." In some cases, however, a person's body and their inner sense of who they are will be different. This is called being transgender. There are many additional identities people can have that are connected to being transgender.

- **Gender role**—When babies are born, we announce their sex based on their genitals. From then, we socialize them to behave in a particular way – boys are expected to dress, act and play in one way, and girls in another. These are called gender roles.

  Young people need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

  Gender bias means holding stereotyped opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that men cannot raise children without the help of women, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

- **Sexual orientation**—A person's sexual orientation has to do with the gender or genders of people to whom they are attracted, physically and romantically. This is an important definition, because most people think that sexual orientation has to do only with who they have sex with. But sexual orientation also has to do with who they have the capacity to fall in love with. Adolescents can know what their sexual orientation is without having had their first sexual experience.

  Men who are attracted to women and women who are attracted to men are called "heterosexual." Some people will call themselves "straight." Men who are attracted to other men and women who are attracted to other women are called "gay" or "lesbian." People who feel attraction for others where gender is not necessarily the defining factor might call themselves "bisexual" or "pansexual." Some people who are lesbian, gay or bisexual will use the term "queer," although when that term is used by heterosexual people to describe them, it is considered offensive.

  Different countries, ethnic groups and religious communities will have different laws, attitudes, values and beliefs relating to sexual orientation and gender identity, ranging from completely open, affirming and accepting to virulent opposition that results in serious human rights violations, physical harm and even death.

Circle #4—Reproduction and Sexual Health

This circle tends to refer to the sexuality-related topics that are most likely to be covered when teaching at school. It includes body parts and functions, how pregnancy happens and does not happen, and sexually transmitted infections, including HIV, the virus that causes AIDS.

- Factual information about reproduction—People need to understand how reproductive systems function and how conception and/or STI infection occur. It is also important for them to know how others' bodies work so they can make informed decisions about sexual

expression and protect their health. All people need the knowledge and understanding to help them appreciate the ways in which their bodies function.

- Sexual intercourse—This is one of the most common behaviors among humans. Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in either or both partners. Sexual intercourse can include penis-vagina, penis-anus, or mouth-genital sex. Some kinds of intercourse may result in pregnancy, some in STIs, including HIV, and some may result in both.

- Reproductive and sexual anatomy—All people have the right to know how their bodies work. Even if people are not currently engaging in shared sexual behaviors, most will at some point in the future. As a result, they must know how to prevent pregnancy and/or disease.

- Sexual reproduction—The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. People need information about sexual reproduction—the process whereby two different individuals each contribute half of the genetic material to their child. Adolescents need to have information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. People also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STIs.

Circle #5—Sexualization

Sexualization has to do with all the ways in which sexuality and power intersect. It includes behaviors that range from the relatively harmless to the sadistically violent, cruel and criminal. These behaviors include flirting, seduction, withholding sex from an intimate partner to punish them or to get something from them, sexual harassment, sexual abuse, incest and rape. People need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

- **Flirting**—Is a relatively harmless sexualization behavior. It includes the way we interact with others in order to encourage their sexual interest in us. Nevertheless, because it is usually an attempt to manipulate someone else, when it goes too far it can cause a person to feel hurt, humiliated, and shame.

- **Seduction**—Can be seen as a more harmful behavior, depending on the behavior and the people involved. It implies manipulating someone else, usually so that other person will do something sexual with the seducer. Sometimes, this can be a consensual part of a relationship. In other cases, the seducer is using the person seduced for their own sexual gratification.

- **Sexual harassment**—Is an illegal behavior. It includes making personal, embarrassing remarks about someone's appearance, especially characteristics associated with sexual maturity, such as breast or penis size. It includes unwanted touching, such as hugging someone or patting someone's bottom. It includes demands by a teacher, supervisor,

or other person in authority for sexual favors in exchange for grades, promotion, hiring, raises, etc. Many countries have laws that provide protect people who are sexually harassed. People should know that they the right to file a complaint with authorities if they are sexually harassed and that others may complain of their behavior if they sexually harass someone else.

- **Rape**—Means coercing or forcing someone else to have genital contact with another. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. People need to know that rape is always illegal and always cruel. People should also know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse is rape. A person of any gender can assault or rape someone of any gender, it is not only done by men to women.
- **Incest**—Means forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Incest is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, they often blame the child/youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors.

Circles of Sexuality Examples

Note to the Facilitator: Make enough copies of the following for 1/3 of your group. Cut the examples at the dotted line to make one entire set of examples for each group of 3. Put each set in an envelope or group them together using a paperclip. Feel free to replace any of these statements, making sure your examples represent different Circles of Sexuality.

Talking with a boyfriend/girlfriend/partner about getting tested for STIs and HIV

Someone telling their girlfriend/boyfriend/partner that if they won't have sex with them they'll find someone who will

Saying "I love you" to a partner for the first time

Using condoms consistently

Holding hands with someone

Visiting a website about reproduction

An uncle kisses his nieces and nephews on the lips when he sees them

A teenager tells her parents she thinks she might be gay

A young person touching their own genitals for pleasure, at home and in private

SESSION 2

Personal Values

SESSION TWO:
PERSONAL VALUES

I. Re-Entry

PURPOSE(S)

- To welcome participants back to the workshop
- To continue the process of group cohesion

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate increased comfort with their fellow participants.

TIME:

15 minutes

MATERIALS NEEDED

- Anonymous question box, any questions from the previous session you plan to address or answer.
- Group agreements, posted on the wall

PREPARATION

- Be sure to review the questions before the session begins and make notes/ do research as necessary in advance of this session.
- Post the group agreements on the wall where everyone can see them.

STEPS

1. Welcome participants back to the programme.
2. Choose a favourite group builder/focus activity.
3. Go through as many of the questions in the anonymous question box as time allows, pointing out when there are questions that will be answered in later sessions.

II. What Are My Values?

PURPOSE(S)

To examine the different meanings of the word 'values'

To enable participants to reflect on their own personal values

OBJECTIVES

By the end of the activity, participants will be able to:

- Explain what values are
- Describe at least two personal values they hold

TIME:

35 minutes

MATERIALS NEEDED

Flipchart paper, marker pens, tape and scissors

PREPARATION

None

STEPS

1. Tell participants that this activity is about values. Explain that values are things we believe in. Ask for one or two examples. If they have a difficulty, provide an example, such as 'I believe it is wrong to lie'.
2. Ask participants to think about five values they have, encouraging them to start their thoughts with, "I believe..." Explain that they can write these down, or just keep them in their heads. After a few minutes, have participants stand and find a partner. Have them talk about the first value on each of their lists. After a few minutes, ask them to move and find a second partner and discuss the second value. Continue in this way until they have had five conversations about their values.
3. Process the activity by asking the following questions:
    - How did it feel to think about your values and share them with others?
    - Did you notice you had similar values to the participants you spoke with, or different ones?

- As we get older, different people and institutions influence our values. Who or what has influenced your values? (Answers may include parents and family, religion, media, friends, traditional and religious leaders, education, reading.)

- How do you think values affect behaviour? (Values guide your behaviour and help you to make decisions)

III. Values Voting

PURPOSE(S)

- To help participants recognize that different people have different values

- To help participants clarify their own values relating to sexuality

OBJECTIVES

By the end of the activity, participants will be able to:

- State their position on the topics discussed.

- Logically explain the reason for their position.

TIME:

55 minutes

MATERIALS NEEDED

A4 paper, markers or pens, basket, tape and scissors.

PREPARATION

- Prepare three signs marked Agree, Disagree and Unsure. Place these on the wall at three different places – a fair distance from each other to allow easy movement.

- Read through the values statements and decide which ones you want to use. Write the ones you will use on slips of paper, then fold them and place them in a basket. Participants will choose and read the statements. If your participants have difficulty reading, read the statements yourself.

Note to the Facilitator: Tips for Facilitating Values Clarification Activities:

- Do not impose your personal values.
- Explore a range of values. (For example, "Some people believe this about abortion while other people believe this about abortion. You should figure out what you believe by talking with trusted adults in your life.")
- Use the "reporter technique." Give the facts, "report" examples of views on both sides of the issue. (Then turn it to the group for discussion.)
- When a strong opinion is stated, ask for responses from the group.
- If the group seems to be discussing one point of view, make sure other possibilities are explored. Ask the group if there are alternative points of view, or state them yourself.
- Be careful about putting people on the spot for their personal opinions. It might be less threatening to ask "Why might some people choose to...?" rather than "What do you believe...?"
- Encourage discussing such matters with the moral authorities in the learners' lives: parents/caregivers, faith leaders, other trusted adults.
- Know your "hot buttons" ahead of time. When those topics arise, breathe!

Facilitator resource:

Sample values statements

- 16 is an acceptable age for a boy to start having sex
- 16 is an acceptable age for a girl to start having sex
- It is okay to have more than one sexual partner at a time if everyone practises safer sex
- LGBTQI+ people should be allowed to marry legally
- People should only have sex if they are married to each other
- People living with HIV should tell their sexual partners they have HIV
- A wife should never refuse to have sex with her husband
- Getting contraception is a girl's or woman's responsibility because she is the one who gets pregnant

STEPS

1. Introduce the activity by saying something like, When a person is clear about their own values, they can easily talk about them in front of others. To know what your own values are, you need to figure out what you truly believe regardless of what your family or others around you believe. And you need to be willing to say what you really think and not what we think that is what others want to hear. We should not be afraid to stand up for our own values."

2. Explain to participants that in this activity, they will express their feelings about statements that show particular values. Show participants the three signs labelled Agree, Disagree and Unsure.

3. Give the following instructions for this activity:

   - In the basket are different statements. You will take turns choosing a statement, which you will read out aloud.

   - After the statement is read, your will decide if you agree, disagree, or are unsure about it. Then move to stand by the sign on the wall that matches your position. For example: If you agree with the statement, you will go and stand beneath the Agree sign.

   - There are no right or wrong answers, only opinions based on your values. Each person is entitled to their own opinions.

   - For each response, I will ask a few of you to explain why you decided to stand there. If you change your mind about your position, you are free to move to another sign.

4. Ask a participant to choose and read the first statement and have participants move to their positions - agree, disagree or unsure.

Note to the Facilitator: For low- or non-literate groups, read the statements aloud yourself. Make sure the Agree, Disagree, Unsure signs are each a different colour and refer to them by colour as opposed to using the words.

For groups with participants with physical limitations, give them three pieces of paper of the three different colours you use for the signs. Ask them to raise the piece of paper that corresponds to the colour for their vote, and have the participants who are able to move around more easily gather around that person instead of under the sign.

5. Starting with the least popular point of view, ask a few participants at each position why they chose to stand there. Make sure you get different points of view. Then do the same process for the other two points of view.

6. Repeat this process with as many of the value statements as you have time for. When time is up, ask them to return to their seats.
7. Ask the following questions to generate a discussion:
   - What was it like to do that?
   - If you were among many people when you stood by a sign, how did that feel?
   - How did it feel when you were among fewer people, or the only person defending a particular view?
   - Did you follow the crowd on any of the statements? If yes, why?
   - Did you feel any pressure from your peers to change your position during the activity?
   - Does peer pressure ever influence your values and decisions in other situations? Why do you think this happens?
8. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned:
   - You need to think carefully about what your own values are – they may not be the same as your family's or other people's values.
   - It is important to know your own values and be confident enough to share them with others. This helps others understand and respect your opinions and decisions.

III. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES
[None – not a learning activity]

TIME:
15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

PREPARATION

Make an anonymous question box as described earlier in the session.

STEPS

1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.

2. Once you have collected all the questions in the Anonymous Question Box, distribute daily or programme feedback form and ask each participant to complete it and turn it in to you. Thank everyone for their participation and close the session.

Note to the Facilitator: For low- to non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.

SESSION 3

Sexual and Reproductive Anatomy/Systems

SESSION THREE:
SEXUAL AND REPRODUCTIVE ANATOMY/SYSTEMS

I. Re-Entry

PURPOSE(S)

- To welcome participants back to the workshop
- To continue the process of group cohesion

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate increased comfort with their fellow participants.

TIME:

15 minutes

MATERIALS NEEDED

- Anonymous question box, any questions from the previous session you plan to address or answer.
- Group agreements, posted on the wall

PREPARATION

- Be sure to review the questions before the session begins and make notes/ do research as necessary in advance of this session.
- Post the group agreements on the wall where everyone can see them.

STEPS

1. Welcome participants back to the programme.
2. Choose a favourite group builder/focus activity.
3. Go through as many of the questions in the anonymous question box as time allows, pointing out when there are questions that will be answered in later sessions.

II. The Female Sexual and Reproductive System

PURPOSE(S)

To understand the parts of the female sexual and reproductive systems and their functions.

OBJECTIVES

By the end of the activity, participants will be able to:

- Name the main internal and external parts of the female sexual and reproductive systems;
- Describe the functions of the clitoris, vagina, uterus, and ovaries.

TIME:

45 minutes

MATERIALS NEEDED

- Flipchart paper
- Markers
- Tape and scissors
- Female Sexual and Reproductive System, External (one copy for each small group)
- Female Sexual and Reproductive System, Internal (one copy for each small group)
- Pens/pencils for participants

PREPARATION

Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.

Make a poster-size copy or drawing of the anatomy pictures provided in this session.

STEPS

1. Tell them that this activity is about the female reproductive and sexual system. Be sure they know that "reproduce" means to have children or offspring.

Note to the Facilitator: International best practises for LGBTQI+ inclusion merit acknowledging that, even though we refer to these body parts as the "female" system, people can have these body parts and not identify as female.

2. Reveal the drawing or poster external female anatomy. Go through and label each of the body parts, explaining the function of each. Answer any questions.
    - Vulva
    - Mons pubis
    - Outer lips
    - Inner lips
    - Clitoris
    - Urethral opening
    - Vaginal opening
    - Hymen
3. Once you've answered any questions, take the piece of paper down so participants can no longer see it. Divide them into groups of three. Distribute a copy of the external female anatomy worksheet and a writing utensil. Ask them to see what they can remember by labelling the body parts.
4. After a few minutes, call time and ask participants for their answers. Give corrections as necessary, and re-post the drawing for them to see one more time.

Note to the Facilitator: If literacy is an issue, go through the drawing with the group as a whole, asking them what they know about each body part as you label it.

5. Reveal the next drawing of the internal sexual and reproductive anatomy. Go through it as you did with the external anatomy. Use the Facilitator Information to add to what the participants know, without reading it out loud. Encourage questions during the discussion.

III. The Male Sexual and Reproductive Systems

PURPOSE(S)

To understand the parts that make up the male reproductive system and what they do; to learn how to care for the outer reproductive organs.

OBJECTIVES

By the end of this activity, participants will be able to:

- Name the main internal and external parts of the male sexual and reproductive systems.
- Describe the functions of the penis, urethra, testes, prostate and seminal vesicles.

TIME:
45 minutes

MATERIALS NEEDED

- Flipchart paper
- Markers
- Tape and scissors
- Poster: The Male Sexual and Reproductive System

PREPARATION

- Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.
- Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag.

Scrotum	**Bladder**
Testicles	**Foreskin**
Penis	**Cowper's Glands**
Urethra	**Seminal vesicles**
Urethral opening	**Epididymis**
Prostate Gland	**Vas deferens** (**sperm ducts**)

STEPS

1. Put up the posters of the internal and external male sexual and reproductive systems and ask participants to study it for a minute.

Note to the Facilitator: *International best practises for LGBTQI+ inclusion merit acknowledging that, even though we refer to these body parts as the "male" systems, people can have these body parts and not identify as male.*

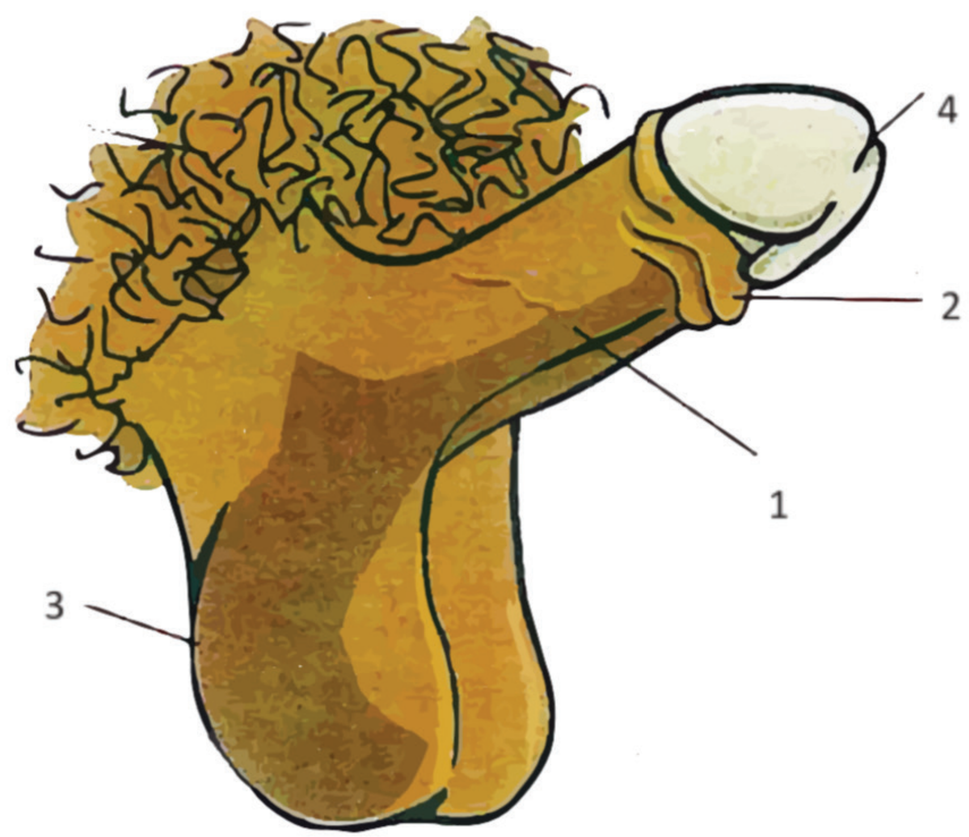
2. Explain that the names of the parts are on pieces of paper. Ask for twelve volunteers to come up and take one piece of paper each. Tell them they will see

if they can put the name on the correct part of the male sexual and reproductive systems. They can get help from others if they have difficulty.

3. Have one volunteer at a time put it in the correct place on the poster. If they have trouble, ask the other participants to help.
4. As each part is labelled, ask the participants what its function is. Use the Facilitator information about the male sexual and reproductive systems, to add to what they say, but do not read it aloud.

Note to facilitator: *The answers are shown just below the diagram*

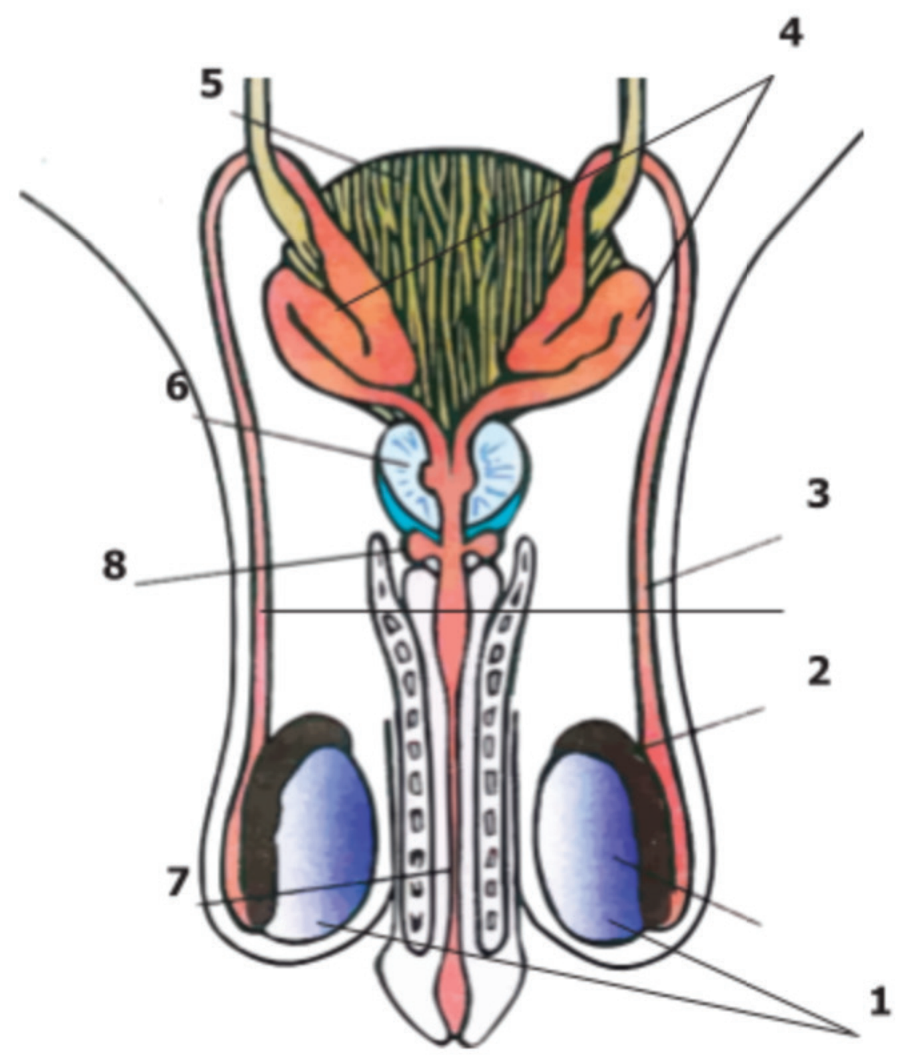
WORKSHEET: The outer male sexual and reproductive system



Facilitator answer key

1 Penis **2** Foreskin
3 Scrotum **4** Urethral opening

WORKSHEET:
The internal male sexual and reproductive system



Facilitator answer key

Bladder
Prostate Gland
Urethra
Cowper's Glands

5. Ask the following questions:

    - Where are sperm produced and then stay until they mature? (Answer: The testicle and the epididymis.)
    - Where do the fluids in semen come from? (Answer: The seminal vesicles (nourishing fluid) and the prostate gland (lubricating fluids).
    - When do boys start having erections? (Answer: Before they are born.)
    - When do boys start ejaculating? (Answer: During puberty.)
    - What happens during an ejaculation? (Answer: The sperm leave the epididymis and move through the vas deferens. The mix with the fluid from the seminal vesicles and then with the fluid from the prostate and then they leave the body through the urethra.)
    - How many sperm are in one ejaculation? (Answer: A single ejaculation has between 250 and 500 MILLION sperm in it.)
    - When can a boy start making girls pregnant? (Answer: As soon as he starts ejaculating.)

6. Write the words 'wet dreams' on flipchart paper and ask the participants: What are wet dreams? Use the following notes to add to what the participants say as needed.

Wet Dreams

Many, but not all, boys and some men have wet dreams. A wet dream is when a boy or man has an orgasm and ejaculates while sleeping. They start after a boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.

7. Write the words 'spontaneous erections' on the flipchart paper and ask the participants: What are spontaneous erections? Use the following notes to add to what they say as needed.

Spontaneous Erections

Spontaneous erections are erections that happen suddenly for no reason. It is common for teenage boys to get sudden erections, even when their penises have not been touched and they feel no sexual excitement. Teenage boys can have erections 20 or more times a day because of high or changing level of testosterone in their bodies. Spontaneous erections go away by themselves if they are not touched. Boys and men often wake up in the morning with erections. These are thought to be due to having a full bladder.

IV. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES

[None – not a learning activity]

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

PREPARATION

Make an anonymous question box as described earlier in the session.

STEPS

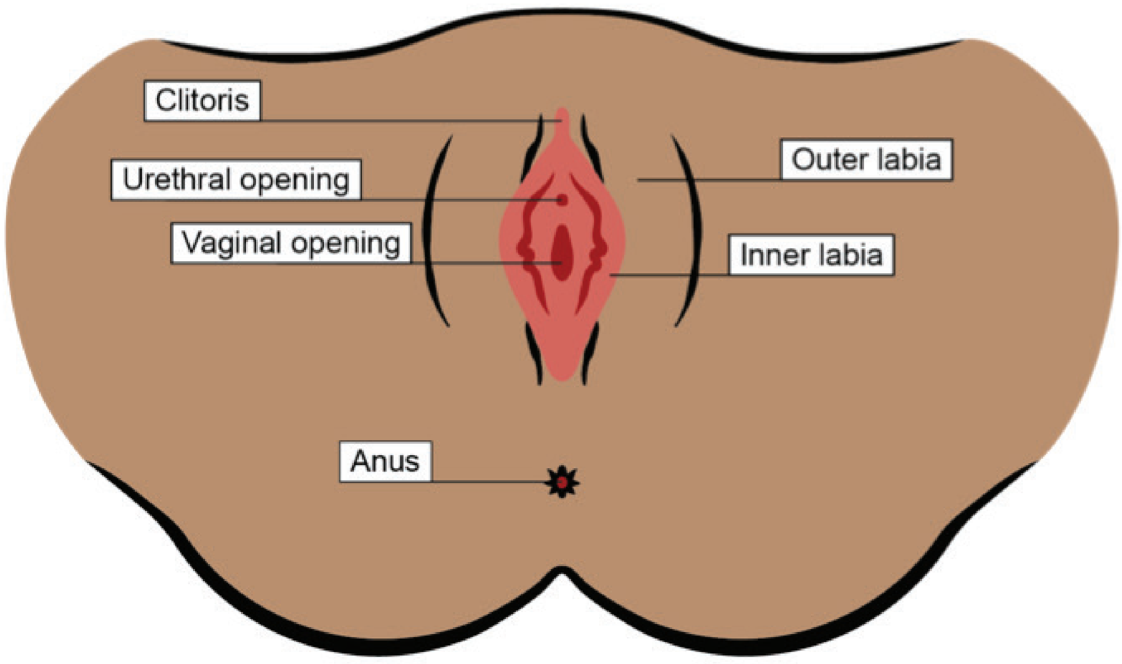
1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.
2. Once you have collected all the questions in the Anonymous Question Box, distribute daily or programme feedback form and ask each participant to complete it and turn it in to you. Thank everyone for their participation and close the session.

Note to the Facilitator: For low- to non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.

SESSION 3

MATERIALS & HANDOUTS

FEMALE EXTERNAL (OUTSIDE) ANATOMY



Word Bank:

Anus
Inner labia (lips)
Outer labia (lips)
Clitoris
Vaginal opening
Urethral opening (pee hole)

Facilitator's Guide: *Female External Sexual and Reproductive Body Parts*

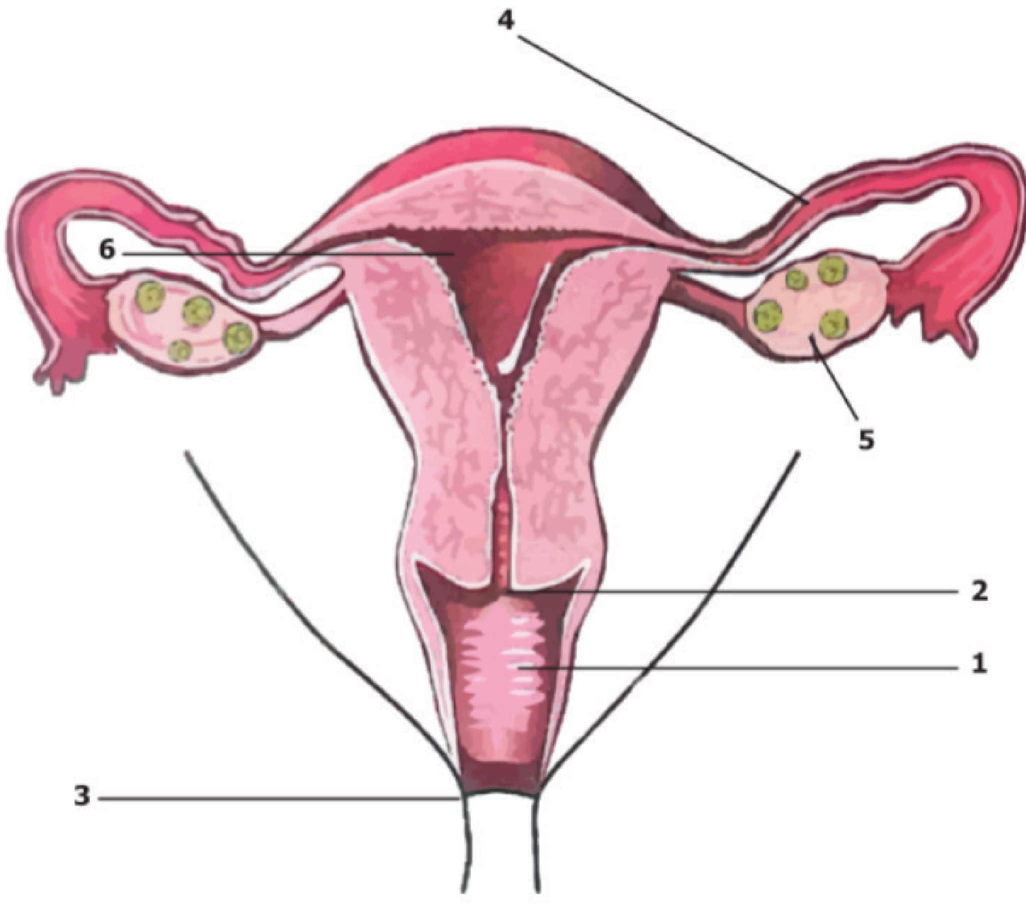
Outer sexual and reproductive parts

Vulva is the word for all of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:

- The mons pubis is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.
- Outer lips (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.
- Inner lips (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual arousal.
- Clitoris is the small organ, shaped like a flower bud, at the top of the inner lips, above the urethral opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually aroused. It is the only body part whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually aroused and have an orgasm.
- Vaginal opening is the opening between the inner lips that is below the urethral opening and above the anus. The penis enters the vagina through this opening during vaginal sex. Menstrual blood leaves the body and babies are born through the vagina.
- Hymen is a thin membrane that some girls have around the vaginal opening, which may partly block the opening. Hymens are different from person to person and some girls are born without them. They may tear or stretch during everyday activities, such as exercise, or from using tampons.
- Perineum is the area between the vaginal opening and the anus.
- Anus is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

PARTICIPANT WORKSHEET:
The internal female sexual and reproductive system

Discuss in your groups and write the names of the body parts in the diagram below.



1 Vagina
2 Cervix
3 Hymen
4 Fallopian Tube
5 Ovary
6 Uterus

Inner reproductive parts

The **vagina** leads from the vulva to the uterus. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates; however, it does not have a lot of nerve endings and is not very sensitive. In vaginal intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix. During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. The vagina is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.

The **cervix** is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also protects the uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.

The **uterus** is a hollow muscular organ. It is about the size and shape of an upside down pear. The foetus grows here during pregnancy. The **endometrium** is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body.

The **fallopian tubes** are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called **fimbria**) that pull the egg from the ovary into the tube.

Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like **cilia** that move the egg slow down the tube towards the uterus.

The **ovaries** are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce the hormones oestrogen and progesterone, store immature eggs, and produce mature eggs.

Other (not part of the sexual and reproductive system)

Urethral opening is the opening to the urethra (urinary passage). It lies below the clitoris and above the vaginal opening. It is a short tube that carries urine from the bladder out of the body. It is not a part of the reproductive system but it is found in the vulva.

The **bladder** is the sac that collects and stores urine.

SESSION 4

Pregnancy

SESSION FOUR:
PREGNANCY

I. Re-Entry

PURPOSE(S)

- To welcome participants back to the workshop
- To continue the process of group cohesion

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate increased comfort with their fellow participants.

TIME:

15 minutes

MATERIALS NEEDED

- Anonymous question box, any questions from the previous session you plan to address or answer.
- Group agreements, posted on the wall

PREPARATION

- Be sure to review the questions before the session begins and make notes/ do research as necessary in advance of this session.
- Post the group agreements on the wall where everyone can see them.

STEPS

1. Welcome participants back to the programme.
2. Choose a favourite group builder/focus activity. Samples appear in the annex.
3. Go through as many of the questions in the anonymous question box as time allows, pointing out when there are questions that will be answered in later sessions.

II. How Pregnancy Happens

PURPOSE(S)

To discuss the process by which pregnancy happens and to provide information on emergency contraception to reduce the risk of pregnancy if they have unprotected sex, a condom burst, or are raped.

OBJECTIVES

By the end of the activity, participants will be able to:

- Explain the process by which pregnancy occurs.
- Describe emergency contraception, specifically the key points of its use, such as the circumstances when it can be used and when a woman should get it.

TIME:

60 minutes

MATERIALS NEEDED

- Flipchart paper
- Markers
- Tape and scissors

PREPARATION

1. Write the following in large letters on ten pieces of A4 paper or print each in large letters on a piece of paper and then mix them up so they are not in order:

Unprotected vaginal sex	**Sperm meet the egg**
Ejaculation in the vagina	**One sperm enters the egg**
Sperm travel through the cervix into uterus	**Fertilized egg is moved down the fallopian tube**
Sperm travel through the uterus	**Fertilized egg reaches the uterus**
Sperm travel up the fallopian tube	**Fertilized egg attaches to the uterus**

2. Find out about the availability of emergency contraception in your country. Is it only available in clinics or can you also purchase it over the counter in a pharmacy? Are there any restrictions on its availability?

STEPS

1. Tell participants they are now going to learn about how a woman gets pregnant. Ask for ten volunteers of different genders (if a mixed group) and ask them come to the front of the room.

2. Give each volunteer one of the cards you prepared and tell them:

   The process that leads to a pregnancy is written on these cards in steps. You have two minutes to put yourselves in the correct order so the cards describe how a woman gets pregnant. Tell the rest of the participants to observe how the group does the task.

3. When the volunteers are in order, ask the others to review the final order and help them to get it correct.

   Correct Order:

   1. Unprotected vaginal sex
   2. Ejaculation in the vagina
   3. Sperm travel through the cervix
   4. Sperm travel through the uterus
   5. Sperm travel up the fallopian tube
   6. Sperm meet the egg
   7. One sperm enters the egg
   8. Fertilized egg is moved down the fallopian tube
   9. Fertilized egg reaches the uterus
   10. Fertilized egg implants in the lining of the uterus.

   When the order is correct, post the cards on a chalkboard or wall. Answer any questions.

III. Myths and Facts about Pregnancy

PURPOSE(S)

To clarify common misconceptions about how pregnancy does/does not happen

OBJECTIVES

By the end of the activity, participants will be able to:

- Correct at least three myths about pregnancy

TIME:

30 minutes

MATERIALS NEEDED

Paper and pencils/pens (optional)

PREPARATION

Review the list of common myths provided below and do additional research as needed to be able to answer questions about them.

STEPS

1. Break up the group into threes. Give each a piece of paper and something to write with, and ask them to decide who will be the person in each group to write things down. If they do not wish to write, or if it is a low- or no-literacy group, have them simply have a conversation.
2. Instruct each group to come up with a list of things they've heard about how pregnancy can or can't happen, including things they wonder whether they're myths. After a few minutes, call time and ask a volunteer from each group to share one of their statements. Then ask the group whether they think that statement is a myth or a fact. After they have voted, provide the correct answer. If one group has the same example as another, ask them to read a different one. Continue until all statements have been read.

If they aren't shared by participants, add the following:

a. If a girl or woman urinates right after sex, she cannot get pregnant (Answer: MYTH – urine doesn't come out of the vagina, it comes out of the urethra, the tube attached to the bladder)

b. If a girl douches or washes out her vagina with water right after sex she won't get pregnant (Answer: MYTH – in fact, douching or introducing water into the vagina can push semen and sperm farther up into the vagina)

c. If a boy or man pulls his penis out before he ejaculates, a girl cannot get pregnant (Answer: MYTH – although the risk is lower, there could still be live sperm in his penis if he hasn't urinated before sex. Also, the younger a boy is when he starts having sex the more difficult it can be to recognize the approaching feeling of an orgasm, which risks a full ejaculation and a higher risk of causing a pregnancy).

d. If a girl jumps up and down after sex, the semen and sperm will come out of the vagina and she won't get pregnant (Answer: MYTH – semen and sperm have already gotten far inside the vagina. Jumping up and down doesn't do anything).

e. A girl or woman cannot get pregnancy if she and her partner have sex in water, like a swimming pool or lake (Answer: MYTH – being in the water does not offer any protection against pregnancy or STIs)

f. Once a girl has had unprotected vaginal sex, there's nothing she can do – she needs to wait to see whether she is pregnant (Answer: MYTH – she can take emergency contraception).

Ask: What do you know about emergency contraception, also known as the "Morning After" pill? Praise correct responses and go through the participant information below

Participant

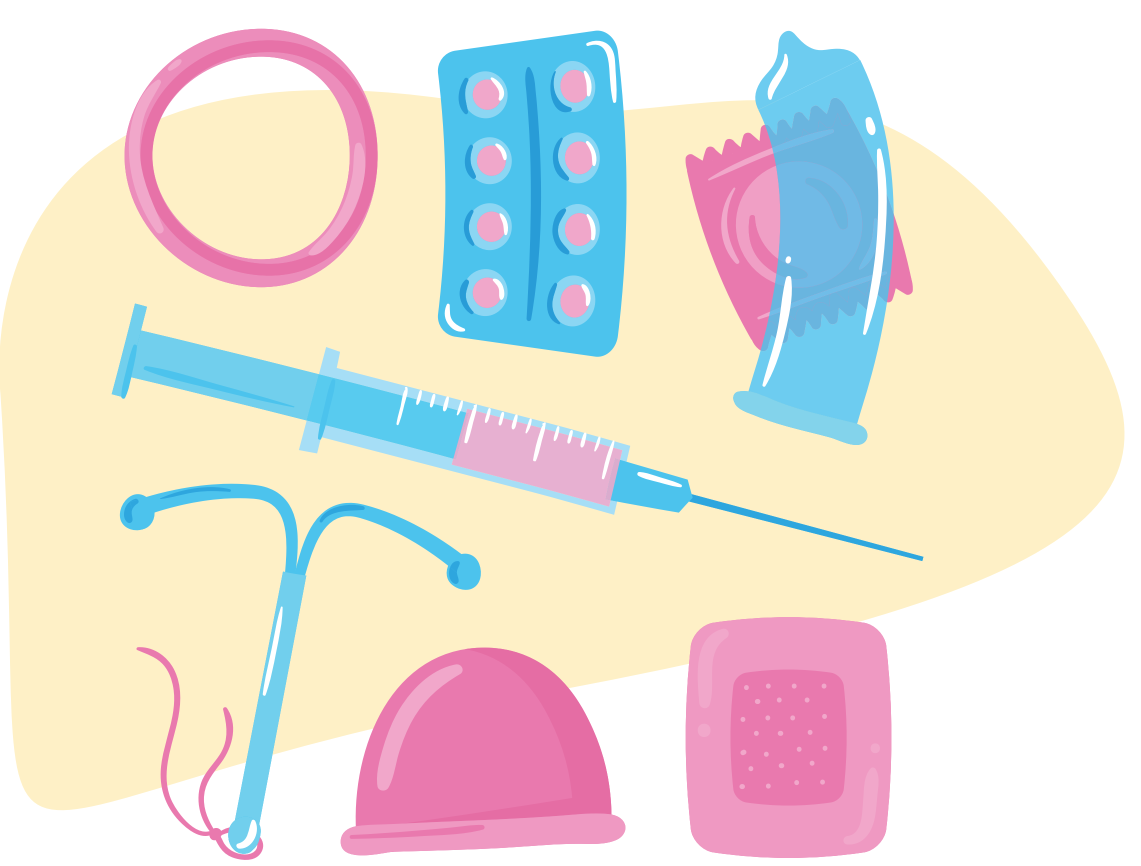
Most important information about emergency contraception

1. You should take it as soon as possible after unprotected sex. The sooner you take it, the better it works.
2. Emergency contraception must be taken within 5 days of unprotected sex. After 5 days, it does not work.
3. Emergency contraception is available in clinics and, in some countries, at pharmacies.
4. Emergency contraception is for emergencies, not for regular use.
5. Emergency contraception does not protect you from STIs and HIV.
6. Emergency contraception is NOT an abortion pill. It will not work if a woman is already pregnant.

10. Ask participants the following questions to generate discussion and bring out key points:

    - It is for emergencies. What is an 'emergency'? Main points:
    - When a condom bursts or breaks
    - If someone is raped or forced to have sex
    - If a couple did not use a condom or other contraception
    - If someone did not use their condom or contraception correctly, for example, if condoms were storied in a back pocket or someone forgot to take their pills.

11. Tell participants that they will learn more about protecting themselves from pregnancy in the next session. Ask participants if they have any questions about pregnancy and discuss them. Use the Facilitator's Information to assist you to answer their questions. However, do not simply read it aloud to them.



IV. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES

[None – not a learning activity]

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

PREPARATION

Make an anonymous question box as described earlier in the session.

STEPS

1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.
2. Once you have collected all the questions in the Anonymous Question Box, distribute daily or programme feedback form and ask each participant to complete it and turn it in to you. Thank everyone for their participation and close the session.

Note to the Facilitator: For low- to non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.

SESSION 5

Contraception and Safer Sex Methods

SESSION FIVE:
CONTRACEPTION AND SAFER SEX METHODS

I. Preventing Pregnancy

PURPOSE(S)

- To increase participants' awareness of and understanding about various contraceptive methods available to them.

OBJECTIVES

By the end of this lesson, participants will be able to:

- Describe at least two medically-accurate facts about each of six different contraceptive methods, including EC.
- Demonstrate an understanding of the appropriateness of using specific methods given specific interests and needs of the user.

TIME:

45 minutes

MATERIALS NEEDED

- Flipchart paper and markers
- Contraceptive methods listed above (or a birth control kit that contains all of them). It is also helpful to have a wooden penis model (included in the kits purchased above) or one or two bananas.
- Information relating to each of the methods

ADVANCE PREPARATION

- Obtain the individual methods described in this session.
- Go to the following websites and download the information available about each of the methods you use in this session, adapting as necessary for your country's cultural context, as well as whether any particular methods are currently available:

  http://www.familypact.org/Providers/Client-Education-Materials
  https://www.plannedparenthood.org/learn/birth-control/

- Create six individual stations of contraceptive methods around the room, each of which will have at least one sample of the individual methods and a copy of the materials relating to the method. Do not include condoms among the stations, as you will go through those together as a large group.

  o Emergency Contraception

  o Condoms (internal and external) o IUDs

  o Abstinence and Outercourse

  o Nuvaring and Patch

  o Injectable and Implant

STEPS

1. Say, "Today's lesson is going to look specifically at pregnancy prevention. There is a lot of information out there, both accurate and inaccurate – and I want to be sure you leave today knowing what the facts are!"

   Ask, "There are really two effective ways of preventing or reducing the risk for pregnancy. What are they?" Probe for either not having penis-vagina sex, or for using a reliable form of contraception each and every time, exactly as indicated.

   Tell the group that you are going to divide them into smaller groups, and that each group will be assigned a contraceptive method and given a station at which they will sit and read what you can about the method(s). Tell them that as they do this, they will complete an outline that you will provide to them. Then each group will briefly present key information about their methods to the rest of the group.

   Divide the group into six groups and assign each the methods or pair of methods as described in the advance preparation and as you have set up. Distribute the outline sheets and tell them they have 10 minutes to put together their outlines and prepare for their presentations.

   Tell them their individual presentations should be no longer than 5 minutes each, and include how the method is used. Be sure they know that they can't simply read out loud what's on the support materials. If you have enough computers and internet connection, tell participants they can use them or their phones to look up any supplemental information that is not provided.

2. After about 10 minutes, decide which group will go first and have them do their presentations. Retain a copy of the information put at each station to ensure the information shared by participants is accurate.

II. Creating Condom Confidence

PURPOSE(S)

- To increase participants' knowledge about and comfort with external condoms
- To teach participants how to use external condoms correctly

OBJECTIVES

By the end of this lesson, participants will be able to:

- Describe the steps to putting on an external condom correctly.
- Demonstrate their understanding of the steps to correct condom use.

TIME:

45 minutes

MATERIALS NEEDED

- Flipchart paper
- Flipchart markers
- Enough condoms for each participant to have one, plus a few extra for the facilitator and in case anyone drops or tears theirs
- Wooden penis model for the facilitator to use; otherwise, enough bananas for half the group plus the facilitator (external condom demonstrations can also be done over an extended index and middle finger).

ADVANCE PREPARATION

- If you feel you need to brush up on your knowledge about condoms, review http://www.webmd.com/sex/birth-control/birth-control-condoms or www.factsaboutcondoms.com.
- Review the facilitator's guide: Steps to Putting on A Condom. If you have never done a condom demonstration in front of a room full of participants before, you may wish to practice so that you are comfortable and confident when you present this in group.

STEPS

1. Ask participants what they have heard about condoms. Record their responses on the flipchart paper. As you write, validate what is correct and correct any misinformation you hear. For example, you may hear:

    - They protect against pregnancy and STIs (correct)
    - They come in different sizes (correct)
    - You can sometimes get them for free (correct)
    - They don't work (incorrect – if used correctly and with every sex act that involves a penis, they are around 97% effective at preventing pregnancy and most STIs, including HIV, the virus that causes AIDS)

2. Explain that you are going to go through how to use an external condom correctly. Take one condom out and either a banana or the wooden penis model. Go through the steps on the facilitator's guide one at a time, holding up the condom and/or model to make sure all participants can see.

    When you open the condom at the beginning of the demonstration, say, "You'll notice that condoms come coated with a kind of liquid – that's called 'lubricant.' As you'll see in a minute, this can make the condoms kind of slippery. Most condoms come like this. Some, however, are unlubricated. If you were to have an unlubricated condom, you can add some of this [hold up the tube of lubricant], which is a lubricant made specifically to use during sex. There are lots of different kinds of lubricant; whatever you use should be water-based. Do NOT use hand lotion or anything else with oil in it as a lubricant, as the oil will break down the latex in the condom and can cause it to break.

    There are also different materials that condoms can be made of including latex, polyurethane (plastic) and lamb skin. Lamb skin condoms do not protect against STIs, including HIV. Unless you have a latex allergy, latex condoms are the most effective if used consistently and correctly."

    Once you have completed your demonstration, ask whether there are any questions. Take about five minutes worth of questions and tell the participants that they are going to now practice doing this on their own.

3. Divide the group into pairs. Distribute a banana and two condoms to each pair, as well as the Steps to Putting on a Condom handout. Decide who will go first, and have the other person follow along on the steps sheet while the first person tries to go through the steps in order as you just demonstrated, doing their best to recall each step and in the correct order. Instruct the second person to gently remind the first person of a missed step, but that they should give the first person a chance to try to remember what they can. Tell participants that if anyone were to drop or tear a condom by accident, they should raise their hand for a replacement. Tell participants they'll have about 5 minutes in which to practice, and that they should not switch partners until you instruct them to. As participants are working, walk around the room to observe their work.

4. After about 5 minutes, ask participants to stop where they are and switch roles – the first person will now monitor the steps on the sheet, and the second person will practice putting a condom on the banana with the first person's support as needed. Remind the participants that they have about 5 minutes in which to do this. Again, walk around the room to observe participants as they do this.

5. Once the participants have both gone, distribute the hand wipes and dispose of the used condoms. From the front of the room, process their experience using the following questions as a guide:

   - What was it like to do that?
   - What was [easy, difficult, fun, weird, awkward – fill in their responses here] about it?
   - Did anything surprise you about doing this?
   - Did you learn something new you didn't know about condoms before?
   - What's one thing you plan to do differently now that you've practiced putting on and taking off a condom?

III. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES
[None – not a learning activity]

TIME:
15 minutes

MATERIALS NEEDED
Anonymous question box, small slips of paper (one per participant), extra pencils or pens

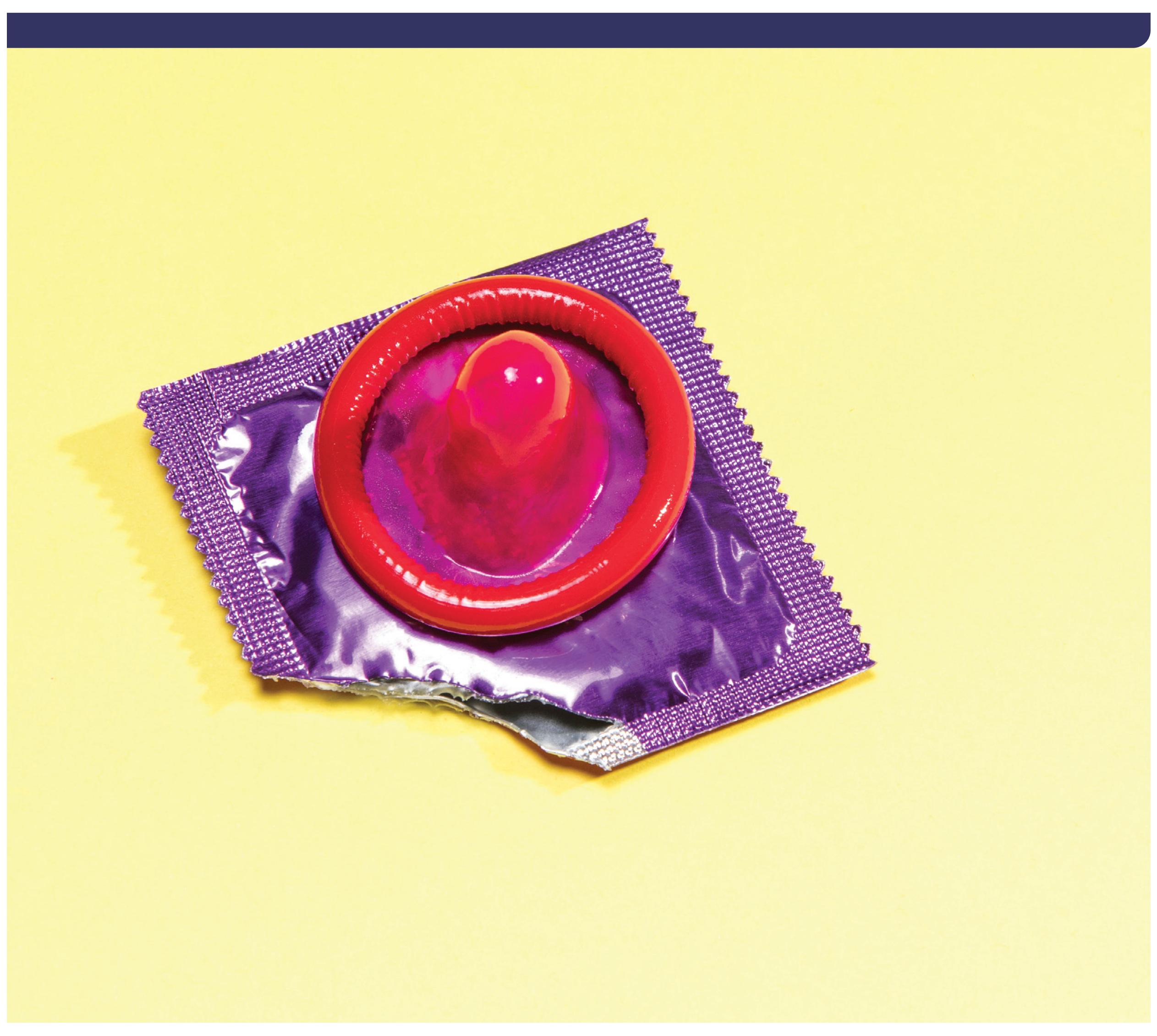
PREPARATION
Make an anonymous question box as described earlier in the session.

STEPS

1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.

2. Once you have collected all the questions in the Anonymous Question Box, distribute daily or programme feedback form and ask each participant to complete it and turn it in to you. Thank everyone for their participation and close the session.

Note to the Facilitator: *For low- to non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.*



SESSION 5

MATERIALS & HANDOUTS

***Facilitator's Guide:** Steps to Putting on a Condom*

Steps to Putting on a Condom

1. **Make sure you both consent to whatever you plan to do sexually.** If you haven't clearly told the other person you want to have sex, and they haven't told you, you shouldn't have sex – regardless of whether you plan to use condoms!

2. **Make sure you have more than one condom (hold up a few).** Condoms can be slippery, and if you only have one and it falls on the floor, you can't rinse it off and use it, you have to throw it away and get a new one.

3. **Check the expiration date.** On each condom pack, there is an expiration date based on when the condom was made. If it is past the expiration date, do NOT use the condom.

4. **Carefully open the condom using the jagged edge as your guide.** Do NOT use your teeth.

5. **Check whether it's right side up.** The condom will only roll one way, so you want to make sure it's right side up. (Walk around the room with the condom in your hand to demonstrate this). If you were to put it on the wrong side up, it'd be best to throw that condom away and start fresh. That's because a penis produces a small amount of fluid called "pre-ejaculate" that can transmit STIs, and may sometimes contain sperm. If that gets into the condom's other side, it will get into the other person's body.

6. **Gently pinch the tip of the condom to get air out.** This will create space for the semen during ejaculation.

7. **Place the condom on the head of an erect penis.** If a person is uncircumcised, you may need to gently pull back their foreskin as needed before putting the condom on. 8. Roll the condom all the way down the penis. If you only roll down part of the way, you risk the condom coming off – and you expose both partners to more skin-to-skin contact, which is a higher STI risk if one partner has an infection.

9. **Sex act – orgasm and ejaculation.** You must use one condom per sex act. This includes if you're having more than one kind of sex during one encounter. For example, a penis that goes inside an anus should not go inside a vagina without taking that condom off and starting with a fresh one. That's to avoid getting bacteria from the rectum inside the vagina. 10. Pull the condom-covered penis out and away from the other person's body. Especially as someone is just learning how to use condoms, they may be a little clumsy handling them. You want to avoid removing a condom over a partner's body to avoid spilling the contents on or inside them.

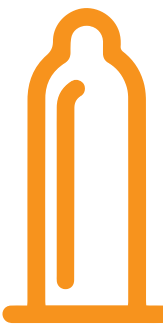
11. **Pull the condom off, tie the end in a knot to avoid spillage, and throw it in the garbage.** Never flush a condom down the toilet as it can clog the toilet. If you are someplace where you do not necessarily have privacy, you can wrap the used condom in some toilet paper to be more discrete about it before throwing it away.

[REMEMBER: YOU CANNOT RE-USE A CONDOM!]

PARTICIPANT WORKSHEET: Steps to Putting on a Condom

1. Give and obtain consent for having sex.
2. **HAVE MORE THAN ONE CONDOM.**
3. Check the expiration date.
4. Carefully open the condom. **NO TEETH!**
5. Check whether it's right side up.
6. Gently pinch the tip of the condom to get air out.
7. Place it on the head of an erect penis.
8. Roll the condom all the way down the penis.
9. Sex act – orgasm and ejaculation.
10. Pull the penis out and away from the other person's body.
11. Pull the condom off, tie the end in a knot to avoid spillage, and throw it in the garbage.

[REMEMBER: YOU CANNOT RE-USE A CONDOM!]



SESSION 6

HIV and STIs

SESSION SIX:
HIV AND STIs

I. Re-Entry

PURPOSE(S)

- To welcome participants back to the workshop
- To continue the process of group cohesion

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate increased comfort with their fellow participants.

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, any questions from the previous session you plan to address or answer

- Group agreements, posted on the wall

PREPARATION

Be sure to review the questions before the session begins and make notes/do research as necessary in advance of this session.

- Post the group agreements on the wall where everyone can see them.

STEPS

1. Welcome participants back to the programme.
2. Choose a favourite group builder/focus activity. Samples appear in the annex.
3. Go through as many of the questions in the anonymous question box as time allows, pointing out when there are questions that will be answered in later sessions

II. What is HIV?

PURPOSE(S)

- To provide information about HIV and how it is and is not transmitted

OBJECTIVES

As a result of this activity. Participants will be able to:

- Describe basic facts about HIV and AIDS
- Name at least two behaviours that do not carry risk for HIV transmission, and two that carry higher risk

TIME:

45 minutes

MATERIALS NEEDED

- Computer with internet access (if possible; if not, use flipchart paper)
- Projector and screen (if possible; if not, use flipchart paper)
- Flipchart paper
- Flipchart markers: one black, one red, one green
- Copies of the "Can This Transmit HIV?" slips
- Masking tape
- "What is HIV?" booklets, one per every 3 participants
- "What is HIV?" answer key – one copy
- Extra pencils for participants

PREPARATION

- Copy and cut apart the "Can This Transmit HIV?" slips so that each participant has one. If you have an odd number of participants, have two participants work together on the same slip.
- There are four pages for the "What is HIV?" booklets that need to be printed and cut in half. Print out enough copies so each small group of three participants can have one copy. Then cut each sheet in half, and staple them together to create enough booklets for each group to have one.

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate a basic understanding of what is HIV and AIDS
- Name the fluids in which HIV can be transmitted
- Name at least two ways in which HIV is transmitted sexually and two ways in which HIV is transmitted other than through sex

Note to the Facilitator: *It is very possible someone in your group has HIV or been directly affected by a close family member or friend diagnosed with it. It is important to keep that in mind as you discuss this topic, and to be ready for participants to disclose their experiences. All disclosures should be honoured and affirmed, without pressuring participants to share personal experiences.*

STEPS

1. Introduce the topic of today's lesson by writing "HIV" vertically on the board, with the "H" at the top followed by the "I" beneath that and the "V" beneath the "I." Ask participants what these letters stand for. As they share the information, write the corresponding words next to each letter. As participants share what they know, the board should end up looking like this:

   H Human
   I Immunodeficiency
   V Virus

   Go through each letter to explain what each means, asking participants again to contribute what they think. If they do not share the following, say something like:

   "'Human' means this virus can only be passed between people. Even though some animals can have a form of HIV, a person with HIV cannot give it to their cat or dog by petting them or being around them, or vice versa.

   Immunodeficiency – Who remembers what the immune system is? It's the system in our bodies that fights off diseases. Can anyone tell me what a 'deficiency' is? When something is deficient, it means it's not working the way it should be. In this case, HIV weakens the immune system so that it's harder for the body to fight off infections it usually can.

   V – Virus – A virus is one type of germ that, if it gets inside our bodies, can make us sick, like COVID-19. There are other types of germs you might've heard of – like bacteria. A virus is so tiny, you can't see it unless you look through a microscope. HIV is a virus that, currently, stays in a person's body for life."

To the right of what you just wrote, write the word "AIDS." Say something like, "People confuse HIV and AIDS all the time. But HIV is the virus that causes AIDS. AIDS is the collection of symptoms people can get because their immune system can't fight off infection because it's too weakened from fighting off the HIV."

Answer any questions participants have about these definitions.

2. Say something like, *"In people living with HIV, there are certain bodily fluids that can transmit HIV from one person to another. Does anyone know what those fluids are?"*

   Probe for: Blood, semen, pre-ejaculatory fluids, vaginal fluids, rectal fluids and breast milk, and write these on the board. Ask whether there are any questions about what these fluids are.

   Explain that you are going to do an activity. Distribute the Can This Transmit HIV slips to everyone. Tell participants that other people in the room have the same slip they do. Ask them to move around the room, as they are able, to find the people who have their same slip and stand together as a group.

Note to the Facilitator: *As participants are milling around trying to find their partners, go back to the board and, to the right of the fluids you wrote on the board, write in red, "CAN Transmit HIV" and to the right of that, in green, write, "CANNOT Transmit HIV." The Board would look something like this:*

Bodily Fluids That Could Contain HIV in a Person Living with HIV	**CAN** Transmit HIV	**CANNOT** Transmit HIV
Blood, semen, pre-ejaculatory fluids, vaginal fluids, rectal fluids and breast milk		

After a few minutes, or whenever everyone seems to have found their matches, ask participants to stop wherever they are. Remind participants of the fluids you identified and wrote up on the board. Next, ask them to decide together, based on this list, whether the activity on their slip can transmit HIV, or whether it cannot. For example, if the group has "hugging someone with HIV" on their slip, they should decide together whether that behaviour can transmit HIV. Tell participants that once they've decided if their behaviour can or cannot transmit HIV, they send one person with a slip, to the board and tape their slip on the board in the category that represents their answer. For example, the "hugging someone with HIV" would end up taped in the CAN NOT Transmit HIV category.

3. Read through each behaviour on the list using the Facilitator's Resource, "Can This Transmit HIV?". Ask each group to share what they answered and why. Use the Facilitator's Resource to provide additional information, or correct any incorrect answers. Move any slips to the correct column as necessary.

   Once you have gone through all the examples, be sure to emphasize that a person has to have HIV in order to pass it along to someone else. Say something like, ***"It's important to remember that someone has to have HIV in order to transmit it to another person. The challenging thing about HIV, as well as with other sexually transmitted infections, is you cannot tell who has it just by looking at them."***

   Explain that, even if someone has HIV, there are very good medications they can take to reduce the chances of passing HIV to someone who doesn't have it. Say something like, *"There are also medications, called "PrEP" and "PEP," that someone who does not have HIV can take to reduce their chances of getting HIV from someone else."*

Note to the Facilitator: *If PrEP and PEP are not available in your country or area, simply skip the paragraph above.*

4. Ask the participants to stay with the group they just worked with, but to sit together if they are not already sitting.

   Explain that you are going to give each group a short work booklet. Instruct participants to put their names on the front of their booklet, and answer each question based on what they can remember from what you've been talking about, or what they've heard about HIV. Answer any questions about the directions, and distribute the booklets. Tell them they will have about 6 - 8 minutes to complete their booklets together.

5. After about 6 - 8 minutes of work, or when most of the groups are done, call time. Ask for a group to read and provide the answer to the first statement, explaining why they responded the way they did. Affirm or correct any misinformation using the Facilitator's Guide. Move to the next group and ask them to read and respond to statement number two. Continue on until all statements and answers have been read and either affirmed or corrected. Answer any questions participants still have.

III. Myths and Facts about Sexually Transmitted Infections

PURPOSE(S)

To learn how STIs are spread and how they can be prevented; and to discuss the effects and consequences of STIs; to correct wrong information; and to discuss what to do if you have an STI.

OBJECTIVES

By the end of the activity, participants will be able to:

- Explain what an STI is and how they are transmitted.
- Name at least four different STIs.
- List at least three signs or symptoms of an STI.
- Explain the link between untreated STIs and HIV.
- List at least one possible consequence of not getting treated when you have an STI.
- Describe what a person should do if they think they have an STI.

TIME:

45 minutes

MATERIALS NEEDED

- Flipchart paper
- Marker pens
- Tape and scissors

PREPARATION

- Make three signs marked 'True', 'False' and 'Don't Know' and post them at different places in the room where participants will be able to stand.
- Find out where people can get tested and treated for STIs in your community and identify any places that provide youth-friendly services.

STEPS

1. Write 'STI' at the top of flipchart paper. Ask the participants:
   - What does STI stand for? Write their responses on flipchart paper.
   - How do you get an STI? (Answer: By having unprotected sexual intercourse.)
   - Explain that STIs are usually transmitted through unprotected sex, but some can be transmitted from skin to skin contact alone (e.g., herpes and genital warts (HPV).
2. Ask the group to brainstorm the following and list their responses on the flipchart paper:
   - STIs they know
   - Any other names for those infections (slang)

   If any of the following are missing, add them: gonorrhoea; chlamydia; syphilis; herpes; genital warts or human papillomavirus; hepatitis B; pubic lice; and scabies.

   Note that these are the most common STIs.
3. Point out the signs labelled 'True', 'False' and 'Don't Know/Unsure' that you posted in the room. Ask the participants to stand up and explain that you are going to read a statement and they should move to the sign that shows how they feel about each statement – if they think it is true, they will move to the True sign and so on.
4. Read the first statement below and give participants time to move. Ask each group why they are standing under that sign. Then give the correct answer and add to the explanations or information given by the participants as needed. Use the Facilitator Answer Key: STIs – True or False below as a guide to the answers. Give the explanations and additional information as you go through the answers.

   True or False Statements
   - You won't get an STI if you only have oral sex.
   - Only people who have lots of sex partners get STIs.
   - You can get an STI from a toilet seat.
   - Many STIs can be transmitted to babies during pregnancy or birth.
   - You can have an STI even if you do not have any signs or symptoms.
   - Some signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge.
   - Women have more noticeable signs and symptoms of STIs than men.
   - STIs caused by viruses cannot be cured.

- Passing urine after sex protects you from STIs.
- If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners.
- STIs cannot lead to cancer.
- STIs that are not treated can result in problems getting pregnant.

5. Read out a second statement and repeat the same process. Continue for all of the statements.
6. Ask participants what other things they have heard about STIs that they think may be wrong. Discuss these and any other questions or comments that they have.
7. Ask participants: What should people who think they may have an STI do? Make sure the following key points come out in the discussion:
   - Go to a clinic and get tested as soon as possible
   - If you have an STI, tell all of your sexual partners to get tested
   - Take all of the medicine prescribed even if you feel better
   - Go back to the clinic to make sure the infection is gone
   - Use condoms every time you have sex
   - If you have an STI that cannot be cured, tell all of your future sex partners about it before you have sex with them.

   Ask them:
   - If you think that you might have an STI or you just want to get checked to make sure, where can you go?
   - Which of those services is youth-friendly?
8. Ask the participants if they have any questions, comments or concerns and respond to them.

IV. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES

[None – not a learning activity]

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

PREPARATION

Make an anonymous question box as described earlier in the session.

STEPS

1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.
2. Once you have collected all the questions in the Anonymous Question Box, distribute daily or programme feedback form and ask each participant to complete it and turn it in to you. Thank everyone for their participation and close the session.

Note to the Facilitator: *For low- to non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.*

SESSION 6

MATERIALS & HANDOUTS

COULD THIS ACTIVITY TRANSMIT HIV?

Cards for Participants
[Copy and cut to make enough copies of the strips below so that every participant has one. If you have an odd number of participants, have two participants share a slip.]

Hugging someone with HIV
Someone with HIV breastfeeding their baby
Having vaginal or anal sex without a condom with someone with HIV
Drinking from the same cup as someone with HIV
Getting a tattoo from someone who doesn't use a fresh needle for each person
Kissing someone with HIV on the lips
Swimming with someone who has HIV
If someone with HIV sneezes near you
Having oral sex with someone who has HIV
Getting a blood test or shot from a doctor or clinician
Playing sports with someone who has HIV who gets their sweat on you
Touching a doorknob after someone who has HIV has touched it

ANSWER KEY

Activity	Can Transmit HIV?
Hugging someone with HIV	**NO**
Someone with HIV breastfeeding their baby	**YES** (although there are medications a pregnant person can take to reduce the chance of this happening)
Having vaginal or anal sex without using a condom with someone with HIV	**YES** (semen, vaginal fluids and rectal fluids can all transmit HIV, which is why it's important to always use condoms during any kind of sex)
Drinking from the same cup as someone with HIV	**NO** (saliva does not transmit HIV)
Getting a tattoo from someone who doesn't use a fresh needle for each person	**YES** (sharing needles, whether for tattoos, intravenous drugs use or anything else is a very high risk activity for HIV)
Kissing someone with HIV on the lips	**NO**
Swimming with someone who has HIV	**NO** (HIV cannot be transmitted in water)
If someone with HIV sneezes near you	**NO** (HIV cannot be transmitted through the air)
Having oral sex with someone who has HIV	**YES** (although this is a less common way of transmitting HIV)
Getting a blood test or shot from a doctor or clinician	**NO** (Needles at a doctor's office are sterile, and only used one time before they're thrown out)
Playing sports with someone who has HIV who gets their sweat on you	**NO** (HIV cannot be transmitted through sweat)
Touching a doorknob after someone who has HIV has touched it	**NO** (HIV is not transmitted skin-to-skin

WHAT IS HIV? BOOKLET

CUT HERE

1. **Which system in your body does HIV attack?** (circle one!)

   The digestive system

   The reproductive system

   The immune system

   The nervous system

2. **What is the difference between HIV and AIDS?** (circle one!)

   They are pretty much the same thing

   HIV is the virus that causes AIDS

   AIDS is cause by a virus, HIV is caused by bacteria

   HIV is curable, AIDS is not

CUT HERE

3. **All of the following bodily fluids can transmit HIV, EXCEPT...** (circle one!)

   Blood

   Rectal fluids

   Breast milk

   Sweat

4. **Which of the following activities is MOST RISKY for transmitting HIV?** (circle one!)

   Penis-vagina sex using a condom

   Sharing the same cup, soda can or bottle with someone who has HIV

   Getting a blood test from a doctor

   Unprotected (no condom) anal sex with someone who has HIV

CUT HERE

5. **What does HIV stand for?** (circle one!)

    Heterosexual Intra-Venous infection

    Human Immunodeficiency Virus

    Human Internal Vascular virus

    Human Infection Virus

6. **If someone with HIV is breastfeeding their baby, what can they do to reduce the chances of transmitting HIV to the baby?**

    Take HIV medications during pregnancy

    Hold the baby upside down while breastfeeding so the HIV cannot get inside the baby's body

    Mix the breast milk with regular cow's milk because cow's milk can kill HIV

    Breastfeed first thing in the morning when HIV is dormant, or still sleeping

CUT HERE

ANSWER KEY

1. **Which system in your body does HIV attack?** (circle one!)
   - The digestive system
   - The reproductive system
   - The immune system
   - The nervous system

2. **What is the difference between HIV and AIDS?** (circle one!)
   - They are pretty much the same thing
   - HIV is the virus that causes AIDS
   - AIDS is cause by a virus, HIV is caused by bacteria
   - HIV is curable, AIDS is not

3. **All of the following bodily fluids can transmit HIV, EXCEPT...** (circle one!)
   - Blood
   - Rectal fluids
   - Breast milk
   - Sweat

4. **Which of the following activities is MOST RISKY for transmitting HIV?** (circle one!)
   - Penis-vagina sex using a condom
   - Sharing the same cup, soda can or bottle with someone who has HIV
   - Getting a blood test from a doctor
   - Unprotected (no condom) anal sex with someone who has HIV

5. **What does HIV stand for?** (circle one!)

   Heterosexual Intra-Venous infection

   Human Immunodeficiency Virus

   Human Internal Vascular virus

   Human Infection Virus

6. **If someone with HIV is breastfeeding their baby, what can they do to reduce the chances of transmitting HIV to the baby?**

   Take HIV medications during pregnancy

   Hold the baby upside down while breastfeeding so the HIV cannot get inside the baby's body

   Mix the breast milk with regular cow's milk because cow's milk can kill HIV

   Breastfeed first thing in the morning when HIV is dormant, or still sleeping

SESSION 7

Sexual Orientation and Gender Identity

SESSION SEVEN:
SEXUAL ORIENTATION AND GENDER IDENTITY

I. Re-Entry

PURPOSE(S)

- To welcome participants back to the workshop
- To continue the process of group cohesion

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate increased comfort with their fellow participants.

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

- Group agreements, posted on the wall

PREPARATION

Be sure to review the questions before the session begins and make notes/do research as necessary in advance of this session.

- Post the group agreements on the wall where everyone can see them.

STEPS

1. Welcome participants back to the programme.
2. Choose a favourite group builder/focus activity. Samples appear in the annex.
3. Go through as many of the questions in the anonymous question box as time allows, pointing out when there are questions that will be answered in later sessions

II. Understanding Sexual Orientation

PURPOSE(S)

- To help participants understand what sexual orientation is
- To clarify what is accurate information about different sexual orientations and what are myths

OBJECTIVES

By the end of this activity, participants will be able to:

- Define the term "sexual orientation," as well as the most common orientations
- Clarify some myths and misinformation about sexual orientation

TIME:

45 minutes

MATERIALS NEEDED

- Flipchart sheet with the definition of sexual orientation as described in the session written on it
- Worksheet: Sexual Orientation Myth or Fact
- Facilitator's Guide: Sexual Orientation Myth or Fact
- Flipchart paper
- Tape and scissors
- Pens/pencils for participants

PREPARATION

Be sure to review the session content, especially the facilitator's guide. Post the flipchart sheet with the definition of sexual orientation on it with the bottom half folded up so the definition is hidden at first.

STEPS

1. Tell participants that today's session is about sexual orientation. Ask them what they have heard about this term. Possible answers you might hear include:
    - Who you like
    - Who you're attracted to

- Who you have sex with
- The first time you have sex

Reveal the definition on the sheet of flipchart paper you've posted and read the definition there: "The gender(s) of the people to whom we are attracted, physical and romantically." Tell them that two things should stand out to them about this definition and ask what they think they are.

After a few responses, or if they do not know, point out that first, some people can be attracted to more than one sex or gender, and second, it's not just about who we are attracted to sexually, it's also about who we have the capacity to fall in love with, which is where "romantically" comes in. That means people can know what their sexual orientation is even if they've never had sex or been in a relationship before. And if people are in between relationships, they don't stop being the orientation they are.

Ask, "What names do we have for various categories of sexual orientation? For example, if someone is attracted only to people of a different sex, what might that person call themselves?" (Probe for "heterosexual;" chances are, you will hear "straight." Ask for other ideas, which may include:

- Straight*
- Gay
- Lesbian
- Homosexual*
- Bi or Bisexual
- Queer*
- Pansexual
- Asexual

Note to the Facilitator: *The last three may not come up at all, and it's up to you as to whether you wish to go into them with your participants. Some groups will need very basic information, while others may know a bit more or be a bit more knowledgeable and/or mature and thus be able to discuss the last two or three.*

Once the list is up, ask participants what they think each means. Probe for:

- **Heterosexual** – someone who is only attracted to people of a different gender; what some people call "straight"
- **Lesbian or gay** – someone who is only attracted to someone of their same gender

- **Bisexual** – someone who may be attracted to people of their own gender AND to people of a different gender. This is different from someone finding all people attractive. It just means that the other person's gender isn't the defining factor as to whether the bisexual person finds that person attractive or falls in love with them. Some bisexual people identify as "pansexual," which includes attraction for people who are transgender or non-binary. They also may still use bisexual because that fits better for them.
- **Queer** – This term can be used in a number of ways: someone may feel like the other categories are too restrictive and don't describe them accurately. Someone may wish to take back the negative meaning of the word and use it as a positive way of describing who they are. Someone who does not identify as "queer" should not use this term with LGBTQI+ people unless invited to do so because someone identifies in that way.
- **Asexual** – Someone who does not have feelings of sexual attraction. An asexual person can still fall in love with and be in relationships with other people, but these relationships do not include a sexual relationship unless one or both partners are seeking a release of sexual tension or, if a different-sex couple, wish to have sex to procreate.

Note to the Facilitator: Some participants will add in "transgender," mostly because they have seen the acronym, "LGBTQ." Be sure to tell them that being transgender is not about sexual orientation or who we are attracted to, but it is about how we understand our gender. For example, someone may be male, or female, or transgender – and still have a sexual orientation.

2. Distribute the "Sexual Orientation: Myths and Facts" to each person. Tell them they have about 5 minutes in which to complete it individually.

   After about 5 minutes, call time and ask them to pair up with someone sitting nearby to compare their answers. If there are questions where their answers don't match, ask them to circle them to discuss in the larger group.

Note to the Facilitator: This is designed to be done individually for intrapersonal learners who may not appreciate group activities as much as individual learning. Feel free to give them the option to work in pairs if they wish.

If literacy is an issue, simply read through the examples individually to the larger group and ask them to vote whether each statement is a myth or a fact, and why. Provide the correct information using the Facilitator's Guide.

3. Using the "Facilitator's Guide: Sexual Orientation Myths and Facts," go through each question, asking different participants to volunteer their answers. Have the group follow along and correct any they may have gotten incorrect

III. Thinking Outside the Gender Box

Note: The activities in this section have been done in various formats around the world. This version is adapted from Helping Teens Stop Violence and Engaging Boys and Men in Gender Transformation: The Group Education Manual, EngenderHealth and Promundo.

PURPOSE(S)

- To help participants reflect on the messages they receive about gender and which of these are stereotypes
- To help participants understand the consequences of gender roles and stereotypes on personal development.

OBJECTIVES

By the end of this activity, participants will be able to:

- Name some of the rules of behaviour society assigns to men and women.
- Explain how society uses power and control to keep people inside their 'gender box'.
- Discuss at least two negative effects that these gender rules have on the lives of people of all genders.

TIME:

45 minutes

MATERIALS NEEDED

- Materials needed
- Flipchart paper Markers
- Tape and scissors
- 15 pieces of A4 paper
- 15 pens

PREPARATION

None

STEPS

1. Tell participants that in this activity we are going to look more closely at gender roles and how they affect us.
2. Ask the participants if they have ever been told to 'act like a man' or 'act like a lady.' Then ask them: What are guys being told to do or not to do when someone says 'act like a man' or 'be a man'? Use the following questions to get them to think more deeply, if needed:
   - What behaviours do they want to see?
   - What behaviours do they NOT want to see?
   - What characteristics should men show?
   - What does 'act like a man' mean when talking about sexuality?

List all of the characteristics named on the board or on chart paper.

3. When they have finished responding, draw a box around the entire list and label it 'Act Like a Man.'

ACT LIKE A MAN

Be tough/in control
Hide your feelings
Don't cry
Show anger
Have sexual intercourse
Make money
Be able to fight

Tell the participants: We call this the 'Act Like a Man Box.' Inside this box are some of the rules that society has created for boys and men. All boys are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box.

4. Ask:
   - Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
   - How does living in the box affect a man's health?
   - How does living in the box limit men's lives?
5. Go through the same process for young women, listing their answers on a new

piece of flipchart paper. Ask: What are girls and women being told to do or not to do when someone says 'act like a lady' or 'be a lady?' Use the following questions to encourage them to think more deeply, if needed:

- What behaviours do they want to see?
- What behaviours do they NOT want to see?
- What characteristics should women show?
- What does 'act like a lady' mean when talking about sexuality?

6. Draw a box around the entire list and label it 'Act Like a Lady.' Tell the participants: This is the 'Act Like a Lady Box.' Inside this box are some of the 'rules' that society has created for women. All girls are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box.

ACT LIKE A LADY

Be sweet
Sexy, but not too sexy
Passive
Listener
Smart, but not too smart
Caretaker

7. Ask:

- Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
- How does living in the box affect a woman's health?
- How does living in the box limit women's lives?

8. Then ask the participants: What are these rules called? (Answer: Gender norms and stereotypes)

Use their response to come up with the following definitions and write them on flipchart paper:

- Gender norms are the things that society has decided should be 'normal' for men and women.
- Stereotypes are generalizations about groups of people that are not based in fact.

Explain that when we assume or think that all people in a group are the same, it is a stereotype. For example, 'men are strong' is a stereotype. In fact, not all men are strong, and some women are strong. This can apply to both physical and emotional strength.

9. Now ask the following questions:

- What put-downs or names are young women called when they don't fit into the box?

Write these put-downs on the board or flipchart paper on the right side of the Act Like a Lady Box (see the example below).

- Ask, what physical or other things might be done to young women who don't fit into the box? (Answers: Rape, being beaten, molested, killed, rejected, hit, pinched, whistled at, job discrimination, bullying, teasing and many others.)

Again, write these put-downs on the board or flipchart paper on the right side of the Act Like a Lady Box (see the example below).

- Ask, what put-downs or names are young men called when they don't fit into the box or try to escape the box? (Coward, gay, sissy, pussy, wimp, girl and many more).

Write these down on the board or flipchart paper on the left side of the box.

- Ask, what physical or other things might be done to young men who don't fit into the box? (Fights, being beaten up, ignored, bullied, teased, ignored and more.)

Again, write these put-downs on the board or flipchart paper on the left side of the Act Like a Man Box.

Note to the Facilitator: *Some of the language in this activity will be harsh or coarse. Be sure to tell participants that, for this purpose, it is acceptable to use these words so you can discuss them.*

EXAMPLES

	ACT LIKE A LADY	
Bitch	**Be sweet**	Beaten up
Tomboy	**Sexy, but not too sexy**	Molested
Slut	**Passive**	Hit
Lazy	**Caring, Caretaker**	Pinched
Idiot	**Listener**	Whistled at
	Clean	Killed
	Polite	Rejected
		Bullied
		Teased

EXAMPLES

	ACT LIKE A MAN	
Coward	**Be in control**	Fights
Gay	**Hide their feelings**	Beaten up
Girly	**Don't cry**	Discriminated against
Useless	**Show anger**	Bullied
	Make money	Teased
	Be strong	Ignored

10. Point to the ways that young men and women are treated when they step out of the box and tell participants that all of this violence is based purely on gender – it is what is part of called gender-based violence.

    - How does the expectation of this behaviour affect you, both positively and negatively?
    - What if someone doesn't identify as male or female – if they're non-binary or transgender? How do you think these gender role expectations affect them?
    - Do you think gender expectations have a greater impact on one gender more than any other? Why or why not?
    - What do you think we should do about these gender boxes we are being forced to live inside?

Get different participants' opinions and allow them to discuss. Ask questions to help them understand that for our own well-being, gender norms need to change – that we need to work towards gender equality. Such as: Is being pushed into this box helping us or hurting us?

Take a piece of flipchart paper and make a column for men and one for women. Label them 'Transformed Men' and 'Transformed Women.' Ask the participants to list characteristics of men who are 'living outside the box'. Record their answers (see example below). After you get seven or so responses, ask the participants to list the characteristics of women who are 'living outside the box.' Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar. Transformed Men

- Are loving
- Show caring
- Communicate honestly
- Express emotions thoughtfully
- Practice safer sex

- Treat partner with respect
- Treat people of all genders with respect
- Speak out in favour of gender equality

Transformed Women

- Are loving
- Show caring
- Communicate honestly
- Express emotions thoughtfully
- Practice safer sex
- Treat partner with respect
- Treat people of all genders with respect

Finally ask the following questions:

- How can you, in your own lives, challenge some of the ways men and women are expected to act?
- What can we do to start changing gender roles? List their responses on flipchart paper.

IV. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants valued about the session.
- To understand what questions participants will be coming into future sessions with.

OBJECTIVES

[None – not a learning activity]

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, small slips of paper (one per participant), extra pencils or pens

PREPARATION

Make an anonymous question box as described earlier in the session.

STEPS

1. Ask for participants to think of any sexuality-related questions they have that they hope you'll get to during future sessions. Once they've thought of one or two, ask them to write it/them on their piece of paper. If they don't have a question, ask them to write, "No question." That way, everyone has written something, and the identities of the people who asked questions remains confidential.

2. Once you have collected all the questions in the Anonymous Question Box, distribute daily or programme feedback form and ask each participant to complete it and turn it in to you. Thank everyone for their participation and close the session.

Note to the Facilitator: For low- to non-literate groups, wait by the exit and ask participants to whisper a question to you as they leave. Write those down on slips of paper yourself to use in a subsequent session.

SESSION 7

MATERIALS & HANDOUTS

PARTICIPANT WORKSHEET: Sexual Orientation: MYTH OR FACT?

INSTRUCTIONS: Decide whether each of the statements is a myth or a fact, and circle the corresponding response.

1. You can tell whether someone is heterosexual, lesbian or gay, or bisexual by the way they look or act.

MYTH | FACT

2. Most people know what their sexual orientation is by the time they are 13 years old.

MYTH | FACT

3. The way parents raise their children determines whether a child is heterosexual, lesbian or gay, or bisexual.

MYTH | FACT

4. If you try really hard, you can change your sexual orientation – regardless of whether you are heterosexual, lesbian or gay, or bisexual.

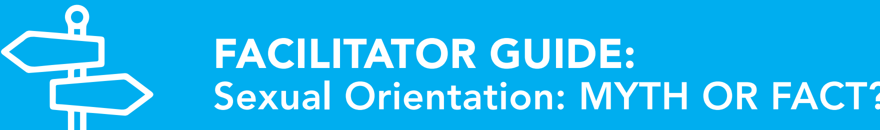
MYTH | FACT

5. In a same-sex relationship, one person plays a "male" or "masculine" role, and the other plays a "female" or "feminine" role.

MYTH | FACT

6. The majority of people in the world with HIV or AIDS are gay men.

MYTH | FACT



FACILITATOR GUIDE:
Sexual Orientation: MYTH OR FACT?

ANSWER KEY

1. You can tell whether someone is heterosexual, lesbian or gay, or bisexual by the way they look or act.

   MYTH: The answer here is really, "not necessarily." Sometimes, a person will act in a way that fulfils stereotypes about a heterosexual, lesbian or gay, or bisexual person. But people act, speak, and dress in all different ways, regardless of their sexual orientation. They have many different kinds of families, jobs, and interests. So while someone may guess correctly that a person is a particular orientation, they could guess the same about someone with similar characteristics and be completely wrong. When in doubt, ask – or, better yet, wait for them to share with you who they are. We all have a right to decide when we want to share personal information about ourselves with others.

2. Most people know what their sexual orientation is by the time they are 13 years old.

   MYTH: It's really different for everyone. Some people know from a very young age. Many children who do not end up identifying as heterosexual say they had a sense of being "different" growing up, but they didn't necessarily have the language to articulate it. Others are sure they are one orientation, and then come to discover later that they are not. Still, others know very well what orientation they are, but act in ways that will enable them to conceal it. This is particularly risky when it comes to safer sexual behaviours; if someone, for example, were to get pregnant or get someone pregnant in order to hide that they aren't heterosexual.

3. The way parents raise their children determines whether a child is heterosexual, lesbian or gay, or bisexual.

   MYTH: The vast majority of lesbian, gay, bisexual, heterosexual and other people were raised by heterosexual parents or caregivers. Similarly, there are lesbian, gay, bisexual, and other parents and caregivers who raise heterosexual children. A parent or caregiver does not determine a child's orientation by how they behave with their child, by their own orientation, or by the activities their children do at home or out in the world. (For example, playing with dolls does not "make" a boy gay – he may be and he may not be, but his orientation was already determined before he started playing with those dolls.)

4. If you try really hard, you can change your sexual orientation – regardless of whether you are heterosexual, lesbian or gay, or bisexual.

   MYTH: Nope. You can change your BEHAVIOURS, you can change your IDENTITY – but you can't change your ORIENTATION, or how you feel. Feelings of attraction are discovered, not chosen. It isn't something a person can turn on and off like a light switch. We don't choose who we are attracted to. Now, sometimes we can discover new feelings of attraction – for example, always being attracted to one gender, and then finding someone or others of a different gender attractive later in life. That is different from trying to change the way you feel – or from going to therapy or to church to try to influence your feelings. It doesn't work, and can end up doing real psychological and emotional harm.

5. In a same-sex relationship, one person plays a "male" or "masculine" role, and the other plays a "female" or "feminine" role.

   MYTH: Like in question number one, this is also a "not necessarily" answer. Most societies are stuck in a binary gender perspective – meaning that there needs to be a man figure and a woman figure in a relationship for it to work. As a result, people will look to a stereotypically "masculine" person to fulfil the "male" role in a same-gender relationship, and a "feminine" person to fulfil the "female" role. Now, in some relationships, people do express characteristics that may be judged by some to be either "masculine" or "feminine" – but gender doesn't necessarily determine this. For example, in a different-gender relationship, a female partner may support the family financially while her male partner is a stay-at-home dad and raises the children. In a lesbian relationship, one partner may make more money and the other may stay home and raise children. It is circumstance that causes these decisions to be made, not the desire to "be like a man" or "be like a woman".

6. The majority of people in the world with HIV or AIDS are gay men.

   MYTH: Approximately 37 million people around the world are living with HIV or AIDS. Women and children make up about half of those cases, and men make up the rest. The vast majority of people living with HIV around the world are women who contracted HIV from a male partner. Keep in mind, however, many people have same-sex behaviours but don't identify as gay or lesbian.

SESSION 8

Sexuality and
Human Rights

SESSION EIGHT:
SEXUALITY AND HUMAN RIGHTS

I. Re-Entry

PURPOSE(S)

- To welcome participants back to the workshop
- To continue the process of group cohesion

OBJECTIVES

By the end of this activity, participants will be able to:

- Demonstrate increased comfort with their fellow participants.

TIME:

15 minutes

MATERIALS NEEDED

Anonymous question box, any questions from the previous session you plan to address or answer

- Group agreements, posted on the wall

PREPARATION

Be sure to review the questions before the session begins and make notes/do research as necessary in advance of this session.

- Post the group agreements on the wall where everyone can see them.

STEPS

1. Welcome participants back to the programme.
2. Choose a favourite group builder/focus activity. Samples appear in the annex.
3. Go through as many of the questions in the anonymous question box as time allows, pointing out when there are questions that will be answered in later sessions

II. Global Values and Human Rights

PURPOSE(S)

To introduce the concept of human rights and to familiarize participants with their basic human rights related to sexuality and gender.

OBJECTIVES

By the end of the activity, participants will be able to:

- List at least five human rights related to health, sexuality and gender.
- Explain at least one responsibility everyone has to ensure all people's rights are respected.

TIME:

45 minutes

MATERIALS NEEDED

Flipchart paper

Markers

Tape and scissors

Basket, bowl or hat (see preparation section below)

Facilitator Guide: Global Values and Human Rights

Five sheets of flipchart paper, each with one category of abuse written at the top:

- Physical
- Emotional
- Psychological
- Sexual
- Financial

Participant Handout: "Is it Abuse If...?"

PREPARATION

- Write each of the nine rights (only the part written in boldface) on the Facilitator's Guide onto slips of paper. Fold them up and put them in a bag (or basket, bowl or hat).

- Find out the legal age of marriage in your country.

STEPS

1. Tell participants that this activity is about human rights. Ask: Can someone tell me what a right is?

   Use their responses to come up with a definition similar to the following and write it on flipchart paper:

   A right is something that all people are entitled to, or have the freedom to do, just because they are human beings.

   Ask them for a few examples of some human rights.

2. Tell participants that our human rights have been agreed upon internationally in treaties developed by the United Nations. One example is the Convention on the Rights of the Child that lists all the rights of children. There is another one (the Convention on the Elimination of All Forms of Discrimination Against Women) that's just about women's rights. Explain that these treaties include the rights that all people have related to gender, sexuality and health.

3. Now explain that they are going to work in small groups. Each group will pick one right that is related to health, sexuality and gender. They will discuss the following questions in their groups:

   - What does the right mean to you and other young people for your life? In other words: How should you be treated? What should not happen?

4. Divide participants into nine groups. Have each group pick one of the rights out of the bag. Give them 10 - 15 minutes to discuss in their groups and develop their presentation.

5. After 10 - 15 minutes, or when most groups are done, call their attention back to the front of the room. Call the group with the first right and ask them to present.

6. After each presentation, ask the other participants if they have any questions for the group.

   If there is anything in the presentation that is not clear or that is inaccurate, ask the group questions to clarify or make corrections. Help the group to answer questions from others or to clarify as needed. Use the Facilitator Guide to help you do this.

   Facilitator and participant information: Our rights related to health, sexuality and gender

7. Ask them if they have any additional questions about any of these rights. After answering any questions, explain that rights come with responsibilities. Ask the following questions:

   - What does having the responsibility to respect the rights of others mean?

- Why is there a special human rights convention just for children? (Answer: Because children are vulnerable -- cannot defend themselves -- and need to be protected.)
- What about the one just for women? (Answer: Because women have traditionally been discriminated against and treated unequally.)
- According to human rights, is there anyone with more rights than others?

Emphasise that everyone has the same rights. No person, group or government anywhere in the world can take these rights away from you.

Make the point that just because we have rights, we also have the responsibility to adhere to laws and policies relating to those rights. For example, young people who are living with parents or other adult family members need to still abide by the rules of that household. Also, someone who has the right to their own religious group has the responsibility to treat people with dignity and respect, even if those people are of religious groups that have teachings that are contrary to theirs. This includes treating people of different sexual orientations and gender identities with dignity and respect, even if a religious denomination or cultural norm teaches messages that demonize these individuals.

Before transitioning into the next section, provide a content warning that you are going to be discussing different kinds of abuse, including sexual abuse. Tell participants that if anyone feels they need to take a break at any point during the next section, they should feel free to do what they need to do to take care of themselves.

III. Gender-Based Violence

PURPOSE(S)

- To help participants reflect on the messages they receive about gender and which of these are stereotypes
- To help participants understand the consequences of gender roles and stereotypes on personal development.

OBJECTIVES

By the end of the activity, participants will be able to:

- Describe the five categories of abuse, along with two examples of behaviours that would go within each.
- Clarify what types of relationship situations may or may not constitute abuse.

TIME:

45 minutes

MATERIALS NEEDED

Flipchart paper

Markers

Tape and scissors

Basket, bowl or hat (see preparation section below)

Facilitator Guide: Global Values and Human Rights

Five sheets of flipchart paper, each with one category of abuse written at the top:

- Physical
- Emotional
- Psychological
- Sexual
- Financial

Participant Handout: "Is it Abuse If...?"

PREPARATION

- Write each of the nine rights (only the part written in boldface) on the Facilitator's Guide onto slips of paper. Fold them up and put them in a bag (or basket, bowl or hat).
- Find out the legal age of marriage in your country.

STEPS

1. Say, "Statistics show that relationship abuse of all kinds is as prevalent in teen relationships as it is in adult relationships. Often, people can't always tell whether their relationship is abusive or whether they're just going through a rough time with a partner. We're going to figure that out today, along with what to do when you realize you're in an unhealthy or abusive relationship."

   Say, "There are a number of different categories of relationship abuse: Physical, Emotional, Psychological, Sexual and Financial." As you name these, write them on the flipchart paper. Explain, "Physical abuse is exactly what it sounds like – hurting someone physically in some way. Emotional abuse is making someone feel bad about themselves by taking away their sense of self or self-esteem. Psychological abuse is using threats or intimidation to frighten someone or make them feel like they're losing touch with reality. Sexual abuse is similar to physical abuse, although the abuse is sexual in nature. Finally, financial abuse is when the

finances in a relationship – or a person's potential to earn or have money – are controlled by one person. Let's explore what each of these mean."

2. Count the group off by fives and assign each group one type of abuse. Give each group a blank sheet of flipchart paper and a marker. Say, "Given the definitions I just shared, please work in your groups to come up with some specific behaviours that would occur under your category. For example, under the physical abuse category would be 'hitting.' Each group will come up with their own unique lists, but there may be some overlap from time to time." Answer any questions and tell the group they have about five minutes in which to complete their brainstorming.

3. Stop the groups after about 5 minutes. Ask each group to present what they came up with. Do this by asking one group to contribute one or two of their answers, then go to the next group and ask them to do the same. Continue around the room until all ideas are shared.

Sample responses should include:

Physical

Hitting

Kicking

Slapping Punching Pinching Restraining Choking

Blocking their way

Emotional

Criticizing the person's appearance or intelligence

Telling the person that no one else would ever want to be with them

Flirting with other people in front of the person

Using what they know makes the other person feel vulnerable in an attempt to make them feel worse

Sharing sexy photos of the other person without their consent

Psychological

Threatening to hurt the other person

Threatening to hurt people they know or care about (or pets)

Texting nonstop and expecting the other person to text back by a certain time

Threatening to hurt yourself if the other person doesn't do what you want

Spreading rumours about the person

Sexual

Rape

Forcing the other person to do anything sexual they don't want to do

Making the other person watch porn

Sharing sexy photos of the other person without their consent

Refusing to practice safer sex

Financial

Controlling the money in the relationship

Stealing from the other person

Telling the other person they need to spend time with you instead of going to work

Keeping the other person from going to or finishing school, which limits their ability to earn money

As you go through the lists, ask other groups if they have anything they would add. Ask participants what they notice about the lists. Say, "It can be relatively easy to come up with a list of behaviours – especially when we're not in the relationship in the moment. However, sometimes abusive situations aren't so clear."

4. Ask participants to return to their original seats. Distribute the participant worksheet, "Is It Abuse If...?" Tell participants to read each statement and decide whether they think what is described is abusive, and to indicate their decision by circling the response on the sheet. Tell them they have about 5 minutes in which to do this.

   Once everyone has finished, divide the group into groups of four. Instruct participants to go through each scenario and discuss their answers. Tell them they can change their answers if they wish. Allow for about 10 minutes for their small group discussions.

   Ask participants whether they found any of the statements particularly easy to discuss and/or agreed on and why. Then ask them to talk about some that were more challenging to discuss and/or disagreed on and why.

Note to the Facilitator: If literacy is an issue, then divide the group into smaller groups and read each statement aloud and have them talk amongst themselves, then debriefing as a larger group.

Point out that the gender(s) of the partners were not revealed in the examples. What did you picture in these relationships? Who was an abuser? Who was being abused? Would your responses have changed based on whether the characters were one gender or another?

IV. Closure/Anonymous Question Box

PURPOSE(S)

- To determine what participants appreciated about the workshop series.
- To determine what participants intend to use from the workshop series in their personal lives.

OBJECTIVES

[None – not a learning activity]

TIME:

15 minutes

MATERIALS NEEDED

Final workshop feedback form
Pens/pencils for participants

PREPARATION

None

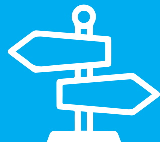
STEPS

1. Explain to participants that you have come to the end of the workshop series. Congratulate them on their commitment and hard work!
2. Ask the participants to form a circle, centring the placement around any participant for whom physical mobility is challenging.
3. Ask participants to think about the 8 sessions, and all they learned about discussed during that time. Give them a minute to think quietly to themselves about something they plan to do differently as a result of participating in this programme.
4. After about a minute, ask for a participant to volunteer to begin, using the sentence stem, "Something I plan to do differently as a result of this programme is..." Once the first person has gone, ask them to call on someone else in the circle. Continue in this way until everyone has spoken.
5. Distribute and ask everyone to complete their final feedback forms and hand them in. If literacy is an issue, brainstorm the responses to the questions on the feedback form on flipchart paper.
6. Close the session, distributing any certificates, stipends or closing gifts if you choose to have them.

MY
RIGHT

SESSION 8

MATERIALS & HANDOUTS



FACILITATOR GUIDE:
Global Values and Human Rights

1. The right to be treated equally and with dignity.

- All (young) people should be treated the same way. No one should be treated differently. It doesn't matter who or what they are.
- We should be treated with dignity and respect. We should be treated as a person with value and worth. We should not be disrespected or treated as a worthless person, no matter what identities we have.

2. The right not to be discriminated against for any reason.

- No one should treat any of us differently from any others for any reason – it doesn't matter what our race, ethnic group, colour, sex, gender, sexual orientation, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status.
- All of us should be treated fairly and like everyone else.
- There is no justification or reason for discrimination (different or unfair treatment).

3. The right to feel safe.

- We should feel safe and not in danger.
- Our lives should be free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.
- We should not be hurt, harmed or humiliated (shamed).

4. The right to control our bodies.

- Our bodies belong to each of us.
- We are the ones who make decisions about what happens to our bodies – for example, if we have sex, get pregnant, have an HIV test, take medicine, drink alcohol, have an operation, get circumcised, get a tattoo, get piercings, or make any other change to our bodies.
- We can decide for ourselves whether to have sex or not.
- We should choose our partners and spouses.
- We should not be abused or injured or have our bodies violated in any way. We should not be forced to have sex.
- No one can alter our bodies without our agreement.
- We cannot be forced to sell our bodies for money.

5. The right to privacy in our personal life.

- No one has the right to harm or attack our reputation (good name).
- No one can invade our privacy or interfere with or bother our family without a good reason.
- Our privacy should be respected when we go for health care. Confidential information given to health care workers should not be shared with others without our permission (unless in an emergency or absolutely necessary, and then only with a parent or guardian if we are minors).
- Our medical information, including our HIV status, must be kept private.
- We are the only ones who can tell others about our private affairs.

6. The right to choose whether or when to marry and/or have a family.

- When we reach the legal age of marriage, we can marry the person of our choice.
- Nobody can force us to marry someone.
- No one can force us to marry when we are underage.
- No one can choose our partners for us.
- We can decide to have children if we want to.
- We can decide not to have children if we do not want to.
- We can decide for ourselves how many children to have.
- We can decide when to have our children.

7. The right to ask for, receive and share information.

- We can ask for any information that we need.
- If we ask for information, we should get that information.
- We should get information about our health and sexuality.
- We can share any information that we receive.
- No one can decide to withhold information from us.

8. The right to have a healthy life.

- We should enjoy the healthiest life possible, including in our sexual and reproductive health.
- We can go to get sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV.
- No one can refuse to give us health care we need.
- No one should accuse us or treat us badly if we go to health services as young people.

9. The right to education.

- We should be educated, including about health and sexuality.
- We should all have the chance to school or to get more training and education.
- We should have the opportunity to develop all of our talents and our mental and physical abilities.
- We should not be forced to drop out of school in order to get married or because we got pregnant or got someone pregnant.

PARTICIPANT WORKSHEET:
Is It Abuse If...?

1. ... a couple is arguing and when one partner begins to become over-excited the other gives them a light slap to calm them down?

YES | NO

Comments:

2. ... a person walks their partner to work every morning, meets them for lunch every day, and picks them up at the end of each afternoon?

YES | NO

Comments:

3. ... every time a same-sex couple argues, one of the partners threatens to tell the other person's family that they're gay?

YES | NO

Comments:

4. ... a 19-year-old has sex with a 16-year-old?

YES | NO

Comments:

5. ... a couple starts "play-fighting" and they wrestle around on the floor resulting in bruises on one of their arms?

YES | NO

Comments:

6. ... one partner says they want to have sex. Their partner says they're not ready, but after talking about it, gives in and has sex anyway, even though they really don't want to?

YES | NO

Comments:

7. ... someone expects to be able to check their partner's cell phone/texts anytime they wish?

Comments:

ANNEX

ANNEX A:
Resources on Monitoring and Evaluation

Improving the Quality of SRHR Education Programmes for Young People is a readiness checklist developed by Stop AIDS Now and WPF for CSE programmers to use in communities.

The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes compiles an extensive analysis of many different CSE programs across the globe.

International Planned Parenthood Federation's From Evidence to Action: Advocating for Comprehensive Sexuality Education offers specific guidance on how to create positive, enabling environments for implementing CSE.

UNESCO and partners' Early and Unintended Pregnancy and The Education Sector: Evidence Review and Recommendations, in discussing reducing early and unintended pregnancy, offers recommendations on what is important to prioritise in CSE programming.

The UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender provides a situation assessment tool with questions to ask and ideas on how to address gaps in teacher training.

UNFPA and IPPF's Inside and Out: Comprehensive Sexuality Education Assessment Tool can be used by community organisations to track the quality and success of CSE implementations.

CSE Scale-Up in Practice from UNESCO offers step-by-step guidance on effective scaling up efforts in CSE. It also provides in-depth case studies from a number of ESA countries that have implemented and scaled up their CSE.

UNESCO's Cost and Cost-Effectiveness Analysis of School-Based Sexuality Education Programmes in Six Countries offers in-depth recommendations for cost-effective scaling up of CSE.

ANNEX B:
Sample Daily Feedback Form

Day: __________

1. Something I learned or realized from today was:

2. Something I still have questions about after today is:

3. Something I'd like you to know is:

SAMPLE FINAL WORKSHOP EVALUATION

Please answer the questions below as honestly as possible. You do not have to write your name.

1. What is one thing you appreciated about the workshop?

2. What is something you found less useful?

3. What is something you plan to do differently as a result of this workshop?

4. On what other topics/skills would you like to receive additional workshops?

5. Is there any other feedback you'd like to share about this workshop?

THANK YOU

ANNEX C:
Sample Icebreaker/Group Building Activities

ACTIVITY 1:
"Zip Zap"

TIME:
5 minutes

MATERIALS:
Name tags and markers

PREPARATION:
Ask participants to make and put on their nametags

STEPS:

1. Ask participants to sit in a circle, while you remain standing.
2. Explain the following:
    - There are two words in this activity – 'Zip' which means left and 'Zap' which means right.
    - I will call out one of these words at a time and point to a participant.
    - When I say 'Zip' the person I'm pointing at must say the name of the person sitting on their left.
    - When I say 'Zap' the person I'm pointing at must say the name of the person sitting on their right.
    - When I say 'Zip Zap' everyone has to move to another seat.
    - If the person I am pointing at delays too long, they must exchange places with me.
    - The new person left standing then does the calling.
3. Start the game and continue for about four minutes.

ACTIVITY 2:

"Circle Icebreaker"

TIME:

5 - 10 minutes

MATERIALS:

List of characteristics

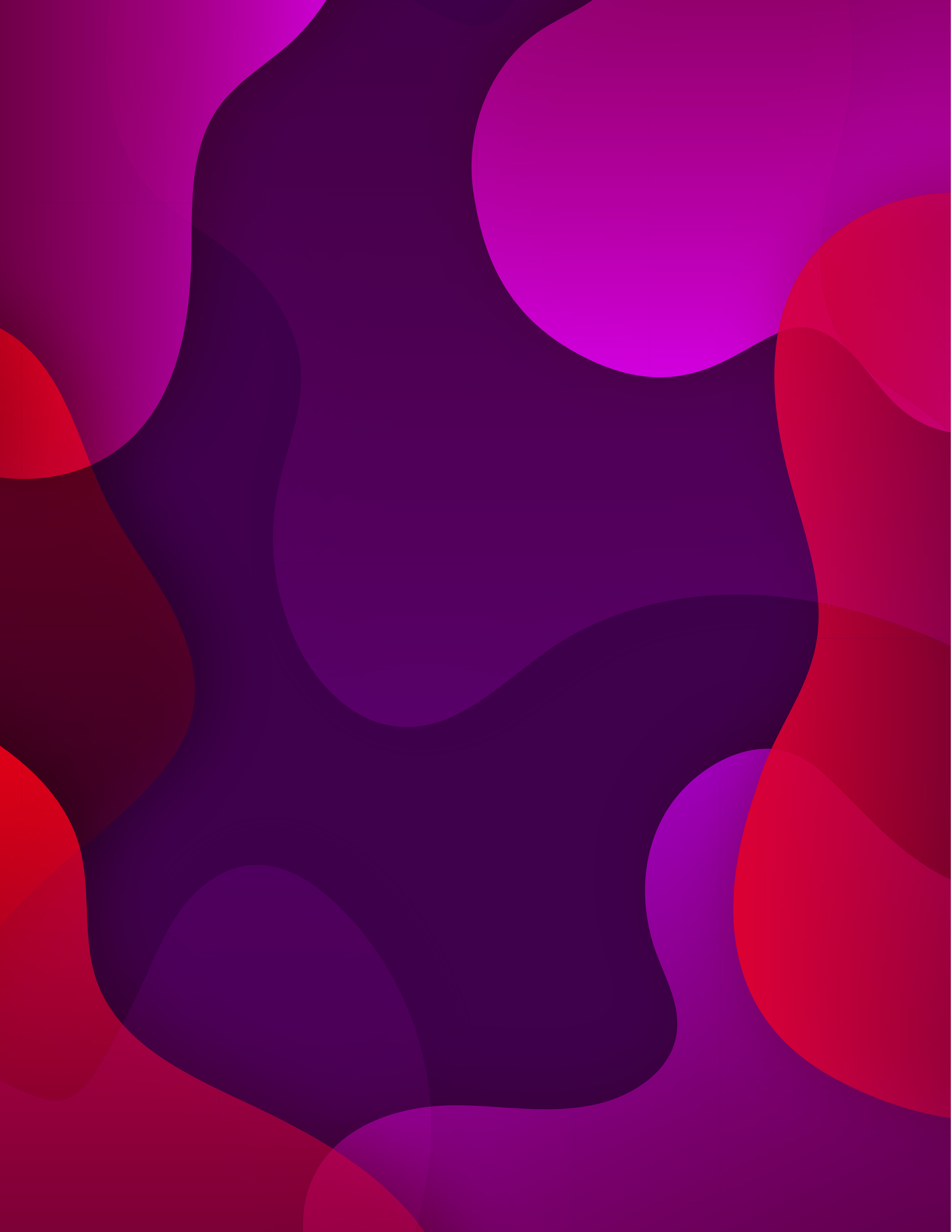
STEPS:

1. Have participants stand in a circle.
2. Tell them you'll be reading some characteristics, and that all the people to whom the characteristics apply should take one step into the circle at that time. Once they've had a chance to see who moved at that moment, have everyone who took a step forward move back to rejoin the circle.
3. Read the next characteristic, following the same process. Feel free to add or replace any of the characteristics to adapt for the group.
4. After about 5 minutes, ask everyone what they noticed about the group based on the activity.

Note to the Facilitator: If movement is challenging for any of the participants, ask them to sit in a circle and they can raise their hands if any of the statements apply to them.

List of Characteristics:

Anyone who has a pet
Anyone who thinks they're a good dancer
Anyone who's ever been to a wedding
Anyone who enjoys cooking
Anyone who plays some kind of sport
Anyone who plays a musical instrument
Anyone who knows how to drive a car
Anyone who's ever ridden a horse
Anyone who speaks more than one language
Anyone who has an older or younger sibling
Anyone who's never been to a workshop before



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